
Veterans Directed Home and Community Based Services Program

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Overview and Background Information on VDHCBS



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NY State Office for the Aging

What is VDHCBBS?

- ❑ A demonstration program for Veterans of all ages who are at risk of nursing home placement
- ❑ Gives eligible Veterans more control and choice over the care and services they receive
- ❑ Partnership/business relationship between select VA Medical Centers and Area Agencies on Aging

Goals of VDHCBS Program

- ❑ To help Veterans of all ages at risk of nursing home placement continue to live in their homes
- ❑ To encourage collaboration and partnerships between Aging and VA networks
- ❑ To reduce duplication of effort and resources
- ❑ To replicate and expand program in other areas of the State

Benefits of VDHCBBS Participation

- ❑ Veterans can choose who to hire to provide personal care services, including friends and eligible family members.
- ❑ Veterans can decide what services they need to live independently.
- ❑ Veterans can receive home and community based services not currently available through the VA.

How VDHCBBS Will Work

- ❑ VA MC identifies eligible Veterans and refers them to the AAA.
- ❑ AAA contacts the Veteran and completes an intake assessment.
- ❑ AAA works with Veteran to develop a care plan and budget based on needs and preferences.
- ❑ VA MC authorizes the care plan and budget.
- ❑ AAA submits invoices to VA MC each month.
- ❑ VA MC provides payment to the AAA.

Background Info on VDHCBS

- VDHCBS introduced as part of AoA's 2008 Nursing Home Diversion Modernization Grant
- RFP for NHDMG and VDHCBS issued in June 08
- NYSOFA worked with VA and 3 AAAs to submit an application for VDHCBS
- New York – one of first 10 states to be awarded the VDHCBS grant in September 08

Background Information Cont'd

- ❑ NYSOFA awarded the 2009 Community Living Program Grant, expanding VDHCBS to 7 new AAAs
- ❑ More than \$10 million available for this program
- ❑ Payment will flow from the local VA Medical Centers to the AAAs.
- ❑ Provider Agreement between VA Medical Centers and AAAs in pilot counties

Necessary Steps for VDHCBS

- ❑ Development of consumer direction infrastructure
- ❑ Completion of Readiness Tool
- ❑ Participation in conference call with Boston College
- ❑ Determination of rates
- ❑ Review and signing of the Provider Agreement

Current Status Nationally

- 28 states have been awarded the VDHCBS component
- NY was 9th state to begin serving veterans under VDHCBS
- WA and CT to become 10th and 11th states this month to participate in VDHCBS
- 398 veterans currently being served

Participating VA Medical Centers and Counties in New York

- ❑ Syracuse VA Medical Center – Broome, Cayuga, Oneida, Onondaga, Tompkins
- ❑ Albany VA Medical Center – Albany, Otsego, Washington
- ❑ VA Hudson Valley Healthcare System – Dutchess and Orange

Current Status in NY

- ❑ Oneida County is fully operational and serving 6 Veterans
- ❑ Broome and Onondaga expected to be operational in the next 2 weeks
- ❑ Remaining 7 counties developing their consumer directed services infrastructure

Positive Outcomes of VDHCBS

- ❑ Increased communication between the Aging and VA networks
- ❑ New and ongoing source of funding for AAAs
- ❑ Discussion of other partnership opportunities between Aging and VA
- ❑ Collaboration with other states
- ❑ Development of supportive, professional relationships

...About the VA

Ken Piazza, MHA, CPHQ

Geriatrics and Extended Care Line Manager

Veterans Administration Medical Center

Syracuse, New York

“The VA”

Who are we?

Mission of the Veterans Administration

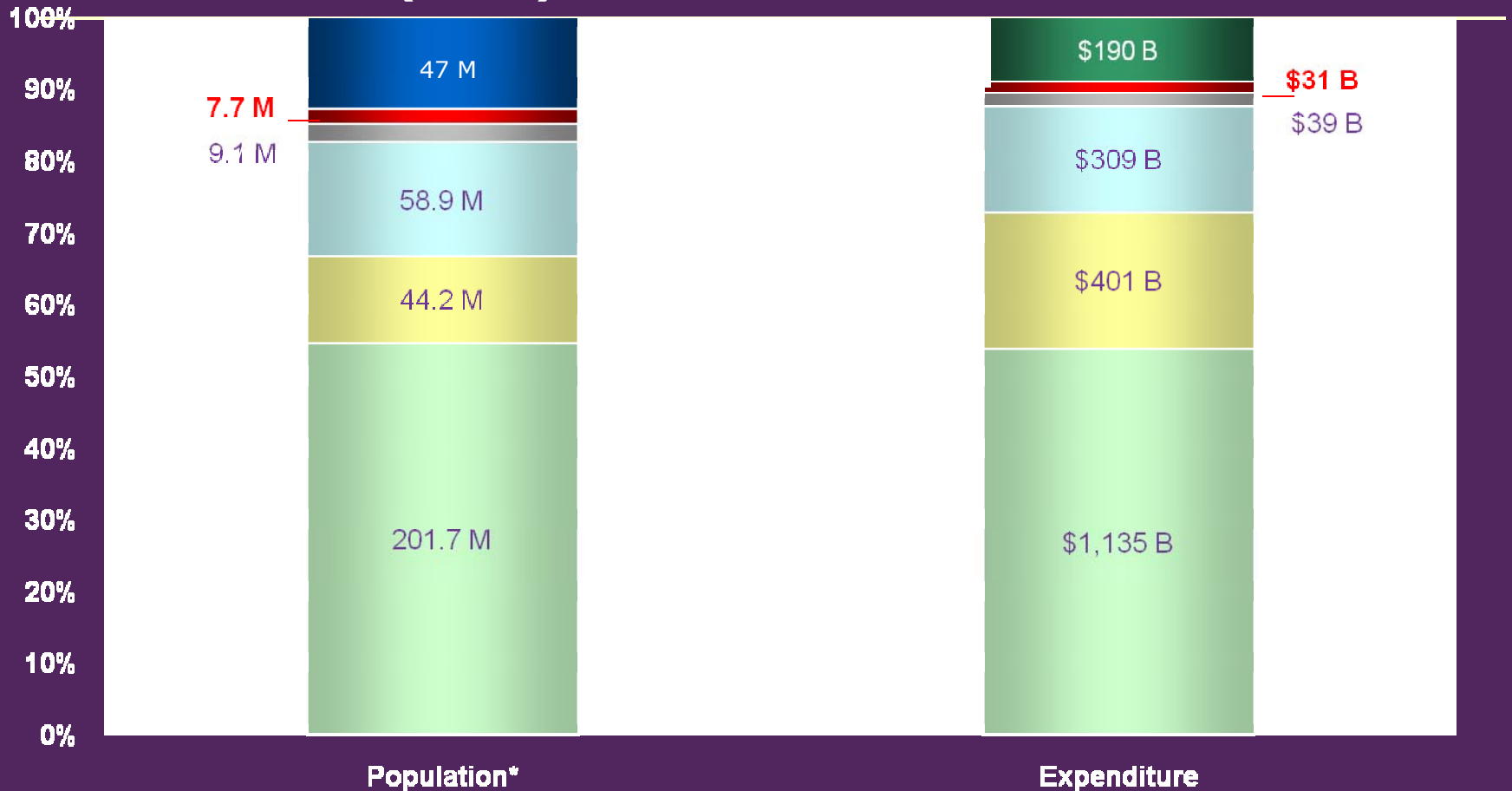


**...to care for him who shall have borne the battle
and for his widow and his orphan**

Federal Health Care Policy Context

Total Population: 300 million (2006)

Total Expenditure: \$2.1 Trillion (2006)



■ Other Gov't Programs **
 ■ Uninsured
 ■ VA
 ■ Military
 ■ Medicaid
 ■ Medicare
 ■ Private Market

*Population doesn't add up to 300 million due to dual eligibility

** Other Gov't Programs include IHS Programs, SCHIP, Research, Worker's Compensation, Structures & Equipment, Public Health Activity, etc.

Data obtained from CMS, DoD MHS, DVA Enrollee Model, U.S Census

Veterans Health Administration (VHA)

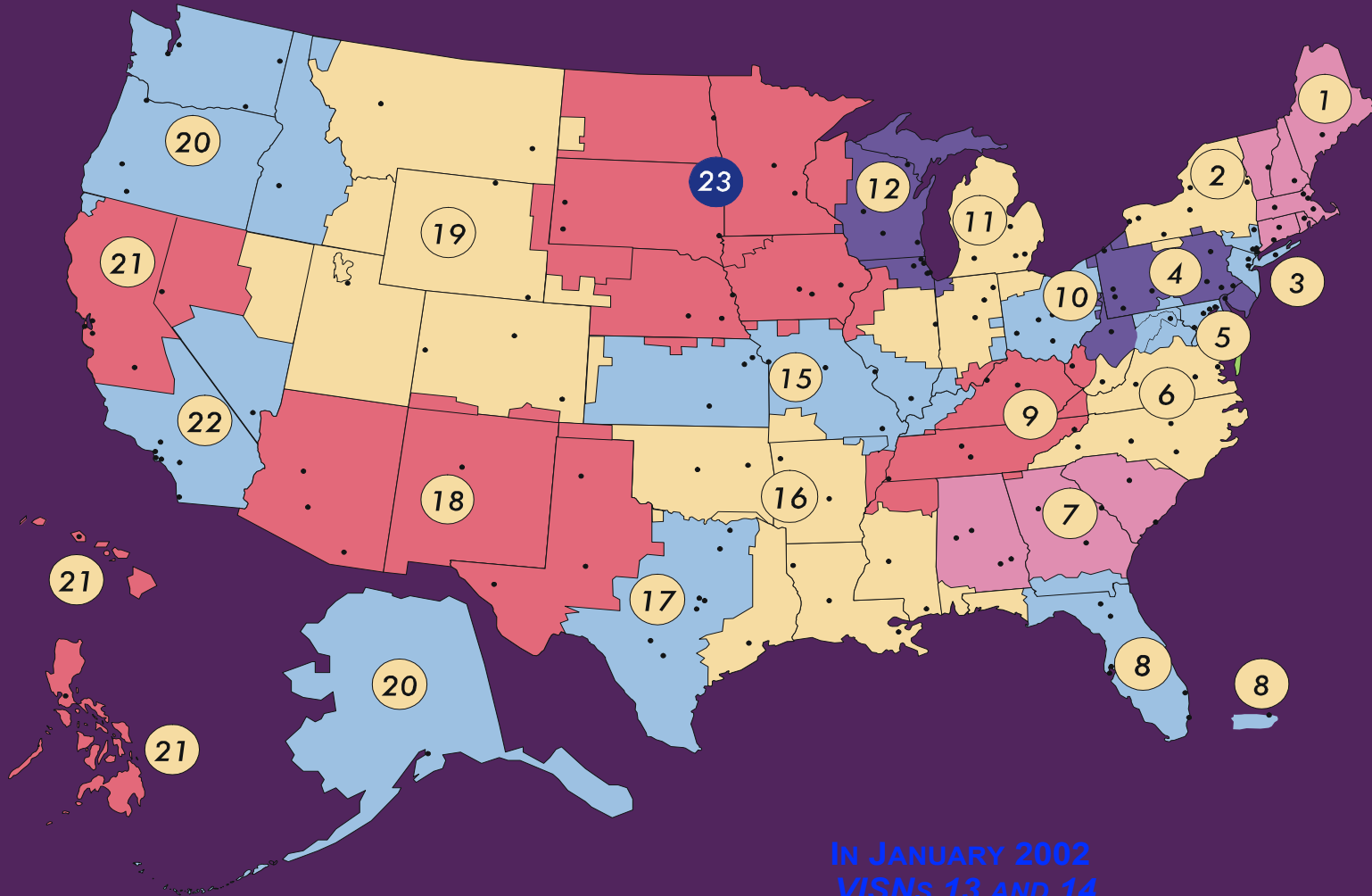
VHA Mission:

Honor America's veterans by providing **exceptional health care** that improves their **health and well-being**.

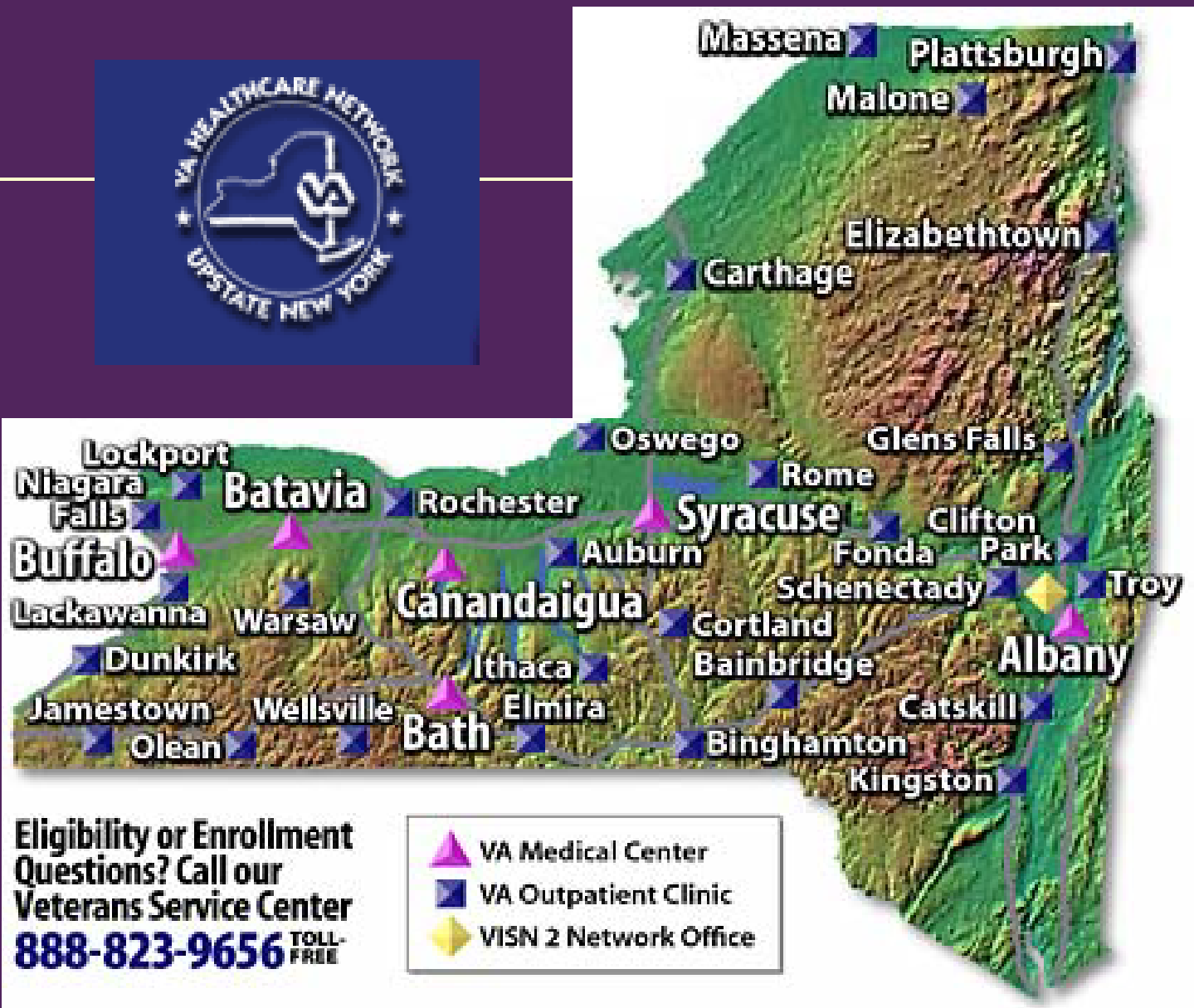
VHA Vision:

To be a **patient-centered integrated health care organization for veterans** providing excellence in health care, research, and education; an **organization where people chose to work**; an active community partner and a back-up for National emergencies.




Veterans Health Administration 21 Veterans Integrated Service Networks



IN JANUARY 2002
VISNs 13 AND 14
WERE INTEGRATED AND
RENAMED VISN 23



Eligibility or Enrollment
Questions? Call our
Veterans Service Center
888-823-9656 TOLL-FREE

-  VA Medical Center
-  VA Outpatient Clinic
-  VISN 2 Network Office

VISN 2 Organizational Structure

- The Medical Center and Network levels have Care Lines:
 - Geriatrics and Extended Care
 - Medical (Surgery/Medicine)
 - Diagnostics & Therapeutic Medicine
 - Behavioral Health
 - Service Line

Geriatrics & Extended Care

▣ Institutional Care Programs

- VA Operated Community Living Centers
- State Veterans Nursing Homes
- Community Nursing Homes

▣ Non-Institutional Care Programs

- VA Operated
 - ▣ Home Based Primary Care, VA Adult Day Health Care, Palliative Care, Dementia Care Case Management & Care Giver Support
- Purchased
 - ▣ Skilled Home Care, Homemaker/Home Health Aide Services, Community Adult Day Health Care, Hospice, *Respite...and now Veterans Directed Care!*

VHA Philosophy for Long-Term Care

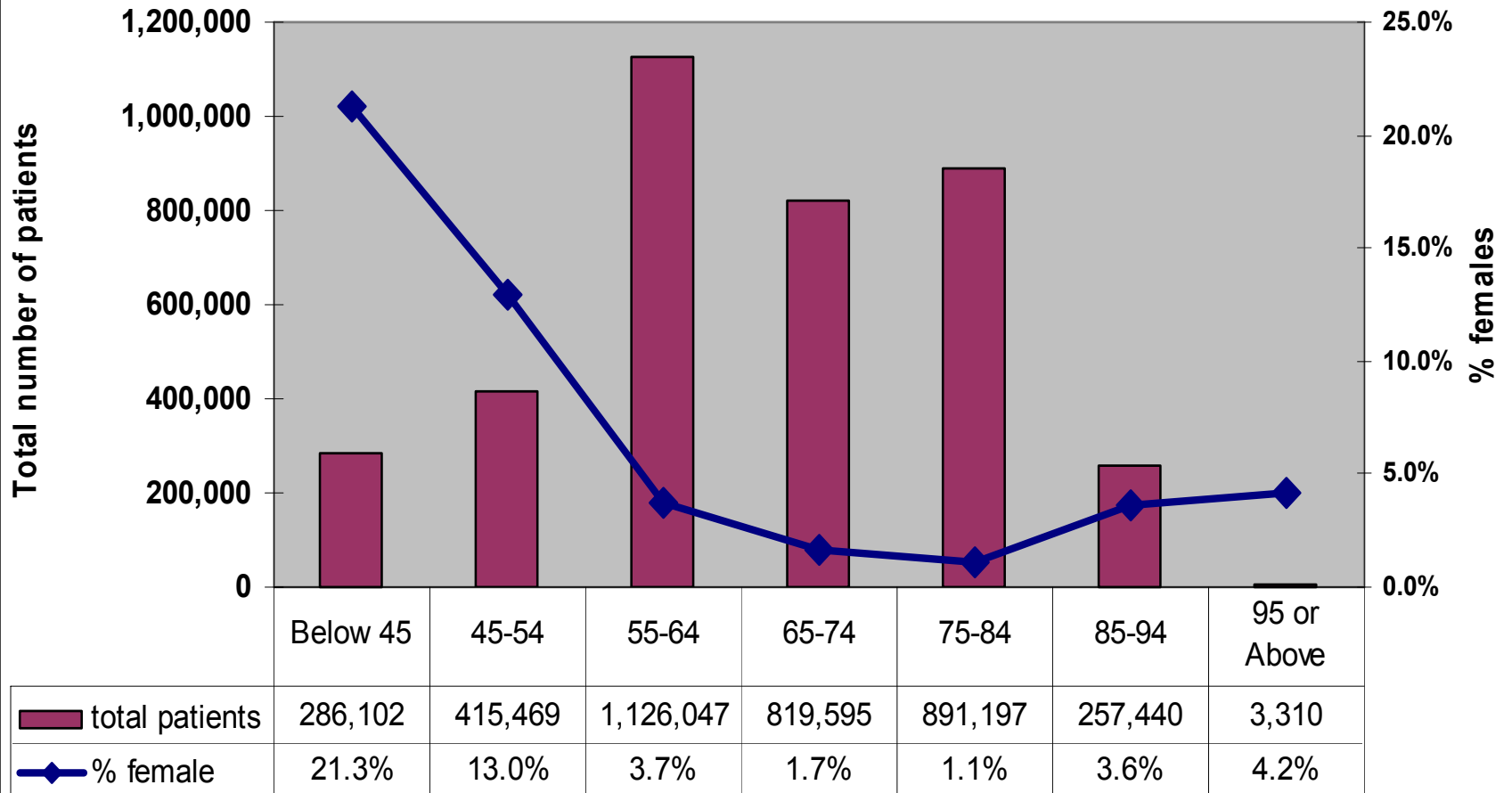
- Provide Care in the least restrictive environment

 - *Whenever possible in home & community based settings*

- Nursing home care should be reserved for situations in which the Veteran can no longer be safely maintained in the home and community based settings

**What does our
Veteran
population look
like?**

Age and gender distribution of primary care patients, 2008



Source: Decision Support System, "Geriatric Primary Care: Workload, Utilization, and Cost" for all veterans seen in Primary Care between July 1, 2007 and June 30, 2008.

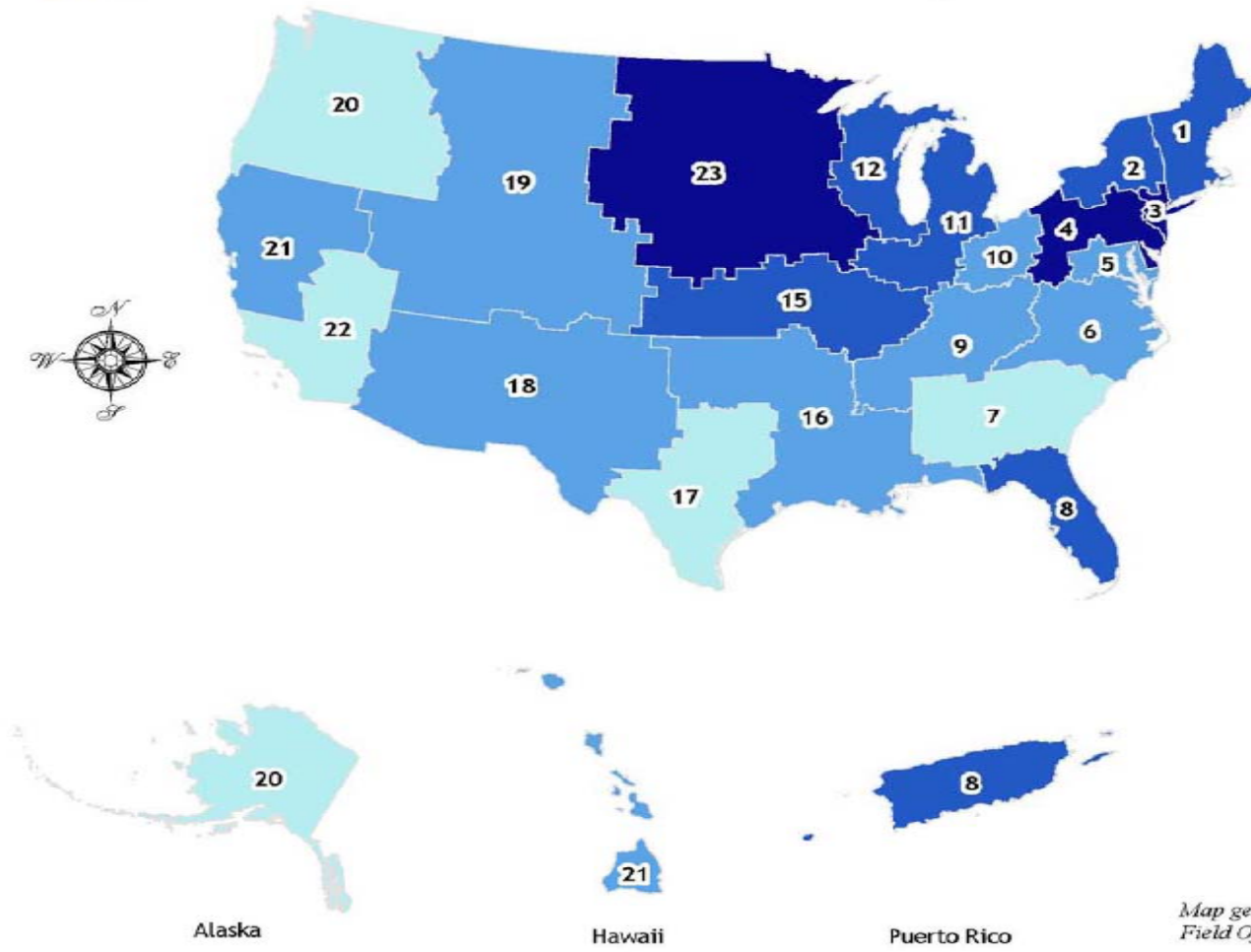


Department of Veterans Affairs
Veterans Health Administration

2007 Percent of Enrollees Age 65 or Over

Legend

- 35% - 40%
- 41% - 46%
- 47% - 52%
- 53%- 58%



VISN	65+	VISN Enrollee Population	Percent
1	164,649	315,822	52.1%
2	98,977	201,504	49.1%
3	185,625	320,694	57.9%
4	231,940	427,286	54.3%
5	74,956	168,209	44.6%
6	158,158	376,952	42.0%
7	150,304	425,147	35.4%
8	310,311	599,310	51.8%
9	139,093	334,936	41.5%
10	118,705	263,074	45.1%
11	149,429	314,297	47.5%
12	150,248	321,447	46.7%
15	143,745	294,006	48.9%
16	261,018	601,804	43.4%
17	130,070	335,834	38.7%
18	131,108	289,712	45.3%
19	92,617	212,742	43.5%
20	131,586	325,281	40.5%
21	136,463	305,042	44.7%
22	153,977	382,159	40.3%
23	199,723	371,689	53.7%
National	3,312,701	7,186,950	217.0%

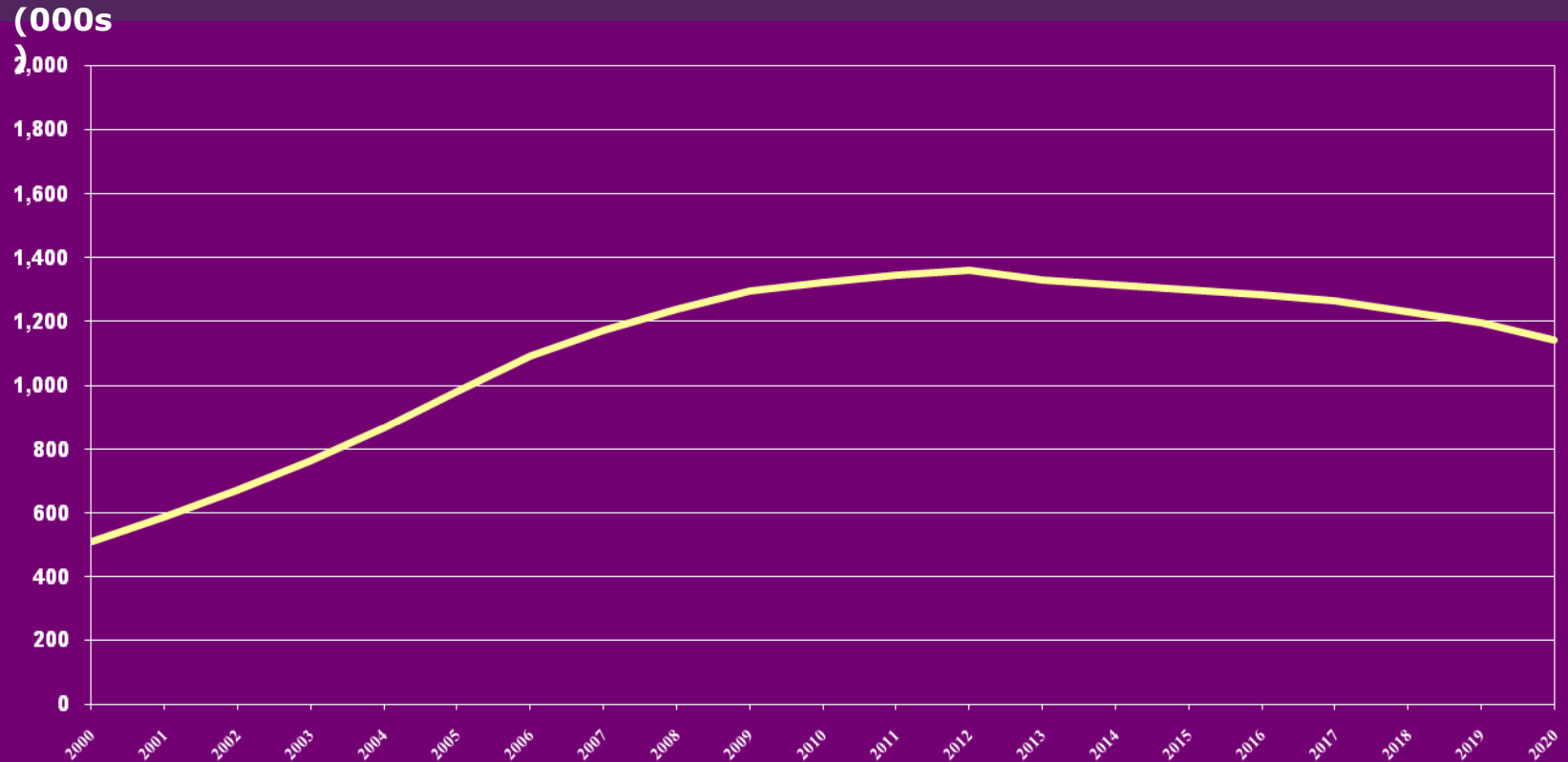
Source: 2007 Survey of Enrollees Health and Reliance in VA

Map generated by Healthcare Analysis & Information Group
Field Office of the ADUSH for Policy and Planning

Ken note: 46% are age 65+ in the VA

Source: Office of the VHA Assistant Deputy Under Secretary for Health for Policy and Planning

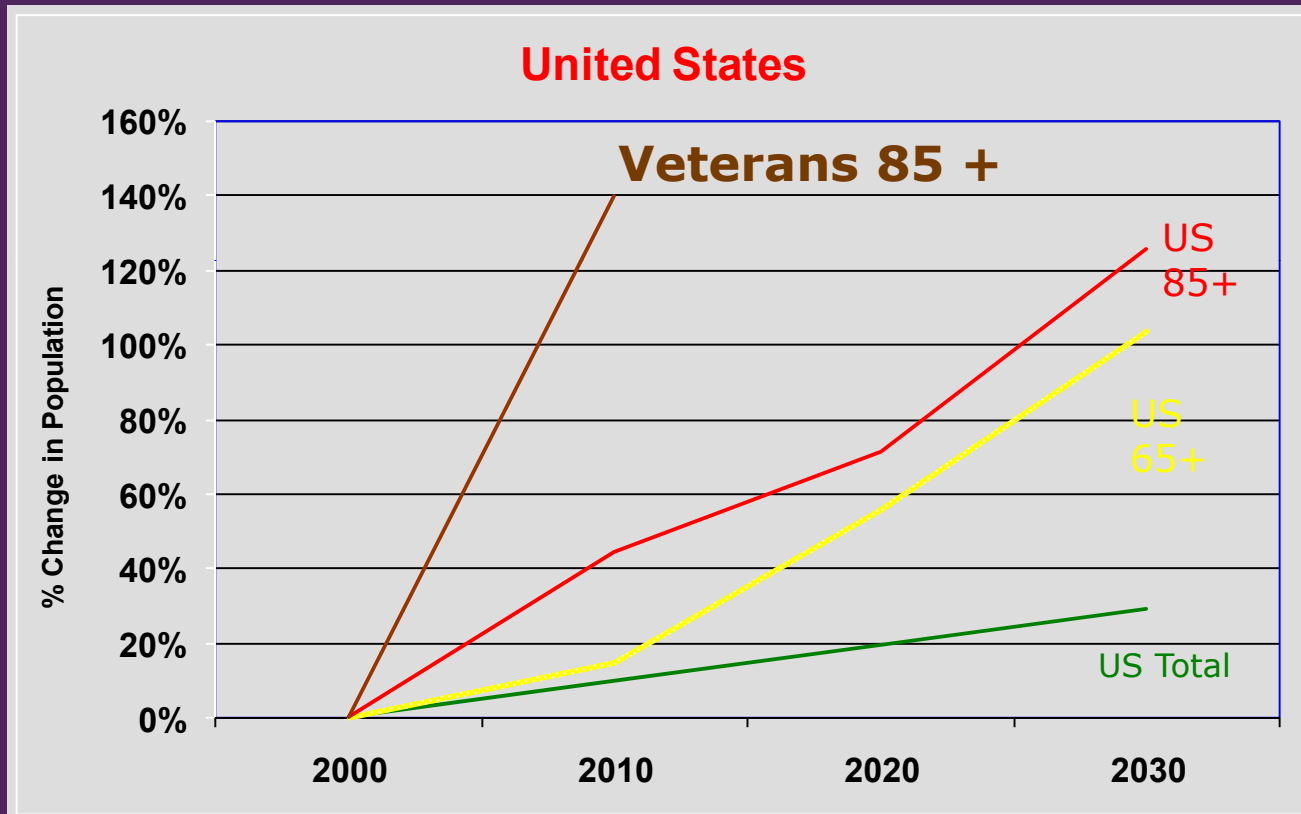
Veteran Population Age 85 or Over



- The veteran population age “85 or over” will increase by 124% between 2000 and 2020.
- The veteran population age “85 or over” will peak in 2012 at 1.4 million, representing an increase of 167% over the total of 510,000 veterans age “85 or over” in 2000.

Source: Vet Pop 2001 Adj

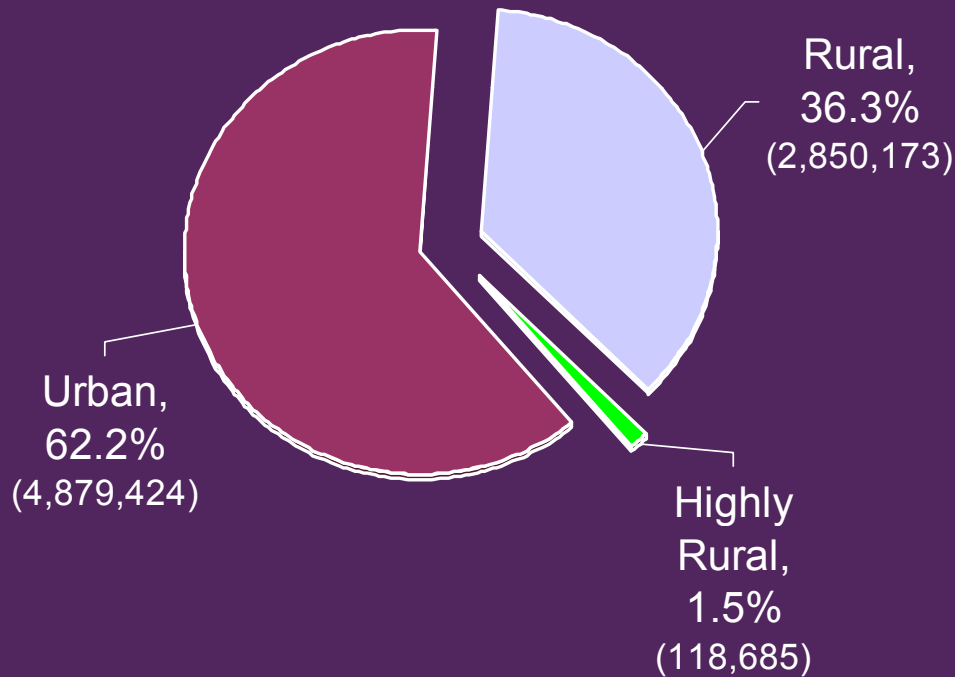
% Change in Population from 2000



Source:
VHA Home & Community-Based Care
Office of Geriatrics and Extended Care
Washington, DC April 23, 2009

Enrollees Location

Veteran Enrollees by U/R/H EOY 06



Definition of U/R/H
based on the Census's definition of rural.

Urban - Areas defined by U.S. Census as an *urbanized area* (excludes urban clusters)

Rural - All other areas excluded in U.S. Census defined urbanized areas

Highly Rural - Any rural area within a county with less than 7.0 civilians per square mile

Source: VHA Office of the Assistant Deputy Under Secretary for Health for Planning and Policy, End of Year 2006 geo-coded Master Enrollment File

VISN 2 Counties Selected for Veteran Directed Model

Data for period: 10/1/08 – 3/31/09 (FY-09)

□ Onondaga

- Currently enrolled in Primary Care
6370
 - Over 80 years old = 1340

□ Broome

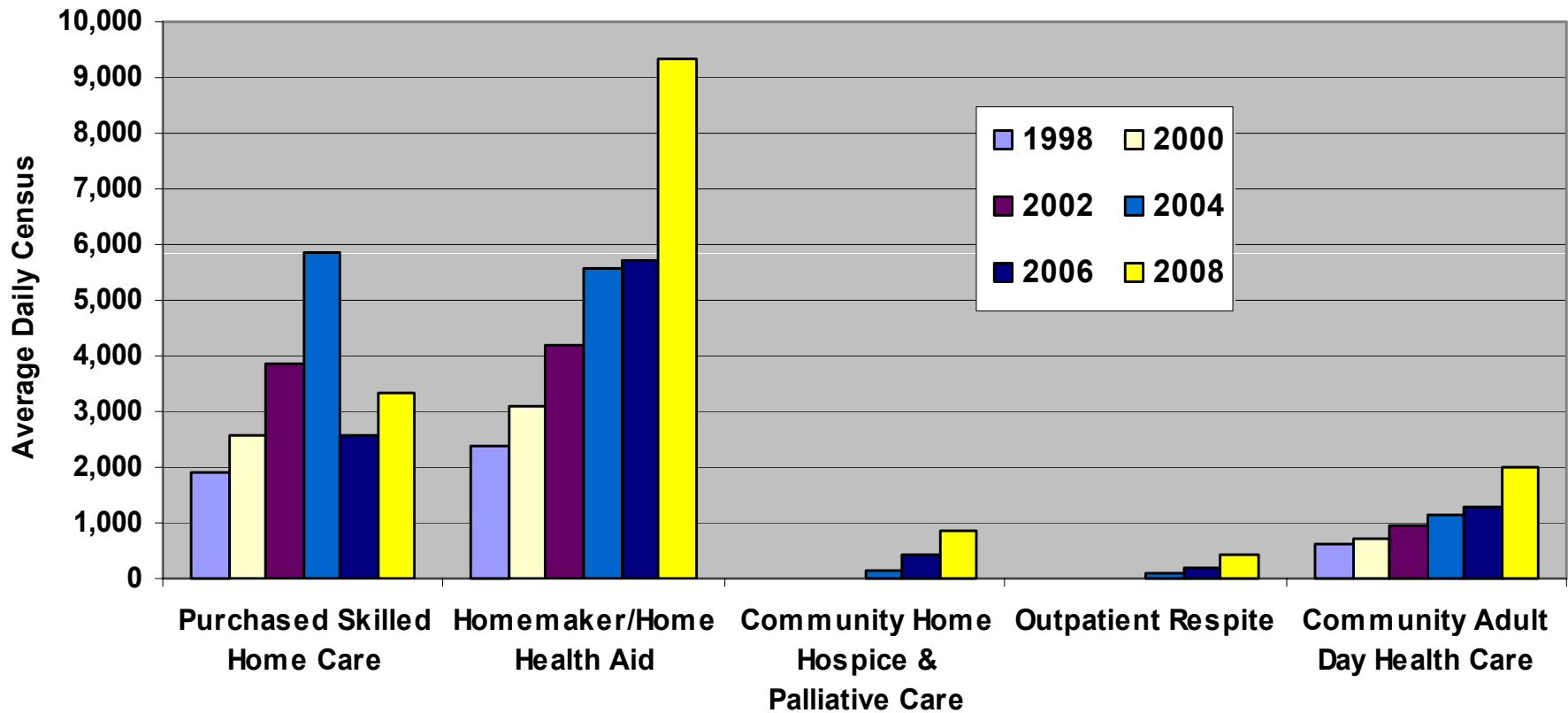
- Currently Enrolled in Primary Care
2678
 - Over 80 years old = 572

□ Oneida

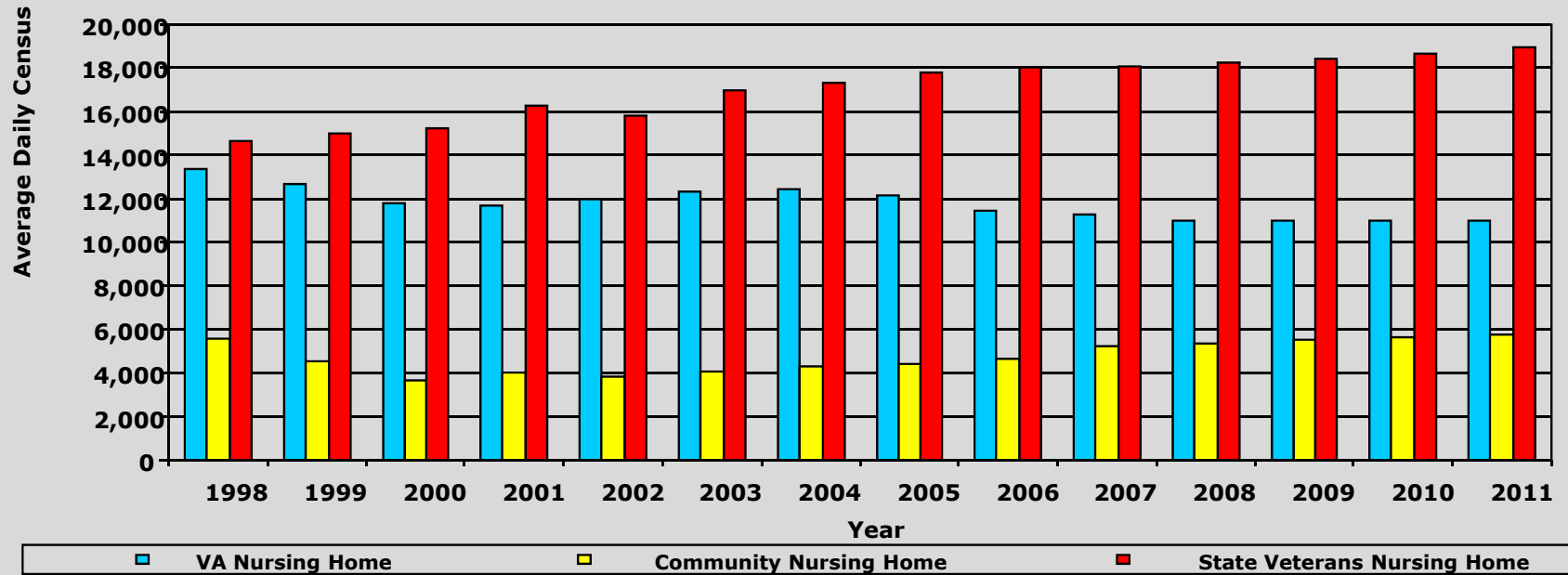
- Currently Enrolled in Primary Care
3623
 - Over 80 years old = 659

Trends in VA service delivery

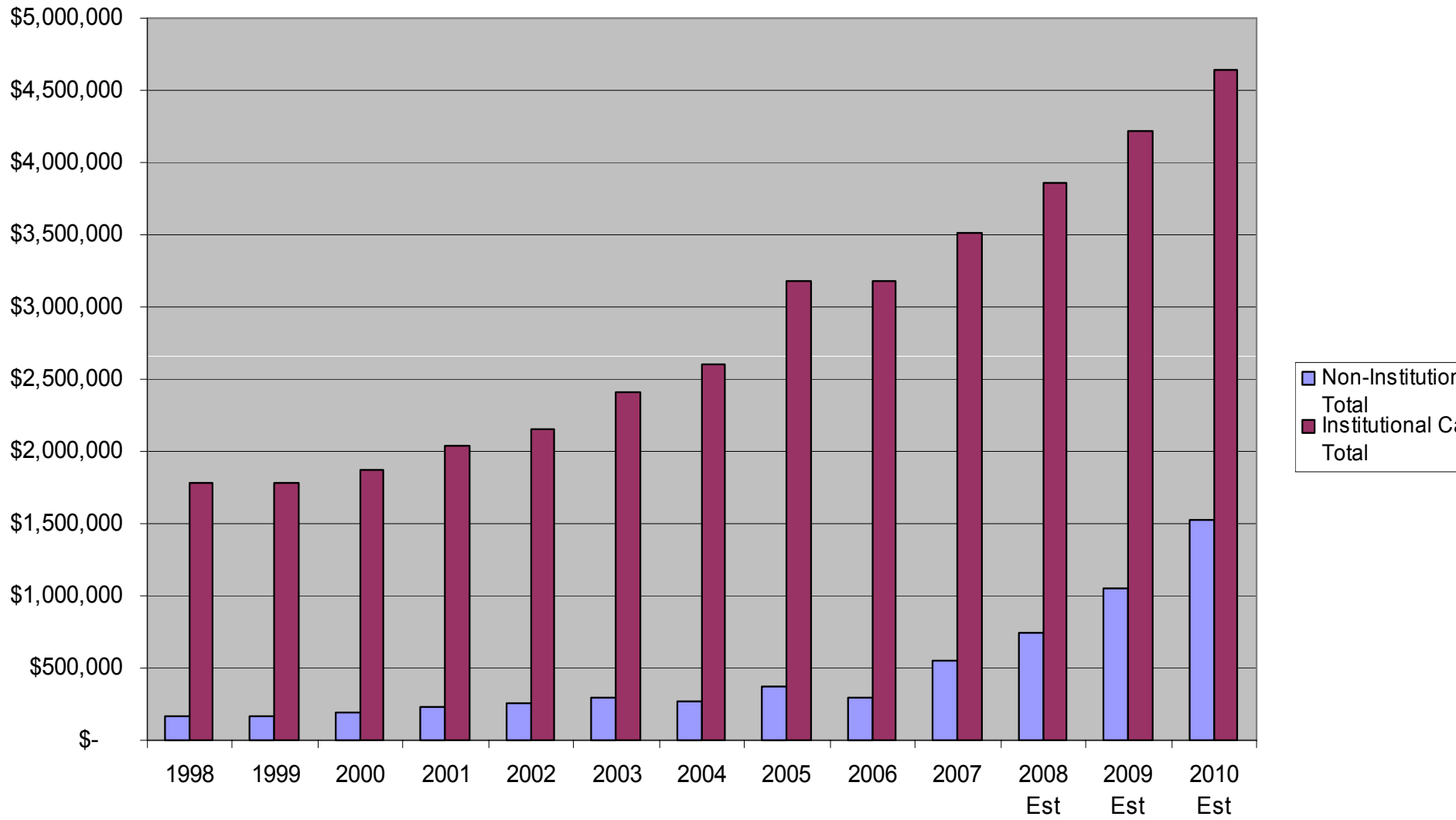
Growth in Purchased Home and Community Based Care



Institutional Long Term Care




Long Term Care Expenditures



A Unique Partnership for Exceptional Service



Implementing the Foundation for VDHCBs for the Local Aging Network



Michael Romano

Director

Oneida County Office for the Aging

Significance to Oneida County

- ❑ The importance of participating in the VDHCBS Project
- ❑ Opportunity for aging network
- ❑ Ability to build upon experience in consumer directed services currently provided

Initial Steps and Processes Used to Prepare for the VDHCBS

- ❑ Client and caregiver focused assessments and care plans
- ❑ Intensive case management vs. traditional aging case management
- ❑ Budget based care plans
- ❑ Fiscal intermediary
- ❑ Boston College Readiness Review

Establishing a Business Relationship with the Veterans Health Administration

- ❑ Subcontractor agreements and rate setting
- ❑ Frequent communication with the VA
- ❑ A learning process for both partners

Consumer Directed Services for Veterans

- The appeal of consumer directed services to the VHA
- Consumer directed services vs. traditional CDPAP
- Most frequently utilized services

Challenges and Struggles

- ❑ Creating a systems change
- ❑ Difference in needs between older consumers and younger Veterans and their caregivers
- ❑ Infusing a non-medical delivery system into a medical model
- ❑ Flexibility of services

Future of VDH CBS and the Aging Network

- ❑ Possibility of growth
- ❑ Caregiver burden among caregivers of Veterans
- ❑ Invest in community based long term care programming for Veterans
- ❑ Reliance on the aging network