



Connecticut

Federal Vision for VD-HCBS

NWD Systems build relationships with local VA Medical Centers (VAMCs) on the implementation of the Veteran-Directed HCBS Program and other VA/NWD collaborative programs. By developing a relationship between a state's NWD System and VAMCs, Veterans and their Caregivers have access to a greater variety of options to meet their LTSS needs. For example, in VD-HCBS, Veterans control a flexible spending budget that allows them to hire workers, including family and friends, to assist with ADL/IADL dependences and purchase other goods and services that allow them to remain safely in their homes and communities. The NWD System provides person centered counseling to the Veteran to assist with establishing a flexible spending plan. In addition, the NWD System must provide financial management services, which are often subcontracted to a fiscal intermediary by the NWD System, to pay the Veteran's workers in accordance with applicable state and federal laws.

Prior to serving Veterans in a VD-HCBS Program, the NWD System must pass a VD-HCBS Readiness Review by the VA that certifies the NWD System has the capability to deliver VD-HCBS. Once the Readiness Review is completed, the NWD System enters into agreements with VAMCs that serve Veterans in the state, which often includes VAMCs physically located in a bordering state, to deliver VD-HCBS Programs that are funded nationally though VAMCs by VA Central Office for two fiscal years.

ACL and the Veterans Health Administration have the goal for VD-HCBS to be nationwide. As of January 2015, 49 VAMCs in 28 states and the District of Columbia have VD-HCBS Programs that are currently serving approximately 1,000 Veterans. This brief highlights **Connecticut's innovations in Veterans Directed Home and Community Based Services.**

For more information about the NWD model, visit <http://www.acl.gov/Programs/CDAP/OIP/ADRC/Index.aspx>.

VD-HCBS Expansion—Best Practices for Growth & Statewide Expansion

Connecticut first developed a Veterans Directed Home & Community Based Services (VD-HCBS) Program in August 2009. The initial services agreement was between the West Haven VA Medical Center (VAMC) and two of the five Area Agencies on Aging (AAA) in Connecticut: the Area Agency on Aging for South Central Connecticut (SCCT AAA) and the Southwestern CT Area Agency on Aging (SWCT AAA). The VD-HCBS program in Connecticut has expanded to now serve Veterans across all five Area Agencies on Aging.

As of January 2015, there are 48 Veterans enrolled in the VD-HCBS program throughout CT in partnership with the West Haven VAMC. Much of the success for VD-HCBS in CT can be attributed to two main strategies: (1) their efforts with tracking and reporting the impact of VD-HCBS on Veterans; and (2) centralized administration, allowing for standardization across the state and minimizing the amount of time and resources needed to offer VD-HCBS statewide.

Acronyms

ADRC = Aging and Disability Resource Center

VD-HCBS = Veterans Directed Home & Community Based Services Program

VAMD = VA Medical Center

AAA = Area Agency on Aging

LTSS = Long Term Services and Supports

NH = Nursing Home

NWD = No Wrong Door

Centralized VD-HCBS Delivery in SWCTAAA

The West Haven VAMC has two separate agreements with the Aging & Disability Network in CT to deliver VD-HCBS: one agreement with the SCCT AAA to serve Veterans in New Haven County and another agreement with the SWCT AAA to serve the rest of the State. The SWCT AAA receives Veteran referrals from the West Haven VAMC for all Veterans not living in New Haven County. The SWCT AAA provides the financial management services and oversees the billing and invoicing for VD-HCBS. They also subcontract the VD-HCBS case management services to one of the three additional AAAs if the Veteran referred to the program does not reside in SWCT AAA's geographic coverage area. SCCT AAA administers the program independently of SWCT AAA for all Veterans enrolled in VD-HCBS that live in New Haven County.

As a result, SWCT AAA serves as the hub for VD-HCBS administration (except for New Haven County). The purpose behind having SWCT AAA serve as the hub was to rapidly grow VD-HCBS statewide and also to standardize VD-HCBS service delivery and financial processes. This streamlines the referral process, assessments, case management, billing/invoicing and monitoring and reporting functions through one entity, eliminating the need for the other AAAs to expend resources to develop the administrative infrastructure necessary to deliver VD-HCBS services.

SWCT AAA, in their centralized capacity, has worked strategically to standardize the delivery of VD-HCBS with the Aging & Disability Network sites that are subcontracted to deliver VD-HCBS. The table below outlines the key features that have allowed the VD-HCBS Program to achieve high levels of success for the Veterans served in VD-HCBS and also for demonstrating high-quality of care to the West Haven VAMC.

Table 1. Standardizing VD-HCBS Delivery in CT

| Standardization | Brief Description |
|--------------------------|--|
| Billing and Invoicing | The SWCT AAA manages the billing, invoicing and tracking for the VD-HCBS Program. With a structured process with the West Haven VAMC, this ensures that bills are submitted accurately and with all the required information so that they are paid on a timely manner. |
| AAA Training | SWCT AAA offered online training about the AAAs roles and responsibilities to ensure standardization in the delivery of services across the state. Additionally, SWCT AAA provided an experienced VD-HCBS Case Manager to help complete the first Veterans' assessment for each AAA. |
| VD-HCBS Procedures Guide | Developed a VD-HCBS statewide operational protocol to guide policies and practices for VD-HCBS in CT. The VD-HCBS Procedures Guide focuses on administering the program for the A&D network to include assessment, developing the care plan, using the rainy day fund, etc. |
| VD-HCBS Veteran Guide | Developed a user-friendly guide for Veterans to help educate and inform Veterans on their roles and responsibilities in the VD-HCBS Program. |

| Standardization | Brief Description |
|---|--|
| VD-HCBS Program Brochure | Developed a consumer brochure to inform potentially eligible Veterans on how the VD-HCBS program works |
| VAMC Plan of Care | Standardized a tool for the VAMC to develop a plan for VD-HCBS specific to eligible Veterans targeted for enrollment |
| VA VD-HCBS Standard Operating Procedure | Outlined the VAMC policies and procedures to guide program administration. |

Monitoring and Demonstrating VD-HCBS Success

VA Central Office provides initial funding to VAMCs to support VD-HCBS growth and development for the first two fiscal years of operation. After the initial funding, local VAMCs allocate funding for the program due to the demonstrated success of the program. The West Haven VAMC, in collaboration with the Aging & Disability Network, has several different avenues through which they demonstrate how VD-HCBS supports Veterans and their Caregivers and the mission of the VAMC.

First, the West Haven VAMC documents cost savings that have resulted from enrolling Veterans in VD-HCBS, which totaled over \$600,000 in 2012. For example, 80% of Veterans in VD-HCBS would otherwise be in a nursing home without VD-HCBS for disabilities and conditions such as Amyotrophic lateral sclerosis (ALS), mental illness, spinal cord injuries, Parkinson's or multiple sclerosis. Additionally, an analysis of Veterans' health care utilization six months prior to and six months after enrollment showed that VA emergency room utilization decreased by 17%; inpatient bed days of care (acute care settings) decreased by 42%; and inpatient admissions decreased by 44%. These findings show that the VD-HCBS Program improves Veterans' health care outcomes and results in a cost-savings for VAMCs by reducing expensive health care utilization for other services.

The list below outlines the key data elements that have been critical to demonstrating the success of the program:

- ▶ Number of Veterans served
- ▶ Amount of time Veterans have been enrolled in program
- ▶ Amount of personal care services Veterans are receiving
- ▶ Types of goods and services Veterans are purchasing in order to remain independent in their homes and communities

This information demonstrates how Veterans can access a greater amount and wider variety of services in VD-HCBS over traditional VA long-term care services. Additionally, it can show how Veterans have greater flexibility over when they receive care and who provides it. For example, Veterans could hire a family member to assist with personal care needs, such as dressing in the morning for an hour and have a neighbor come for an hour in the evening to assist with cooking and eating. Receiving this type of flexible care normally isn't available in traditional VA long-term care programs.

Secondly, satisfaction surveys are conducted for Veterans enrolled in VD-HCBS to monitor how satisfied they are with the care they receive, the workers they hire, the services provided by the AAA and the program overall.

Partnerships

CT's statewide VD-HCBS Program represents a collaborative and successful partnership between the West Haven VAMC, CT's State Department on Aging and five local Area Agencies on Aging. The West Haven VAMC collaborates with the State Department on Aging, SWCT AAA and SCCT AAA to communicate their expectations for the program, requirements for billing and invoicing, and data collection needs to demonstrate program success. The State Department on Aging collaborates with the local AAA to track enrollment numbers, develop standardized documents to guide VD-HCBS and troubleshoot any problems or issues. The local AAAs work collaboratively to share best practices, disseminate information and standardize service delivery across sites. More particularly, SWCT AAA works with the three subcontracted AAAs to collect monthly spending plans, provide support as needed and submit invoicing and billing to the VAMC.

Resources and Infrastructure Requirements

CT's Department on Aging, local AAAs and the West Haven VAMC have shown their commitment to delivering VD-HCBS to Veterans that require personal care services in order to remain safely in their homes and communities. In order to deliver the program, CT provides overall guidance to the local AAAs. Additionally, the SWCT AAA and SCCT AAA had to execute Provider Agreements with the West Haven VAMC, standardize their payment processes to submit invoices to the VAMC, conduct a Readiness Review with the VA Central Office and subcontract for financial management services. In addition, SWCT AAA, SCCT AAA and CT Department on Aging collaborated with the West Haven VAMC to develop data measures that demonstrate sustainability and success. This action has resulted in continued investment from the VA to grow VD-HCBS and serve additional Veterans.

In summary, for states exploring rapid statewide expansion for VD-HCBS, consider these key points:

- ▶ Leverage existing infrastructure and development to minimize the amount of time and resources it will take to deliver VD-HCBS;
- ▶ Develop a plan for demonstrating sustainability to VAMC leadership. Parts of this sustainability plan should include:
 - Veteran satisfaction with VD-HCBS
 - Veteran demographics such as age, urban/rural setting, diagnoses and disorders
 - Average services plans that shows what Veterans are purchasing and how they utilize their monthly budget
 - Transitions from and avoidance of nursing home settings into VD-HCBS and the associated cost-savings
 - Shifts in Veterans' health care utilization (and associated cost-savings) that come from reduced demand for hospital services as a result of improved quality of life and health

Identifying No Wrong Door Promising Practices

No Wrong Door (NWD) Promising Practices are intended to highlight successful state programs providing a model from which NWD Systems can gather strategies and innovations that can augment their own work. A promising practice may be a research or evaluation project, policy analysis, data assessment, outreach initiative, or awareness effort. While Promising Practices are unique to each program, they do offer replicable components for diverse settings and share many common characteristics including the capacity to reach the population of focus, address the aspirations of individuals, drive quality and impact methodology and measurement.