

Veterans Directed Care Program (VDC)

Program Policy Manual



A Partnership between

Pennyrile Area Agency on Aging and Independent Living (Pennyrile AAAIL)

Pennyrile Area Development District (PADD)

And

VA Medical Center Partners

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Veterans Directed Care Program (VDC)

The Veterans Health Administration (VHA) and the Administration for Community Living (ACL) have formed a partnership to develop the Veterans Directed Care Program (VDC) to enhance home-based support for veterans. VDC program offers eligible veterans a flexible budget to purchase goods and services that help them to live independently at home in the community rather than in an institution. VA Medical Centers (VAMC) purchase and utilize the VDC Program through a Provider Agreement between the VAMC and an Area Agency on Aging and Independent Living (AAAIL) that offers the program. The VDC Program includes a functional assessment, home-based services, options counseling, support services, and financial management services. The VDC Program does not duplicate any services already provided by the VAMC.

Services

Area Agencies on Aging & Independent Living (AAAIL) that offer the VDC Program help the veteran with identifying services based off needs and limitations upon request. Some of the services include the following (but not limited to):

- Assessment & Reassessment
- Options Counseling and Support Services including care management

Services include but are not limited to the following.

- Personal Care (e.g. physical or verbal assistance with eating, bathing, dressing, grooming, transferring)
- Homemaker (e.g. cleaning, laundry, meal planning & preparation, shopping)
- Adult Day Care
- Assistive Technology (e.g. emergency response system, electronic pill minder)
- Home Delivered Meals
- Caregiver Support (e.g. counseling, training)
- Respite Care
- Financial Management Services
- Environmental Support (e.g. extensive cleaning)
- Other goods and services needed to remain safely in the community (e.g. small appliances, grab bars, ramp, lift chair, etc.)

Target Population

All veterans enrolled in VA health care system are eligible to participate in the VDC Program when the veteran needs nursing home care and is interested in consumer directed care. Veterans are determined in need of nursing home care when one or more of the following conditions are met.

- Three or more activities of daily living (ADL) dependencies
- Significant cognitive impairment
- Receiving hospice services
- Two ADL dependencies and two or more of the following:
 - 3 or more instrumental activities of daily living (IADL) dependencies
 - Recently discharged from a nursing facility

- 75 years old or greater
- 3 hospitalizations or 12 outpatient clinics or emergency evaluations
- Clinically depressed
- Lives alone
- Does not meet any criteria but still clinically determined by the local VAMC to need services.

What is the Veterans Directed Care (VDC) Program?

Veterans Directed Care Program (or VDC) is the name given to the VDC Program.

The goal of the VDC Program is to provide increased flexibility and access services that enable a veteran to remain at home in the community. This program will allow a veteran to receive a functional assessment (MEBH Assessment) to identify his or her needs and preferences, develop an individual Service Plan (optional) and Veteran’s Spending Plan, and purchase goods and services (including the hiring, training, and termination of employees) that will best meet his or her needs. The Service Plan is developed with the assistance of a Case Manager if needed.

The Pennyriple Area Development District (or PADD FMS staff) will provide financial services. Veterans are not directly given funds. Veterans are given control over the funds to authorize the purchase of goods and services that help them remain independent in the community. The PADD FMS staff manages the funds and makes the financial transactions to pay for goods and services authorized.

Note: The process time from the initial assessment to the time VDC Program services are about to begin, may take multiple home visits to complete. Assistance may also be provided via telephone or through other electronic means such as ZOOM or Microsoft Teams.

VDC Program Service Principles

- Services foster respect, dignity, and a sense of wellbeing for the veteran.
- Services respect the veteran’s rights, strengths, values, privacy, and preferences, encouraging the veteran to fully direct and participate in his or her own Care Plan and services possible.
- Services respect individual self-determination, including the opportunity for the veteran to decide whether to participate in a program or activity.
- Services are provided as part of a comprehensive and individualized Service Plan (optional) that is developed through collaboration with the veteran and Case Manager to meet the needs of the veteran.
- Services are coordinated with other services preventing duplication of effort, unnecessary costs, and unnecessary administrative tasks.
- Services use resources efficiently to maximize the benefits and services available to all veterans.
- Services will not be used to secure improper or inappropriate gain for the provider, provider staff, family members, or any other person involved in the veteran’s care.
- Privacy and confidentiality are hallmarks of this service delivery system.

VDC Program Desired Outcomes

- The veteran continues to reside in his or her setting of choice.
- The veteran’s needs are met, and he or she is as healthy as possible.

- The veteran’s optimal level of functioning and independence is achieved or maintained.
- The veteran is satisfied with services.
- If applicable, primary caregivers receive relief from caregiving responsibilities, as well as education and support, and continue to provide care.
- If applicable, the veteran’s primary caregiver or family is satisfied with services.
- Services are provided in an efficient manner, without duplication of services.

Authorized Representative

Veterans, under the VDC Program, can make meaningful choices and have control over their approved budget (must be in compliance with Pennyrile Area Agency on Aging and Independent Living -PAAAIL, Pennyrile Area Development District-PADD, and the VAMC).

One of these choices is the Veteran may choose to designate someone as the “Authorized Representative.”

This person, not the Veteran, will then become the “Employer of Record” for any employees hired on the Veteran’s behalf and will sign/submit all time sheets and be responsible for all paperwork.

Representatives will be allowed to make Service & Spending Plan choices, hiring and supervising the worker and will be the office employer of record for all workers/ employees. Some veterans may choose this option while they become more familiar and comfortable with the VDC program. The authorized representative may not take money from the Veteran for any service provided under VDC. Representatives will be allowed to make decisions for the veteran as long as the veteran does not object or is unable to make his / her own decisions. The representative must be at least 21 years of age to assume this role.

The Case Manager can encourage or suggest to the veteran that he or she may need to appoint a representative if the client has difficulty managing the responsibilities of an employer. If a Case Manager (if other than Program Coordinator), has any concerns about a veteran’s ability to self-direct services, he or she should call Pennyrile AAAIL, Program Coordinator for guidance.

Authorized Representative Background Checks (Required as of 2/1/2024) & Paid Employee

- Direct care workers and, effective February 1, 2024, new authorized representative (AR) candidates of Veteran Directed Care (VDC)-enrolled Veterans are required to undergo and pass a background check.
- The background check should be conducted prior to a worker being hired or a representative being formally authorized. (Can no longer sign a waiver to have worker start prior to results of background check being received).
- It is preferred that the cost of the background check be paid for by the VDC budget, which needs to be included in the Spending Plan. (Keep in mind that this would include any future hires as well so they will need to estimate those costs if they plan to hire additional people).
- Any direct care worker or representative candidate who has a felony for fraud, abuse or exploitation of an individual may not be hired to provide services to or be authorized as a representative for a Veteran. (This has always been the case for potential employees but now includes AR’s).

- With prior approval from the VAMC, a Veteran may complete and sign the Background Check Waiver Form to authorize the hiring or designation of an employee or Authorized Representative who does not meet the standard background check requirements.
- Results from a direct care worker or representative candidate's background check are reported to the VA VDC Program Coordinator.

Eligibility and Referral Procedures

To be eligible for the VDC Program, a Veteran must first be enrolled in the Veterans Administration for health care at their local VAMC, have a VA primary care team, meet the eligibility criteria for VDC as determined by the VA, and receive an authorization of funding for VDC services. The veteran does not have to be enrolled in the VAMC Home Based Primary Care program, but if the veteran is not enrolled in the VA altogether, then the veteran must complete the VHA1010EZ form and submit it to the VAMC liaison, who will forward it to VA Admissions.

See page #3, section title “Target Population” for exact eligibility requirements.

The VA Medical Center (VAMC) is responsible for determining eligibility for the VDC Program.

Referral Process

Once deemed eligible, the VAMC will refer the veteran, based upon town of residence, to the Pennyrile Area Agency on Aging and Independent Living (PAAAIL) partner for comprehensive assessment, options planning, development of a flexible Veteran’s Service Plan (if assistance is required), Spending Plan (budget incorporated in Spending Plan), and financial management services.

Each AAAIL will designate an individual to be the point of intake for the VDC Program (Program Coordinator). This staff shall be trained to receive and process referrals. The VAMC will share with the Pennyrile AAAIL basic demographic information about the veteran including name, age, diagnosis, address, phone, email address, and need for special accommodation, if any (etc). The VAMC may attach such forms as medications, medical history, initial referral letter, or other information. Each VAMC will send form as they see fit for the initial referral.

Upon receipt of referral, the Pennyrile AAAIL will assign a Case Manager. The Case Manager will contact the Veteran within (2) business days to schedule an in-home visit (if possible). The Veteran will receive a home visit within (7) business days of the referral (if possible) to conduct a Functional Assessment (MEBH) and begin the process of identifying the veteran’s needs and preferences for services in the community. A Case Mix Assessment will be completed prior to the referral to the AAAIL. Case Managers MEBH is also completed as reassurance to ensure the approved Case Mix matches the veterans need. The Case Mix Assessment (Completed by VAMC) & MEBH Assessment (completed by CM) will work in conjunction with the assessment the VAMC completed.

If not able to schedule an in-home visit to conduct a MEBH assessment, or Spending Plan developed & Spending Plan sent to the VAMC Liaison within the guidelines mentioned above (14 business days from date of referral), for any reason including the preference of the Veteran, the Case Manager must notify the VAMC Liaison within (1) business day (if possible).

What is Options Counseling?

Options Counseling is an interactive decision support process whereby consumers, family members and/or significant others are supported in their deliberations to determine appropriate long-term care choices in the context of the consumer's needs, preferences, values, and individual circumstances. Promoting informed decisions about long-term care and support is a major goal of the VDC Program. Case Managers have a unique opportunity to meet people at times of critical decision making and changes in their lives. Options counseling may be provided to an individual who wants to remain at home but needs support to do so, or when a family caregiver needs help to continue providing care in the community.

How is Options Counseling Different from What We Do Now?

Depending on individual organization, options counseling may not be that different from the type of support that is currently provided to individuals and their families faced with decisions about long-term care and support. It is important to keep in mind that it is about allowing the veterans to make decisions by providing support and counseling.

Self Determination

Veterans, under the VDC Program, are allowed to make meaningful choices and have control over their lives and care provision. Self-determination assures that services and support for veterans are centered on, defined by, directed by, and controlled by the veteran.

Self-determination is based on four principles:

- Freedom to plan a life based on acquiring necessary support where and with whom one lives, who and how to connect to one's community, the opportunity to contribute to one's own ways, and the development or maintenance of a personal lifestyle.
- Authority to control a certain sum of dollars to purchase these supports.
- Support from resources and personnel, both formal and informal, to assist the veteran in living his or her desired life in the community as he or she defines it.
- Responsibility for spending public dollars in way that is life enhancing.

The veteran controls the use of the resources in his/her individual Veteran's Spending Plan, determining which services, goods, and supports that he/she will purchase, from whom, and under what circumstances (Must meet Pennyrile AAAIL, PADD, and VAMC rules/regulations). Through this process, the veteran possesses power to make meaningful choices in how he/she lives his or her life.

Participant Responsibilities

- Veteran must demonstrate the required skills and abilities needed to self-direct employees or designate an authorized representative to do so.
- Veteran or authorized representative must actively participate in developing the Service Plan (participate driven/ optional form) & Spending Plan.

- Veteran & authorized representative must keep scheduled appointments (**program policy states that a home visit (face to face) must be conducted at least once quarterly (phone call on months home visit not completed)**) If a representative is applicable, representative & Veteran must be present at home visits.
 - If the representative cannot be present due to personal issues, then the case note must explain why.
 - Home visits may occur or be required more often than normal when the enrollment process begins.
 - In situations where a state of emergency is put in place, monthly contacts may be completed virtually (phone or facetime) as needed/ordered out of safety for the veteran and Case Manager.
 - If bed bugs, lice, or fleas are detected in a Veteran's home, case managers will be unable to conduct face-to-face home visits until the infestation is professionally treated. Proof of treatment must be provided before visits can resume. Failure to obtain timely treatment may result in a request for termination from the VDC program.
- Veteran or authorized representative must review Spending Plan statement and monitor all expenditures to ensure that veteran does not exceed the allowed authorization of funds. Monitoring monthly expenditures is important to make sure the Veteran does not run out of money before the end of the authorization period.
- Veteran or authorized representatives must complete all necessary forms and provide information to the PADD FMS to ensure compliance with tax and labor laws.
- Veteran or authorized representative must maintain adequate communication with Case Manager.
- Veteran may hire who they wish as their employee if it is not an appointed representative. If background check or nurse abuse check shows any forms of abuse, neglect, exploitation, or any other possible disqualifying charges such as any felony, then a conversation will take place with the VAMC for a decision on approval/denial.
- Veteran or authorized representative must manage their employees/workers by:
 - Recruiting/ hiring, setting job duties and training employees.
 - Paying employees a fair and legal wage.
 - Setting employees' schedules in advance and reviewing time sheets to ensure they are correct.
 - Submit timesheets to Case Manager by fax, email, mail, or in person.
 - Supervise employees'/ workers' daily activities and review the adequacy and quality of their work.
 - Ensuring a safe work environment for employees/workers (or PA).
 - Notifying the PADD FMS & Case Manager immediately if chooses to no longer employ a worker/employee (or PA).
- Veteran or authorized representative must develop an emergency back-up plan in case primary worker/employee (or PA) is not available.
- Veteran or authorized representative must notify Case Manager immediately if Veteran is admitted to the hospital or other medical facility.
- Veteran or authorized representative must oversee the activities of any other service providers that provide veteran services.
- Veteran or authorized representative must arrange to get the services, supports and goods needed with the assistance of the Case Manager and FMS.
- Veteran or authorized representative is responsible for all required paperwork and adhering to all tax and labor laws.

- Veterans or authorized representative are responsible for following all the VDC Program rules & regulations.

The Role of the Case Manager

The Case Manager assists the veteran to identify his/her needs and goals and to develop and manage his/her Service Plan (if veteran request assistance) and individualized, flexible Veteran's Spending Plan. The Budget is established by Case Mix rate determined by the VAMC. The Case Manager provides support & can be consulted with on making decision should the veteran ask.

Case Managers are responsible for the following:

- Answering questions about VDC Program.
- Collaborating with the veteran to gain access to needed services.
- Conducting assessments and reassessments (6 month and 12 month thereafter).
- Assisting veteran to develop a Service Plan (optional/ if veteran request assistance) & Spending Plan in conjunction with the veteran or Authorized Representative if requested.
- Educating and supporting the veteran in his or her role as employer.
- Assuring that the veteran has an emergency backup plan.
- Monitoring the services included in the Veteran's Spending Plan.
- Assessing the adequacy of care being provided.
- Certifying the ability of the veteran or Authorized Representative to manage services.
- Reporting suspected cases of abuse, neglect, exploitation to agencies that investigate elder abuse and neglect and to the Area Agency on Aging and Independent Living.
- Being available during regular working hours.
- Assist in completion of "Employee or Veteran related" forms as required by PADD FMS.

Case Managers are NOT responsible for the following:

- Processing payroll forms.
- Payroll documentation and submission.
- Hiring, firing, or training employees.
- Scheduling the delivery of services.

All Case Managers working with the VDC Program are required to read thoroughly through the VDC Program Manual for Veterans & VDC Program Manual and be trained by the VDC Program Coordinator through Pennyrile Area Agency on Aging & Independent Living (Pennyrile AAAIL) or through their agency VDC contact staff. New hires may be trained by VDC staff at that agency (Spoke). Case Managers must also meet qualifications of employment as required by Pennyrile AAAIL. All these requirements must be met prior to any Case Manager taking on a caseload in the VDC Program to ensure that all Veterans enrolled in the VDC Program receive the best possible assistance and services.

All Case Managers shall hold a bachelor's degree in a health or human service field from an accredited college or university; and at least (1) year of experience in health or human services field; or the educational or experiential equivalent in the field of aging or disabilities; or be a registered nurse who has at least (2) years of experience as a professional nurse in the field of aging or disabilities; or a

master's degree in health or human services field from an accredited college or university. Case managers will receive ongoing training yearly or by request. Case managers who hold a professional licensure, such as LSW and CSW, will maintain licensure and attend all required CEU's to keep the licensure current. These will include training certificates provided to the case manager along with documented licensure status by the current state board of licensure.

A Case Manager shall be supervised by a Case Management Supervisor who: has at least (4) years of experience as a Case Manager in the field of ageing or disabilities; and meets the qualifications of a Case Manager.

Initial Visit –Assessment & Reassessment

The Case Manager will schedule a time to come to the veteran's home and conduct a functional assessment, also referred to as the Mental/Emotional/Behavioral Health Assessment (MEBH Assessment) that identifies needs and preferences. The purpose of the MEBH assessment is to identify the veteran's individual circumstances, resources, strengths, and needs so that the Veteran may remain in the community and avoid nursing facility placement.

The only form required to be submitted to VAMC liaison for approval "currently" is the completed Spending Plan. More information may be requested on an as needed basis, per VAMC liaison.

A 6-month assessment must be completed during the first year after enrollment to ensure the approved budget is meeting the needs of the veteran.

The Case Mix Assessment will be completed prior to the referral to the AAAIL to establish funding, and the Case Manager is still required to complete the MEBH assessment. The MEBH Assessment will work in conjunction with the VAMC's approved case mix assessment.

Initial home visit/assessment should have the following addressed in the written case note:

- Age, marital status, living arrangement, condition of home environment (health, safety, welfare), who was present during assessment, consumers orientation & ambulation needs, medical conditions and limitations (on assessment), hospitalizations (most recent), family friend supports (informal supports-if any & how often), other services received, ADL's & IADL's (described in assessment), goals, agency assistance (formal supports- if any & how often).
- Continued: expected service plan ideas, list of documentation reviewed/completed, address when documents will be sent to VAMC, next scheduled visit (if scheduled yet), and case mix budget.

During the first visit, the Case Manager will "complete" the following forms (but not limited to, should other forms later be required) pending Veteran selects to enroll into VDC Program:

- Authorized Representative Form (even if appointing self)
- Enrollment & Agreement Form
- Rights & Responsibilities
- Release of Information
- Background/Nurse Abuse Registry Agreement (1 per Vet chart)

- Veteran Set-Up Form (if enrollment into VDC is selected)
- Workers Compensation Acknowledgment Form
- Application for Unemployment Insurance
- 2678 (Employer/ Payer Appointment of Agent)
- 8821 (Tax Information Authorization)
- SS-4 (Application for EIN number)
- MEBH Functional Assessment – developed to compare assessment with the VAMC’s assessment which determines the case mix budget.
- Fraud

Other forms may be provided to the veteran or authorized representative at the initial visit, or other times throughout this process, but may not require completion at this time or anything to be completed at all (examples- incident/ complaint forms, VDC Program Manual for Veterans).

Specific forms will be provided to veteran or authorized representative during various stages of the enrollment process.

Reassessment

Veterans participating in the VDC Program must have a full assessment completed on an annual basis. The reassessment can be completed between 30-45 days prior to the authorization period ending in consultation with the VAMC. The annual reassessment procedure is as follows:

The Case Manager, with the veteran (or representative) and desire parties, shall complete a reassessment using the complete reassessment packet (MEBH, Employee/ Provider Contract, and Satisfaction Survey).

- At least once annually (12 months).
- When the veteran would like to change his/her services and VA Spending Plan based on changed needs. The VAMC may adjust the case mix budget at anytime and instruct the Case Manager to conduct another MEBH illustrating the decline or improvement of health.
- Upon notable change in condition and requesting additional funding.
- A new Employee/ Provider Agreement form is required annually even if no changes are made to the Spending Plan or case mix budget.

The reassessment and a new Service & Spending Plan must be completed and signed by all required parties prior to the previous Service & Spending plan end dates.

- Case Manager, together with the veteran / representative, shall assess the veteran’s circumstances, resources, strength, and needs.
- Case Manager, together with the veteran/ representative, shall identify the service options which will address the veteran’s unmet needs and for which the veteran is eligible.
- Case Manager shall identify, if there is any, the informal/family support that will continue.
- Case Manager shall obtain the signature of the veteran and representative (when applicable) on the Service & Spending Plan (as applicable).
- Case Manager and Program Coordinator (if other than CM) shall sign the Service & Spending Plan (as applicable).

- Case Manager shall complete a new Spending Plan for the reassessment & submit it to the Pennyrile AAAIL Program Coordinator. Other forms may be requested if required, per VAMC liaison.
- Items that should be completed & in veterans' charts prior to sending new Spending Plan to the VAMC liaison:
 - Journal entry or case notes
 - Service Plan (optional)
 - Spending Plan (must be approved to be considered fully complete)
 - Functional Assessment (MEBH Assessment)
- Agencies have the option to keep hard charts or electronic charts or both.
- When the Pennyrile AAAIL receives the signed /approved Spending Plan back from the VAMC liaison, he/she will implement any changes to the plan.

Veterans Service Plan, Spending Plan, & Budget

The purpose of the Veterans Service Plan and Spending Plan (budget section on Spending Plan) is to purchase services, supports, and goods to help the Veteran remain in the community. The items in the veterans Service & Spending Plans must relate clearly to the veteran's goals, identified needs, and the maintenance of the veterans' health, wellbeing, and independence.

The Service Plan is an optional form that can be used to identify needs & services of the veteran.

The veteran Spending Plan allowance (or Budget figures, which are located within Spending Plan) that is available through VDC Program is determined by the assessment completed by the VAMC (Case Mix). The Budget amount is located on the veteran's Spending Plan. This identifies the amount per month the veteran has available to him/her through the VDC Program to pay for services, support, and goods that he/she needs in order to maintain health, safety, and well-being at home in the community. This will also identify the services, support, and goods cost of each (includes pay wages for employees & require weekly hours), and how much the veteran wants to spend.

Once the Veteran's Budget is determined, the Case Manager develops a host of service options to share with the veteran to complete the Service Plan (should veteran request assistance or choose to utilize the Service Plan).

Developing the Service Plan is **"Person Centered"** and begins with the veteran identifying goals for his/her independence and wellbeing at home. These goals guide not only the Service Plan development process but also the monitoring and evaluation process (see "Monitoring"). Veterans should be encouraged to think creatively about how to meet identified needs and goals and address barriers to care and wellbeing.

The veteran's Service Plan provides brief details about how the veteran will spend his/her monthly service amount to meet his/her needs, including emergency backup coverage, but the detailed figures will be noted on the veterans Spending Plan. The Case Manager and the veteran develop the Service Plan together (if veteran request assistance).

Summary of Steps in Development of Service & Spending Plans (budget included in Spending Plan)

- Case Mix assigned via VAMC & MEBH Assessment is completed.
- Case Manager submits MEBH to the VAMC if requested.
- Service Plan (optional form) is completed by veteran (CM can assist if requested) & submitted to Case Manager.
 - Service Plan is used as a referencing tool for veteran or representative to develop the Spending Plan (CM can assist if requested).
- Spending Plan (developed based off Service Plan or verbally by Case Manager) is developed & submitted to CM (CM can assist if requested).
- Pennyrile FMS will develop the Spending Plan for all Veteran's and submit to the VAMC for review/approval.
- If Spending Plan is approved, Case Manager will be notified via email by the VAMC liaison and receive the signed/approved Spending Plan by fax, mail, or email from the VAMC liaison. A copy of the Spending Plan will be provided to Case Manager, PADD FMS, and veteran/representative (if requested).

The veteran's Service Plan, Spending Plan and Budget are authorized for one year. A functional assessment (MEBH Assessment) must be completed **annually**, or more often as warranted by the changing circumstances or health and/or functional status of the veteran.

Each revision of the veteran's Spending Plan **must be approved** by the veteran, his/her authorized representative (if applicable), Pennyrile AAAIL VDC Program Coordinator (if different than CM), PADD FMS, and finally the VAMC liaison. Each new veteran's Spending Plan must be dated and submitted to Case Manager & Pennyrile Area Development (PADD) FMS staff.

Amending Required When & When Not?

Situations change and changes to the approved Spending Plan (Budget within Spending Plan) may be required. It is recommended that the veteran or representative contact the Case Manager first to discuss the change and, if necessary, get approval. Depending on the changes wanting to be made, the Service & Spending Plan may have to be re-approved. In certain cases, Spending Plans may be required to be amended. The following explains when the Spending Plan may & may not have to be amended:

Amended Required When

- There is a major change being requested such as adding a new paid employee/worker, wanting to utilize some funds for a specific item, or add/remove services. Staff will work directly with Pennyrile FMS to get the spending plan modified and sent to the VAMC for review/approval.
- Veteran wants to add a new need to the plan and buy a new service or good.

Amended NOT Required When

- Veteran wants to remove a paid employee
- Veteran wants to increase or decrease slightly the amounts spent on the approved purchase.

- Veteran has unexpected assistance and will be spending less than planned that month for a service or support.
- Veteran wants to redistribute the workers' hours among other workers (when veteran have more than one worker or PA) while keeping the total numbers of hours the same.
- Veteran wants to change a purchase from an approved service or good to an alternate service or good that could address needs in a similar or better way with slight change in the approved budget.
- Pennyrile staff will ensure that the VAMC is notified of the request and allow the VAMC to determine if a modified spending plan is needed.

Even if no changes are being requested to the Spending Plan at the time of recertification, a new Employee/ Provider Agreement Form must be completed on each paid employee along the MEBH, and yearly satisfaction survey.

Timeframe

- The Service Plan implemented is an optional form developed internally which helps identify services needed, and hours/hourly rates requested.
 - Spending Plan must be submitted to the VAMC Liaison within 14 days from date of referral (if possible). At times, this timeline is not going to work due to outside factors which is acceptable.
- Case Manager & PADD FMS staff will have all required paperwork within **(14)** business days (if possible), which includes the identification of a personal assistant (worker/employee) to provide personal care, homemaking, etc.... and submittal of required worker documentation. 14day timeline is ideal but understands if this timeline cannot be met due to a range of factors.
- There may be cases in which a veteran requests additional time to consider his/her options, person identified to be representative or paid employee backed out, out of town, in hospital, or other factors may delay this process.

Spending Plan & Goods & Services (Criteria)

- Meets the identified needs, goals, and outcomes in the Veteran's spending plan; AND
- Improves the Veteran's ability to remain safely in their home; AND
- Addresses activities of daily living or instrumental activities of daily living needs of the Veteran; AND
- Be the least costly alternative that reasonably meets the Veteran's identified needs; AND
- Not provided or paid for by VA, Medicare, Medicaid, TRICARE, or other agency, organization, program, service, or insurance; AND
- Not be the responsibility of the Veteran as a homeowner to maintain, repair, or replace; AND
- Must meet one or more of the following goals:
 - a. Enhance community inclusion and support the Veteran's ability to remain in their home and access their community resources and network;

- b. Increase the Veteran's independence;
- c. Develop, maintain, or improve personal, social, physical, and/or work-related skills.
- d. Decrease dependency on formal support services (i.e., reduce the need for human assistance);
- e. Increase Veteran's safety in their home and community; and/or
- f. Enhance family involvement by increasing the ability of direct care workers and caregivers including family members and friends to receive education and skills training needed to provide support to the Veteran.

Allowable purchases except when covered by other insurances which include another VA source:

- Personal Care Services which may include: direct care workers, adult day care, respite care, and home care agency services.
- Cleaning services from firms or individuals to clean the Veteran's personal areas including bedroom, bathroom, kitchen, etc.
- Food preparation service and delivery of prepared foods (not payment for the food itself) that otherwise are not available through VA, Medicare, Medicaid, TRICARE, or other agency, organization, program, service, or insurance.
- Transportation services in support of the Veteran for attending health-related appointments and engaging in community activities. Transportation services purchased in VDC should not be available through VA, Medicare, Medicaid, TRICARE, or other agency, organization, program, service, or insurance.
- Laundry service from a laundromat or other provider.
- Small electric appliances that allow the Veteran to safely prepare meals (i.e., microwave oven).
- Limited yard maintenance when access to and from a Veteran's home and/or vehicle would be impeded due to a lack of maintenance. Limited yard maintenance is also allowable to support safely achieving a goal or outcome such as exercise in and around the Veteran's home.
- The cost of changing locks at a Veteran's home, as necessary, when a Veteran's direct care worker stops working for them.
- Home modifications or medical equipment to include grab bars, lift chairs, and specialized beds.
- Personal care-related supplies such as incontinent undergarments, compression socks, anti-sore cushions, and disposable bed pads.
- Therapies and behavioral supports that are not otherwise available mitigate the Veteran's disability when ordered by a VA primary care provider.
- Expenses related to the development and implementation of a Veteran's Spending Plan such as background checks for workers and worker's compensation insurance.
- Costs incurred related to the management of a Veteran's budget such as fax machines, printers, ink cartridges, and paper.

Note: Items, Services or Goods in question, must be approved by the VAMC before authorization of purchase. Also, the items, services, and goods must NOT conflict with VAMC regulations.

Services, supports and goods NOT covered in VDC

Note: Items, Services or Goods in question, may have to be approved by the VAMC before authorization of purchase

NOT allowable (not limited to):

- Hospital beds
- Room and board for the veteran: This includes rent/mortgage payments as well as payment for temporary lodging (e.g., hotels). It also includes normal food and toiletry purchases. *Special foods or supplements that are indicated by assessment may be allowable.*
- Gambling, alcohol, and recreational drugs (both legal and illegal)
- Loans to workers
- Personal items or services not related to Veterans' disability
- Experimental treatments
- Home modifications that add square footage
- Payment to an authorized representative or guardian
- Tobacco products
- Vacation expenses other than the cost of direct services
- Skilled nursing services
- Habilitation Therapy
- Internet access
- Items covered by other programs: This includes many items of durable medical equipment which are covered by the VA, any other services the veteran may be eligible for under the VA health system, or services already being provided to a Veteran or their family caregiver(s) by or through the VA. Exclusions to this include programs and/or services from providers that the VA does not contract with, or for services and programs that the VA does not cover as part of the VA health system benefits.
- Vehicle maintenance
- Purchase of non-adapted vehicles
- Maintenance of any vehicle, except as noted above
- Transportation for any purpose not associated with activities that are clearly related to a therapeutic goal in the Spending Plan and are restricted in cost and/or distance. • Transportation costs that are covered by VA health services

Generally not allowable except under special circumstances

- Recreational equipment: If the recreational equipment is clearly linked to maintaining independence, health, or safety, then it will be considered. Goods whose primary purpose is clearly fitness over recreation (e.g., a stationary bicycle or special shoes for walking) are allowable.
- Routine home costs: Utility bills and routine home maintenance, such as painting or roofing, typically fall under "room and board" and will not be allowed. In extraordinary situations where independence is at stake, a onetime expenditure may be allowed with the approval of the AAAIL & VAMC. Even in this case, however, all other possible resources need to have been exhausted

first. The ban does not include certain home maintenance costs, such as snow shoveling and home repairs, which are required to ensure the safety of the Veterans environment.

- Clothing: Specialized clothing that relates to the documented needs of the veteran, e.g., special shoes are allowed to encourage safe ambulation if the VA does not cover them.
- Pets related costs (unless service animal): The cost of pet food or pet care items are not allowable; however, dog walking or other pet care needed to help a veteran remain in the home may be provided.
- Transportation: veterans may use their allowance to pay for transportation associated with their identified functional needs (may have to be approved by the VAMC liaison prior). These may include:
 - The purchase of adapted vehicle.
 - Costs of maintenance of adaptive equipment on vehicles.
 - Other costs associated with activities that clearly relate to their identified functional needs, such as trips to the grocery or other stores to acquire personal essentials and trips to therapies that are not covered by VA health services.
 - Types of transportation that may be reimbursed include bus or specialized bus transportation and taxis.
 - Expense payments to informal transportation providers (e.g., family and neighbors) may be authorized with the approval of the VDC Program Case Manager (must consult with VAMC staff prior to approval).

Additional Veteran's Spending Plan Guidelines

All potential purchases of Goods must be reviewed and approved by the VAMC before purchase.

Over the counter medications are allowable if they are not covered by insurance or VA benefits and the veteran has no patient share obligation.

Veterans can spend only up to the amount of money they have available for their allowance.

The veteran's Spending Plan must include any funds that would be needed to pay for elements of the emergency back-up plan.

Employee/ Worker: The veteran may determine how many hours of care he/she requires and the rate at which he or she will pay. Pay rates must meet minimum wage standards in that state and may not be out of line with prevailing regional wage standards for the work performed. The cost for employee/worker includes the costs of employer taxes, workers compensation, unemployment insurance, and benefits (if any).

Allowable Special Purchases (Including Savings Funds)

In developing the budget, keep in mind that the annual funding available must cover needs for a full year. This includes planning and budgeting for a special, higher-cost item, along with the services and goods that may be required on a regular basis. The Veteran can purchase:

Participant-Delegated Goods and Services

Funds from the budget may be spent on services/and or items that would make life easier for the veteran, meaning that they would need less assistance from others due to this item or service increasing their independence. For example, Veteran purchases a fax machine which helps facilitate timely submission of timesheets for the employees. Or perhaps a microwave oven might make it easier for the Veteran to prepare meals independently as opposed to paying someone else to prepare them. Case Manager must always be informed in this process.

Items bought other than hiring an employee must include the following:

- Find what it is the client is looking to buy.
- Find out if it is the best price
- Get a quote, which is a written document showing how much the service or item will cost, including tax and delivery or setup fees, if they apply.
 - Obtain more than one quote/ estimate
- Find out if the business will accept a check from PADD FMS.
- Send the quote with a request for a check to PADD FMS with instructions to modify the Spending Plan (must be approved by VAMC first before the Spending Plan is modified).

Goods and Services

All approved goods or services must be documented in the veteran's Spending Plan, either under goods or services. The veteran is responsible for covering all purchases he/she makes which are not approved in his/her veteran's Spending Plan.

Invoice payments -Can be made for approved purchases in the veteran's Spending Plan directly to an individual who, or company that has provided services or goods and provides the Pennyriple ADD FMS staff with an invoice. For example, if a local company installs a ramp in the house, they will provide an invoice, requesting payment for the work.

Process for Invoice Payments

- Ask the provider to send an invoice directly to Case Manager in order to submit to PADD FMS with the following information:
 - Name, date(s) and service(s)/good(s) provided, cost of service(s), and to whom the payment should be made (provider), including mailing address.
- If the provider cannot send it directly to the Case Manager, the Veteran should complete and sign the "Purchase/Payment Authorization & Reimbursement Form", attach the invoice and mail the completed form to assigned Case Manager to submit to PADD FMS staff.

Receipt payments - (must be allocated for in Spending Plan & budget allowance) can be made for approved purchases directly to veteran if the invoice has already been paid and proof of payment in the format of a receipt is provided to Case Manager & PADD FMS staff. For example, if a grab bar is on the approved Spending Plan and Veteran picks one up at the store, the PADD FMS will reimburse the cost (requires prior approval from the VAMC).

Process for Receipt Payments

- Case Manager must ensure a completed “Purchase/Payment Authorization & Reimbursement Form is filled out correctly, ensure original receipt of purchase is included, and submit documentation to Pennyrile FMS for processing.

Service Payments – Case Manager must ensure that all services provided to the veteran is clearly requested and included in the Spending Plan for VAMC approval. This service may only be utilized for specific request and Case Manager must ensure Pennyrile FMS has it clearly listed on the Spending Plan.

Process for Service Payment

- Case Manager must ensure the following information is completed prior to submission to Pennyrile FMS.
 - “Purchase/Payment Authorization & Reimbursement Form.”
 - Have the person providing the service complete and sign the Payment Request Form.
 - When all requirements are met, the Case Manager will mail/email documentation to Pennyrile FMS for processing.

All (3) payment types require an invoice or receipt as mentioned above as well as the other requirements before payment is issued. A “Non-Payroll Reimbursement Form” must also be included and submitted to Case Manager before reimbursement or payment will be issued.

Please note that at times, the VAMC may request additional information before approving a specific item, purchase, or service.

VA Funded Programs

The Veteran’s Service & Spending Plan must ensure that services do not duplicate those provided by the VAMC or other payers. VAMC has the following service benefits:

- Home Based Primary Care, Adult Day Services, Hospice, Respite for caregivers (up to two weeks in hospital per year).
- Homemaker/Home Health Aide: By enrolling in the VDC, the veteran is ineligible for the VA Home Maker/Home Health Aide (HM/HHA) benefit. He or she is eligible for all other services listed above. There will be a period of transition for veterans who are currently receiving VA HM/HHA services who move to VDC. Once fully enrolled in VDC, all VA funded HM/HHA services must cease.
- Durable Medical Equipment: The VAMC provides a wide range of Durable Medical Equipment (DME). No DME shall be included in the Veteran’s Spending Plan and Care Plan unless it is not covered by the VAMC. Assistive Technology may be covered by the VA as DME. **Please check with the VAMC liaison first with any questions regarding what DME options might be covered as a VA benefit outside of this program.**

Veterans enrolled in the VA Health Care System are eligible for Medicaid, and remain eligible for Medicare Part A, B, and D. The Older Americans Act Title III services may be used as part of the services provided by the VDC, but they must not be a duplication of services. For example, if meal preparation is part of a veterans' service Care Plan for workers, he or she may not receive home delivered meals.

Employer Responsibilities

The role of the veteran or authorized representative as the “**Employer of Record**” in the VDC Program is outlined in the Program Manual for Veterans Handbook. The Case Manager will assist the veteran in completing the required forms at the initial assessment along with all other forms (including FMS forms) relating to the hiring of an employee/ worker (personal assistant). Additional forms will be provided/completed through various stages of the enrollment process which require veteran or authorized representatives and/or employee completion.

- PADD FMS staff will process all financial related forms to appoint veteran or authorized representative as the “**Employer of Record**” and process all employee related forms (required forms).

Risk Mitigation Procedures: Risk factors will be identified by the Case Manager (CM) and discussed with the veteran before the service is initiated, or immediately after the risk is identified. The veteran, with the assistance of the Case Manager, will develop an agreement to deal with recognized risks. A Memorandum of Understanding will be developed by the Case Manger that addresses the risk, and ensures that veteran is aware of the risk, when there is a difference of opinion about the risk. Should the risks identified involve things such as (but not limited to) violent actions or threats to Case Manager, others, or self, sexual behavior towards Case Manager, or workers, or use of illegal drugs, Case Manager can seek involuntary termination from the VDC Program.

Financial Management Services

Communication Procedures: Case Manager and/or Pennyrile AAAIL program coordinator (if different) will communicate with Pennyrile Area Development District's (PADD) FMS staff as needed. Case Manager & PADD's FMS staff will monitor veteran's expenditures as compared to their Veteran's approved Spending Plan.

Pennyrile Area Development District's financial management staff (FMS) is referred to as the “Payroll Agent,” and is not responsible for providing Case Management services or otherwise acting in the capacity of a Case Manager. Any questions regarding a case management duty will be referred to the VDC Program Coordinator or assigned Case Manager.

Services Included (but not limited to):

- Is labeled as the “Payroll Agent” and provides payroll services.”
- Track how much is being spent from the Spending Plan.
- Provide a monthly budget statement to track spending.
- Make payment to employees.
- In addition to the Case Manager, discusses procedures for purchasing goods and services.

- In addition to the Case Manager, discusses procedures and forms used to report employee hours.
- Act as the payroll agent and take care of all money issues like timesheets, payroll, tax withholdings, workers compensation (if selected), and other wage and tax related functions.
- Send payment to places where goods & services are purchased. Answer any questions the Veteran or paid employee may have in regard to payroll & FMS policy.

All expenses incurred by veterans are sent to Case Manager, whom in return will submit to PADD FMS staff. If specific information is needed to be sent directly to PADD FMS staff, then that is acceptable as well. All charges, except AAAIL administration, Case Management, and FMS fees require the veteran's signature for payment. Veterans may request that the PADD FMS staff accept one signature for ongoing costs such as monthly memberships, routine services, or allowable loan repayments. The FMS services include the following:

Payroll & Timesheets

The veterans' employees/ workers are paid according to procedures listed in the VDC Program Manual for Veterans. If a veteran's payroll expenses are not within the approved Spending Plan, the excess hours will come out of the total authorized funds for that year. If there are not enough funds in the authorized budget to cover the payroll, the Pennyrile ADD FMS staff will inform the veteran, the Case Manager, and the VAMC of the situation. Pennyrile ADD FMS staff or Case Manager informs the veteran via telephone whenever they must use money from other budgeted items to cover payroll (if applicable). They will inform the Case Manager if there appears to be a pattern with the veteran being unable to manage his/her care within the budgeted payroll amount.

Submitting Timesheets Process

- Worker/ Employee (personal assistant) completes and signs timesheet.
- Veteran or authorized representative review timesheet for accuracy & sign/date.
- Veteran or authorized representative sends the completed & signed/dated timesheet to the VDC Program Case Manager in order to submit to PADD FMS to process as indicated on the payroll schedule.
 - **Important:** Timesheets are submitted to the assigned case manager who in return will submit reviewed/approved timesheets to Pennyrile FMS via Pennyrile ADD's electronic automated work-flow software.
 - Mark (1) line through error
 - Place correction

Failure to correct an error correctly will result in the timesheet being sent back & may delay payment.

General FMS Information

PADD FMS staff have certain responsibilities for assisting veteran's which include (but not limited to) the following:

- Provide the veteran with documentation of payroll and deductions made each pay period (if requested by veteran).
- On a quarterly basis, documentation of tax payments to the IRS, the DOR, and other appropriate authorities, as well as of unemployment insurance and Workers' Compensation when coverage is secured (if requested by veteran).
- In addition, Pennyrile ADD FMS staff sends a financial statement after the close of each month to the veteran, and Case Manager if desired. This statement includes a beginning and ending balance and an itemized listing of all expenditures and accrued savings during that pay period. It also includes copies of all Non-payroll Reimbursement Forms signed & submitted by the Veteran for expenditures during the reporting month.

Reporting a Complaint/ Incident

Any individual involved in the veteran's care will have access to "Incident/Complaint Reporting Form." As referenced in the Program Manual for Veterans, the "Incident/Complaint Reporting Form" must be completed & sent to one of the following individuals regarding who the complaint/incident pertains.

If a Veteran or authorized representative has an issue with a paid employee, or program please reach out to the assigned Case Manager first.

Issues with Spokes "Other Than" PADD Program Coordinator or PADD FMS

Harley McCarty, Veteran Directed Care Coordinator
 Pennyrile Area Agency on Aging & Independent Living
 300 Hammond Drive, Hopkinsville, KY 42240
 Phone: 270-886-9484
 Fax: 270-886-3211
 Email: Harley.McCarty@KY.GOV

Issues with PADD Program Coordinator or PADD FMS

(Director of Long Term Services and Supports, Payton Kidd should be consulted with first before ADD Director)

Payton Kidd, Director of Long Term Services and Supports
 Pennyrile Area Agency on Aging & Independent Living
 300 Hammond Drive
 Hopkinsville, KY 42240
 Phone: 270-886-9484
 Fax: 270-886-3211
 Email: PaytonT.Kidd@KY.GOV

Jason Vincent, Pennyrile Area Development District, Executive Director
 Pennyrile Area Development District
 300 Hammond Drive
 Hopkinsville, KY 42240

Phone: 270-886-9484

Fax: 270-886-3211

Email: Jason.Vincent@KY.GOV

Monitoring Procedures

The Case Manager will be in contact with the veteran at least once every thirty days. The Case Manager will make a home visit at least 1x every 3 months. Phone calls are required on the month's that a home visit is not completed.

The Case Manager will monitor and refer, as needed, the following needs of the veteran, which have a clear impact on the veteran's health and wellbeing, and communicate such needs to the Pennyrile AAAIL Program Coordinator (if other than Case Manager) & VAMC:

- Health and functional status
- Environmental needs
- Health and welfare issues
- Abuse, neglect and exploitation issues
- Ensure all employees/workers (personal assistant) have completed all required forms by Pennyrile AAAIL, and PADD FMS
- Coordination with providers included in the assessment or Service Plan (if applicable)

The Case Manager will document the monitoring visits and other activities/communication with veteran. If there is a significant change in the veteran's condition or circumstances, the Case Manager will initiate a Service Plan change (if veteran request) which may or may not require approval from the VAMC liaison (determined case by case), or full Functional Assessment (MEBH), as necessary. If a change in Spending Plan (budget) is requested, then that will have to be brought to the VAMC attention for review.

The Case Manager will monitor the ongoing ability of veteran and authorized representative to follow the participant responsibilities as determined on the Enrollment / Agreement form. If at any time the veteran or authorized representative demonstrates an inability to perform employer activities, the Case Manager will follow the relevant procedures described herein. This may include skills training, reevaluation to determine the need for an authorized representative, the identification of a new authorized representative for the veteran, or reevaluation of the appropriateness of the veteran for the VDC Program.

The Case Manager, in collaboration with the veteran, Pennyrile AAAIL and VAMC (when necessary), will monitor employee(s) activities on an ongoing basis to ensure the following:

- Services are being provided as indicated in the Service Plan (optional) and Spending Plan.
- Volume of services being provided is sufficient to meet the veteran's needs.
- The schedule of services is sufficient to meet the veteran's needs as identified in the Functional Assessment (MEBH).
- Personal assistant or homemaker activities are being performed safely and successfully.
- The veteran is satisfied with his/her employee(s)

- Goods and services provided to the veteran are accurately documented on timesheets, activity forms, and/or
- Purchase- Payment Authorization & Reimbursement Form.

Annual Satisfaction Survey: In order to ensure that the VDC Program is operating appropriately and efficiently, annual satisfaction surveys will be mailed to the veteran or representative (if applicable) at the time of reassessment to complete and asked to mail back. Surveys may also be completed by phone upon availability. A date will be established which the veteran has to have the completed survey submitted by if survey is mailed. A pre-addressed, stamped return envelope must accompany all surveys disseminated and must be returned to Case Manager within (30) days of form being mailed out. Survey will be reviewed & discussed with Program Coordinator and/or Director or Long Term Services and Supports (if needed) to help Pennyrile AAAIL with their quality assurance efforts.

Surveys are done at the time of the 12-month reassessment only, and although it is optional participation, it's strongly encouraged.

Meetings with Veterans: The Case Manager will involve veteran in the implementation of this program through group meetings. Case Manager will hold group meetings with the veteran and their family and advocates (if requested by veteran) when this program commences and thereafter.

Veterans Worker/ Employee

The employee (worker) can be a family member, a friend, a neighbor, or an individual recruited by Veteran or representative (if applicable) besides an appointed representative (if chosen). This individual does not need any special training or license, unless required by the client/ representative. Once an employee/worker is hired, the Veteran or representative become the "Employer of Record," and will take on the role as the managing supervisor of that individual.

- **(Benefits & Overtime)-** Employees will not receive paid vacation time, sick leave, or health insurance through the VDC Program. Overtime (over 40 hours a week) is acceptable with prior approval from the VAMC. Overtime hours not previously approved by the VAMC will not be paid. Once employees / workers are only authorized to work up to a maximum of 40 hours a week (1 employee), anything additional will be considered overtime.
- Veteran / representative has the OPTION as part of the VDC Program & VAMC rules/regulations to obtain "workers compensation" on all employees/workers in case of a workplace injury. If veteran request workers compensation, then these funds will be taken out of the veteran's budget.
- A worker must earn at least minimum wage and be in line with prevailing wage standards for the work performed. Federal Social Security and Medicare taxes must be paid. Veterans have the option to obtain workers compensation insurance on each of their employees if desired. Worker's wages and benefits will be deducted from the monthly Spending Plan.
- Employees are not authorized to work for any reason during the time the veteran has been institutionalized (medical hospital, NF, rehabilitation center, psychiatric hospital etc.).

Employees may begin work once veteran has been discharged and back in his/her home.

No individual worker can get paid utilizing funds from the monthly Spending Plan unless they:

- Are at least 18 years of age
- Are legally allowed to work in this country
- Submit to a statewide criminal background check (must be approved by CM and Veteran / Representative) and a Nurse Abuse Registry check (must be approved by CM and Veteran/Representative) in accordance with VDC & PADD rules/regulations.
 - If employee has lived outside of that state within the past 12 months, must submit a national background check.
 - Both checks must be reviewed & approved by CM and/or PADD (if applicable) in accordance with VDC Program & PADD rules/regulations.
- Employees/ Workers (personal assistants) may NOT be listed on Abuse Registry, have any felony charges, have any charges which may be abuse or exploitation related.
- Are not the representative (if applicable)

Veteran, authorized representative, or potential employee/ worker must pay the cost prior to the background check being requested. If needed, discussion for the background check being funded by the Veterans case mix budget will be discussed with the VAMC.

Should the veteran or representative choose to use an agency in backup in emergency situations only to provide their employees (primary employee or emergency employee), background checks are not required by the VDC Program (unless requested) since the employing agency should have already conducted background checks, among other checks prior to hire.

Involuntary Termination Criteria (Veteran and/or Employee)

With the prior, approval of the VAMC liaison and Pennyrile AAAIL program coordinator (if different than Case Manager - recommended by Case Manager), individuals (veterans/ representatives and/or employees) may be involuntarily terminated (immediately if deemed necessary) from the VDC Program for the following reasons (not limited to):

- Noncompliance of VDC Program Enrollment & Agreement form as well as the Rights & Responsibilities by the Veteran or household member (veteran / representative).
- Unapproved use of the veteran's Spending Plan (veteran/ representative).
- Violent actions or threats that pose a safety hazard to themselves, employee/worker (personal assistant), in-home worker, Case Manager, including displaying a dangerous weapon in the open (vet/rep or employee).
- Inappropriate behavior, including behavior of a sexual nature (vet/rep or employee).
- Use of illegal drugs by the veteran, or anyone else, while in the home of the veteran (vet/rep or employee).

If the Case Manager has any issues or concerns with the employee, Case Manager will address these with the veteran or authorized representative to discuss with the employee. Case Manager will only step in if needed.

Some of these reasons are not only relevant to the veteran/ representative but also to the employee/ worker. Should an employee or in-home provider pose an action towards veteran or another individual in the home, that the Case Manager considers jeopardizing veterans' health, safety, and welfare, but the veteran doesn't want to terminate the employee, the Case Manager is authorized and has the right to seek termination of that employee from the VAMC Liaison.

The Case Manager also has the right to terminate a Veteran if there are severe concerns but must reach out to Pennyrile Program Coordinator and the VAMC for final approval of termination.

The reasons to fire a worker/employee will vary. Here are some of the most common reasons:

- The employee's work does not meet agreed upon expectations (Service Plan).
- The employee does not learn fast enough to meet changing needs.
- The employee is late or fails to show up too many times.
- The employee's personal habits cause issues
- The employee does not follow instructions.
- Continuous arguments
- Veteran no longer feels safe and comfortable with the employee.
- The employee has a schedule that is not flexible enough.
- The employee violates employment conditions, seriously or often.
- Violating veteran confidentiality (employee).

Once an employee/worker (personal assistant) has been terminated, veteran or authorized representative must notify the Case Manager who in return will notify the PADD FMS staff.

Withholding payment of wages on an employee/worker (personal assistant) is not an acceptable policy for any reason, even when the employee is active or has recently been terminated.

Institutional Discharge Requirement

If the veteran is institutionalized for more than 15 days, the Veteran will be placed in an inactive status, at which time all payments to the provider will cease until the veteran's status is reactivated, unless otherwise approved by GEC. The Veteran will be discharged from the program if it's determined that the VDC Program is no longer clinically appropriate.

Case Manager must consult with VAMC liaison if Veteran is institutionalized for more than 15 days and may be ordered to seek disenrollment of the Veteran from the VDC Program. Should the veteran later be discharged from the institution, the Veteran will need a new referral and assessment to be reenrolled in the VDC Program is required. With appropriate justification, approval, and availability of funds, may be able to receive more funding, should needs require it (as determined on the MEBH assessment). But, for the most part, the amount of funding available as established by the VAMC will not change unless a change in client's needs are justifiable.

Health & Safety

The Department of Veterans Affairs and the Area Agency on Aging and Independent Living wants to make sure that the services being received through the VDC Program allows the Veteran to live successfully at home and in the community. Officials from the Department of Veteran Affairs (VA) will look at the program to make sure VDC Program policies and directives are being followed and that VDC Program participants are receiving the services and supports their need.

Suspected abuse, neglect, or exploitation, please call Adult Protective Services at 1-800-752-6200 or via the internet at www.chfs.ky.gov/dcbs

HIPPA Compliance

All internal and external data information systems must be HIPPA compliant. Any information sent electronically about this program or the veteran that contains personally identifying information must be encrypted and password protected.

Contacts

Pennyrile Area Agency on Aging and Independent Living

Harley McCarty, Veteran Directed Care Coordinator

Pennyrile Area Agency on Aging & Independent Living (Employed through PADD)

300 Hammond Drive, Hopkinsville, KY 42240

Phone: 270-886-9484

Fax: 270-886-3211

Email: Harley.McCarty@KY.GOV

Public Website: www.peadd.org

Payton Kidd, Director of Long Term Services and Supports

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PADD Financial Management Staff (AAAIL Level)

Hayla Swaw, Deputy Chief Financial Officer (Pennyriple FMS)

Pennyriple Area Development District

300 Hammond Drive, Hopkinsville, KY 42240

Phone: 270-886-9484

Fax: 270-886-3211

Email: Hayla.Swaw@KY.GOV

Public Website: www.peadd.org

Service Area

Kentucky: Ballard, Calloway, Carlisle, Fulton, Graves, Hickman, Marshall, and McCracken, Caldwell, Christian, Crittenden, Hopkins, Livingston, Lyon, Muhlenberg, Todd, Trigg, Breckinridge, Grayson, Hardin, LaRue, Marioin, Meade, Nelson, and Washington, Breathitt, Knott, Lee, Leslie, Letcher, Owsley, Perry, and Wolfe, Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer, Trimble, Daviess, Hancock, Henderson, McLean, Ohio, Union, and Webster, Bath, Menifee, Montgomery, Morgan, and Rowan, Boyd, Carter, Elliott, Greenup, and Lawrence, Bracken, Fleming, Lewis, Mason, and Robertson, Anderson, Bourbon, Boyle, Clark, Estill, Fayette, Franklin, Garrard, Harrison, Jessamine, Lincoln, Madison, Mercer, Nicholas, Powell, Scott and Woodford, Floyd, Johnson, Magoffin, Martin, and Pike

Tennessee: Bedford, Coffee, Franklin, Giles, Hickman, Lawrence, Lewis, Lincoln, Marshall, Maury, Moore, Perry, Wayne, Benton, Carroll, Crockett, Dyer, Gibson, Henry, Lake, Obion, and Weakley, Cheatham, Davidson, Dickson, Houston, Humphreys, Montgomery, Robertson, Rutherford, Stewart, Sumner, Trousdale, Williamson, and Wilson, Anderson, Bledsoe, Blount, Bradley, Campbell, Claiborne, Cocke, Grainger, Hamblen, Hamilton, Jefferson, Knox, Loudon, McMinn, Meigs, Monroe, Morgan, Polk, Rhea, Roane, Scott, Sequatchie, Sevier and Union, Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington, Shelby, Tipton, Lauderdale, and Fayette counties

Ohio: Champaign, Clark, Darke, Greene, Logan, Miami, Montgomery, Preble, and Shelby

Indiana: Clay, Parke, Putnam, Sullivan, Vermillion, and Vigo, Marion, Boone, Hamilton, Hancock, Shelby, Johnson, Morgan, Hendricks, Monroe, Madison, and Henry, Benton, Carroll, Clinton, Fountain, Tippecanoe, Montgomery, Warren, White, Clark, Floyd, Harrison, and Scott

Enrollment and paid employee admissions are contingent based upon all VDC program policies being met.

VDC Program Flow Chart (Included in following pages)

Pennyrile Area Development District / Pennyrile Area Agency on Aging and Independent Living has entered into an agreement with Area Agency on Aging-PSA2, Area IV Agency on Aging & Community Action Programs Inc (Area 4), Big Sandy Agency on Aging, Bluegrass Area Development District/AAAIL, Buffalo Trace Area Agency on Aging, CICOA Aging & In-Home Solutions (Area 8), East Tennessee Human Resource Agency, FIVCO Area Agency on Aging, Gateway Area Development District, Greater Nashville Regional Council, Green River Area Agency on Aging, Kentucky Regional Planning & Development Agency, Kentucky River Area Agency on Aging, Lincoln Trail Area Development District, Northwest Tennessee Development District Area Agency on Aging, Purchase Area Agency on Aging, South Central Tennessee Development District, Thrive West Central (Area 7) to provide services to veterans in their region by subcontracting under the Pennyrile Area Development Districts program & financial readiness reviews with all VA Medical Center partners.

The following process is the agreement that Pennyrile AAAIL and all VDC Spokes has agreed upon to follow from the time a referral is received to the time the veteran is fully active. Step by step instructions are as follows:

1. Referral from VAMC

- VAMC emails a referral packet to Area Aging on Aging and Independent Living along with established Case Mix & pertinent information.

2. Intake

Pennyrile Program Coordinator or VDC Program Support Specialist reviews referral which includes identifying Case Mix level by (VAMC) and uploads into NEXUS for rate development and processing.

3. Pennyrile to AAAIL Referral

- Pennyrile Program Coordinator or VDC Program Support Specialist receives secure confirmation email and included contents to ensure referral information is received by receiving Spoke via NEXUS.

4. Scheduling

- Receiving AAAIL reviews referral packet & has 2 business days to make contact with veteran or representative (if applicable) to schedule an assessment.
- Assessment forms consistent with program manual (initial visit forms) are prepared.

5. Assessment

- CM completes MEBH assessment to determine needs, services, and budget tier for comparisons to Case Mix. Service Plan development can be started if needed.
- Assessment must be completed within 7 business days from date of referral received to receiving AAAIL. (Inform Pennyrile Program Coordinator & VAMC if not able).

- Some employer forms are completed by veteran or representative if applicable.
- Can begin working on the Service Plan at this time.

6. Poor Candidate

- Veteran either doesn't want to enroll in the VDC Program or needs a representative and no one is available. (Bill for partial assessment fee). STOP HERE!

7. Good Candidate

- CM compares MEBH assessment tier with Case Mix tier. If questionable, communicate with VDC Coordinator and an email can be sent to VAMC for review.
- Upon VAMC request, the MEBH assessment may need to be submitted for review.
- Have veteran or representative start process of requesting AOC background check, or national, if lived outside of that state within the past 12 months, on potential employees.

8. Upload to Pennyrile AAAIL

- Upload all assessment forms to Laserfiche for Pennyrile Program Coordinator or PADD FMS to review. This also includes 2678, 8821, SS-4, and Unemployment forms (FMS forms) & Service Plan if completed.

9. Authorization of Budget Amount

- Once Enrollment and Employee packets are approved, Pennyrile FMS will receive spending plan approval from VAMC, initiate EIN, unemployment accounts, etc and will establish a start date of services.

10. Development of Service Plan (if not completed fully at time of assessment)

- Help veteran with the development of the service plan (includes identifying services, employees, and requested hours per week with priority, per service, hourly wages, Goods & Services or any specified savings).
- **Service Plans are only a “wanted” Spending Plan set-up and is not the finalized (approved) Spending Plan.**
- Service Plans are optional

11. Develop Spending Plan (Pennyrile FMS)

- PADD FMS completes Spending Plan.
- Can't fully complete until AOC & Nurse Abuse results have been uploaded and approved via Laserfiche.
- If Spending Plan doesn't come to what veteran needs or wanted as reflected on the Service Plan, Pennyrile Program Coordinator will contact receiving AAAIL & provide details with their CM having to consult with veteran (*AAAIL to AAAIL Communication*)

12. Authorization of Spending Plan (VAMC)

- Pennyrile FMS or Pennyrile Program Coordinator will submit Spending Plan (as long as all required forms are received including employee AOC results & Nurse Abuse Check) via email to the VAMC for approval/denial.

13. Approved Spending Plan Distribution (Receiving AAAIL)

- If approved, Pennyrile FMS or Pennyrile Program Coordinator will send a copy of the approved Spending Plan to receiving AAAIL designated staff with projected start date.

14. Initiate Services

- Receiving AAAIL will be notified by Pennyrile Program Coordinator that all FMS related forms are in place & home visit/ employee training may be scheduled.

15. Schedule Home Visit/ Employee Training

- Veteran and/or appointed representative and employee are trained on timesheets and budget management. All remaining employee forms are signed/dated by employee and veteran (representative if applicable) and uploaded via Laserfiche if not already done so.

16. Timesheet / Invoices- Submission to Pennyrile FMS

- Signed & reviewed timesheets (reviewed by receiving AAAIL) should be uploaded via Laserfiche to Pennyrile FMS staff in accordance with Pennyrile FMS timesheet due date schedule.
- Invoices pertaining to G&S or reimbursements should also be submitted via Laserfiche for approval/denial.

17. Employee Pay Day/ G&S Invoices

- Pennyrile FMS will issue checks to employees in accordance with the timesheet due date schedule.
- Reimbursement for invoices (Goods & Services) will also be sent out upon completion of Pennyrile FMS.

18. Monthly Reports

- Pennyrile FMS will send out monthly reports to each Spoke showing a detailed summary of spending for each veteran that given month.

19. Monthly Monitoring / Monthly Expectations

- Case Managers have the responsibility to monitor the veterans' health, safety, and welfare. Face-to-face visits 1x every 3 months (more if needed & or during the initial assessment process), and phone calls in between months when face-to-face visits are not conducted are required.
- Pennyrile FMS will monitor fiscal budget and Case Managers should also monitor the usage of the budget.
- Pennyrile will establish a Monthly Visit Log where home visit and phone calls (in between face-to-face visits) are to be documented. Pennyrile AAAIL develops a sheet with password (possible) for each AAAIL to enter information (needs to be sent to FMS email attaching Harley McCarty via secured email).

20. FMS Monthly Spending Plan Submission to VAMC

- Pennyrile FMS will submit monthly spending plan for each veteran to the VAMC for reimbursement of services paid/due.

21. FMS Distribution of Monthly Fees (FMS / CM)

- Upon Pennyrile FMS reimbursement from the VAMC, Pennyrile FMS will allocate agreed upon funds in the contract to Case Management & Financial Management providers.

22. Reassessment (6 Month & Annually)

- Reassessments (MEBH assessment & updated Spending Plan only required at time of reassessments, per VAMC) are conducted on a 6-month basis during the first year, and annually (every 12 months) thereafter.
 - At the time of 12-month reassessment, even if the Case Mix doesn't change, an Employee Agreement Contract must be updated.
- After reassessment, submit completed MEBH assessment and Employee Agreement Contract via Laserfiche and notify Pennyrile Program Coordinator and PADD FMS of any requested changes.
- Process to approve Spending Plan with notifications will be same as previously mentioned by Pennyrile FMS.