April Veteran Directed Care Educational Webinar Frequently Asked Questions

The April Veteran Directed Care (VDC) Educational Webinar was facilitated by the Administration for Community Living (ACL) and the Veterans Health Administration (VHA) with support from the Lewin Group to share reminders and best practices about VDC program policies, including information on readiness review renewals, paid leave laws and guidance, spending plan development and monthly service reports, and Veteran satisfaction data. Participants during the webinar were given the opportunity to ask questions through the Zoom chat feature, Menti polls, and the post-event survey. **Table 1** provides a list of frequently asked questions (FAQs) that were unanswered during the question-and-answer portions of the webinar. For answered questions, please refer to the webinar recording posted on YouTube.

Table 1. April VDC Educational Webinar FAQs

Questions	Responses
What is the global budget?	The VDC program operates under a global budget, which is the total budget that the Veteran has available during the authorization period. Under this global budget, Veteran spending in a given month may exceed the average monthly case mix rate if all spending is documented in the approved spending plan and does not exceed the Veteran's total authorized budget.
Since monthly spending plans are based on the Veteran's 365-day global case mix budget, is there ever a monthly maximum that can be spent, assuming approval for anything beyond the monthly estimated budget amount reported on the spending plan?	No; however, it is the responsibility of the Veteran, with the support of the VDC provider, to develop a VDC spending plan that is below the authorized amount, track and monitor VDC spending, and make any necessary changes to the VDC spending plan to ensure spending does not exceed the Veteran's authorized 365-day global case mix budget.
What happens if the Veteran goes over their 365-day global case mix budget?	Veterans Affairs Medical Centers (VAMCs) are not required to reimburse for any VDC spending that exceeds the Veteran's authorized budget. Any spending over the budget may be the responsibility of the Veteran/representative-employer.
What happens if the Veteran's case mix level changes in the middle of the authorization period?	The VAMC VDC Coordinator will review the proposed change in case mix level or determine the Veteran's new case mix level and rates. If the case mix level changes, the VDC provider will work with the Veteran to develop a new spending plan. The VAMC VDC Coordinator documents in the consult that the new spending plan, case mix level, and case mix rates are approved and resends the updated authorization information to the VDC provider.

Questions	Responses
How do we appeal or dispute a billing claim?	New guidance outlining the process for Provider Disputes and Appeals is now available on the U.S. Department of Veterans Affairs (VA) website. The guidance outlines options available to providers who do not agree with a payment decision and the steps that providers may take to submit a dispute or appeal. Please note that dispute and appeal options available to providers are dependent on the contract and authorization status of the care provided. The dispute or appeal review option selected will also determine how a claim is submitted for further review.
If the VDC provider receives referrals before the authorization period starts, should they complete the Veteran assessment before authorized?	It is strongly advised to complete the Veteran assessment within the date range of the VDC authorization. VDC providers and VAMCs should work collaboratively to identify processes for engaging Veterans prior to the start of the authorization. For example, VDC providers may have a process for reaching out to Veterans to schedule assessments prior to the start of the authorization period. The VA is not obligated to pay for assessments completed prior to the start of a Veteran authorization.
Are mailed satisfaction surveys not allowed?	The VDC provider conducts satisfaction surveys by phone or in person, and the person who administers the survey must have no connection to the Veteran's services. These policies are designed to protect the Veteran's best interest. We highly recommend conducting satisfaction surveys in person or on the phone to ensure the survey is accessible for Veterans. However, mailed or online surveys may be allowable on a case-by-case basis. We recommend working with your partnering VAMC to determine if it is appropriate for your organization.
Is it the responsibility of the Aging and Disability Network Agency (ADNA) to collect satisfaction surveys?	Yes, ADNAs are responsible for administering satisfaction surveys. The VDC provider develops procedures for administering the satisfaction survey, including the person responsible for survey administration; the person responsible for compiling and analyzing results, if different; the process by which surveys will be conducted (e.g., phone, face-to-face); and how the compiled survey data will be used.
Does the annual spending plan have to be developed with the Veteran in a face-to-face visit or can it occur over the phone?	Person-centered Counselors should meet with the Veteran face-to-face to develop the spending plan in order to ensure Veteran needs are properly reflected in the plan. This in-person approach strengthens the person-centered aspect of the VDC program. However, if the VDC provider believes it is impractical to conduct separate home visits for intake, assessment, and development of the spending plan due to Veteran preference, urgency to begin services, or geographic distance from the Veteran, the VDC provider should discuss this need with their VAMC and may conduct the intake by phone with agreement from both the VAMC and Veteran.
What is the usual turnaround time for getting a Veteran fully enrolled from first home visit to enrollment?	On average, it takes about 30 days for a Veteran to go from referral to enrollment. However, there is variation per VDC provider and VAMC.

Questions	Responses
What constitutes "enrollment" for satisfaction survey purposes?	Generally, the term "enrollment" refers to when the VAMC has approved the spending plan. However, the satisfaction survey can be administered roughly within the first six months of enrollment.
Are there sample satisfaction surveys online?	Example satisfaction surveys can be found on the VDC Technical Assistance Community Forms Library.
What are the eligibility requirements for VDC?	To be eligible for VDC, the Veteran has been determined to meet the requirements for nursing home level of care as demonstrated by one or more of the following: 1. The Veteran needs assistance in two or more Activities of Daily Living (ADL) dependencies. 2. The Veteran has significant cognitive impairment as evidenced by a deficit in executive decision making or memory. 3. The Veteran needs personal care services as adjunct care to community hospice services. 4. The Veteran does not strictly meet the criteria outlined above but is determined by the Veteran's clinical care team to need these services and the clinical justification is documented in the electronic health record.
How long does it usually take to start up a VDC program?	The timeline is dependent on a variety of factors, including how prepared your organization is to deliver the program, whether there is a community need for VDC services, and the length of time to sign contractual agreements if working with other organizations. The average length of a Readiness Review ranges from two to six months.
As a VDC Hub, is there anything we can do if one of our VAMC isn't making referrals?	Please communicate with your partnering VAMC about referral expectations and timelines. As a VDC provider, you may express your interest and availability for Veteran referrals, however, please note that it is ultimately up to your VAMC to determine referrals.

FAQ Resources

For more information on topics raised during the April Educational Webinar, please see links to additional resources and previous webinars on VDC policies, billing and invoicing procedures, paid leave laws, and more.

Overview of VDC Policies and Procedures

- VDC Operations Manual Template: Information about VDC program operations for ADNAs, aimed at informing the development of a VDC provider's VDC operations manual
- VDC Field Guidebook: Guidance on all aspects of the VDC program, with special guidance for VAMCs and VDC coordinators

Billing and Invoicing

- VDC Billing and Invoice Guide: Guidance on billing and invoicing procedures to assist with and ensure timely and accurate reimbursement for VDC invoices
- VDC Spending Plan: Spreadsheet template to help Veterans outline how they intend to use their VDC budget and estimate spending during their authorization period

- May 2023 Office Hour on billing and invoicing procedures and authorized budgets: PowerPoint, Recording, and FAQ
- April 2023 Office Hour on spending plan development, initiating services, and hiring workers: PowerPoint, Recording, and FAQ
- August 2021 Office Hour on managing VDC invoices and supporting timely billing: PowerPoint, Recording, and Key Takeaways
- August 2021 Office Hour on tips and tools to monitor monthly Veteran spending and monthly service reports: PowerPoint, Recording, and Key Takeaways
- July 2021 Office Hour on Veteran authorizations and person-centered spending plans: PowerPoint, Recording, and Key Takeaways
- June 2021 Webinar on the Billing and Invoicing Guide, the Monthly Spending Plan Template, and the Monthly Services Report Template: PowerPoint

Veteran Travel

- Temporarily Traveling Veterans Policy: Guidance outlining the situations and conditions under which VDC provides program coverage for Veterans temporarily leaving their permanent residence

Paid Leave Laws

- Paid Leave Guidance: Guidance on paid leave laws (e.g., sick, general, family and medical)

FMS and Worker Policies

- February 2022 Webinar on VDC Workers: PowerPoint and Recording