# August Veteran Directed Care Office Hour Frequently Asked Questions

The August Veteran Directed Care (VDC) Office Hour was facilitated by the Administration for Community Living (ACL) and the Veterans Health Administration (VHA) with support from the Lewin Group to share answers to questions from VDC providers about VDC program policies, including topics on hiring and employment, monthly spending plans, claims and billing, operations and enrollment, training and resources, expansion, budget management, and the VDC Employee Wage Tool. Questions were collected prior to the office hour through the Zoom registration. Participants during the webinar were also given the opportunity to ask questions through the Zoom chat feature and the post-event survey. The tables below provide a list of frequently asked questions (FAQs) that were answered during the question-and-answer portions of the office hour. The webinar recording is posted on YouTube.

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## Expansion

**Table 1. VDC Expansion FAQs**

| Questions | Responses |
|---|---|
| **Is there a recommended number of maximum clients per VDC Case Manager within the VDC program?** | VDC guidance does not identify a national maximum caseload for a VDC case manager/PCC. Providers should set caseloads based on their ability to meet required monitoring and documentation expectations, including monthly contact when possible, quarterly face-to-face visits, reassessments and service plan updates, spending review, and timely follow-up on health, safety, or service concerns. |
| **Will the change in the VDC max. funding (Elizabeth Dole Act funding percentage from 65 to 100) be reflected when completing a new budget calculator? When did/will this take effect?** | Section 120 of the Elizabeth Dole Act increased the annual per Veteran spending cap for Veterans who require extensive HCBS to remain at home. The increase affects Veterans who need Skilled Home Health Care services for more than 8 hours/day for many months. The need for Personal Care Services, like VDC and agency-based aide services, will continue to be based on functional needs and cognitive impairment. VDC budget levels and the policy governing authorized agency hours are reviewed annually. |
| **How in communication are National VDC and local VAMC providers? There seems to be quite a bit of variance in national guidance, and even in between how different VAMCs operate and communicate.** | The VDC program by design allows for flexibility in operations by individual VAMC and VDC provider, with Veterans as the ultimate driver in making decisions around their own care. VAMCs and VDC providers are required to follow federal guidance as outlined on ACL's VDC Resources page but have broad authority over internal processes and programs. |

## Hiring and Employment

**Table 2. VDC Hiring and Employment FAQs**

| Questions | Responses |
|---|---|
| **If labor laws in a state allow a live-in care provider an exemption for overtime, can the VA Medical Center (VAMC) deny the live-in provider the ability to work more than 40 hours?** | VDC employees must be paid in accordance with federal, state, and local laws, and FMS payroll policies should address overtime when needed. If a live-in exemption is permitted under applicable law, the Veteran still must keep the worker's hours and wages within the approved spending plan and authorized budget. The VAMC reviews and approves the spending plan, but the Veteran, as the employer, determines worker rates and hours within legal and budget requirements. |
| **Can a Veteran who has a VA fiduciary be the VDC employer?** | If a Veteran has a VA fiduciary due to an inability to manage their finances or services independently, then this likely means they will be unable to manage VDC employer responsibilities and should select, or have their POA select, an authorized representative who can manage the Veteran's budget on their behalf. |

| Questions | Responses |
|---|---|
| **How and where can Veterans recruit a Direct Care Worker (DCW)?** | Veterans can recruit a direct care worker through people they already know (e.g., family, friends, neighbors, faith community) or by advertising the position online, in local newspapers, or on community center bulletin boards. The job posting should describe the schedule, job duties, how applicants can contact Veterans, and any preferred qualifications.<br><br>To ensure Veterans safety, they should avoid including personal information such as a home address. Once applicants respond, Veterans should consider conducting a phone screening, interviewing qualified candidates, checking references, and selecting the person who best fits their needs. Person-Centered Counselors can provide support throughout the hiring process. |

## Medical Claims

**Table 3. VDC Medical Claims FAQs**

| Questions | Responses |
|---|---|
| ***Is there a standard Monthly Service Report (MSR) procedure to address late payroll processing? (e.g., should the late payroll be included on the month paid or on the month of the payroll?)*** | *MSRs document actual spending and are used to support monthly tracking Veteran spending. If late timesheets or receipts are received after a claim is submitted, the provider should work with the FMS to submit a corrected bill for the affected month, alert the VAMC VDC Coordinator before resubmitting, and follow locally approved correction procedures. The MSR should include the employee hours within the month that the worker supported the Veteran.* |
| ***As an FMS provider who submits claims on behalf of our agency partners, we do not have access to HealthShare Referral Manager (HSRM), Electronic Claims Adjudication System (eCAMS). Can FMS agencies receive access to the billing systems to better address denials and issues?*** | *Access to HSRM and eCAMS ePP should be coordinated through the VDC provider and partnering VAMC because the VDC provider remains responsible for claims accuracy and should use its own provider information for billing. If an FMS submits claims on behalf of a provider, the provider should confirm that the subcontract or agreement permits that role and work with the VAMC/Office of Community Care billing contacts to determine whether appropriate system access or a local workflow can be established for denial follow-up.* |

| Questions | Responses |
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| **Where can we get additional help with claims billing if the VDC Billing and Invoice Guide does not answer our questions?** | VDC providers should review the eCAMS ePP for information on previous, current, and future payments, and review new guidance outlining the process for Provider Disputes and Appeals.<br>VA's Community Care website also includes information on the following:<br>• Submitting Claims<br>• Claims and Payment Information<br>• Reviews and Appeals<br>For any additional support with VDC billing, providers should contact the Customer Call Center at 877-881-7618 between 8:00am – 9:00pm EST, Monday through Friday.<br>Providers may also consult the VA if needed by emailing veterandirected@acl.hhs.gov. |
| **How should VDC providers bill to receive initial assessment reimbursement fees from the VA?** | VDC providers may invoice the full assessment fee after the VAMC approves the Veteran's spending plan. If the Veteran does not enroll in VDC, the provider may invoice the partial assessment fee, which reimburses the provider for the person-centered counseling assessment. Assessment claims should be submitted using the appropriate VA billing process and assessment code. |
| **We currently submit paper invoices however we often find that these invoices are never acknowledged or we receive denials that are not appropriate. We were recently informed this is occurring because invoices are cut off during scanning process when received.**<br>**Can you provide a contact or guidance to assist in resolving this issue?** | Providers should first check eCAMS ePP to confirm whether each paper claim was received or rejected and review the rejection reason. Because paper claims are converted to electronic formats and may be rejected when minimum requirements are not met, providers should coordinate with the partnering VAMC VDC Coordinator and VAMC Office of Community Care (OCC)/Payment Operations contact to address scanning or denial issues and confirm the correct paper claim process. The VA strongly encourages switching to electronic claims to reduce processing delays and rejections. If an invoice remains unpaid or unresolved after 45 days, contact the VAMC VDC Coordinator and VAMC OCC for guidance, and if unresolved after 90 days, email veterandirected@acl.hhs.gov for assistance.<br>For eCAMS ePP support, providers may call 1-855-299-0231 or email eCamsHDsupport@va.gov. For VA community care claims billing questions, providers may also contact the VA Community Care Contact Center at 877-881-7618. |
| **Why are providers not able to bill the admin fee when a DCW does not clock in? Providers are still supposed to complete the monthly contacts.** | VA policy stipulates that if a Veteran does not receive any VDC services in a given month, the VDC provider will not bill an administrative fee for that month. |

| Questions | Responses |
|---|---|
| **Is there someone we can reach out to if the denials continue to happen? My VDC has tried to get us a contact, and they are never able to get a good contact for us despite their continuous efforts.** | As a VDC provider, you may contact VA Customer Support with questions about claims processing or available review options at 877-881-7618 from Monday through Friday, 8:00am – 9:00pm ET. |
| **How do we bill for the partial fee?** | The VDC provider should submit a Healthcare Common Procedure Coding System (HCPCS) code T2024 invoice for the partial assessment fee to the VAMC that referred the Veteran. |
| **I would like further discussion around VDC provider payments when personal care services are not provided. VDC providers are still monitoring, FMS is still working and possibly paying sick pay, goods, and services, we are coordinating with families and Veterans but not getting paid. Why can't we get paid for the work we are doing with the Veteran?** | Non-payment of the administrative fee for months when the Veteran receives no personal care services has been long-standing program policy. VA and ACL are willing to re-visit this policy in FY 2027. |
| **a) Who should VDC providers contact with billing questions? One of our providers wasn't clear on how to bill for the one-time assessment fee.**<br>**b) Also, should the fee be included in initial VDC spending plans? I've been in this role for about six weeks now and have never seen it included.** | a) VDC providers deliver VDC under Veterans Care Agreements (VCAs) and may contact VA Customer Support with questions about claims processing or available review options at 877-881-7618 from Monday through Friday, 8:00am-9:00pm ET. To submit a claim for the one-time assessment fee, the VDC provider should use HCPCS code T2024.<br>b) The one-time assessment fee is not included in VDC spending plans. |

## Operations and Enrollment

**Table 4. August VDC Operations and Enrollment FAQs**

| Questions | Responses |
|---|---|
| **What are the national disqualifying factors for a worker to participate in the VDC program?** | A worker cannot be hired if abuse, neglect, or exploitation of a person of any age has been identified during a background check. Additional disqualifying events for hiring a worker and the length of time they are in place can vary by state. |

| Questions | Responses |
|---|---|
| **Is it possible for a Veteran to receive care through Medicare/Medicaid and VDC?** | VDC funds should not be used to pay for the same goods or services that are already provided or paid for by Medicare, Medicaid, TRICARE, VA, or another payer. For Medicare specifically, the provider should coordinate benefits and confirm whether Medicare-covered services meet the Veteran's needs. VDC may only be used for approved, non-duplicative supports in the Veteran's spending plan.<br><br>A Veteran who is dually eligible for VA and Medicaid may choose VA as first payer. States may require Veterans to seek VA assistance for personal care services before approaching the Medicaid program for services covered by both entities. States may choose to supplement VA's authorization for personal care services, based on the state's assessment. If a Veteran is enrolled in Medicaid at the time of referral, the VA may supplement the state authorization if the Veteran has unmet needs. If all the Veteran's needs are met by Medicaid, additional services provided by the VA would constitute duplication of care. Coordination of benefits with state Medicaid agencies is encouraged to ensure needed services and avoid service duplication. |
| **Does the VDC program require care services to include personal care, or can the monthly administrative fee be billed for goods and services (e.g., criminal history fees, workers comp insurance) without personal care services rendered in the first month of enrollment?**<br><br>**Additionally, should a partial assessment fee be used to cover the costs of criminal history fees for Veterans that do not fully enroll?** | The assessment fee billed in the first month is invoiced to the VAMC to reimburse the ADNA and FMS for supporting the Veteran with the person-centered assessment, VDC enrollment, in-home visit, development of the spending plan, and assistance with identifying, hiring, and training employees of the Veteran (including background check fees and workers compensation insurance).<br><br>Yes, the partial assessment fee can be billed to cover the costs of background checks for Veterans who do not fully enroll. |
| **How can we help a Veteran that wants to enroll in VDC?** | The Veteran or caregiver should first work with the Veteran's VA care team or VAMC VDC Coordinator as the VAMC determines VDC eligibility and issues the referral and authorization. The VDC provider can share program information and help identify the appropriate VAMC contact, but services should not begin until the VAMC sends the referral and authorization. |
| **If a VAMC coordinator provides a Veteran's demographics and case mix assessment information to a provider but the VA authorization arrives later, when does the contact timeline start for a VDC provider?** | The provider timeline should begin when the provider receives the VAMC referral/authorization needed to proceed, since the VA is not required to pay for care provided without an authorization covering the date of service. If demographic and case-mix information arrive before the authorization, the provider should coordinate with the VAMC to resolve the missing authorization and may discuss readiness steps but should not initiate billable services until authorization is received. |

| Questions | Responses |
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| **We have an authorized representative (spouse of a Veteran) that does not want to do face-to-face visits. Are we permitted to hold face-to-face quarterly meetings with the Veteran alone?**<br><br>**Additionally, how should we handle the annual renewal?** | Face-to-face visits are a requirement of the VDC program. The Veteran/AR should be educated about this requirement prior to enrolling in the VDC program. If they are not agreeable, the VA VDC coordinator should be alerted so alternate personal care services programs can be explored with the Veteran.<br><br>The Person-Centered Counselor could have a face-to-face with the Veteran alone, however, the AR must be engaged throughout the entire visit either through a video call or on the phone. |
| **Is it the decision of the VAMC alone or a collaborative effort with the VDC provider to disenroll a Veteran from the program for non-compliance?** | The VDC provider and VAMC VDC Program Coordinator should make decisions regarding disenrollment together. Once this decision has been agreed upon, the VDC provider and VAMC VDC Program Coordinator should work collaboratively to prepare a Veteran for disenrollment. These responsibilities include locating suitable alternative services and developing a transition plan to other services. |
| **When a case closes, who is responsible for notifying the participant, the VAMC or the VDC provider?** | Once the decision has been made to disenroll a Veteran, the VAMC VDC Program Coordinator sends a notice to the Veteran with the date of termination and reason for disenrollment. |
| **Is medication management covered under VDC?** | Medication management can be provided if the Veteran's employee(s) has been trained by the Veteran, home health agency nurse, or the Veteran's primary care team. If the Veteran's employee is a licensed or certified nursing assistant or home health aide, medication management is outside their scope of practice and should not be performed. |
| **When a Veteran is enrolled in both VDC and the Program of Comprehensive Assistance for Family Caregivers (PCAFC), how does VA determine whether Inpatient Hospital Support services are duplicative of benefits already provided through PCAFC?** | Veterans with a Case Mix Index of I, J, or K can be dually enrolled in VDC and PCAFC and receive both services without modification. Veterans and their primary family caregiver who apply and are approved for PCAFC benefits may receive a monthly stipend that covers **a portion** of the care provided to the Veteran. The intent of VDC Inpatient Hospital Support is to communicate and advocate on behalf of the Veteran who is unable to effectively communicate for themself. It does not include provisions for personal care assistance. |
| **What suggestions do you have for more timely registration for HSRM accounts? The process has taken our agency months, so the VAMC has to email/fax.** | VDC providers with HSRM questions or concerns should contact HSRM at the following for assistance:<br><br>HSRM Help Desk: 844-293-2272<br><br>HSRMsupport@va.gov |
| **When entering authorizations, should the start be the first appointment date listed on the authorization?** | Yes, the first appointment date is the start of care, or first billable date of services, under the authorization. |

| Questions | Responses |
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| **Can we please review the enrollment process from start to finish e.g., how the referral is placed, required paperwork to enroll a VDC client?** | The VDC enrollment process begins with a VAMC referral and authorization. The VDC provider then contacts the Veteran, completes intake and a person-centered assessment, develops a spending plan, and submits the spending plan to the VAMC for approval. Services may begin after the spending plan is approved. Because enrollment requirements and documentation processes can vary by VAMC, providers seeking a detailed walkthrough are encouraged to contact their VAMC VDC Coordinator or request individualized technical assistance by contacting veterandirected@acl.hhs.gov. |
| **a) Does/can VDC cover Adult Day Services in any manner? Such as goods and services?**<br>**b) Similar question – could a respite nursing facility stay be covered on the VDC spending plan?** | a) VDC Veterans may use agency services in limited situations, such as adult day services or respite programs, in limited situations according to their VDC spending plan and using their VDC budget for up to three days per year.<br>b) VA does not reimburse any services that occur during the Veteran's inpatient stay, there may be circumstances that require the Veteran to receive personal care services during the first (admission) or last (discharge) day of the Veteran's inpatient stay. If this is required, VA is allowed to reimburse for services provided but will require approval from the VAMC. |
| **Can the Veteran use a waiver to allow an employee such as a family member with a background that includes a disqualifying event?** | If the identified disqualifying event includes abuse, neglect, or exploitation of a person of any age, or any other disqualifying event identified under state background check requirements, then the individual cannot be hired as an employee under the VDC program. |
| **How should annual reauthorizations be handled?** | The VAMC and VDC provider track the expiration date for authorizations and ensure re-authorizations are sent and received for Veterans who stay enrolled in VDC. At least 30 days before the end of the authorization period, the VDC provider verifies with the VAMC that a new authorization is anticipated. |
| **With the global budget, is there still a maximum monthly savings?** | There is no maximum monthly savings for annual budgets. |
| **HSRM accounts: What's a reasonable timeline we can expect to create an account?** | VDC providers are encouraged to communicate with their VAMC partners regarding information related to HSRM. Community providers can register for HSRM training through VHA TRAIN. |
| **How long has it been taking for VDC providers to get everything set up and running?** | The average times have been 60-90 days. The biggest delays occur when an ADNA chooses an FMS provider that is not yet certified to operate as an FMS in their state as they must past an FMS readiness review for each state in which they provide services. |

| Questions | Responses |
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| **We have worked with two different VAMCs. The first has explained that the budget is not a pool of money, and to this of it more like an insurance alternative. The second references the money as if it is a pool of money that a veteran can utilize when, and however they would like. What is the national stance?** | The annual, or global, budget is a comprehensive budget that covers the full duration of a Veteran's authorization period, which typically covers a 12-month authorization period. A Veteran's monthly spending plan is *not* the same as an annual budget; spending plans cover the expected monthly expenses that a Veteran pays for goods, services, and personal care, including one-time expenditures, as needed. It is permissible for Veteran spending to exceed the monthly spending plan in any given month if all spending is documented in the approved spending plan, but any spending that exceeds the Veteran's global budget is not required to be reimbursed by VAMCs. |
| **Are any other programs currently experiencing issues receiving 2678 responses from the IRS? If so, how have you been addressing or resolving these issues?**<br><br>**Additionally, is there a direct point of contact at the IRS that you would recommend we reach out to for assistance?** | There is no known broad pattern of Form 2678 delays across other programs right now, through the IRS is experiencing general staffing pressures. The standard IRS processing timeframe is 30 days from receipt of Form 2678. If a case has exceeded this 30-day window, you can address it using the following steps:<br>• Verify the status: Check your IRS account transcripts or e-Services. Approved forms are recorded on the IRS master file, though pending activity may not always show.<br>• Call the IRS: If it hasn't posted, contact the Business and Specialty Tax Line at 800-829-4933 (Monday – Friday, 7am – 7pm local time).<br>• Have alternative authorization: Because the IRS cannot discuss an account until Form 2678 is posted, ensure you have a Form 8821 or Form 2848 on file to speak with a representative.<br>• Report systemic issues: If this problem is impacting multiple participant-employers, bypass individual inquiries and report it as a systemic issue to the Taxpayer Advocare Service via SAMS (IRS SAMS, Form 14411). |
| **Documentation requirements. And can that be more nationally standardized? So many versions of each type of required assessment, visit, etc.** | The VDC program by design allows for flexibility in operations by individual VAMC and VDC provider, with Veterans as the ultimate driver in making decisions around their own care. VAMCs and VDC providers are required to follow federal guidance as outlined on ACL's VDC Resources page but have broad authority over internal processes and programs. However, the VDC Forms Library available on the VDC Community provides examples of VDC provider materials which can be adapted to your own agency's needs. |

## Spending Plans

**Table 5. VDC Spending Plan FAQs**

| Questions | Responses |
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| **We have VAMCs that push back on ending authorizations prior to 365 days. What recourse can we take when the VA pushes back on national recommendations?** | It is an Integrated Veteran Care (IVC), now Veterans Community Care (VCC), policy to not change the end dates of the authorization. In the case of authorizations that are 366 days in duration due to how the HSRM system calculates authorization periods, a new authorization can be created early – before the existing authorization expires. |
| **Does a VAMC have the authority to set wages and approve or deny wage increases?** | The VA does not set employee wages. The Veteran, as the employer, has the right to determine worker wages within the available spending plan and applicable federal, state, and local wage requirements. The VAMC's role is to review and approve the spending plan to ensure it aligns with the Veteran's needs, budget, and program requirements. The VDC Wage Workbook and Tool can be used to support wage rate conversations. The VDC Wage Workbook and Tool can be used to support wage rate conversation. |
| **Can additional unused funds available through the global budget be used in the last month of the authorization period?** | The purchase of goods and services are allowable as long as they meet all of the criteria and at least one of the Veteran outcomes listed in the Operations Manual Template (see page 14).<br><br>Additionally, spending may exceed the average monthly case-mix rate, so long as it is documented in the approved spending plan and does not exceed the Veteran's total authorized budget. Any spending of unused funds must be approved in the VDC Spending Plan by the VDC Coordinator prior to use. End of year spending is easier to justify if it's already included in the approved spending plan as a contingent (if funds are available). |
| **What is the standard procedure for Veterans that go over their monthly allotted budgets?** | Veteran spending in each 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. However, Veterans who's spending consistently exceed the average monthly case-mix rate and are at risk of exceeding their total authorized budget should be placed on a remediation training. The VDC provider is responsible for developing a spending plan with the Veteran that aligns spending with the average monthly amount and continue to review spending with the Veteran. If overspending continues to occur despite remediation training, the VDC provider should alert the VAMC VDC Coordinator, who may opt to work with the Veteran to determine if a different VHA program will better meet their needs. |
| **Can the Education, Remediation & Termination (3 strikes) policy incorporate a strike term limit?** | The remediation training and termination policy aims to support Veterans who consistently spend over their average monthly budget and are at risk of exceeding their authorized budget prior to the end of their authorization period. VDC providers should work with their VAMCs to personalize the remediation and training policy to match their local practices. |

| Questions | Responses |
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| **We would like clarity about the requirement for caregivers to strictly adhere to a monthly budget when there is a large annual budget.** | It is the responsibility of the Veteran, with support from the VDC provider, to develop and monitor a VDC spending plan that is below the authorized amount to ensure spending does not exceed the authorized budget. Although it is permissible for Veteran spending in each month to exceed the average monthly case-mix rate if all spending is documented in the approved spending plan, Veterans should not consistently spend over their monthly budget to ensure they are not at risk of exceeding their annual budget prior to the end of their authorization period. **VAMCs are not required to reimburse for any VDC spending that exceeds the Veteran's authorized budget.** |
| **Is there a maximum budget for the program?** | The total annual VHA cost of a Veteran's purchased goods and services cannot exceed 65 percent of the annual cost per patient in a VA Community Living Center. |
| **Can the monthly administration fee be charged if only goods and services are provided during a month (i.e., no personal care was received)?** | The administrative fee is paid in full unless a Veteran receives no VDC services in a given month, in which case the VDC provider will not bill an administrative fee for that month. |
| **Can you explain the assigned budget and how the approved amount is determined?** | The Veteran's authorized budget is determined by the VAMC using the Purchased HCBS Case-Mix Tool and the VDC Budget Calculator. The case-mix assessment evaluates the Veteran's level of need and assigns a case-mix rate. The approved budget is then calculated based on that case-mix rate and the length of the authorization period. The authorization includes the Veteran's total authorized budget for the authorization period, their average monthly budget, and the monthly administrative fee. The VAMC reviews and approves the Veteran's spending plan to ensure the proposed goods and services align with the Veteran's assessed needs and authorized budget. |
| **Our local VA has a wage cap of $23/hour which falls below the minimum on the VDC Wage Tool. Who can we contact at National for support?** | The Veteran, as an employer, has the right to determine and establish hourly rates within the funds available in their spending plan and in accordance with federal, state, and locality minimum wage requirements. The VDC Wage Workbook and Tool is available to Veterans and caregivers to assist with estimating appropriate wage ranges for three primary VDC service categories: Personal Care, Homemaker, and Environmental Support. The current tool accounts for geographic area and employee age range for the years 2024-2026. The tool does not set wages, and Veterans must balance wages in the context of their need for personal care service hours and their monthly budget.<br><br>If there are concerns regarding a wage cap limiting services, the VDC provider should work with the VAMC VDC Coordinator to review justification for higher rates and rigor of the mediation strategy. VAMCs should consider Veteran hours of needed care against the reasonableness of proposed salaries. |

| Questions | Responses |
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| **Should sick pay be included in spending plans?** | In states and territories where Veterans as employers are obligated to pay mandatory leave, including sick pay, VDC providers may submit an authorized budget amendment to their VDC Program Coordinator at the VAMC to increase a Veteran's authorized budget if mandatory leave payment impacts a Veteran's ability to receive adequate goods and services through VDC. The process to submit an authorized budget amendment is available in the Paid Leave Guidance resource. |
| **Can you provide guidance on navigating through Veteran and caregiver misunderstandings of how the budget/spending plan works? Any suggestions on Roles and Responsibilities fact sheet to hand out to Employer and Employee/caregiver?** | The Veteran Handbook is designed for use by Veterans in the VDC program for guidance in understanding and navigating the VDC program as an enrollee. Each VDC provider can modify the Veteran Handbook as needed to fit their local situation. The Developing My Spending Plan section of the Veteran Handbook assists Veterans in navigating the development and management of their spending plan. |
| **What options other than employees can Veterans have on their spending plans? Also, if they want other options such as equipment or other approved services, how that is processed?** | Goods and services allowable under the VDC program must meet the criteria for allowable expenditures outlined in the VDC Operations Manual Template. The VDC provider is responsible for reviewing and approving all goods and services recorded in the spending plan. Where clarification is needed, the VDC provider should determine if a good or service is an allowable expenditure with the VAMC Program Coordinator and record the resulting determination. |

## Training and Resources

**Table 6. VDC Training and Resources FAQs**

| Questions | Responses |
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| **Are there trainings available for person-centered counselors (PCCs) on post-traumatic stress disorder, traumatic brain injury, and military sexual trauma?** | The VHA Training Finder Real-Time Affiliate Integrated Network (TRAIN) is a national learning network. It provides a large volume of training opportunities and educational resources for community providers that are offered by VA at no charge.<br>Additional information about community provider training and resources can be found on VA's Community Care – Provider Education and Training page.<br>Community providers can sign up for a free VHA TRAIN account on the VHA TRAIN website. |
| **If I need support with HSRM, who can I contact?** | For support and questions regarding the HSRM system, reach out to HSRMSupport@va.gov.<br>HSRM Help Desk: 844-293-2272<br>HSRMsupport@va.gov<br>Additional HSRM information is available at:<br>https://department.va.gov/vha/community-care/care-coordination/care-coordination-tools/?target=HSRM |

| Questions | Responses |
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| **Where is the VDC Wage Workbook and Tool located?** | The VDC Wage Workbook and Tool is available under the Resources section of the VDC Community. |
| **What "specific" and "need to know" advice would you deem the most important for a new VDC provider to know?** | New providers should pay particular attention to authorizations and spending plans. Services should not begin until a valid authorization is in place and the spending plan has been approved by the VAMC. Just as importantly, any goods or services purchased should be connected to the Veteran's assessed needs and included in the approved spending plan.<br><br>Providers should also develop strong practices for monitoring spending and Veteran well-being throughout the authorization period. Monthly Service Reports, regular contact with Veterans, quarterly in-person visits, and ongoing budget reviews help ensure Veterans receive the supports they need while remaining within their authorized budgets. |
| **Is there a website or roster that lists VDC providers across the country? Veterans moving would like to stay on the program.** | The ACL NWD website includes a list of all current VAMCs and current VDC providers. For more information on availability of VDC locally and for questions regarding eligibility, please encourage Veterans to contact their local VAMC. |
| **Are there trainings for the caregivers?** | The VDC program does not require trainings for caregivers. |
| **Can you post the link to sign up for the newsletter please?** | You can sign up for the VDC Newsletter using the VDC Email Distribution Form. |
| **Additional case management training for ADNA case managers and supervisors?** | The VHA TRAIN is a national learning network. It provides a large volume of training opportunities and educational resources for community providers that are offered by VA at no charge.<br><br>Additional information about community provider training and resources can be found on VA's Community Care – Provider Education and Training page.<br><br>Community providers can sign up for a free VHA TRAIN account on the VHA TRAIN website. |
| **Trainings for Advisors and Caregivers, in depth. Does the VA have hands on trainings for providers? This is a huge need in our area.** | The VA does not provide in-person trainings for VDC providers. Providers must use the VHA TRAIN site to complete required trainings. The VDC Federal Technical Assistance Team can provide ad hoc technical assistance, as needed. To schedule a technical assistance call, contact VeteranDirected@acl.hhs.gov. |

| Questions | Responses |
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| **I would be interested to know if there are any specific processes to help Veterans with technology assistance and/or understanding the tax information of completing the required forms for their employee.** | FMS staff are a primary resource for explaining the tax forms and helping Veterans understand what information is needed. They prepare the employer and employee packets, explain what each form does, and file the payroll taxes on the Veteran's behalf. FMS providers can explain the forms by phone or in person. For technology assistance, VDC providers or Options Counselors can also help identify technology barriers and provide practical support, such as screen-sharing, printing or scanning documents, or identifying a paper-based alternative when available. They can also refer Veterans to community providers to obtain needed assistive technology or connect them with their local VA for additional resources. Where appropriate, a representative or other trusted support person may also assist with the process. |
| **In rural areas, Veterans often struggle to find qualified caregivers, so they frequently hire people they already know and trust, such as a friendly cashier or neighbor. Since VDC caregivers are not always required to have formal certifications, are there any recommended or required training opportunities to help them provide safe, quality care? Additionally, are there trainings that equip caregivers to support Veterans living with PTSD, Military Sexual Trauma (MST), or moral injury?** | The VA does not require training for caregivers hired by Veterans under the VDC program. However, the VA does offer training and education resources for community providers which VDC providers or Veteran employers may choose to review and adapt for their own purposes as optional training courses. Available training resources can be found on VA's Community Care – Training and Resources site. |
| **How do we submit questions, like you already had prepared today? The link to register for this webinar only allows for 500 characters. And get a copy of the chat discussion.** | Questions answered during the August VDC Office Hour were submitted via the registration link disseminated to the VDC network. If you have additional questions, or questions which do not meet the character limit in the registration link, please email VeteranDirected@acl.hhs.gov. |
| **Are there specific licensing requirements for the person-centered counselors? Is there any multi-disciplinary requirements for assessments? What should the assessments cover as far as content?** | There is no federal licensing requirement for person-centered counselors, although states may implement person-centered counseling training standards or requirements. ACL has a Person-Centered Counseling Training Program intended to inform a training program for person-centered counselors. |

## FAQ Resources

For more information on topics raised during the June 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 Readiness Review Overview: Information on the Readiness Review process, including requirements to demonstrate understanding and required deliverables to complete the process and additional information on program delivery models.

### 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
- Fiscal Year (FY) 2026 VDC Budget Calculator: Spreadsheet used to locate VDC case mix rates by state, county, and case-mix level for new referrals and re-authorizations.
- 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
- HealthShare Referral Manager (HSRM): VA's secure, web-based system for managing referrals and authorizations. It helps community providers receive referrals, submit requests for service, and share information with VA more efficiently.

### FMS Policies and Resources

- VDC Wage Workbook and Tool: Spreadsheet that provides recommended Veteran employee wage range estimates for three VDC service categories (Personal Care, Homemaker, and Environmental Support) by geographic area and employee age range for 2024 to 2026
- New VDC Financial Management Service Requirement for Hubs and Sole Proprietors: Document provides new requirements for Financial Management Services (FMS) for new and current VDC providers effective as of December 4, 2025.
- eCAMS Provider Portal (ePP): Please contact a Customer Service Representative at 1-855-299-0231 or email eCAMSHDsupport@va.gov if you need assistance with access or registering for eCAMS Provider Portal (ePP).

### VDC Data Collection and Reporting

- VDC Monthly Reporting Tool: Use this form to submit your program's data at the end of each month and help the VDC Technical Assistance Team track the program's impact

- Veteran Success Stories Form: Share inspiring VDC success stories ranging from Veteran experiences in VDC enrollment, promising practices for VDC providers, and stories of success from Veterans receiving VDC services

## VDC Updates

- VDC Technical Assistance (TA) Community: VDC providers can share peer-created resources, join in on discussions, and get information on events related to VDC on the VDC TA Community. Create an account at www.ta-community.com
- VDC Newsletters: Archive of VDC Newsletters, sent monthly to provide important updates to the VDC program network
- VDC Email Distribution List: Subscribe to receive important updates on the VDC program