

An Historic Opportunity:
Positioning Your Organization
to Deliver
Veterans Directed
Home and Community Based
Services (VDHCBS)

HCBS meeting, Sept. 20, 2009

Presenters

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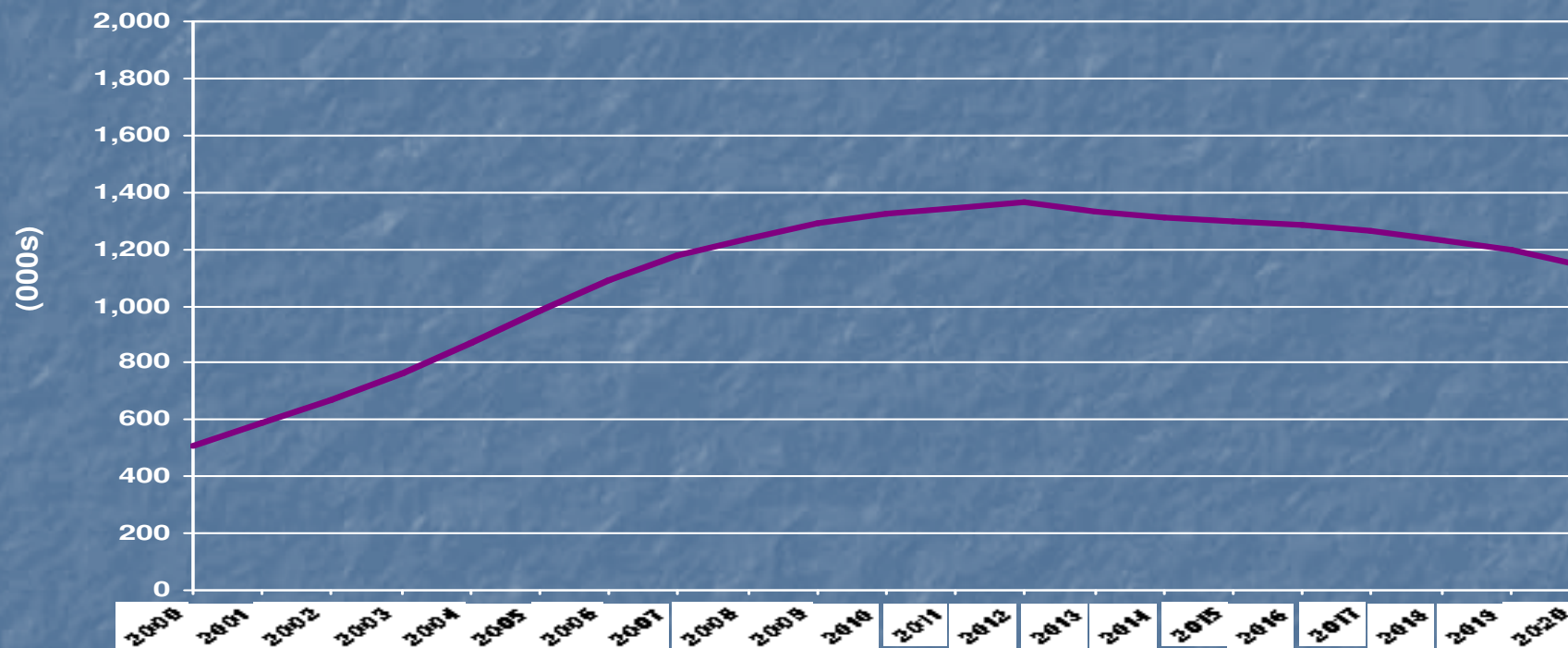
Objectives

- Provide background on VDHCBS and Community Living Program (CLP)
- Possible roles for SUAs
- Policy perspectives

VHA's Integrated Health Network

- VHA Central Office (Geriatrics & Extended Care)
- 21 Veteran Integrated Service Networks (VISNs)
- 163 VA Medical Centers (VAMCs)
- 782 Community Based Outpatient Clinics (CBOCs)

Veteran Population Age 85 or Over

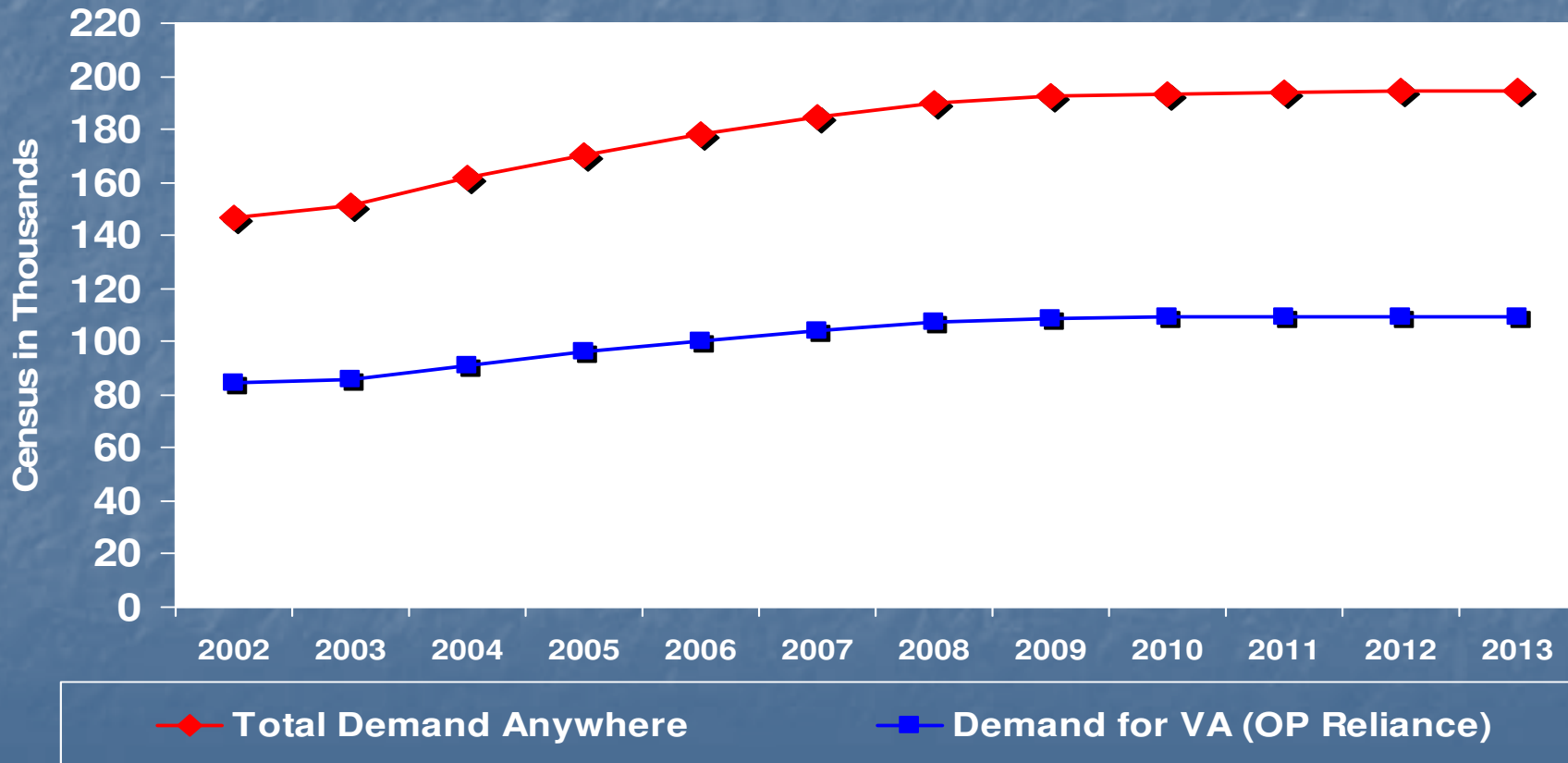


- The veteran population age “85 or over” will increase by 124% between 2000 and 2020.
- The veteran population age “85 or over” will peak in 2012 at 1.4 million, representing an increase of 167% over the total of 510,000 veterans age “85 or over” in 2000.

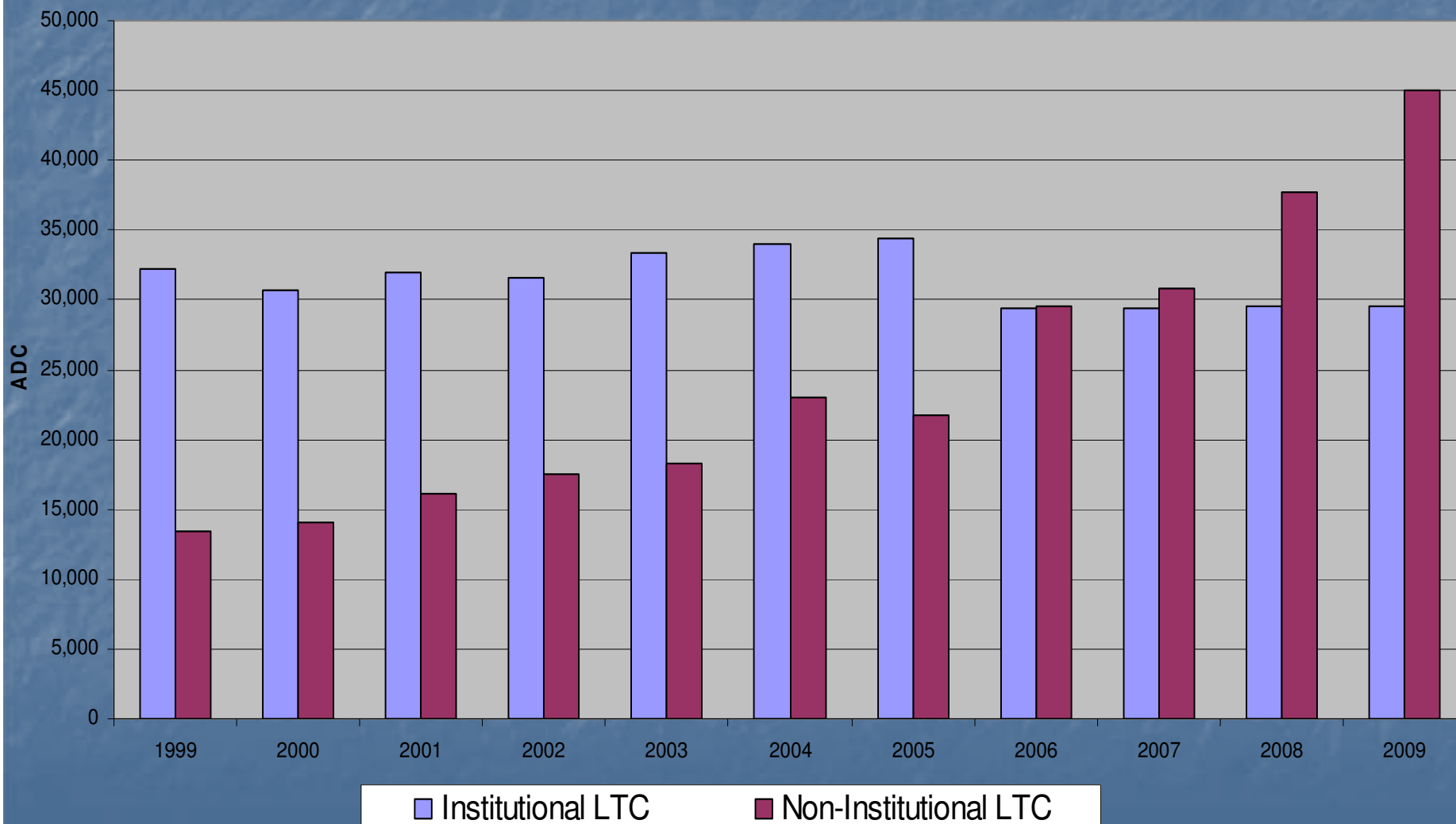
Source: Vet Pop 2001 Adj

Home & Community Based LTC

- VA Goal: Meet Enrollees Demand for VA's Mandated H&CBC Services

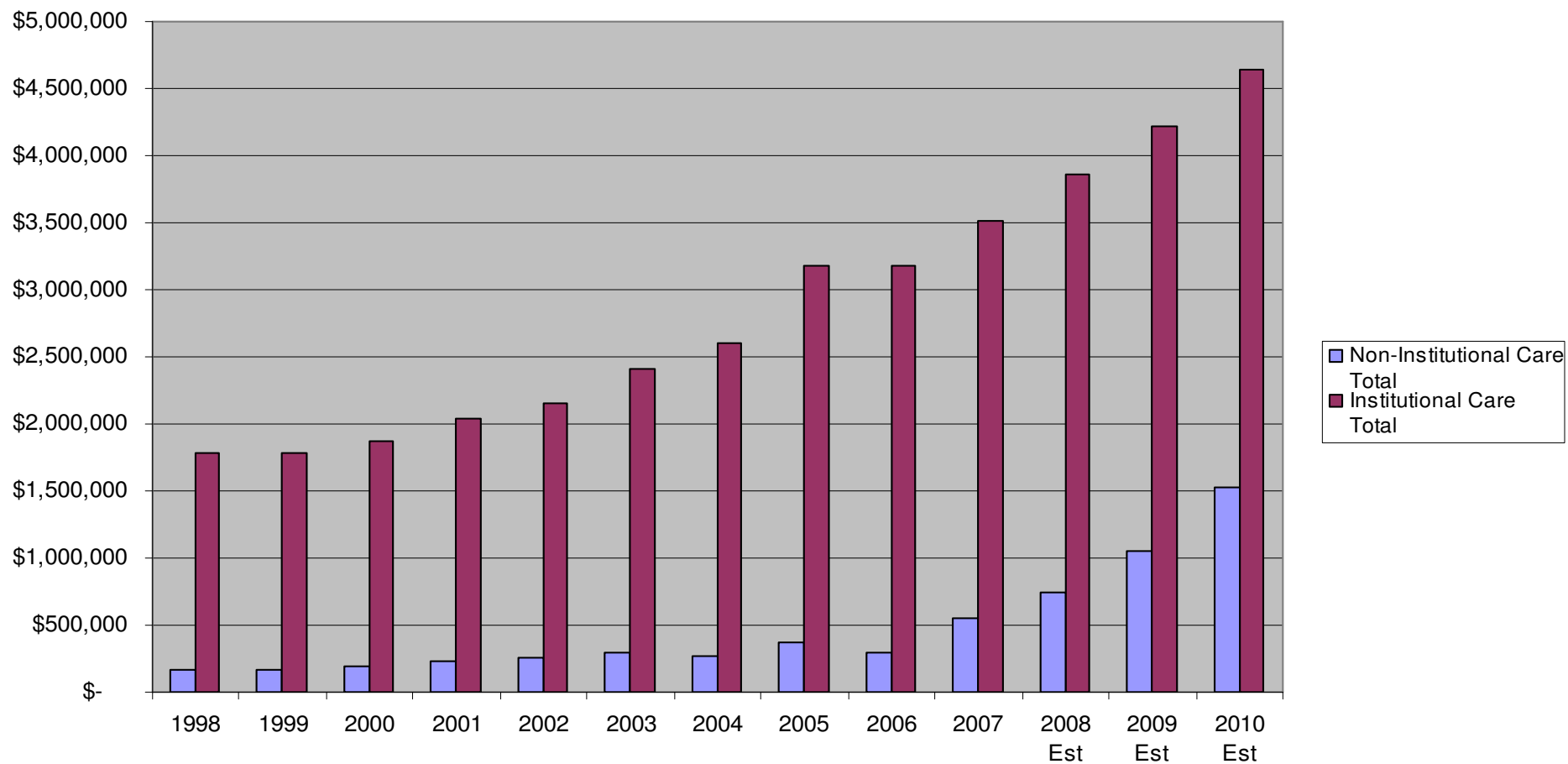


VHA Long-Term Care



VHA Long-Term Care

Long Term Care Expenditures



Source: VHA Office of Finance and Allocation Resource Center-Adjusted DSS costs

What is VDHCBS?

- Program that provides Veterans with consumer directed HCBS options and empowers Veterans to direct their own services and supports
- Supports families and family caregivers of Veterans
- Helps Veterans stay in their homes and be engaged in their communities

Components of VDHCBS

- Consumer directed services
- Assessment
- Service Coordination
- Flexible service budgets
- Financial management services

CLP-VDHCBS Relationship

- Similar needs of both populations
- VHA desire for Veterans to have consumer directed community options
- Community Living Program (CLP) provide infrastructure to support VDHCBS

CLP System Components

- Aging and Disability Resource Centers
- Consumer direction options including cash and counseling
- Financial Management Services

Possible Roles for SUAs

- Statewide development of fully functioning Aging and Disability Resource Centers
- Strategies to decrease unit costs for Financial Management Services (FMS)
- Expand access to consumer direction
 - Culture and policy change
 - Training and workforce development
- Create partnerships with Medicaid and other agencies

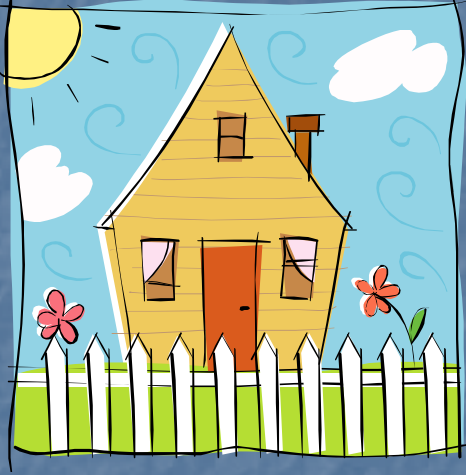
System Change and Research

- Channeling Demonstration revealed why it is important to target and serve the right population
- Recent research shows that states with well established non-institutional programs have less spending growth than states with minimal non-institutional services (Do Noninstitutional Long-Term Care Services Reduce Medicaid Spending: Kaye, LaPlante, Harrington, 2009)

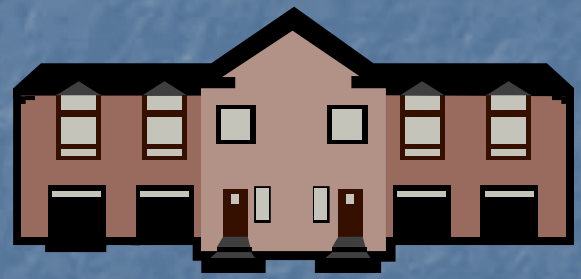
Community Living Program Strategy

Long-Term Care Risk Groups

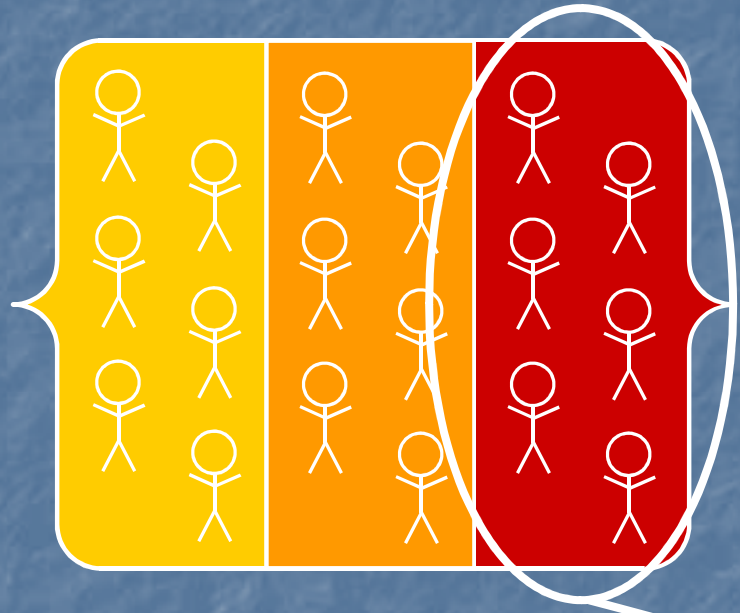
Home/Community



Nursing Home



Spenddown to Medicaid



Effectively Target and serve High-Risk Individuals with Community Living Initiative via ADRC Single Entry Point to slow rate of growth of Medicaid

 Low-Risk of NH Placement & Spenddown to Medicaid

 Medium-Risk of NH Placement & Spenddown to Medicaid

 High-Risk of NH Placement & Spenddown to Medicaid

Policy Perspective

- Silos
- Integrating components to create wholistic system
- Leverage programs like VDHCBS
- Partner with agencies such as Medicaid and VA to achieve mutual goals, and create system change

Resources to Assist in Infrastructure Development

- AoA web page: Home and Community Based Services
(http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/index.aspx)
- National Resource Center for Participant Directed Services (NRCPDS)
(<http://www.bc.edu/schools/gssw/nrcpds/>)
- Developing and Implementing Self Direction Programs and Policies: A Handbook
(<http://www.cashandcounseling.org/resources/handbook>)
- Technical Assistance Exchange (<http://www.adrc-tae.org/tiki-index.php?page=publichomepage>)