



Tooele County Council Agenda Item Summary

Department Making Request:

Health Department, Aging Services

Meeting Date:

October 5

Item Title:

Veteran Directed Care Program Memo of Understanding

Summary:

This is an agreement between the Veteran's Health Administration and Tooele County Aging Services to provide services for Veteran's in Tooele County. We will be reimbursed for any costs associated with any services provided to the veterans in this program, and we will also receive reimbursement for staff time. The amount of money depends on how many veterans are served, and that can fluctuate throughout the year.

This is an ongoing program that we will run from now on. The MOU was just to get started; we will not have yearly contracts, and there is no expiration.

Tooele County Aging and the Veteran's Program already have signed copies of this MOU. No further copies are needed. Thank you.

↓
Note: The MOU says the expiration
is 5 years - CRW 09/30/2021
(see first paragraph of MOU)

**VETERANS HEALTH ADMINISTRATION
VETERAN DIRECTED CARE PROGRAM MEMO OF UNDERSTANDING (MOU)**

Tooele County Health Department Aging Services

A Veteran Directed Care (VDC) MOU is formed when VA agrees to purchase VDC from an Area Agency on Aging. Referred to as Provider. The Provider must meet all terms and conditions described in the following and agree to accept VA beneficiaries. All terms and conditions of this MOU shall apply during such time a VA beneficiary remains in the VDC Program at the expense of VA. MOU'S remain in place for five years and may be renewed. The rate schedule may be adjusted on an annual basis.

SECTION A - CRITERIA

The following criteria will be agreed to by the Provider for the MOU to be in effect:

A.1 MEET THE VETERANS HEALTH ADMINISTRATION (VHA) REQUIREMENTS FOR THE VDC PROGRAM

The Provider is recognized by VHA to provide the VDC program. The Provider is an Area Agency on Aging or, in certain locations a State Agency on Aging. The Provider must successfully complete the Readiness Review Criteria, demonstrating their ability to operate a VDC Program.

The Provider offering VDC, as outlined in addendum A, must supply or assist in arranging consumer/self-directed services that, based upon the needs and preferences of the participating Veteran and/or their representatives, will help to maintain the Veteran at home.

A.2 PROVIDE QUALITY CARE AS MEASURED BY VA

The Provider will routinely measure and analyze clinical and administrative program quality elements through a quality assurance system. The Provider must present didactic examples of quality assurance activities to include at a minimum:

- (1) Veteran and/or family concerns; and,
- (2) Samples of the reliability of care being delivered as planned.

A.3 ALLOW VA REVIEW OF VETERAN CARE

The VA, at its sole option, will monitor the care and administrative management of services provided to VA beneficiaries under this MOU, through one or any combination of the following methods: reviews of agency reports; telephone contact to ensure Veterans are receiving the services according to the VDC plan; and, on-site monitoring of Veterans' care. Veteran and family satisfaction with these services may also be discussed. All records concerning Veterans' care will be readily accessible to VA. Upon discharge or death of the Veteran, all records will be retained by the provider for a period of at least three years following termination of care.

A.4 SECURITY OF VETERAN INFORMATION

Providers are covered entities under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and thus must comply with all HIPAA privacy and security regulations.

SECTION B – RATE STRUCTURE AND REIMBURSEMENT

B.1 RATE DETERMINATION – HOME CARE SERVICES

The Veteran's monthly budget in the VDC Program will be established between the VAMC and the Provider, based upon rates provided by the Office of Geriatrics & Extended Care (GEC), VA Central Office. GEC will provide each VAMC with a range of county-based rates sufficient to cover most cases. Rates above the range require GEC approval. Included in the bundled monthly budget is:

- (1) The Veteran-Directed Budget: These are the funds the Veteran uses to purchase services & goods in order to remain independent in the community. This amount also includes a "emergency backup" fund and planned savings. The "emergency backup" fund is used for care when agency providers are required as back-up for workers the Veteran hires, or for respite care. Planned savings are for the purchase of goods which cannot be supported in a single month's budget.
- (2) VDC Administration: These are the funds for the service coordination and Financial Management Services (FMS) supplied by the Provider and Provider's administrative costs.

VAMCs and Providers determining the Veteran's monthly budget:

- 1) VAMC sets the rate based on an accepted assessment instrument then refers the Veteran to the Provider to develop a plan. This method must allow a process in which the Provider can adjust the rate with VA approval

*All budgets will be re-evaluated annually.

Case mix Budget Rates

*** See individualized Budgets for SLC and surrounding areas

B.2 REIMBURSEMENT

All payments by the VA to the Provider will be made by electronic funds transfer. Invoices shall be submitted promptly to the authorizing VA facility following the end of the month in which services were rendered.

All invoices must include the full name and address of the provider and shall reflect the Veteran's name, social security number, number of days billed, level of care category, and per diem rate. Failure to include this information may result in delayed payments.

Spending Plan and monthly invoices are actual expenditures

VA will pay the Provider separately for the initial assessment conducted with a Veteran referred to the VDC Program. This will include a set price for either a full or a partial assessment. Assessment rates are listed in the rates described in B.1.

VA Payments made by VA under this agreement constitute the total cost of care. No additional charges will be billed to Medicare Part B, the beneficiary or his/her family, either by the Provider or any third party furnishing services or supplies required for such care, unless and until specific prior authorization in writing is obtained from the VA facility authorizing placement. The Provider will not solicit nor accept contributions, donations, or gifts from Veterans or family members.

SECTION C – REFERRALS

Referral for the VDC Program must be initiated by the Veteran's VA health care team. A Provider retains the right to refuse to accept any VA referral when it is anticipated that the services required would exceed the scope of the provider's ability to meet the care needs of the Veteran.

SECTION D – INSTITUTIONAL CARE

Upon learning of a VA beneficiary's institutional placement (i.e. placement in a hospital, nursing home or rehabilitation center), the Provider shall promptly notify the VA liaison that authorized the Veteran's placement in the VDC Program. When the VAMC learns of a participant's institutional placement, VAMC staff will promptly alert the Provider.

When a Veteran enrolled in this program is placed in an institution, VA will pay for certain household services and planned purchases on a case-by-case basis. VA will not pay for personal care services during the institutional stay. VA will pay for VDC Monthly Administration for the first 15 days of the institutional placement. For an institutional placement which continues beyond 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 when it is determined that the VDC Program is no longer clinically appropriate. Discharges from the program are also discussed in Section F of this agreement.

SECTION E – DEATH OF VA BENEFICIARY

Upon learning of a VA beneficiary's death, the Provider shall promptly notify the VA liaison that authorized the Veteran Directed Care Program. When the VAMC learns of a participant's death, VAMC staff will promptly alert the Provider. VAMCs will only pay for the monthly VDC administration costs and for services & goods purchased prior to the Veteran's death.

SECTION F – TERMINATION OF SERVICES

Veterans may choose to discontinue the Veteran Directed Care Program at any time upon 7 days' notice. The VA Medical Center and/or the Provider may choose to terminate the program upon 14 days' notice of the other party. To the extent that this agreement is terminated, VA will be liable only for payment for services rendered prior to the effective date of termination.

DISENROLLMENT: Veterans may voluntarily disenroll at any time by notifying their Aging Network Options Counselor who will notify the VAMC Coordinator. Veterans who demonstrate the inability to self-direct services due to misuse of funds, consistent non-adherence to program rules (including refusal to cooperate with the assessment or inability or refusal to complete required employer/employee paperwork), or an ongoing health and safety risk to themselves or others, will be required to select a representative to assist them with the responsibilities of self-direction. Veterans who refuse to select a representative, cannot locate a representative who is able and willing to manage the services, or if they lose a representative (if already required for

program participation) and cannot locate a suitable replacement, they will be required to disenroll from the program. The Aging Network Resource Counselor and Veterans Administration Medical Center Coordinator will try to help the Veteran locate suitable alternative services.

SECTION G – DISPUTE RESOLUTION

Providers will notify the designated VA liaison of any disputes regarding level of care, covered services, or other agreement issues within 5 business days of being noted. Any disputes unable to be resolved between the provider and the VA liaison will be referred to the VA Medical Center Director or designee within 5 business days. If the Medical Center Director or designee resolution is not satisfactory for the Provider, they may appeal that decision within 5 business days to the Office of Geriatrics & Extended Care VA Central Office for a final resolution.

ADDENDUM A
TO VETERANS HEALTH ADMINISTRATION
VETERAN DIRECTED CARE PROGRAM MEMO OF UNDERSTANDING

The Provider will assist Veterans and their family caregivers to develop a package of services that will enable Veterans in the VDC program to:

- Receive an assessment and care planning assistance
- Decide for themselves, or with a representative, what mix of goods and services will best meet their care needs
- Manage a flexible, individual budget
- Hire and supervise their own workers, including family or friends
- Purchase items or services to live independently in the community
- Have fiscal management and counseling and support services to facilitate service delivery
- Utilize traditional service providers if necessary to supplement consumer directed care

The Provider offering VDC must supply or assist in arranging consumer/self-directed services based upon the needs and preferences of the participating Veterans and/or their representatives. Providers will provide the VDC program as a bundled package which at a minimum will include the following services:

- Home and Community-Based Services (HCBS) - some examples include, but are not limited to:
 - *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*
 - *Environmental Support (e.g. yard care, snow removal, extensive cleaning)*
 - *Other goods and services needed to remain safely in the community (e.g. small appliances, grab bars, ramp, lift chair, etc.)*
- Assessment (initial assessment is paid separately.)
- Options Counseling/Support Services including care management
- Fiscal Management Services

The VAMC will identify Veterans of any age who are eligible for the VDC program and refer them to the Provider. In cases when Veteran referrals come through other avenues, such as an Aging and Disability Resource Center or AAAs, the veteran must first be enrolled in VA for health care, have a VA primary care team, meet the admission criteria for the VDC program and receive a referral from the VAMC.

FACILITY DEMOGRAPHICS

PROVIDER/VENDOR NAME:	Tooele County Health Department Aging Services
ADDRESS:	151 N MAIN STREET #200
CITY/STATE/ZIP CODE:	TOOELE, UT 84074
COUNTY:	TOOELE
TELEPHONE NUMBER:	(435) 277-2466
FAX NUMBER:	(435) 277-2464
COUNTY SERVICE AREAS (If applicable):	TOOELE COUNTY

VA ADDRESS:

Department of Veterans Affairs
500 Foothill
SLC UT 84148
Telephone Number: 801-582-1565 ext. 2492 FAX 801-584-5679

POINTS OF CONTACT:

In Home Services Manager:	Kevin Raff 801-582-15565 ext. 2183
Veteran-Directed Program Manager	Julie Larsen 801-582-1565 ext. 2492

By Signing this agreement the agency acknowledges the use of responsibilities for the Veteran Directed Care program and will abide by the information provided above.

Tooele County Representative

Jamie Twierin 9-27-2021
Signature Date

VAMC program Coordinator

Julie Larsen LCSW 9/3/2021
Signature Date

Jan A. Walce 10/1/21
County Manager

RATE DETERMINATION: Tooele County fy21

Veteran-Directed Budget (Case mix Budget Rates)

VDC Administration Fees

Monthly Administration Fee: \$645

Star Fee/assessment fee \$909

Partial Assessment Fee: \$454

Monthly budget

CBSA Code	Area	Case Mix "L"	Case Mix "A"	Case Mix "B"	Case Mix "C"	Case Mix "D"	Case Mix "E"	Case Mix "F"	Case Mix "G"	Case Mix "H"	Case Mix "I"	Case Mix "J"	Case Mix "K"
41620	Tooele County, Utah	\$993	\$1482	\$1775	\$2195	\$2287	\$2589	\$2688	\$2793	\$3234	\$3337	\$3600	\$4301

Tracy Beckett

From: Jamie Zwerin
Sent: Tuesday, September 21, 2021 8:19 AM
To: Tracy Beckett
Subject: FW: Veterans budgets for FY22
Attachments: VDC Spending Plan template.xlsx

From: Larsen, Julie <Julie.Larsen@va.gov>
Sent: Sunday, September 19, 2021 10:47 AM
To: Jennifer Romero <jennifer.romero@tooelehealth.org>
Cc: Jamie Zwerin <jzwerin@tooelehealth.org>
Subject: Veterans budgets for FY22

I have attached the new spending/care plan template (training Tuesday). All Veterans will need a new Careplan and service auth starting 10/1/21

Below is the Budgets for the upcoming FY22 effective 10/1/21-9/30/22

Name	case mix	Patient Care Budget (casemix-admin fee)	Budget for year	ICD10 Code	Virtual	RDF	Initial assessment fee	Monthly AAA admin fee	AAA
	A	\$2,127	\$1,534	\$25,725	z78.9	\$201	FY20	\$668	Tooele
	A	\$2,202	\$1,534	\$26,474	z78.9	\$50	FY21	\$668	Tooele

Below is Tooele FEE information for 10/1/21-9/30/22

TOOELE COUNTY		L	A	B	C	D	E	F	G	H	I	J	K	V*	Monthly Administrative Fee	Assessment Fee	P A n F
TOOELE		\$1,028	\$1,534	\$1,838	\$2,272	\$2,367	\$2,680	\$2,782	\$2,891	\$3,348	\$3,454	\$3,727	\$4,452	\$17,960	\$668	\$941	
																	\$941
																	\$941

Julie Larsen LCSW
Veteran Directed Care Program Coordinator
Medical Companion Program Coordinator
VAMC SLC
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