Administration for Community Living

Veteran Directed Care Tool

Contents

Overview

The Veteran Directed Care (VDC) Tool is designed to provide the Administration for Community Living (ACL), the Veterans Health Administration (VHA), and its partners with qualitative and quantitate data elements necessary to evaluate the impact of the VDC program. The VDC tool will track key performance measures and identify best practices and technical assistance needs.

Section One Instructions

VDC providers designated as *Hubs* or *Sole Proprietors* shall complete the following set of questions on a yearly basis. Text in red indicates notations for skip logic or other functionality that will be in place once the VDC tool is loaded onto a web-based platform. Additional information about the VDC program can be found at https://nwd.acl.gov/. Questions or comments regarding this tool can be sent to veterandirected@acl.hhs.gov.

Veteran Directed Care (VDC) Program
VDC Provider Information

1. Organization's Name:

[ ]

2. Organization's Physical Address

Street Address:

[ ]

City:

[ ]

State:

[ ]

Zip Code:

[ ]

3. Organization's Contact Name

First Name:

[ ]

Last Name:

[ ]

4. Contact Email:

[ ]

5. Contact Phone Number (Ex: 555-555-5555):

[ ]

6. Service Area and Type

Provider Type:

☐ Area Agency on Aging

☐ Center for Independent Living

☐ Aging and Disability Resource Center

☐ State Unit on Aging

County (or counties) served by Veteran Directed Care (VDC) Program. *If you are a Hub, include the counties served by the Spokes. If you are a Hub that crosses state lines, please specify both the counties and states served by your VDC Program and the Spokes*:

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7. VDC Provider Role:

☐ Hub

- o Name of Spokes your agency partners with: Skip logic applied, only visible if "Hub" is selected

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- o Type of organization the Spokes are designated as: Skip logic applied, only visible if "Hub" is selected

☐ Area Agency on Aging (AAA)

☐ Center for Independent Living (CIL)

☐ Aging and Disability Resource Center (ADRC)

☐ University Centers of Excellence in Developmental Disabilities Education, Research and Services (UCEDD)

☐ Other (please explain):

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- o Do you also serve as a Spoke for another Hub?

◯ Yes

◯ No

- o Name of Hub your agency partners with as a Spoke: Skip logic applied, only visible if "Yes" is selected

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☐ Sole Proprietor

Person-Centered Counseling (PCC)

8. Select the Person-Centered Counseling (PCC) training program that is used to train VDC options counselors/person-centered counselors: *Select all the apply.*

☐ ACL person-centered counseling Training Program

☐ Charting the LifeCourse Framework

☐ Graphic Approaches (PATH, MAPS)

☐ No Wrong Door PCT for Options Counselors (provided by The Learning Community for Person Centered Practices (TLC-PCP))

☐ Other equivalent program (please identify and explain)

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9. As a Sole Proprietor, what is your current ratio of PCC to Veterans? (Enter "N/A" if Hub)

1:

As a Hub organization, what is the current ratio of PCC to Veterans by organization? (Enter "N/A" if Sole Proprietor)

Hub – 1:
Spoke A – 1:
Spoke B – 1:
Spoke C – 1:
Spoke D – 1:
Spoke E – 1:
Spoke F – 1:

Billing and Invoicing

10. Do you submit UB-04 forms electronically?

○ Yes

○ No

11. Are you invoicing on actual spending?

○ Yes

○ No

12. What is the average number of business days between the end of the month being billed and the date invoices are submitted to the VA?

13. What is the average number of business days between submitting an invoice and receipt of payment?

14. Do you have invoices that have not been fully paid within 60 days?

○ Yes

○ No

15. Do you have accounts receivables for invoices more than 90 days old? *For this question, accounts receivables are any invoices submitted to VA that have not been paid in full within 90 days.*

○ Yes

a. How many invoices have not been fully paid? (*Responses to this question should match total receivables in 15.a.i-15.a.iii*) *Skip logic applied – only visible if question above is yes*

        [   ]

    1. How many invoices have been rejected?

        [   ]

    2. How many invoices have been partially paid?

        [   ]

    3. How many invoices have received no action from the VAMC?

        [   ]

    4. Of these unpaid invoices, what is the total amount owed to your organization?

        [   ]

○ No

16. What issues are you encountering related to these unpaid invoices? *Skip logic applied – only visible if "yes" is selected for question #15*

    [   ]

17. Name of Financial Management Services (FMS) Provider:

    [   ]

Section Two Instructions

The VDC Monthly Report Tool for VDC providers, ensures an opportunity to accurately account for availability and growth of the program. VDC programs, including Hubs, Spokes, and Sole Proprietors, are encouraged to complete the tool on a monthly basis.

Please select the name of the VDC Provider, Spoke (if applicable), and VAMC for which you will enter data. If your organization partners with more than one VDC Provider, Spoke, or VAMC, please ensure you are reporting the correct Veteran enrollment for the selected VDC program. Please submit one entry for each provider/Spoke/VAMC relationship – you may submit multiple submissions if you are reporting for more than one VDC provider/Spoke/VAMC relationship. Please enter in the first/last name and email of the individual entering and submitting data for the tool as well.

1. **VDC Provider Name***

Please select the name of the VDC Provider (Sole Proprietor or Hub) | Spoke (if applicable) | VAMC

Select (drop down will appear)

2. **VDC Contact First and Last Name***

Please enter the first and last name of the individual entering and submitting data for the tool.

3. **VDC Contact Email***

Please enter the email of the individual entering and submitting data for the tool.

4. **Reporting Month***

The reporting month should be prior to the current month. *For instance, if you are completing this tool in April 2021, select "March 2021" in the drop-down menu below.*

Select (drop down will appear)

5. **Number of Veterans currently enrolled in the VDC program:**

Enter the number of Veterans currently enrolled in your VDC program for the month you are reporting on. This number should only reflect Veterans who are fully enrolled in your VDC program in the month you are reporting on.

6. **How many new referrals for VDC were received in the month you are reporting on?**

Enter the number of referrals your VDC program received for the month you are reporting on. This number should account for all referrals received, regardless of if the Veteran has completed enrollment into your VDC program.

6a. Of these referrals, how many are enrolled:
Enter the number of Veterans enrolled in the month you are reporting on from referrals received from your partnering VAMC. This number should only include referred Veterans who have fully enrolled in your VDC program in the month you are reporting on.

> [ ]

7. **How many Veterans dis-enrolled in VDC within the last month?**
Enter the number of Veterans who dis-enrolled from your VDC program in the month you are reporting on.

> [ ]

8. **How many Veterans receiving VDC in the last month served in Afghanistan (AF) and Iraq (IQ) after 9/1/2001 (Operation Iraqi Freedom, Operation New Dawn, and Operation Enduring Freedom)?**
Enter the number of Veterans who are receiving VDC that served in Afghanistan and/or Iraq after September 1, 2001 in the month you are reporting on (i.e., Operation Iraqi Freedom, Operation New Dawn, Operation Enduring Freedom).

> [ ]

Please verify the reporting month is correct before submitting your response.
The reporting month should be prior to the current month. For instance, if you are completing this tool in April 2021, select "March 2021" in the drop-down menu of the Reporting Month field.