



**Pennyrile Veteran Directed Home
and Community Based Service
(VDHCBS)**

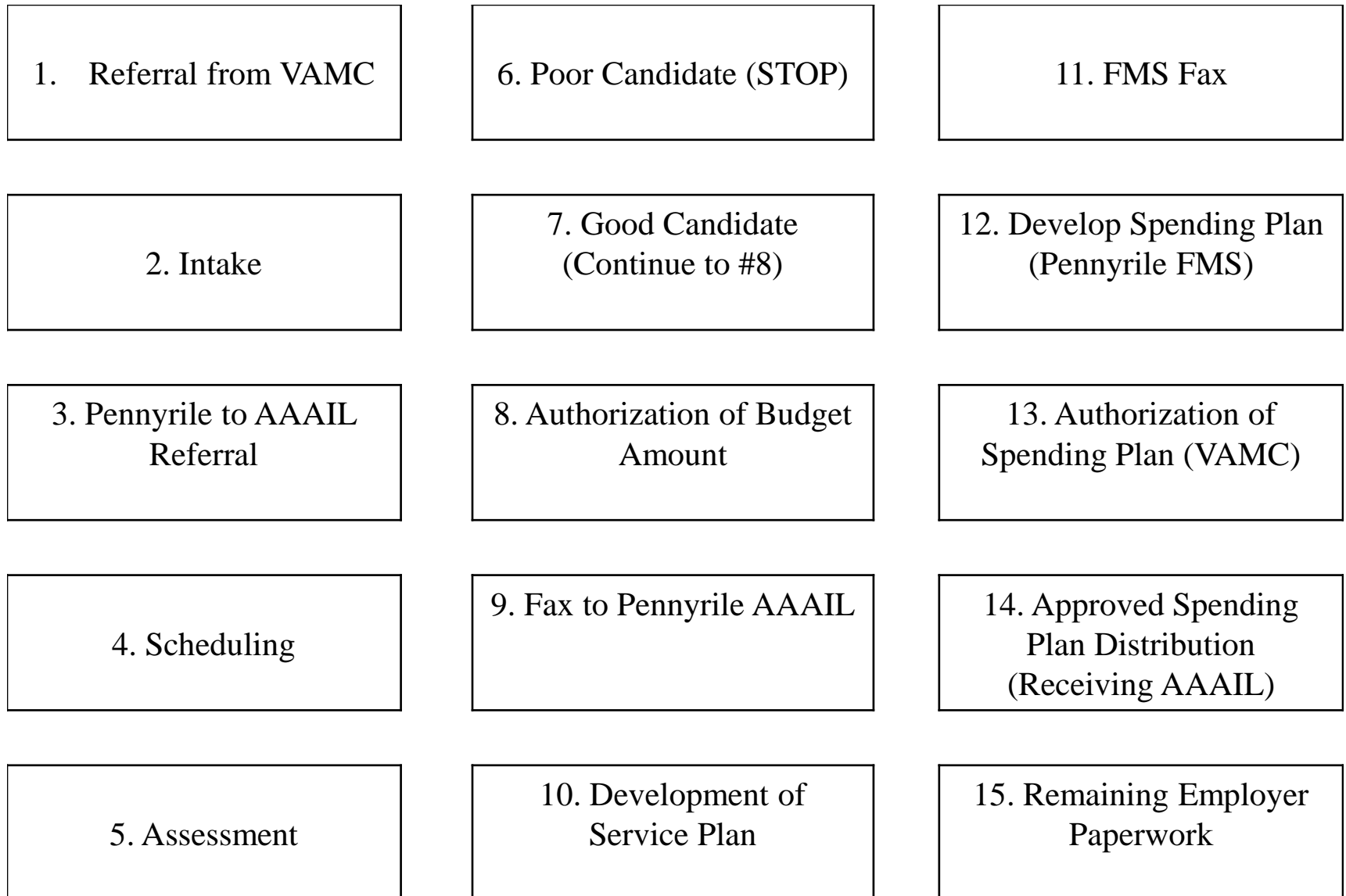
What is the Pennyrile Veteran Directed Home and Community Based Service? (VDHCBS)

- The Veterans Health Administration (VHA) and the Administration for Community Living (ACL) have formed a partnership to develop Veterans Directed Home and Community Based Service (VDHCBS) programs to enhance home-based supports for veterans. The VDHCBS program offers eligible veterans a flexible budget to purchase services that help them to live independently at home in the community rather than in a long term care placement.
- VA Medical Centers (VAMC) purchase and utilize the VDHCBS Program through a Provider Agreement between the VAMC and an Area Agency on Aging and Independent Living (AAAIL) that is approved through the Readiness Review process. The VDHCBS program includes a functional assessment, home-based services, options counseling, support services, and financial management services. The VDHCBS program does not duplicate any services already provided by the VAMC.
- The purpose of the Pennyrile Veteran Directed Home and Community Based Service (VDHCBS) program is to provide services based off personal needs to the veterans in their own home, which will help maintain his/her health, safety, and welfare. With the selection of possible services, the goal is to prolong/ prevent a veteran from being placed in a nursing facility.

Pennyrile VDHCBS Program Services

- Services provided by VDHCBS Program, but not limited to:
 - Personal care, homemaking, yard cleanup, funds for electronic monitoring system, gym memberships, home delivered meals, respite care, funds for nutritional services/items, transportation to/from medical doctor appointments, and minor modifications to the home for safety purposes.
- **Rainy Day Funds:** funds which can be saved out of the veterans budget monthly for payment toward a specific item. The item must be a necessity which will help the veteran maintain his/her independence. Once funds saved can cover the cost of the item, the veteran is authorized to purchase the item.
 - Example: Dishwasher or lift chair.

Pennyrile VDHCBS Program Flow Chart



Pennyrile VDHCBS Program Flow Chart Continued

16. Verification of Forms

20. Timesheet/Invoices –
Submission to Pennyrile
FMS

24. FMS Monthly
Spending Plan Submission
to VAMC

17. Initiate Services

21. Employee Pay Day/
G&S Invoices

25. FMS Distribution of
Monthly Fees (FMS/CM)

18. Schedule Home Visit/
Employee Training

22. Monthly Reports

26. Reassessment
(6 Month & Annually)

19. Submit Remaining
Employee Packet Forms to
Pennyrile PC

23. Monthly Monitoring/
Monthly Expectations

CM – Case Manager
FMS – Pennyrile Financial
Management Staff
PC – Pennyrile Program
Coordinator

Pennyrile VDHCBS Flow Chart Descriptions

- **Referral from VAMC**

- VAMC faxes a referral packet to the Area Agency on Aging and Independent Living along with established Case Mix & pertinent information.

- **Intake**

- Pennyrile Program Coordinator reviews referral which includes identifying Case Mix level by VAMC & provides veteran information to FMS to prepare FMS forms required at initial home visit / assessment.

- **Pennyrile to AAAIL Referral**

- Pennyrile Program Coordinator faxes FMS forms & entire referral packet to contact at receiving AAAIL. Case Mix level identified on fax coverage. (If Hub & Spoke model).

- **Scheduling**

- Receiving AAAIL reviews referral packet and has 2 business days to make contact with veteran or representative (if applicable) to schedule an assessment.
- Assessment forms consistent with program manual (initial visit forms) prepared.

Pennyrile VDHCBS Flow Chart Descriptions Continued

- **Assessment**

- CM completes MEBH assessment to determine needs / services & budget tier for comparisons to Case Mix. Service Plan development can be started if needed.
- Assessment must be completed within 7 business days from date of referral received to receiving AAAIL. (Inform VAMC if not able)
- Some employer forms completed by veteran or representative if applicable.
- Can begin working on the Service Plan at this time also.

- **Poor Candidate**

- Veteran either doesn't want to enroll in Pennyrile VDHCBS Program or needs a representative and one is not available. (Bill for partial assessment fee). **STOP HERE!**

Pennyrile VDHCBS Flow Chart

Descriptions Continued

- **Good Candidate**

- CM compares MEBH assessment tier with Case Mix tier. If questionable, schedule call with (VAMC).
- Upon VAMC request, the MEBH assessment may need to be submitted for review.
- Have veteran or representative start process of requesting AOC background checks on potential employees.

- **Note:** If VAMC only requests projected Spending Plan to be submitted (additional info upon request) - skip step #7.

- **Authorization of Budget Amount**

- VAMC reviews completed MEBH assessment and tier is determined. If approved, VAMC notifies receiving AAAIL CM of approval. Continue to step #8.

- **Fax to Pennyrile AAAIL**

- Fax all assessment forms to Pennyrile Program Coordinator, which also includes 2678, 8821, SS-4, Unemployment forms (FMS forms) & Service Plan, if completed.

Pennyrile VDHCBS Flow Chart

Descriptions Continued

- **Development of Service Plan (if not completed fully at time of assessment)**
 - Assist veteran with the development of the service plan (includes identifying services, employees, and requested hours per week with priority, per service, hourly wages, goods and services or any specified savings).
 - *Service Plans are only a “requested” Spending Plan set-up and is not the finalized (approved) Spending Plan.*
- **FMS Fax**
 - If no discrepancies with Case Mix tier, receiving AAAIL shall fax any FMS or program completed forms (if not already sent) & finalized Case Mix tier to Pennyrile Program Coordinator. Include Case Mix level on fax cover page (verification). Also include detailed Service Plan and employee information / AOC results, application, Nurse Abuse Check results and employee set-up form(s).
- **Develop Spending Plan (Pennyrile FMS)**
 - PADD FMS completes Spending Plan.
 - Can't fully complete until AOC and Nurse Abuse results have been sent to Pennyrile Program Coordinator.
 - If Spending Plan doesn't compute to what veteran needs / wanted as on the Service Plan, Pennyrile Program Coordinator will contact receiving AAAIL & provide details with their CM having to consult with veteran (*AAAIL to AAAIL Communication*).

Pennyrile VDHCBS Flow Chart

Descriptions Continued

- **Authorization of Spending Plan (VAMC)**
 - Pennyrile FMS or Pennyrile Program Coordinator will submit Spending Plan (as long as all required forms are received including employee AOC results and Kentucky Nurse Abuse Check) via fax or email to VAMC for approval / denial.
- **Approved Spending Plan Distribution (Receiving AAAIL)**
 - If approved, Pennyrile FMS or Pennyrile Program Coordinator will send a copy of the approved Spending Plan to receiving AAAIL designated staff.
- **Remaining Employer Paperwork**
 - Any additional FMS or program forms that were not completed at initial assessment to ensure veteran or authorized representative as employer must be completed.
- **Verification of Forms**
 - Pennyrile FMS verifies all FMS related forms are completed / approved and up to date pending employee training forms.
- **Initiate Services**
 - Receiving AAAIL will be notified by Pennyrile Program Coordinator that all FMS related forms are in place & home visit/ employee training may be scheduled.

Pennyrile VDHCBS Flow Chart

Descriptions Continued

- **Schedule Home Visit/ Employee Training**
 - Veteran and / or appointed representative and employee are trained on timesheets and budget management. All remaining employee forms are signed / dated by employee and veteran (representative if applicable).
 - Receiving AAAIL staff should notify Pennyrile Program Coordinator of the date of scheduled home visit/ training (will be start date of service for FMS on form- required).
- **Submit Remaining Employee Packet Forms to Pennyrile Program Coordinator**
 - Fax, mail, or email (encrypted) all remaining employee related forms to Pennyrile Program Coordinator
- **Timesheet / Invoices- Submission to Pennyrile FMS**
 - Signed and reviewed timesheets (reviewed by receiving AAAIL) should be faxed, or sent via email (encrypted) to Pennyrile FMS staff in accordance with Pennyrile FMS timesheet due date schedule.
 - Invoices pertaining to G&S should also be submitted to Pennyrile FMS staff.

Pennyrile VDHCBS Flow Chart

Descriptions Continued

- **Employee Pay Day/ G&S Invoices**

- Pennyrile FMS will issue checks to employees in accordance with the timesheet due date schedule.
- Reimbursement for invoices (Goods & Services) will also be sent out upon completion of Pennyrile FMS.

- **Monthly Reports**

- Pennyrile FMS will provide monthly reports to each veteran showing a detailed summary of spending for the month.
- Pennyrile AAAIL will establish a report through secured email which will be provided to receiving AAAIL contact to provide to veteran.

- **Monthly Monitoring / Monthly Expectations**

- Case Managers have the responsibility to monitor the veterans' health, safety, and welfare. Face to face visits 1x every 3 months (more if needed and / or during the initial assessment process), and phone calls in between months when face to face visits are not conducted or required.
- Pennyrile FMS will monitor fiscal.
- Pennyrile will establish a report to document home visits or phone calls. Pennyrile AAAIL will develop a spreadsheet with a password for each AAAIL to enter information (sent back to Pennyrile AAAIL via secured email).

Pennyrile VDHCBS Flow Chart

Descriptions Continued

- **FMS Monthly Spending Plan Submission to VAMC**
 - Pennyrile FMS will submit monthly spending plan for each veteran to the VAMC for reimbursement of services paid / due.
- **FMS Distribution of Monthly Fees (FMS / CM)**
 - Upon Pennyrile FMS reimbursement from the VAMC, Pennyrile FMS will allocate payment to Case Management & Financial Management providers (Hub & Spoke model only).
- **Reassessment (6 Month & Annually)**
 - Reassessments (MEBH assessment & updated Spending Plan only required at time of reassessments, per VAMC) are conducted on a 6 month basis during the first year, and annually (every 12 months) thereafter.
 - After reassessment, submit completed MEBH assessment and Service Plan (with changes if any) to Pennyrile Program Coordinator (Case Mix written on fax cover page).
 - Process to approve Spending Plan with notifications will be same as previously mentioned by Pennyrile FMS.

Preparing for FMS

- Understanding the IRS regulations for operating as an FMS/Employer Agency under Section 3504 of the Internal Revenue Service Code
- Review IRS Revenue Procedure 70-6 as modified by Revenue Procedure 2013-39.
- Understand how to obtain an EIN for client and receive the IRS approval for Appointment of Agent (IFS Form SS-4, 2678 and 8821). It is important to revoke the Form 2678 and 8821 upon death of Veteran or disenrollment from the program.
- Inquire of your State Revenue Cabinet as to how they handle state tax withholding for Employer Agents responsible for home care service recipients enrolled in a program administered by a Federal, State, or local government agency that provide funds to pay for home services.
- Understand State and Federal unemployment thresholds, when liability incurs, and deposit requirement for such tax.
- Understand exemptions from Unemployment and FICA when family members are hired.

Preparing for FMS

- Research the local city and county payroll taxes in your state and determine withholding and reporting requirements (if any).
- Understand FICA refunding for household employers using IRS Publication 926.
- Understand the workers compensation laws and whether it is required for an employer to obtain this. Some states exempt domestic employment from this.
- Ensure your agency is able to cash flow the payroll services for the Veterans for approximately 2 months.
- Coordinate and discuss billing methods with your local VAMC billing representative prior to sending first claim to work out specifics.
- Understand UB-04 Medical claim form filing either via paper or electronically.

Responsibilities of FMS

- Process timesheets and issue paychecks
- Withhold appropriate state and federal taxes
- File quarterly and/or annual forms and tax deposits with State and Federal agencies
- Issue W-2 Statements to each worker in late January
- Answer all questions that VA client and employees may have on a financial basis
- Establish and monitor budgets. Ensure there are no over/under spending of budgets
- Submit UB-04 claims to VAMC
- Prepare monthly spending reports for case managers and Veterans

Case Mix

Pennyrile AAAIL/ADD

County	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"	Case Mix "V"	Monthly Admin. Fee	Assessment Fee
Caldwell	\$ 1,002	\$ 1,385	\$ 1,576	\$ 1,850	\$ 1,912	\$ 2,107	\$ 2,172	\$ 2,241	\$ 2,528	\$ 2,595	\$ 2,765	\$ 3,223	\$ 15,630	\$ 423	\$ 593
Christian	\$ 973	\$ 1,346	\$ 1,532	\$ 1,797	\$ 1,857	\$ 2,047	\$ 2,110	\$ 2,177	\$ 2,456	\$ 2,521	\$ 2,687	\$ 3,132	\$ 15,186	\$ 411	\$ 576
Crittenden	\$ 1,002	\$ 1,385	\$ 1,576	\$ 1,850	\$ 1,912	\$ 2,107	\$ 2,172	\$ 2,241	\$ 2,528	\$ 2,595	\$ 2,765	\$ 3,223	\$ 15,630	\$ 423	\$ 593
Hopkins	\$ 1,002	\$ 1,385	\$ 1,576	\$ 1,850	\$ 1,912	\$ 2,107	\$ 2,172	\$ 2,241	\$ 2,528	\$ 2,595	\$ 2,765	\$ 3,223	\$ 15,630	\$ 423	\$ 593
Livingston	\$ 1,002	\$ 1,385	\$ 1,576	\$ 1,850	\$ 1,912	\$ 2,107	\$ 2,172	\$ 2,241	\$ 2,528	\$ 2,595	\$ 2,765	\$ 3,223	\$ 15,630	\$ 423	\$ 593
Lyon	\$ 1,002	\$ 1,385	\$ 1,576	\$ 1,850	\$ 1,912	\$ 2,107	\$ 2,172	\$ 2,241	\$ 2,528	\$ 2,595	\$ 2,765	\$ 3,223	\$ 15,630	\$ 423	\$ 593
Muhlenberg	\$ 1,002	\$ 1,385	\$ 1,576	\$ 1,850	\$ 1,912	\$ 2,107	\$ 2,172	\$ 2,241	\$ 2,528	\$ 2,595	\$ 2,765	\$ 3,223	\$ 15,630	\$ 423	\$ 593
Todd	\$ 1,002	\$ 1,385	\$ 1,576	\$ 1,850	\$ 1,912	\$ 2,107	\$ 2,172	\$ 2,241	\$ 2,528	\$ 2,595	\$ 2,765	\$ 3,223	\$ 15,630	\$ 423	\$ 593
Trigg	\$ 973	\$ 1,346	\$ 1,532	\$ 1,797	\$ 1,857	\$ 2,047	\$ 2,110	\$ 2,177	\$ 2,456	\$ 2,521	\$ 2,687	\$ 3,132	\$ 15,186	\$ 411	\$ 576

Veteran Name:

VDH CBS Veteran Enrollment Checklist

- MEBH Assessment Tool
- Welcome Letter Provided to Employer
- Enrollment & Agreement Form
- Veteran Set-Up form*
- SS-4*
- 2678*
- 8821*
- UI Application for Unemployment Insurance*
- Fraud & Abuse Statement (Vet/Rep)
- Rights & Responsibilities
- Release of information
- Workers Compensation Acknowledgement
- Background Check/ Nurse Abuse Registry Agreement
- Authorized Representative Form (optional)
- 2848* (optional, required if Authorized Representative Form is completed)
- Service Plan Tool (optional)
- Employee Application (Left w/Employer)
- Employee/Worker Set-up form (Left w/Employer)
- Employee Background Check Information (Left w/Employer)
- Timesheet (Left w/Employer)
- Timesheet Instructions (Left w/Employer)

Case Manager _____

Date _____

Program History

- Pennyrile was the first Area Development District / Area Agency on Aging to develop and implement the program in Kentucky.
 - Pennyrile and Marion VAMC signed a contract March 10, 2015.
- Pennyrile become a “Hub” on April 28, 2016, when Green River Area Development District & Purchase Area Development District came on as “spokes.”
 - With this expansion, services for veterans expanded to an additional 15 counties in the state of Kentucky.

Program History Continued

- Effective October 1, 2017, Pennyrile became a vendor with the Nashville, Tennessee VA Medical Center (VAMC).
 - This expansion allowed veterans who were established with the Nashville VAMC to access services.
 - Veterans have freedom of choice with regards to which VAMC they utilize.
- Effective October 1, 2017, Pennyrile also entered into agreements as the “Hub” for 5 additional agencies.
 - East Tennessee Human Resource Agency
 - Greater Nashville Regional Council
 - Lake Cumberland Area Development District (KY) – Serving Upper Cumberland area in Tennessee as they did not wish to participate.
 - South Central Tennessee Development District
 - Southeast Tennessee Development District.
 - Northwest Tennessee Development District –April 18, 2018
- This agreement allowed 21 veterans to continue their services in Tennessee.

Program Numbers

Agency	Total Active
Pennyryle Area Development District (KY)	8
Purchase Area Development District (KY)	6
Green River Area Development District (KY)	9
Lake Cumberland Area Development District (KY)	5
Greater Nashville Regional Council (TN)	11
Southeast Tennessee Development District (TN)	4
South Central Tennessee Development District (TN)	1
East Tennessee Human Resource Agency (TN)	0
Northwest Tennessee (TN)	0

Medical History

- Veterans have various health conditions and diagnosis. These issues include but not limited to:

Severe Depression	Paralysis	PTSD	TBI's	Hallucinations (auditory & visual)
Mood Swings	Parkinson's Disease	Explosive Outburst	Kidney Disease	Alzheimer's Disease
Spinal/ Disc Issues	Bipolar	Blood Pressure	CHF	Diabetes

- Some of our veterans were also exposed to Agent Orange, wounded in battle by gunfire, or wounded in battle by shrapnel which aided in their disability.

Branch / Assignments

- Army National Guard- Tank Maintenance
- Air Force- Logistics
- US Navy (Shore Duty- Personnel) / Sea Duty- Air Craft Carrier (USS Monterey (CVL-26)).
- US Navy - Photographer
- Army – 9th Infantry / 1st Aviation Brigade

Comments

- “This program helps me and my spouse. It allows sitters to assist with my care needs & supervise me while allowing my spouse time to take care of herself. I am no longer able to walk due to my Parkinson’s Disease. This program makes life possible, and I appreciate it greatly.”
- “The program means everything to me and my family. The phrase “ There is no place like home” takes on special significance when you have to be away from home for whatever reason, service in the military or illness. To be home and surrounded by loved ones brings such peace and happiness. My family and I am very thankful for this program.”
- “After four tours in Vietnam the memories are fresh daily. I got drafted and shot on my first tour. I went back three more times because I knew there were young soldiers that needed me & my guidance as well as for my country.”

Comments Continued

- “This program means a lot to us. It provides the means to help us maintain our health in our aging condition. It demonstrates in a real life way that there is someone here who cares for us, appreciates our service, and is willing to provide the financial support for what it takes to maintain our health.”
- “This program means everything to us. We have no family to help. It gives us control over managing his care. Simply put it’s a great program.”
- “I am 90% disabled with several health issues that was caused by my time in the Vietnam War, and my contact with Agent Orange. I have chronic PTSD and have no social life. Without this program I would be in a nursing facility. The Pennyrile VDHCBS Program was a godsend to me. This is the best thing that the VA has done for me.”

Contact Information

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