

# MA Veteran Directed Care (VDC) Program Veteran Tasks Agreement

ADNA CM Name: \_\_\_\_\_

Date: \_\_\_\_\_

Veteran Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fiscal Intermediary: Tempus

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## Glossary of Terms

ADNA	Aging and Disability Network Agencies
FI	Fiscal Intermediary
VDC	Veteran Directed Care
ADL	Activities of Daily Living
IADL	Instrumental Activities of Daily Living
AR	Authorized Representative
DCW	Direct Care Worker

## Introduction

The Service Agreement is an important part of the Veteran’s plan of care while participating in the Veteran Directed Care program and will be developed based on the Veteran’s individual needs. The Service Agreement assesses the Veteran’s ability to manage the Veteran Directed Care program and describes the roles and responsibilities of the Veteran, the Authorized Representative, if any, the Direct Care Worker, the Aging and Disability Network Agencies, and the Fiscal Intermediary.

This agreement will be reviewed and modified as appropriate:

- At the time of the Veteran’s redetermination for services;
- When the Veteran is not managing VDC effectively as evidenced by the Veteran exhibiting a pattern of overutilization, or inappropriate use of VDC services, and not responding to intervention from their ADNA Case Manager (CM); or is not managing VDC services effectively;
- When the Veteran, or the FI requests a review;
- When there is a significant change in the Veteran’s medical, cognitive, or emotional condition that affects the Veteran’s ability to manage VDC services independently.

## Section A: Veteran Assessment to Manage VDC Program Services

The result of the Veteran Assessment to manage VDC program services is a decision that either:

- The Veteran can manage VDC program services independently; or
- The Veteran requires the assistance of an AR to manage some or all aspects of the VDC program service.

### Reason for Assessment:

- Initial assessment
- Change in condition - if checked, describe: \_\_\_\_\_
- Difficulty managing VDC program services
- Requested by the FI

### Guardianship Status

Does the Veteran have a court-appointed legal guardian?  yes  no

If no, proceed to Part I, Section 1, Communication and Decision Making.

If yes, no further assessment is necessary: an AR is required. Complete (c) and (d) and proceed to Part III.

Name of the legal guardian: \_\_\_\_\_

Describe the evidence of guardianship: \_\_\_\_\_

## I. Assessment

### 1. Communication and Decision Making

A “yes” response to question (a) or a “no” response to question (b), (c), or (d) indicates that the Veteran requires the assistance of a surrogate with communication and decision making.

- a. Does the Veteran demonstrate cognitive/behavioral disabilities that would impair the Veteran’s ability to self-direct their care?  yes  no

If “yes,” list the cognitive/behavioral disability: \_\_\_\_\_

If “yes,” describe how the Veteran’s ability to self-direct would be impaired: \_\_\_\_\_

- b. Does the Veteran remember important information?  yes  no
- c. Can the Veteran communicate their needs effectively?  yes  no
- d. Does the Veteran manage their own finances?  yes  no

#### Result:

- The Veteran does not require the assistance of an AR with communication and decision making.**
- The Veteran requires the assistance of an AR with communication and decision making.**

## 2. Knowledge of Disability and Related Conditions

A “no” response to any question indicates that the Veteran requires the assistance of an AR with knowledge of disability and related conditions.

- a. Is the Veteran able to describe their disability and related conditions?  yes  no
- b. Is the Veteran able to describe a plan to manage medications (schedules and dosages)?  yes  no
- c. Is the Veteran able to describe the use of any assistive devices or adaptive equipment?  yes  no

### Result:

- The Veteran does not require the assistance of an AR to understand his or her disability and related conditions.**
- The Veteran requires the assistance of an AR to understand his or her conditions.**

## 3. Knowledge of Personal Assistance Needs

A “no” response to question (a), (b), (c), or (d) indicates that the Veteran requires the assistance of an AR to understand personal assistance needs and routines.

- a. Is the Veteran able to describe a routine day and give examples of assistance needed, such as bathing, toileting, and other personal care?  yes  no
- b. Can the Veteran describe the preferred transfer method?  yes  no
- c. Can the Veteran describe meal preparation and dietary needs?  yes  no
- d. Can the Veteran describe housekeeping needs?  yes  no

### Result:

- The Veteran does not require the assistance of an AR with knowledge of personal assistance needs.**
- The Veteran requires the assistance of an AR with knowledge of personal assistance needs.**

## 4. Ability to Employ DCWs

A “no” response to any question indicates that the Veteran requires the assistance of an AR to employ support workers.

- a. Can the Veteran describe how to recruit, hire, and schedule a support worker?  yes  no
- b. Is the Veteran able to describe how to train and supervise a support worker?  yes  no
- c. Can the Veteran describe the backup plan they will use if a support worker is sick or absent?  yes  no
- d. Can the Veteran complete activity forms correctly?  yes  no

### Result:

- The Veteran does not require the assistance of an AR to employ support workers.**
- The Veteran requires the assistance of an AR to employ support workers.**

## II. Assessment Summary

- The Veteran needs the assistance of an AR in the following areas (check all that apply.)
  - Communication and decision making
  - Understanding of his or her disability and related condition
  - Understanding his or her personal assistance needs and routines
  - Employing support workers

## III. Decision - Check one.

- The Veteran is able to independently perform all tasks required to manage the VDC program and does not require the assistance of an AR.
- The Veteran requires the assistance of an AR to perform some or all of the VDC management tasks that the Veteran is unable to perform.

**If the Veteran is assessed to require an AR, one must be identified for VDC program services to commence or continue.**

**If the Veteran receives skills training that enables the Veteran to independently manage the VDC program, revise this form to reflect any changes.**

## Section B: Veteran/AR Responsibilities

Veteran areas of responsibility are listed below. Veteran, ADNA, and AR, if any, will complete this section together. Check who will be responsible for each area:

<b>Assessments and Evaluations:</b>	<b>Veteran</b>	<b>AR</b>
Cooperating with the ADNA during assessments, evaluations, and re-evaluations		
<b>VDC Program Management Tasks:</b>	<b>Veteran</b>	<b>AR</b>
Ensuring Veteran does not bill for services during a hospital or nursing facility stay		
Employing DCWs for no more than the number of hours authorized		
Ensuring that DCWs perform the tasks described in this Agreement		
Notifying the FI of the date of hire and termination and a DCW's change of address		
Working with the ADNA to develop a backup list when a regular DCW cannot work		
Working with the FI and the AAA/ASAP to resolve any disagreements or complaints		
<b>Veteran Responsibilities as an Employer:</b>	<b>Veteran</b>	<b>AR</b>
Complying with applicable state and federal labor laws, including child labor laws.		
Hiring, scheduling, training, and terminating DCWs		
Completing and signing all employment forms as required by the FI		
Submitting activity forms (timesheets) in the time frame required by the FI		
Ensuring that the Veteran's activity forms (timesheets) correctly identify the hours that the DCW worked for each pay period, and that the name of the DCW is correct		
<b>Functional Skills Training:</b> The ADNA can provide Skills Training in any of the following. Check any areas of need and indicate who will be trained:	<b>Veteran</b>	<b>AR</b>
Program Rules and Requirements <ul style="list-style-type: none"> <li><input type="checkbox"/> Rights and responsibilities as a Veteran or an AR</li> <li><input type="checkbox"/> Program rules and regulations</li> <li><input type="checkbox"/> Roles and responsibilities of other program participants (ADNA, FI)</li> </ul>		
Direct Care Worker Training <ul style="list-style-type: none"> <li><input type="checkbox"/> Functions of DCWs</li> <li><input type="checkbox"/> Assisting with ADLs and IADLs</li> <li><input type="checkbox"/> Scheduling of DCWs so hours are used correctly</li> </ul>		

<b>Functional Skills Training:</b> The ADNA can provide Skills Training in any of the following. Check any areas of need and indicate who will be trained:	<b>Veteran</b>	<b>AR</b>
<b>VDC Program Management</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hiring, recruiting, training, terminating, and supervising DCWs</li> <li><input type="checkbox"/> Evaluating the DCW's performance</li> <li><input type="checkbox"/> Developing/maintaining a list of people to call if a DCW is unable to work</li> <li><input type="checkbox"/> Using the appropriate number of hours per week</li> <li><input type="checkbox"/> Identifying tasks to be covered by the VDC program</li> </ul>		
<b>Personal Health Care Maintenance</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Understanding and describing the Veteran's medical conditions, routines and treatments, including medication schedules and dosages, nutritional planning, bowel and bladder routine, and range-of-motion routine</li> </ul>		
<b>Emergency Management</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Describing how and when to use a physician /local hospital emergency room</li> <li><input type="checkbox"/> Understanding appropriate treatment or equipment for dealing with an emergency</li> <li><input type="checkbox"/> Maintaining a list of emergency phone numbers and procedures</li> </ul>		
<b>Fiscal Intermediary</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Completing and submitting accurate forms in the time frame specified</li> <li><input type="checkbox"/> Completing paperwork required by the FI</li> </ul>		
<b>Other Areas (Describe):</b>		

## Section C : DCW Roles and Responsibilities

### 1. What to Look for When Hiring a DCW:

- meets all legal requirements to work in the United States (the FI can tell the Veteran what these are)
- is able to understand and carry out instructions given by the Veteran and/or the Veteran's AR
- is willing and able to receive training and supervision in all services from the Veteran and the AR
- provides the Veteran with care that is free from abuse and neglect.

## Section D: VDC Back-up Plan

An Emergency Back-up Plan is required for each Veteran enrolled in the VDC Program. The Veteran's plan must be reviewed and approved by the ADNA CM initially and annually thereafter. The Veteran/ AR, with assistance from the ADNA CM, is responsible for updating the plan, as necessary throughout the year. It is recommended that the Veteran's plan include multiple resources (i.e., a natural support, a paid direct care worker, agency-based services) and be sufficient to cover at least 2 weeks of emergency care.

Describe what will be done and who will be contacted to work if the regularly scheduled DCW is unexpectedly not available. List all people who are available to work if a support worker is unavailable to work his or her regularly scheduled hours:

Please note, if a Back-up DCW is listed on this plan, they must submit all employee paperwork to Tempus, complete a background check, and be added to the Veteran's Spending Plan before they can be reimbursed by the VDC program

## **Section E: ADNA Responsibilities**

**The ADNA is responsible for all of the following:**

### **1. Employer Tasks Agreement**

- Developing and reviewing this Agreement with the Veteran and the Veteran's AR, if any;
- Providing the Veteran and the Veteran's AR, if any, with a copy of this Agreement giving the Veteran an opportunity to disagree with the Veterans Tasks Agreement; and providing a way to resolve any disagreements as soon as possible; and
- Monitoring the Agreement to ensure that the Veteran, or the Veteran's AR, if any, is managing the VDC program successfully.

### **2. Customer Service:**

- Seeking and including the Veteran's input into the services provided by the ADNA.
- Providing the Veteran with a copy of the ADNA's complaint and grievance process and working with the Veteran to resolve any complaints about services in a timely fashion
- Having a telephone system that the Veteran can call and leave a message with after business hours;
- Responding to Veteran inquiries and voicemails within two business days;
- Providing written information to Veterans in an understandable language and format; and
- Providing services that are culturally sensitive.

### **3. Intake and Orientation and Functional Skills Training:**

- If the Veteran is new to the VDC program, providing intake and orientation services to the Veteran to begin the eligibility determination process for VDC services,
- Providing skills training to instruct the Veteran and the AR, if any, about how to manage the program
- Teaching the Veteran ways to recruit, hire, train, schedule, evaluate, and terminate support workers
- Working with the Veteran to establish a list of persons whom the Veteran can call to work if the regularly scheduled support worker is unable to work;
- Informing Veteran about the FI and helping the Veteran complete paperwork required before hiring a DCW;
- Informing the Veteran and AR, if any, about ways to have services that are safe, such as the availability of Criminal Offender Record Information (CORI), Disabled Persons Protection Commission (DPPC), the Sex Offender Registry, and the Elder Services hotline; and
- Providing skills training to the Veteran as described in this Agreement, and at the request of the Veteran or FI



## **Section F - Fiscal Intermediary (FI) Responsibilities**

The FI is responsible for all of the following.

### **1. Veteran Employer-Required Tasks**

- Performing the employer-required tasks that are described in the ADNA-Veteran Agreement;
- Issuing checks for DCWs; and
- Ensuring the Veteran has an active authorization from the ADNA for services before paying support workers.

### **2. Customer Service**

- Answering Veteran telephone calls about forms (timesheets), tax forms, and the functions of the FI (When Veteran concerns cannot be addressed by telephone, Veterans may be referred to the ADNA.)
- Operating a toll-free telephone service during business hours from 9:00 A.M. to 5:00 P.M., Monday through Friday, excluding holidays;
- Operating a toll-free answering or voice messaging service during non-business hours;
- Providing the Veteran with a copy of the FI's complaint and grievance process and working with the Veteran to resolve any complaints about the FI's services in a timely fashion;
- Notifying the Veteran's ADNA and the Veteran if the Veteran is sending in Activity Forms (timesheets) for more than the hours per month authorized.
- Providing the Veteran with activity forms (timesheets) and schedules for the Veteran to complete for each support worker.

## Section G - Signatures

My ability to manage the VDC program has been assessed. If I do not agree with the results of this assessment, I must let the ADNA know and I have been informed of the process for resolving the disagreement.

I understand it is important that all participants in the VDC program understand their roles and responsibilities. I understand the VDC program is Veteran-Directed and I am the employer of my DCWs. I and my AR, if any, will be provided with a copy of this Agreement.

Signature of Veteran or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

I have assessed this Veteran's ability to manage the VDC program.

Signature of ADNA CM \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

This section must be completed for any Veteran who requires an AR

I agree to act as an Authorized Representative to assist the above-named Veteran in managing their VDC program services. I agree that the Veteran will be involved in the management of the VDC program as much as they are capable. I understand, have the ability, and am responsible for the tasks as outlined in Section A and B of this document. It is my responsibility to act in the best interest of the Veteran.

### Authorized Representative Information:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

AR relationship to the Veteran: \_\_\_\_\_ Frequency of visits: \_\_\_\_\_

Signature of AR \_\_\_\_\_ Date \_\_\_\_\_