Veteran Directed Care

Expanding Choice through the aging Network



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Objectives

- What is VDC?
- Self-Direction and VDC
- AAA7 VDC Experience
- AAA6 VDC experience
- Panel Questions
- Overview of VDC Business Models
- Resources
- Questions

What is Veteran Directed Care and how is it different from traditional HCBS self-directed care?

What does “Veteran-directed” really mean? How much choice and control does the Veteran have?

AAA7 VDC Experience

- AAA7 program started in June 2012 through agreement with Chillicothe VAMC
  - Added working with VAMC Cincinnati, VAMC Columbus and VAMC Huntington West Virginia
- Currently Servicing 17 counties
  - Adams, Athens, Brown, Clinton, Fairfield, Fayette, Gallia, Highland, Hocking, Jackson, Lawrence, Meigs, Pickaway, Pike, Ross, Scioto, and Vinton
  - Possible expansion in 2027 into Washington County
- Active cases: 125

AAA6 VDC Experience

- Started program in June 2024

- Currently Servicing Veterans receiving services through the Columbus VAMC

- Over 400 referrals
- 242 Veterans currently enrolled

- Caseload size: ~60

Panelists



Beth Shalosky, MHA, LSW, is an Assistant Director over the VDC Program at the Central Ohio Area Agency on Aging and a seasoned social services leader with extensive experience in healthcare, senior services, and organizational operations.



Sarah Ray, BSN, RN, is the Team Lead for the AAA7 VDC team. The team is small, however, we work hard to ensure veterans and their caregivers have a positive experience with the Veterans Directed Care program. I am very passionate about our veterans and families.



Angel Pollock is a dedicated social work with more than 10 years of experience serving individuals, families, and vulnerable populations. She currently serves as a Veteran Directed Care Coordinator with the Central Ohio Area Agency on Aging (COAAA), where she has worked for the past three years.



Danielle Quinn has been with AAA7 working with the Veteran Directed Care Program since 2023, starting as Care Manager before transitioning to the role of Assessor/Intake & Care Manager. Danielle has been a case manager for over 15 years working with individuals with developmental disabilities and veterans.

VDC Business Models

- The VAMC works with regional entities
  - Area Agencies on Aging (AAAs)
  - Centers for Independent Living (CILs)
  - Aging and Disability Resource Centers (ADRCs)
  - State Units on Aging

    These agencies must pass a VA VDC Readiness Review to manage the program

- Sole Proprietor Model vs. Hub and Spoke Model
  - While the veteran's experience of directing their own budget remains the same, these models change how the background administration, contracting, and casework are managed.

Business Model Considerations

Feature	Sole Provider / Proprietor	Hub	Spoke
VA Contracting	Direct contract with local VAMC	Direct contract with one or more VAMCs	Indirect (subcontracts under the Hub)
Primary Focus	Total end-to-end regional program management	Back-end administration, billing, and system compliance	Local storefront delivery and direct Veteran casework
Administrative Layers	Low—direct connection between agency and VA	Higher—must coordinate between the VA and multiple Spokes	Shared—relies on the Hub to process structural claims and data

Resources:

VeteranDirected@acl.hhs.gov

https://acl.gov/nwd/veteran-directed-care

https://www.va.gov/GERIATRICS/pages/Veteran-Directed_Care.asp

Veteran Directed Care Field Guidebook (acl.gov)

VDC Operations Manual Template (acl.gov)

Veteran Directed Care (VDC) Billing and Invoicing Guide (acl.gov)

Veteran Directed Care Readiness Review Overview (acl.gov)

Questions?