

2016-2017

Referral Agreement Number VB116-15-2017

**AREAWIDE COUNCIL ON AGING OF BROWARD COUNTY, INC.
VETERAN DIRECTED HOME AND COMMUNITY BASED SERVICES PROGRAM
REFERRAL AGREEMENT**

This Referral Agreement, made this ____ of _____ between the Areawide Council on Aging of Broward County, Inc., (hereinafter "Council"), and Broward County, a political subdivision of the State of Florida, (hereinafter "Provider"). Funding under this agreement is provided by Veterans Administration Appropriations through, and administered by the Areawide Council on Aging of Broward County, Inc.

1. Objectives

- a. To maintain a climate of cooperation and consultation with and between agencies, in order to achieve maximum efficiency and effectiveness.
- b. To promote programs and activities designed to prevent the premature institutionalization of Broward County Veterans.
- c. To require the parties of this agreement to provide technical assistance and consultation to each other on matters pertaining to actual service delivery, and share appropriate assessment information and care plans so duplication does not occur.
- d. To establish and maintain an effective working relationship between the Provider, who is responsible for the case management, development of care plans and authorization of services available, and direct provision of those services to veterans served under this program, and the Council, who is responsible for management and oversight of the Veteran Directed Home and Community Based Services Program (VD-HCBS Program).

2. Under this Agreement, the Provider agrees to the following:

- a. To accept referrals for the VD-HCBS Program, which provides qualifying veterans the opportunity to hire workers to help with their daily needs. The Miami Veterans Administration Medical Center (VAMC) will identify veterans of any age who are eligible for the VD-HCBS Program and refer them to the Council, which will, in turn, refer interested veterans to the Provider. In cases when veteran referrals come through other avenues, the veteran must first be enrolled by the VAMC for health care, have a VAMC primary care team, meet the admission criteria for the VD-HCBS Program, and receive a referral from the VAMC.
- b. To provide service to the VD-HCBS Program veteran as specified elsewhere in this agreement. Provision of service is subject to quality monitoring and/or observation by the Council and/or the VAMC.
- c. To provide the Council a monthly billing summary, no later than the 15th of the month following the provision of services. The summary shall reflect the veteran's name, client ID number, number of days billed, care plan amount, and per diem rate.
- d. To act in the following manners upon hospitalization or death:
 - i. Upon learning of a veteran's hospitalization, the Provider shall promptly notify the Council's liaison.

- ii. When a veteran, enrolled in the VD-HCBS Program, is hospitalized for 15 days or less, Council will pay for certain household services and planned purchases on a case-by-case basis. Council will not pay for personal care services during hospitalization. Veterans who remain hospitalized for more than 15 days, will be considered discharged from the Program. Upon being discharged from the VD-HCBS Program, no reimbursement will be approved if the veteran was not re-enrolled to receive services for any time during that month. These veterans may be re-enrolled following hospital care, when approved by Council.
 - iii. Upon learning of a veteran's death, the Provider shall promptly notify the Council's Liaison.
- e. To not solicit contributions, donations, or gifts from veterans or family members.
- f. To routinely measure and analyze clinical and administrative performance standards through a quality assurance system. The minimum performance standards that must be monitored are indicated in Attachment II.
- g. To allow review of the veteran's care by the Council and the VAMC.
 - i. The VAMC, at its sole option, will monitor the care of services provided to veterans under this agreement, through one or any combination of the following methods:
 - 1. reviews of agency reports;
 - 2. telephone contact to ensure veterans are receiving the services according to the care plan;
 - 3. and, on-site monitoring of veteran's care.
 - ii. Veteran and family satisfaction with these services may also be discussed. All records concerning the veteran's care will be readily accessible to VAMC. 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.
- h. The VAMC will determine the care plan amount utilizing the VA Minnesota Assessment tool.
- i. The Provider has the right to refuse to accept any referral under the VD-HCBS Program 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.
- j. Veterans may choose to discontinue their participation in the VD-HCBS Program at any time with written notice to the Provider. The Provider will follow up with the veteran within 7 days of receipt of said notice to confirm the veteran's intent. Written notification will be sent to the Council upon termination of services. Once services have been terminated, the veteran will no longer be eligible for the VD-HCBS Program.

- k. The Provider will notify the designated Council's Liaison of any disputes regarding level of care, covered services, or other agreement issues within 5 business days of being noted.
- l. The Provider is a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and thus must comply with all HIPAA privacy and security regulations.

3. Under this agreement, the Council will:

- a. Process monthly invoices and reimburse the Provider in a timely manner, and
- b. Provide technical assistance and oversight on matters bearing on the provision of services or on the administration of these funds.

4. Terms

Services performed under this agreement will begin on October 1, 2016 and terminate on September 30, 2017.

5. Services to be provided/reimbursed:

- a. Under this agreement, the Provider will provide case management on an as needed basis, with veteran contact occurring at least monthly. It is a prime factor of the VD-HCBS Program that initial veteran enrollment will require a considerable investment of case management time. Initial enrollment includes, but is not limited to:
 - i. Comprehensive assessment as indicated in Attachment A;
 - ii. Care plan development based on the funding level determined by the VAMC, see Attachment I;
 - iii. Enrollment paperwork including tax forms; and
 - iv. Development of job descriptions.
- b. The Provider will be reimbursed a flat ten percent (10%) of the authorized care plan with a maximum reimbursement of \$240, per veteran, per month, for the provision of case management. The per diem rate will be 1/28, 1/30 or 1/31 of the monthly reimbursement allotment depending on the number of days in the billing month.
- c. Payments, made under this agreement, constitute the total cost of care. No additional charges will be billed to Medicare Part B, the veteran or his/her family, either by the Provider or any third part furnishing services or supplies required for such care, unless and until specific prior authorization, in writing, is obtained.

6. Notice, Contact, and Payee Information:

- a. The name, address, and telephone number of the representative for the Council for this agreement is:

Edith Lederberg, Executive Director
Areawide Council on Aging of Broward County, Inc.
5300 Hiatus Road
Sunrise, FL 33351
(954) 745-9567 Fax: (954) 745-9584

- b. The name, address, and telephone number of the representative of the Provider responsible for administration of the Program under this agreement is:

Andrea Busada, Director
Broward County Elderly & Veterans Services Division
2995 N. Dixie Highway
Ft. Lauderdale, FL 33334
954-357-6622

7. Termination

In the event this agreement is terminated, under any one of the following conditions, the Provider agrees to submit, at that time, a notice of intent and a plan which identifies procedures to attempt to ensure services to veterans will not be interrupted or suspended by the termination.

- a. Termination at Will: This agreement may be terminated by any party upon no less than fourteen (14) calendar days notice, without cause, unless a lesser time is mutually agreed upon by both parties, in writing. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery.
- b. Termination Because of Lack of Funds: In the event funds to finance this agreement become unavailable, the Council may terminate this agreement upon no less than twenty-four (24) hours notice in writing to the other party. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. The Council in consultation with the VAMC shall be the final authority as to the availability of funds.
- c. Termination for Breach: Unless a breach is waived by the Council in writing, or the parties fail to cure the breach within the time specified by the Council, the Council may, by written notice to the parties, terminate the agreement upon no less than twenty-four (24) hours notice. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery.

REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK

IN WITNESS THEREOF, the parties hereto have caused this eight (8) page agreement to be executed by their undersigned officials as duly authorized.

PROVIDER: Broward County

**Areawide Council on Aging of Broward
County, Inc.,**

BOARD PRESIDENT OR AUTHORIZED
DESIGNEE

SIGNED BY:

SIGNED BY:

NAME:

NAME:

TITLE:

TITLE:

DATE:

DATE:

FEDERAL ID NUMBER: 59-6000531

FISCAL YEAR-END DATE: September 30

Reviewed and approved as to form:
Joni Armstrong Coffey, County Attorney

By  12/1/16
Karen S. Gordon, Assistant County Attorney

By  12/2/16
Sharon V. Thorsen, Senior Assistant County Attorney

ATTACHMENT I

CARE PLAN DEVELOPMENT AND REVIEW PROTOCOL

Objective Criteria for Determining Care plan Value in Broward County

The Veterans Directed Home and Community Based Services Program (VD-HCBS Program) will offer veterans and their family caregivers the opportunity to develop a package of services that will enable veterans in the VD-HCBS 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 desired

Through the VD-HCBS Program, veterans must be provided or assisted in arranging consumer/self directed services based upon the needs and preferences of the participating veterans and/or their representatives. The VD-HCBS Program will, at a minimum, 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
- Options Counseling/Support Services including case management
- Fiscal Management Services

Council will provide the veteran's monthly allocation based on the assessment the VAMC has conducted.

ATTACHMENT II

PERFORMANCE STANDARDS

Indicator/ Outcomes	Standard	Acceptable Quality Level	Method of Surveillance
Initial phone contact to set appointment for assessment	Within two (2) business days of receipt of referral	100%	Direct Observation of monthly report
Initial assessment and care plan development	Within three (3) business days following initial phone contact	100%	Direct Observation of monthly report
Assessment update and care plan review at least every 6 months	Update and review completed within month due	100%	Direct Observation of monthly report
Complete annual assessment and care plan	Re-assessment and care-plan update completed within month due.	100%	Direct Observation of monthly report
Timely enrollment of Veteran into VD-HCBS Program	Veteran's FE/A paperwork to be completed and submitted for enrollment within thirty (30) business days following care plan development	100%	Direct Observation of monthly report
Monitor Monthly Timesheets	Within (15) days after end of month	100%	Direct Observation of monthly report

ATTACHMENT A

Required Tasks Prior to Service Start in Veteran Directed HCBS

TASKS REQUIRED BEFORE SERVICES BEGIN TRADITIONAL MODEL	TASKS REQUIRED BEFORE SERVICES BEGIN VETERAN-DIRECTED MODEL
Assessment Service Plan Arranging Services	<p><u>Level 1 - Counselor Tasks</u> (In collaboration with the veteran)</p> <p>Assessment - Work with veteran to identify personal needs, goals and barriers to meeting goals and risk assessment to identify whether representative is needed</p> <p>Education for veteran on roles and responsibilities of self direction</p> <p>Service Plan – Work with veteran to identify means to have needs met and to remove barriers to goals related to the disability.</p> <p><u>Level 2 -Counselor Tasks, cont.</u></p> <p>Spending Plan or Individual Budget – Supports (as needed)</p> <ul style="list-style-type: none"> Determine how to allocate budget Assist with Hiring Process Assist with Selecting a Representative Assist with Managing Workers in the Home Assist with Training Directly Hired Workers Assist with decision making skills <p><u>Financial Management Agency Tasks</u></p> <p>Obtain signed IRS Form 2678 – Appointment of Agent and</p> <p>Complete signed IRS Form SS-4 – Application for Employer ID Number</p> <p>Obtain Employer Identification Number for Participant Employer</p> <p>Obtain Limited Power of Attorney for filing State income taxes and unemployment when necessary</p> <p>Obtain an Employee Enrollment Packet for each directly hired worker to include:</p> <ul style="list-style-type: none"> Employment Application IRS W-4 State W-4 USCIS I-9 IRS Form 797