
VETERAN DIRECTED CARE

Policy Manual, Chapter 3100

DRAFT

AGING AND DISABILITY SERVICES
DIVISION

DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
PROGRAM POLICY MANUAL

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3101 INTRODUCTION

The Aging and Disability Services Division (ADSD) Office of Community Living (OCL) oversees the Veteran Directed Care (VDC) program, which helps veterans maintain independence through a personalized budget. Eligible veterans may hire and manage their own employees (including family and friends) and purchase necessary goods and services. Case management support is provided by [Nevada Care Connection \(NVCC\)](#) Resource Centers to ensure veterans receive the assistance needed to thrive at home and in their communities.

The program operates under a Veteran Care Agreement (VCA) between ADSD and the U.S. Department of Veterans Affairs (VA), through the local Veterans Affairs Medical Center (VAMC). This agreement defines each party's responsibilities for administration, service delivery, and fiscal management.

ADSD implements and administers the VDC program in Nevada pursuant to federal guidance from the VA and standards established by the Veterans Health Administration [Office of Geriatrics and Extended Care \(GEC\)](#). Program operations also align with expectations from the [Administration for Community Living \(ACL\)](#) under the broader framework of person-centered self-directed long-term services and supports.

Program activities are further governed by the [VDC Operations Manual Template and VDC Program Billing Guide](#) (found on [nwd.acl.gov](#)), ADSD policies, the State of Nevada's financial management policies, and applicable state and federal laws related to veteran services, fiscal accountability, data security, and consumer-directed care.

3101.1 GENERAL PROVISIONS

The VDC is a statewide program that operates as a collaborative model involving key participants with specific functions:

- **Veterans and/or their Authorized Representative:** Responsible for directing their care, managing their budgets, and hiring and supervising workers.
- **Nevada Care Connection (NVCC) Case Managers:** Support veterans by facilitating enrollment, developing spending plans, completing monthly monitoring, and ensuring ongoing eligibility and reassessments.
- **Financial Management Services (FMS) Providers:** Handle payroll, tax processing, and financial oversight of VDC budgets; ensuring compliance with federal and state requirements.
- **ADSD:** Responsible for VDC program administration and oversight.
- **Veterans Affairs Medical Center (VAMC):** Serves as the oversight and funding agency, responsible for authorizing enrollment and spending.

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This manual serves as the official source of operational guidance for all ADSD staff, NVCC case managers, and FMS providers supporting Nevada's VDC program and reflects the administrative authority under which the program operates.

3110 ELIGIBILITY AND INTAKE

The VAMC is the designated entity responsible for determining a veteran's eligibility for the VDC program. Once eligibility is established, the VAMC initiates the intake process by referring veterans to ADSD staff and NVCC case managers.

3111 REFERRALS

Veterans may only be referred to the VDC Program by VAMC staff. Referrals are submitted to ADSD staff and NVCC case managers through Health Insurance Portability Accountability Act (HIPAA) compliant tools or via the VAMC HealthShare Referral Manager (HSRM) system. Each referral must include documentation from the VAMC confirming the veteran's eligibility, case mix assignment, and initial care planning information.

3112 PROCESSING REFERRALS

Upon receipt of the referral, the NVCC case manager must acknowledge the referral by responding to the VAMC within one (1) business day.

3112.1 INITIAL CONTACT

The NVCC case manager must contact the veteran or their authorized representative (AR) (see [manual section 3113.2, Authorized Representative](#)) within two (2) business days of the referral to initiate the intake process. If the referral lacks required details, the NVCC case manager will contact ADSD and the VAMC with a request for the missing information.

During the initial contact, the NVCC case manager must provide an overview of the VDC program, answer questions the veteran/AR has about the program, confirm their interest in proceeding with the assessment and enrollment process, and schedule an intake visit that aligns with the veteran's ability to participate comfortably, preferences, and availability. If the veteran/AR requests a delay in the intake process, the NVCC case manager must document the reason for the delay in the veteran's record and notify the referring VAMC of the delay.

All referral activities and documentation must be saved in the veteran's record within two (2) business days of receipt and contact.

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3113 INTAKE

Upon confirmation of the veteran's interest in participation, the NVCC case manager is required to conduct a face-to-face intake home visit with the veteran.

3113.1 INTAKE VISIT

The intake visit is crucial for providing the veteran with a comprehensive explanation of the VDC program, including their roles, responsibilities, and the support(s) available to them.

The intake visit at the veteran's home, which must be completed within five (5) business days of the receipt of referral, includes a VDC orientation provided by the NVCC case manager. Orientation explains the concept of self-direction and clarifies the veteran's role in managing their care. The NVCC case manager will outline the responsibilities and associated risks of all necessary entities including the veterans:

- Responsibilities as an employer (e.g., hiring, training, and supervising caregivers).
- Ability to conduct self-directed tasks.
- Options to designate an AR (see [manual section 3113.2, Authorized Representative](#)), if the veteran requires assistance with managing their care.

The NVCC case manager provides an overview of the reassessment process and frequency of reassessments. This will include any procedure for making changes to the spending plan and request adjustments. The veteran will be presented with choices of VDC services and care providers, including family caregiver support options. The NVCC case manager will inform the veteran of their rights and the process for resolving grievances within the VDC program. Available resources for unpaid caregivers will be highlighted, if applicable, and the VDC Veteran Handbook (VDC-EI-01) will be provided.

The NVCC case manager must gather any additional demographic information not included in the initial referral and ensure all required documentation is completed.

If an in-person visit is not feasible, alternative arrangements can be made. Refer to [manual section 3113.3, Alternate Intake Arrangements](#).

3113.2 AUTHORIZED REPRESENTATIVE

When necessary, ARs assist veterans in managing their spending plans and directing their services. Veterans may be required to select an AR if they demonstrate an inability to self-direct their services due to misuse of funds, consistent non-compliance with program rules such as failure to complete required paperwork, or ongoing health or safety risks to themselves or others.

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Veterans who refuse to select an AR, cannot locate a representative, or lose an AR (if one was required for program participation) may be disenrolled from the program. The case manager and the VAMC will assist the veteran in identifying alternative services.

To ensure the integrity and effectiveness of the program, ARs must meet specific eligibility criteria and undergo a comprehensive vetting process.

To be eligible for designation as an AR, individuals must:

- Be willing to sign tax forms and verify employee timesheets on the veteran's behalf, as well as cooperate with the fiscal intermediary or payroll agent;
- Be at least 18 years of age or older;
- Be approved by the veteran and, where applicable, reach a consensus with other family members regarding their role;
- Have no history of substance abuse, or any record of physical, mental, or financial abuse;
- Be willing to meet and uphold all VDC program requirements;
- Sign the FMS provider's designation for authorized representative form; and
- Be knowledgeable about the veteran's preferences, program rules, and maintain ongoing contact with the veteran.

All new AR candidates must undergo and pass a background check in accordance with the ADSD policies, and VDC program requirements before an AR is formally authorized.

Any AR candidate found to have a felony conviction for fraud, abuse, or exploitation of an individual is ineligible for designation. The results of the background check are reported to the VAMC, and the veteran is informed of the outcome. If an AR candidate does not meet the background requirements, the veteran will work with their NVCC case manager to explore alternative representative options.

This policy does not apply to ARs who were approved before February 1, 2024.

3113.3 ALTERNATE INTAKE ARRANGEMENTS

In situations where conducting separate home visits for intake, needs assessment, and spending plan development is not feasible, such as when the veteran has urgent service needs, prefers to consolidate visits, or lives in a geographically remote area, the NVCC case manager may:

- Determine whether a combined visit is appropriate.
- Conduct the intake via phone if all parties agree that a remote intake is necessary and appropriate.

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3114 ELIGIBILITY CRITERIA

Eligibility for the VDC program includes several specific requirements. The veteran must be enrolled in the Veteran Affairs (VA) health care system, or meet the provisions set for in [38 CFR 17.37](#) and meet a nursing home level of care criteria as determined by a VAMC assessment. A formal referral from a VAMC is necessary to participate in the program; self-referrals or direct enrollment without VA authorization are not permitted.

Veterans must also meet one (1) or more of the following clinical criteria as dictated by the [Administration for Community Living](#) (ACL):

- Three (3) or more activities of daily living activities of daily living (ADL) dependencies;
- Significant cognitive impairment leading to ADL dependencies;
- Clinically determined by the local VAMC to need services;
- Receives hospice services and needs extra support; and/or
- Two (2) ADL dependencies and two (2) or more of the following:
 - Three (3) or more instrumental activities of daily living (IADL) dependencies;
 - Recent discharge from a nursing facility or nursing home discharge contingent on receipt of Home and Community Based (HCBS) waiver services;
 - 75 years old or greater;
 - Three (3) or more hospitalizations or 12 or more outpatient clinic/emergency evaluations in the past 12 months;
 - Diagnosis of clinical depression; and/or
 - Lives alone in the community.

The VAMC clinical team may determine that a veteran who does not meet clinical eligibility for VDC may still need VDC services. The VAMC's clinical care team must document clinical justification within the veteran's medical record.

The veteran must also reside within the designated service area of a NVCC Resource Center that participates in the VDC program. The veteran, or their AR, must be capable of managing their care plan, hiring and supervising caregivers, and adhering to program and financial management requirements.

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3115 PROGRAM ENROLLMENT

The VDC program operates on a person-centered planning model, where choices are driven by the veteran/AR. If the veteran chooses to proceed with the VDC Program, the NVCC case manager will schedule an in-person meeting to develop the spending plan, as outlined in [manual section 3121, Spending Plan Development](#). This visit may be combined with the initial intake visit upon request of the veteran/AR.

The NVCC case manager may assist the veteran/AR with completing the FMS Referral Form to establish their account in the FMS system and prepares the FMS provider's employer enrollment packet. NVCC case managers will require access to the FMS ShareFile site. To obtain access, they must complete the required FMS provider's request form for authorization or may contact ADSD staff for assistance.

If a veteran decides not to participate in the VDC Program, their referral is returned to the VAMC. The NVCC case manager must consult a Resource and Service Navigator (RSN) and ensure the RSN tool is used so that the veteran receives all support available before being referred back to the VAMC. The outcome must be documented in the veteran's record.

3116 ASSESSMENT

Assessments are completed for veterans who select to participate in the VDC program. These assessments help determine service needs, and ensure veterans receive appropriate supports based on their individual preferences and circumstances. The assessment also establishes a foundation for the veteran's spending plan and care coordination.

3116.1 INITIAL ASSESSMENT

The VDC Initial Needs Assessment (VDC-EI-02) is a comprehensive, person-centered assessment conducted by the NVCC case manager with the veteran to determine the needs, preferences, and goals for self-directed services. This assessment must be completed within 10 business days of the intake home visit. If the NVCC case manager and veteran agrees to it, the needs assessment may be completed at the time of the initial intake visit, ([manual section 3113.1, Intake Visit](#)), but this is not required.

The forms listed below create the Needs Assessment Packet:

- **VDC Initial Needs Assessment (VDC-EI-02):** This functional assessment tool is completed and maintained in the veteran's record.

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- **Release of Health Information (ROI) Form:** NVCC Resource Center ROI. This form is provided by the NVCC case manager and is completed and signed by the veteran and retained in the case file.
- **Saint Louis University Mental Status Examination (SLUMS):** If requested by the VAMC, this memory screening tool is completed by the NVCC case manager and is forwarded to the VAMC.
- **Additional Assessment Tools:** The NVCC case manager will also use supplementary evidence-based tools as appropriate, such as fall risk and home safety assessments.
- **Caregiver Assessment:** If the veteran has an unpaid caregiver, the NVCC case manager will offer to use a caregiver assessment tool (e.g., Modified Caregiver Strain Assessment) to evaluate caregiver needs.

3120 CASE MANAGEMENT

The VDC program requires ongoing case management to ensure that services are delivered safely, effectively, and in alignment with the veteran's needs and goals. The NVCC case manager is responsible for monitoring the veteran's well-being, supporting their self-directed care, and ensuring compliance with program guidelines.

3121 SPENDING PLAN DEVELOPMENT

The spending plan serves as the veteran's person-centered service plan. It is developed using the VA spending plan tool and uses the person-centered approach to align expenditures with the veteran's needs and preferences.

The plan must include services, support, or goods that will help the veteran remain in the community. The plan must detail the following:

- Summary of the Veteran's strengths, needs and service goals;
- How and why these services, support, or goods will help the veteran;
- Who will provide them;
- The start and end dates of the plan;
- The frequency, hours, and amount of services; and
- The cost of services, support, or goods.

Additionally, the spending plan must include an Emergency Back-up Plan (VDC-CM-01), which must be reviewed at least quarterly to confirm the availability of backup care.

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If emergency coverage is required, the veteran may use agency services as a temporary solution.

The NVCC case manager must submit the spending plan to the VAMC within five (5) business days of completion and update it throughout the year as needed. Veterans may initiate spending plan changes by completing a Planned Spending Form from the ACL, or the NVCC case manager may adjust the plan based on evolving needs.

3121.1 SPENDING PLAN APPROVAL

The VAMC is responsible for reviewing the spending plan and its supporting documents. This review ensures that services and purchases align with the assessment summary, there is no duplication of services, and all expenditures directly support the veteran's care needs.

If any changes are required, the VAMC will return the plan to the NVCC case manager. The NVCC case manager must then collaborate with the veteran or their AR to make the necessary updates. The final spending plan must balance with the veteran's budget, meet the veteran's service needs, and receive final VAMC approval before implementation.

Approvals or changes must be uploaded to the designated electronic system of record within two (2) business days of finalization.

Upon approval, copies of the plan must be distributed to the veteran, ADSD program staff, the NVCC case manager, and the FMS provider. Any significant changes to the plan, such as the purchase of a new good or service, must receive prior approval from the VAMC.

3121.2 SERVICES

The following are some examples of services, support, and goods the veteran may purchase if approved by the VA and included in the spending plan and budget:

- **Adult Day Care:** This is daytime care that is designed to meet needs through an individual plan of care that provides health, social, and related support services in a place other than the veteran's home. The care can take place during any part of the day but does not provide 24-hour care.
- **Caregiver Education and Training:** These services include access to a resource library, informational services, support groups, seminars and focus groups, individual or group counseling, and education services for workers and caregivers.
- **Chore Maintenance:** Chore maintenance allows a heavy-duty level of cleaning to create a healthy environment in the veteran's home. This may include

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removing trash and debris, heavy cleaning (e.g., scrubbing floors, washing walls, washing outside windows), moving heavy furniture, yard clean-up, and walkway maintenance and repair.

- **Electronic Monitoring:** This service installs room monitors that can allow for remote monitoring to improve communication between the veteran and their workers or caregivers. These may include motion monitors and other monitor services not otherwise covered by the VA or other insurance programs.
- **Homemaking and Personal Care:** Homemaking services include but are not limited to laundry, sweeping and mopping floors, dusting, changing linens, cleaning the bathroom (e.g., toilet, tubs/showers, sinks, floors), cleaning the kitchen (e.g., loading/unloading the dishwasher, handwashing dishes, washing countertops, sinks, floors, and stovetops), preparing meals, home management, and escort services. Personal care services include assistance with ADLs (e.g., bathing, dressing, feeding, mobility), providing reminders for medication, or physically guiding.
- **Individually Identified Services Necessary for Independent Living:** These services are not covered by traditional VA or other resources but are deemed to be necessary for the veteran to remain independent with the best quality of life.
- **Individually Identified Goods Necessary for Independent Living:** These goods are not covered by traditional VA or other resources but are deemed to be necessary for the veteran to remain independent with the best quality of life.
- **In-Home Respite Care:** Respite care provides short-term breaks that relieve stress, restore energy, and promote balance for workers and caregivers. With in-home respite care, the veteran can remain in their own home and continue to receive care there while the worker or caregiver takes their break.
- **Safety Services:** These services may include a Personal Emergency Response System or a combination key box for the door, which keeps a key available for easy access to the veteran's home by emergency personnel. Safety services may also include a home safety evaluation by a professional to ensure the safety of travel paths and what durable medical equipment may create a safer environment.
- **Shopping or Running Errands:** This is shopping performed by the worker or caregiver, with or without veteran being present. If the caregiver uses veteran's private vehicle, no mileage is paid. If the caregiver uses their own private vehicle for travel, mileage and travel may be reimbursed as agreed upon between the veteran and caregiver.

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- **Transportation:** This is specialized transportation required for the veteran to go to socialization support or medical support activities with the designated caregiver; the caregiver may be reimbursed as agreed upon. Transportation assistance may also include an escort if necessary to use regular, rather than specialized, vehicular transportation.

3121.3 HOME CARE AGENCY SERVICES

Generally, veterans enrolled in the VDC program cannot use home care agencies for personal care services. Veterans should use the VA Homemaker and Home Health Aide (H/HHa) program, which is available through all VAMCs.

However, limited exceptions allow veterans to temporarily use home care agencies in the following situations:

- The veteran needs temporary support (up to 90 calendar days) after enrollment.
- The veteran requires planned or emergency respite care.
- The veteran's care needs are best met through a self-directed model, but they have been unable to hire workers despite reasonable efforts.
- The veteran requires agency services for only a small portion of their overall care, while most services are provided through directly hired employees.
- The veteran's geographic location requires the use of a private home care agency.

If an exception is requested, the NVCC case manager must consult with the VA Central Office's (VACO) Geriatrics and Extended Care (GEC) team before authorizing the use of traditional agency care under the VDC program.

VAMCs will only permit agency services in rare circumstances and require justification before approval.

3121.4 PURCHASED GOODS AND SERVICES

Veterans participating in the VDC Program may use a portion of their approved monthly service budget to purchase goods and services that support their independence, health, and safety. These purchases may include services provided by individuals or businesses that are not hired as employees through the FMS provider but are instead paid as independent vendors or contractors. All independent vendor or contract services must be identified as necessary through the veteran's person-centered needs assessment, included in the veteran's approved spending plan, and aligned with the goals of the VDC program and VA guidance.

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The NVCC case manager is responsible for identifying the need for purchased goods and services during the assessment process. The need must be tied to the veteran's functional goals or needs, such as mobility, hygiene, or safety, and a clear justification must be included in the case record. The proposed goods or services must be included in the veteran's spending plan, detailing the type of service, frequency, estimated cost, and provider (if known). The spending plan must then be submitted to the VAMC for approval. The NVCC case manager must verify that the service is not duplicative of other VA-covered benefits and must wait for VAMC approval before proceeding.

Once the service is approved, the FMS provider will process payment to the vendor. This may include issuing a check or direct payment to the provider based on an invoice or reimbursing the veteran for an out-of-pocket expense if pre-approved. All receipts or invoices must be submitted and a copy retained in the veteran's case record for documentation purposes.

The NVCC case manager is responsible for ongoing monitoring of the service. They must review invoices and spending records to ensure they align with the approved spending plan. Any changes to the service's scope, frequency, or provider require an updated spending plan and approval from the VAMC. Misuse of funds or non-compliance with this procedure must be reported to ADSD and addressed in accordance with this policy manual.

3122 INITIATING SERVICES

Once the spending plan is approved, the veteran is responsible for coordinating and organizing with support from their NVCC case manager the necessary services, support, and goods, as well as training and managing the individuals providing those services.

3122.1 HIRING SERVICE PROVIDERS

Veterans participating in the VDC program have the right to hire, train, and manage their own employees to provide services. All hires must be within the financial limits of the veterans approved spending plan. Veterans are responsible for following all applicable federal, state, and local labor laws including minimum wage requirements. The average VDC employee rate typically ranges from \$15.00 – \$21.00 per hour (excluding employer tax costs); however, veterans may establish higher rates if necessary to meet their personal care needs, provided sufficient funds are available in their spending plan.

Veterans are responsible for:

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- Recruiting and interviewing candidates with assistance from the NVCC case manager (if needed);
- Ensuring all hired employees are legally authorized to work in the United States; and
- Ensuring that their AR is not selected as a paid worker under this program.

3122.2 MINIMUM REQUIREMENTS

All individual providers hired as employees must meet the following minimum requirements:

- At least 18 years of age or older;
- Legally eligible to work in the United States; and
- Certified in First Aid/CPR (as requested by the veteran).

Family members, including spouses, are eligible to be hired by the veteran if they meet the minimum criteria listed above. Employees may not act as the AR.

3123 BACKGROUND CHECKS

To ensure the safety and well-being of veterans participating in the VDC program, ADSD requires background checks on all prospective VDC employees prior to employment. The background check must be initiated as part of the employee enrollment process and must be completed before services begin.

The veteran, as the employer of record, is ultimately responsible for hiring decisions. However, the background check process is coordinated in partnership with the FMS provider and ADSD to ensure timely, consistent, and informed decision-making.

3123.1 CONDUCTING THE BACKGROUND CHECK

Veterans have the option to conduct background checks through two (2) primary methods. Veterans are strongly encouraged to use the FMS provider to ensure uniformity, speed, and proper documentation offering a streamlined and expedited process, often producing results within a week.

Alternatively, veterans may coordinate a background check through a local law enforcement agency, such as a sheriff's department. This alternative method may be subject to longer processing times and may vary across jurisdictions.

The background check process includes, but is not limited to:

- A state-level or federal fingerprint background check.

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- A search of the National Sex Offender Registry.
- A review of professional and occupational registries, as applicable.

3123.2 CONSENT AND DISCLOSURE

Before conducting a background check, the candidate must complete and sign a Background Check Release of Information form provided by the FMS provider. This form authorizes the background check and permits the results to be shared with the veteran for informed hiring, the FMS provider for processing and compliance, and ADSD staff as needed for oversight or in cases involving risk mitigation. If the candidate refuses to sign the release, they are ineligible for employment under the VDC program.

3123.3 BACKGROUND CHECK RESULTS

Upon completion of the background check, results are reviewed and confidentially provided to the veteran. The NVCC case manager, ADSD, or the VAMC will assist in interpreting the results and determining next steps. The veteran retains the right to make the final hiring decision, except when disqualifying findings prohibit employment by federal or state law.

If the background check identifies any findings, a structured discussion between the veteran, AR (if applicable) and the NVCC case manager will be scheduled within two (2) business days. Discussion topics must include:

- The nature of the findings;
- Whether they are disqualifying;
- Non-disqualifying concerns (if any);
- Potential risks involved; and
- Options for risk mitigation, if applicable.

Findings that are not disqualifying but may raise health or safety concerns (e.g., non-violent misdemeanors, prior substance use) must be reviewed carefully. In such cases, the NVCC case manager will assist the veteran in applying a Risk Mitigation Strategy.

If an employee does not pass the background check, the VDC Program Coordinator and the veteran must be informed.

Should the veteran choose to hire an employee despite concerns, they must sign an Informed Risk Agreement or Waiver as provided by the VAMC. Additionally, the veteran will develop a risk management plan with their NVCC case manager, which will be monitored and updated as needed during onsite visits throughout the year.

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Candidates with convictions legally prohibiting employment in home or community-based settings are automatically ineligible to work under the VDC program. These convictions include but are not limited to violent crimes, abuse, neglect, or exploitation,

3123.4 RISK MITIGATION STRATEGY

When non-disqualifying findings are present, the veteran may choose to move forward with hiring the employee if appropriate risk mitigation measures are agreed upon and documented. Strategies may include:

- Enhanced supervision by the veteran or family member.
- Limiting the scope of tasks assigned (e.g., avoiding financial handling).
- Regular check-ins by the NVCC case manager.
- Worker participation in additional training or compliance checks.

The agreed-upon mitigation plan must be documented in the veteran's record and reviewed regularly to ensure it is being followed appropriately.

3124 EMPLOYMENT AND PAYROLL PROCESSES

The veteran and/or AR serves as the employer of record. As such, they are responsible for recruiting, selecting, and training their employees, as well as setting schedules, determining pay within allowable wage ranges, and verifying timesheets for payment.

The NVCC case manager supports this process through the spending plan and providing technical assistance to the veteran. The FMS provider is responsible for processing all employer and employee enrollment paperwork, conducting background checks, managing payroll and tax filings, issuing W-2s, and billing ADSD for services provided.

3124.1 ENROLLMENT AND HIRING PROCESS

To begin the employment process, the veteran must first enroll as a Domestic Employer with the Internal Revenue Service (IRS). This includes obtaining a Federal Employment Identification Number (FEIN) using [IRS Form SS-4](#). Veterans who previously served as employers through another Fiscal Agent may reuse their existing FEIN, provided they also complete the required forms, including the [SS-4](#) and [2678](#). If a veteran has an EIN related to a business, they must first consult with the FMS provider to determine whether that EIN can be used for the VDC program.

Once the veteran is enrolled as an employer, they may recruit and select a worker to be enrolled under the program. The enrollment packet for employees includes a completed [I-9](#), [W-4](#), background check authorization, and all other required government forms.

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Documents must be accurate, including physical addresses (not P.O. Boxes) and be free of white-out or corrections. Completed packets are submitted via encrypted email to the FMS provider with “NV VDC” in the subject line.

The FMS provider will process completed enrollment packets as soon as administratively possible but not to exceed four (4) business days, depending on the accuracy of documents and the completion of the background check.

Once all documentation is reviewed and approved, the FMS provider issues an email with a “Good to Go” (GTG) subject line as confirmation and GTG date. Employees may not begin working until the GTG status is received. The GTG date also serves as the official program start date for new participants.

If the veteran elects to they may use the Employment Agreement (VDC-CM-02) to establish expectations and roles and responsibilities of the employee. This is not a required form but serves as a tool to promote employer/employee relationship between the Veteran and their employees. The NVCC CM and the Veteran will go over the Employment Agreement (VDC-CM-02) with the employee prior to the start of services. The agreement identifies the job duties, work schedule and agreed upon rate of pay between the veteran and the employee.

3124.2 PAYROLL AND TIMESHEET PROCESSING

After receiving GTG status, the employee may begin submitting time for services rendered. Time can be entered through the FMS provider’s portal (e.g., [DCI web portal](#) or the DCI EVV mobile app), or traditional paper timesheets, depending on the veteran’s selected tracking method. The FMS provider processes payroll, administers all necessary tax filings, and distributes paychecks directly to the employee.

Veterans are responsible for reviewing and approving submitted time. Both employees and employers (veteran/AR) may edit or reject time entries if errors are identified, including adjustments to clock-in and clock-out times. All time must be submitted and approved within 21 calendar days of the service date to ensure timely and accurate processing.

To ensure timely payment, it is critical that employees submit complete and accurate timesheets, and that veterans approve submitted time in a timely manner. Errors or delays in timesheet submission or approval can result in delayed payroll processing. Veterans and employees should work closely with the FMS provider and their NVCC case manager to resolve any discrepancies quickly.

3124.3 OVERTIME AND EXEMPTIONS

Overtime compensation is allowed only when authorized and if the employee is eligible. Overtime is defined as any hours worked beyond eight (8) hours in a 24-hour period.

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Veterans with employees who qualify for live-in exemptions (meaning the employee resides full-time in the same household as the veteran, such as a spouse or family member) must complete a Live-In Exemption Form provided by the FMS provider during the enrollment process. This form exempts the employee from overtime pay. If unauthorized overtime is accrued, the employee must repay it through an agreement with the FMS provider.

3125 MONITORING AND FOLLOW UP

The NVCC case manager must maintain regular contact with the veteran or their AR. This is completed through monthly contacts and quarterly face-to-face visits.

3125.1 MONITORING ACTIVITIES

During monthly and quarterly monitoring contacts, the NVCC case manager must observe and discuss with the veteran and/or their AR any changes in:

- The veteran's health status;
- Potential caregiver burnout;
- Signs or complaints of neglect or abuse by a caregiver or employee;
- Service delivery are aligned with the veteran's goals;
- Whether the veteran's spending plan meets their needs and any desired changes; and
- Additional services and support outside of the VDC program that could help the veteran maintain their independence.

Each interaction between the NVCC case manager and the veteran or AR must be documented in the case management system. Documentation must include the date and method of contact, individuals present, topics discussed, any observations or concerns, actions taken, and plans for follow-up when applicable.

All case notes must be entered into the system within two (2) business days of the interaction. The NVCC case manager is also responsible for ensuring that all documentation is complete and available for review, as it serves as verification that required monitoring activities have occurred.

3125.1.1 QUARTERLY ASSESSMENT

NVCC case managers are required to complete the Quarterly Assessment Form (VDC-CM-03) during each scheduled quarterly visit. This form serves as a structured tool to document client status, service delivery, and any changes in needs or circumstances.

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The completed form and any associated case notes must be uploaded to the veteran record within two (2) business days of the visit.

If necessary, ADSD and the VAMC may conduct joint meetings with the veteran and their family or primary caregiver to ensure that services are delivered as intended and that the veteran's needs are being met.

3126 MANAGING SPENDING

ADSD is responsible for monitoring veteran spending and establishing a clear process for addressing over or underutilization of program funds. Proper management of the spending plan ensures program integrity, prevents misuse of funds, and supports the veteran in achieving their care goals within the allocated budget. The NVCC case manager supports the veteran in managing their spending plan and provides education and technical assistance when budget variances are identified. Overspending may require corrective action, while significant underspending may prompt a reassessment of the veteran's needs.

3126.1 OVERSPENDING AUTHORIZED BUDGET

Veterans who overspend their authorized budget may be subject to a progressive notification process. The veteran is provided an Educational Spending Notice (VDC-CM-04) and the NVCC case manager may meet with the veteran (if necessary) to review the spending plan, explain the importance of staying within budget, and discuss the consequences of continued overspending. If overspending continues, ADSD issues a Notice of Decision, Non-compliance (VDC-CM-05) reviewing the spending plan and may include recommending the appointment of an AR to support financial management.

Persistent overspending will result in a Notice of Decision, Non-Compliance Escalation Notice (VDC-CM-06) which notifies the veteran of a required interagency meeting with ADSD, the NVCC case manager, the veteran, and the VAMC program coordinator to evaluate continued program participation.

3126.2 CHRONIC UNDERSPENDING AUTHORIZED BUDGET

For cases of chronic underspending, the NVCC case manager will initiate a formal review to determine if the current spending plan meets the veteran's needs or if adjustments are warranted. All spending concerns, notices, and interventions must be documented in the case management system within two (2) business days. For information on compliance monitoring, documentation requirements, and the formal corrective action process, refer to [manual section 3151.1, Corrective Action Plan](#).

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3127 ANNUAL REVIEW

The NVCC case manager must conduct reassessments annually or as needed based on:

- Changes in the veteran's condition;
- A new service authorization request; or
- Any concerns regarding the veteran's safety, well-being, or service utilization.

The NVCC case manager is required to conduct reassessments and collaborate with the veteran to develop service plans annually, or semi-annually during the first year.

3128 DISENROLLMENT

Veterans may voluntarily disenroll from the program at any time by notifying their NVCC case manager and the VAMC. The NVCC case manager, in consultation with the VAMC may decide to involuntarily disenroll a veteran for several reasons (not all inclusive):

- Inability to manage their services and the unwillingness or inability to designate an AR (see [manual section 3113.2, Authorized Representative](#));
- Fraudulent use of VDC funds; and/or
- Compelling health or safety concerns leading to poor health outcomes, such as multiple preventable emergency room visits or hospitalizations.

3128.1 NOTIFICATION OF DISENROLLMENT

All involuntary disenrollment decisions must be documented. Once a decision is made, the VAMC must immediately send a written notice to the veteran detailing the date of termination and the reason for disenrollment. A copy of the notice must be retained by ADSD, the NVCC case manager, and the VAMC.

Following disenrollment, the NVCC case manager and the VAMC must work with the veteran to develop a transition plan to alternative services.

3130 INDIVIDUAL RIGHTS AND APPEALS

Veterans enrolled in the VDC program have the right to:

- Be treated with dignity and respect.
- Make choices about how their care is provided.
- Hire, manage, and dismiss their own employees.

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- Be free from abuse, neglect, exploitation, and retaliation.
- Be informed of their rights and responsibilities.
- File a complaint or appeal without fear of negative consequences.

ADSD is committed to protecting these rights and ensuring veterans receive person-centered services in a safe and supportive environment. All veterans will receive a copy of their rights and responsibilities in the Veteran Handbook (VDC-EI-01).

3131 COMPLAINTS

It is the policy of ADSD that all complaints are addressed in a timely manner that ensures the health and safety of veterans receiving services through NVCC Resource Center.

Complaints should be addressed at the lowest level possible, starting with their NVCC case manager. If a veteran has a concern or complaint about any part of their services, the NVCC case manager will listen and may schedule a time to meet with the veteran to better understand the concern. The veteran can choose to have a trusted support person join the discussion, such as an AR, family member, employee, or staff from the VAMC.

If the concern is not resolved with the NVCC case manager, the complaint will be referred to ADSD. ADSD will investigate the concern and/or complaint to identify appropriate resolution or next steps within 15 business days of receipt of the complaint following ADSD administrative policy on Participant Rights and Complaints .

If the veteran is not satisfied with the recommended resolution from ADSD, the complaint will be escalated to VAMC staff within 10 business days of notification. The VAMC will facilitate between all parties to reach a resolution.

ADSD will make every effort to support the veteran's rights while working with the VAMC and program partners to resolve concerns promptly and respectfully.

3131.1 APPEALS

The veteran has the right to appeal all decisions. Appeals are reviewed and responded to following the ADSD administrative policy on Participant Rights and Complaints.

3140 ELECTRONIC RECORDS

3140.1 VETERAN RECORD

The veteran record is the digital file created and maintained securely by both ADSD and the NVCC Resource Center. It's important to note that while ADSD utilizes Microsoft for

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managing these records, the NVCC Resource Center may employ a different digital file format to maintain their veteran records.

3140.2 CASE MANAGEMENT SYSTEM

The case management system encompasses the various tools and software that NVCC case managers employ to track, update, and manage the veteran records effectively.

3141 DOCUMENTATION REQUIREMENTS

All program records must be entered into the case management system and stored in the veteran's record. Required documentation includes, but is not limited to:

- Intake assessments and reassessments.
- Approved spending plans and any revisions.
- Signed overtime waivers.
- Monthly case management contact notes.
- The FMS provider & ADSD monthly spending reports.
- ADSD reconciliation sheets.
- Invoices submitted to the VA.
- Payment confirmations from the VA electronic claims management system ([eCAMS](#)).
- Any correspondence related to billing, eligibility, or service delivery.
- Appeals documentation or notices of action.

3142 SECURITY AND CONFIDENTIALITY

All electronic records must be maintained in secure systems. All ADSD, NVCC case managers, VAMC and employees of the veteran are prohibited from downloading, printing, or transmitting any personal identifiable information (PII) or protected health information (PHI) through unauthorized channels.

ADSD follows strict guidelines for data security. All ADSD staff accessing VDC records must complete required confidentiality and cybersecurity training prior to accessing program records.

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3143 RECORD RETENTION AND ARCHIVING

All ADSD VDC program records are retained in accordance with the State of Nevada's records retention schedule. Generally, active ADSD case files must remain accessible for the duration of the veteran's participation. Records must be archived or purged in accordance with [NAC 239.722](#).

3150 QUALITY ASSURANCE AND COMPLIANCE

ADSD is committed to maintaining a high standard of service delivery, program integrity, and accountability. This section outlines the framework for quality assurance (QA) and compliance monitoring within Nevada's VDC program. QA activities ensure that veterans receive authorized services, financial resources are used appropriately, and all program participants adhere to applicable regulations and policies.

3150.1 OVERSIGHT RESPONSIBILITIES

ADSD oversees the operational implementation of the VDC program in collaboration with the NVCC case managers and the VAMC. Each entity plays a defined role in monitoring compliance and ensuring quality:

- ADSD is responsible for fiscal monitoring, auditing, policy enforcement, and coordinating system-wide corrective actions.
- NVCC case managers monitor service delivery, verify that services align with the spending plan, and assist veterans in maintaining program compliance.
- The VAMC ensures the veteran's eligibility and coordinates communication between ADSD and the VA regarding budget authorizations and continued participation.

3150.2 QUALITY ASSURANCE ACTIVITIES

ADSD implements a range of quality assurance measures to ensure fidelity to program requirements, including:

- Complete quarterly client satisfaction surveys to gather client feedback for program improvement.
- Periodic case file reviews verify that spending aligns with the approved spending plan and that required documentation (e.g., spending plan, signed forms) are complete and current.
- Monitoring of timesheet submissions, spending patterns, and budget utilization to detect anomalies or potential fraud, waste, or abuse.

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- Verification of timely enrollment processes, background check completion, and compliance with timesheet approval and payroll procedures.
- Quarterly program data reviews in collaboration with the NVCC case managers and the VAMC to identify trends, gaps, and areas for improvement.

3151 COMPLIANCE MONITORING

When a potential compliance issue is identified (e.g., overspending, delayed timesheet approvals, unauthorized workers, or missing documentation) ADSD initiates a review and may implement a Corrective Action Plan (CAP) (VDC-QA-01).

3151.1 CORRECTIVE ACTION PLAN

The CAP outlines the issue, required corrective steps, responsible parties, and follow-up timelines. ADSD tracks resolution and provides technical assistance as needed.

Non-compliance may also result in the issuance of a formal notice to the veteran or AR.

Progressive actions may include:

- **Education:** Clarifying program requirements and offering corrective guidance.
- **Non-Compliance Notices:** Issued when repeated issues occur, often recommending additional support such as the appointment of an AR.
- **Collaborative Meetings:** Required when significant or ongoing non-compliance poses a risk to program integrity. These meetings may involve ADSD, the NVCC case manager, the veteran, and the VAMC Program Coordinator to determine next steps, including possible program discontinuation.

3151.2 DOCUMENTATION AND REPORTING

All QA and compliance actions must be documented in the veteran's case record. This includes:

- Records of file reviews and findings;
- Communications with the veteran and team members;
- Copies of any letters issued;
- Notes from collaborative meetings; and
- Documentation of corrective actions taken and resolution status.

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3151.3 PROGRAM IMPROVEMENT AND FEEDBACK

ADSD encourages a continuous improvement approach. Input from NVCC case managers, veterans, caregivers, and the VAMC is welcomed and used to refine program operations. Lessons learned from QA reviews, participant complaints, and corrective action outcomes contribute to ADSD's annual evaluation and program planning process.

3155 SERIOUS OCCURRENCE REPORTING

All State of Nevada employees, contracted community service providers, NVCC and VAMC staff are mandated reporters required by law to report any known or reasonable suspicion of abuse and/or neglect of people in their care ([NRS 200.5093](#)).

NVCC case managers are responsible for identifying and reporting any serious occurrences involving veterans enrolled in the VDC program. A serious occurrence is any incident or event that may compromise the health, safety, or well-being of the veteran, or that may have legal, ethical, or programmatic implications.

3155.1 SERIOUS OCCURRENCE

A serious occurrence may include, but is not limited to, the following:

- Hospitalization due to an accident, injury, or unexplained medical event due to care.
- Abuse, neglect, or exploitation of the veteran by a worker or caregiver.
- Death of the veteran.
- Legal involvement or criminal activity affecting care or the care environment.
- Missing person reports or instances where the veteran cannot be located.
- Natural disasters or emergencies that result in displacement or interruption of services.
- Any event requiring emergency response or that jeopardizes the safety of the veteran or others.

3155.2 HOSPITALIZATION

When a veteran is hospitalized the NVCC case manager must notify both ADSD and the VAMC via phone and/or encrypted email immediately but not to exceed one (1) business day. Upon notification, ADSD staff will contact the FMS provider to place a hold on the veteran's account, ensuring that no hours are entered during the hospitalization period.

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Upon notification of the veteran's discharge, the NVCC case manager will notify ADSD and the VAMC. Notification will not exceed one (1) business day. The ADSD staff member will inform the FMS provider to lift the hold on the account immediately, but not to exceed one (1) business day.

When a veteran enrolled in VDC resides in a long-term care facility, hospitalization may occur and the VDCs program role is limited to coordinating services when the veteran returns. While the VDC program does not oversee hospital discharge practices, the NVCC case manager must refer the veteran to the Nevada Long Term Care Ombudsman Program (LTCOP) if the facility refuses readmission, attempts to discharge the veteran while they are hospitalized, or issues an inappropriate or unsafe discharge notice. In these situations, the LTCOP Ombudsman is the designated authority to address facility-based transfer and discharge rights, while the NVCC case manager ensures the spending plan and services resume appropriately upon the veterans return.

3155.3 REPORTING PROCESS AND TIMELINES

When a serious occurrence of abuse, neglect, exploitation, or abandonment, is reported or identified, the NVCC case manager is required to report the incident to Adult Protective Services immediately but no later than 24 hours after becoming aware of the situation.

Within one (1) business day of becoming aware of the situation, the NVCC case manager must also notify both ADSD staff and the VAMC, using either phone or secure encrypted email.

A Serious Occurrence Report (SOR) (VDC-QA-02) must then be completed and uploaded to the designated electronic system of record within 72 hours. The SOR must outline the nature of the incident, actions taken, individuals involved, communications between ADSD, the NVCC case manager, the VAMC and the veteran, and any immediate resolutions, changes to the spending plan or ongoing concerns. As new information emerges or corrective measures are implemented, the NVCC case manager is responsible for providing timely updates to both ADSD and the VAMC.

In cases where there is suspicion that a veteran's employee is a perpetrator of abuse against the veteran, the NVCC case manager must notify ADSD and the VAMC following the timelines above to place the veteran's account on hold.

The NVCC case manager is also responsible for ensuring that the veteran's AR (if applicable) is informed and involved in any resulting decisions or planning efforts.

3155.4 QUALITY REVIEW AND FOLLOW-UP

ADSD will review all serious occurrence reports for patterns, quality assurance, and opportunities for program improvement. If systemic risks or issues are identified, ADSD

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will work with the VAMC and NVCC Resource Centers to implement corrective action plans or policy modifications as necessary.

3160 PROVIDER INFORMATION (RESERVED)

3170 BILLING AND FISCAL MANAGEMENT

Billing and fiscal management in the VDC program ensures the responsible use of federal funds, adherence to authorization guidelines set by the VAMC, and timely reimbursement for services provided to enrolled veterans.

ADSD is responsible for overseeing all financial operations including documentation, claim processing, payment verification, and coordination with the FMS provider. In collaboration with subrecipients and case management partners, ADSD ensures that billing practices align with the veteran's authorized budget, comply with federal and state regulations, and reflect actual service delivery.

All billing must be supported by accurate documentation and submitted in a timely manner to avoid delays in reimbursement or the risk of claim denial by the VA. The following subsections outline the reimbursement methodology, reporting requirements, claim documentation procedures, and protocols for managing overpayments.

3171 MONTHLY SPENDING REPORTS

The Monthly Spending Report (MSR) is the core financial tracking document used by ADSD to confirm spending activity and initiate claim submissions for the VDC program. Generated by the FMS provider, the MSR details actual expenditures incurred by the veteran during the reporting month, including payments to employees, purchase of goods and services, and administrative fees. This report must align with the approved spending plan and the veteran's assigned [case-mix daily rate](#) defined by the ACL in the billing guide to ensure that spending remains within the authorized monthly budget.

The MSRs are due no later than 30 calendar days following the last day of the month. Timely submission of these reports is critical, as they serve as the foundation for all claims billed through Office Ally, the ADSD contracted claims data system for VDC. Any delay in submission may result in delayed reimbursement, and no claim can be processed until the MSR has been reviewed and verified by ADSD fiscal and program staff. The MSR must contain accurate service dates, total expenditures, and a complete reconciliation of services provided. If errors or inconsistencies are identified, the MSR will be returned to the FMS provider for correction prior to billing.

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All MSRs, along with relevant supporting documentation such as receipts or timecards, must be retained in the veteran's record and made available upon request for audit or review. Accurate MSRs also ensure compliance with the 180-day billing window established by the VAMC under the VCA program. Any services not billed within 180 calendar days of the service date are not eligible for reimbursement.

3172 COVERED SERVICES FOR REIMBURSEMENT

3172.1 ADMINISTRATIVE FEES

The administrative fee is the cost of program management and fiscal oversight provided by ADSD and its partners. This fee is determined using case mix tools established by the ACL through the No Wrong Door (NWD) program and the rates may vary. The monthly administrative fee is not billed separately. It is included in the veteran's authorized daily VDC rate (see [manual section 3174, Reimbursement Rates](#)) and is incorporated into the overall Monthly Spending Report (MSR) submitted for claim processing.

3172.2 ASSESSMENTS FEES

Assessment fees are determined annually by the ACL as a part of the [Case Mix Rate Calculator](#). Assessment fees are authorized by the VAMC when a veteran is referred to the VDC program. A full assessment fee may be billed when a veteran enrolls in the VDC program after the needs assessment has been conducted by the NVCC case manager.

Following the needs assessment, if the veteran chooses not to enroll, a partial assessment fee is allowed, and the ADSD will invoice the VAMC this fee.

The specific fee type and billing authorization are identified in the veteran's referral documentation, which is maintained in the veteran's ADSD record. This includes the VAMC referral form and any supporting documentation.

Assessment fees must be billed during the same month the assessment occurs. For example, if an assessment is conducted in April, the corresponding billing must be submitted within the April service month to remain in compliance with VA guidance.

3172.3 GOODS AND SERVICES

The purchase of goods and services must meet several criteria and must align with the needs, goals, and outcomes in the veteran's spending plan. Goods must:

- Improve the veteran's ability to remain safe at home;

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- Support the veteran's ADL and IADL needs (see [manual section 3114, Eligibility Criteria](#));
- Enhance community inclusion and family involvement;
- Increase independence and safety; and/or
- Provide education for employees to support the veteran.

If these criteria are met, expenditures may be approved. Additionally, the purchase must be the least costly alternative that reasonably meets the veteran's identified needs.

3172.4 PAYMENT FOR BACKGROUND CHECK

Background checks are paid for from the veteran's spending plan budget per the [ACL](#). The NVCC case manager will discuss the expense with the veteran and include it in their spending plan.

3173 NON-REIMBURSEABLE SERVICES OR COSTS

Veterans may not use their monthly budgets for:

- Services already covered by insurance (VA, Medicaid, Medicare, etc.);
- Personal care activities not allowed to be delivered (e.g., Bed Baths/perineal care, occupied bed changes, medication administration, wound care, passive range of motion exercises, crutch ambulation, nail care of diabetic clients);
- Personal entertainment;
- Recreational or vacation related services;
- Days without service delivery, even if the veteran is enrolled;
- Services that benefit household members other than the enrolled veteran; or
- Any service not approved in the spending plan.

3174 REIMBURSEMENT RATES

The VA reimburses ADSD monthly for each veteran based on actual service utilization.

The Daily VDC Rate is calculated as follows:

$$\text{Daily Rate} = (\text{Total Monthly Veteran Spending} + \text{Monthly Administrative Fee}) \% (\text{Number of Unique Days Services Were Provided in the Month})$$

ADSD may only invoice the VA for the days on which the veteran actually received authorized care through the VDC program. The monthly amount submitted for

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reimbursement must reflect the veteran's total spending during those days (including payroll and other spending plan expenses), as well as the standard monthly administrative fee associated with program operations. Only days on which direct services were delivered by the veteran's employee(s), as processed through the FMS provider may be counted toward the reimbursement calculation.

Each veteran will have a unique daily rate each month, depending on their spending plan utilization. It is the responsibility of ADSD program and fiscal staff to verify this calculation in the MSR and ensure the invoice submitted via Office Ally and reconciled in encamps reflects this rate accurately.

NVCC resource centers are reimbursed based on the provider rates found on the [ADSD webpage](#).

3175 DOCUMENTATION FOR CLAIMS

All claims submitted to the VAMC must be fully supported by detailed and accurate documentation that reflects services rendered during the billing period. The primary source of this documentation is the MSR, which captures actual spending against the approved budget. Supporting documents may include signed time records, receipts for goods and services, payroll information, service delivery logs, and any additional documentation required to verify that expenditures are allowable and authorized under the veteran's spending plan.

Before a claim is submitted, ADSD fiscal staff review the MSR and all accompanying documentation for accuracy and consistency. Discrepancies such as unapproved purchases, overages beyond the daily rate, or missing records must be resolved before proceeding with claim entry. Proper documentation ensures transparency, compliance with federal billing rules, and the ability to respond to audit requests. These records must be stored securely in the veteran's record and retained in accordance with ADSD's records retention policies.

3176 CLAIM PROCEDURES

Once an MSR is verified and approved, ADSD enters the corresponding claim in the Office Ally claims system as required by the VAMC. Claim entry includes all required fields such as veteran identifiers, dates of service, authorization codes, diagnosis codes if applicable, and total claimed amounts. The information input must match the MSR exactly to avoid rejection.

After submission, ADSD monitors the claim status in Office Ally and eCAMS. Claims should be submitted as soon as the MSR is validated, ideally within 30 days of the service month, and must never exceed the 180-day deadline set by the VAMC. In cases

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where corrections are needed after claim submission, ADSD follows the void-and-resubmit process in Office Ally, the [VDC Billing Guide](#) and ensures accurate resubmission of all corrected claims.

3177 PAYMENT OF CLAIMS

Upon submission of a claim, ADSD tracks the claim status through the eCAMS system to verify payment. Once payment is confirmed, ADSD updates the internal fiscal tracking spreadsheet and reconciles payments with the MSR.

Payment delays, denials, or discrepancies are documented and followed up with the appropriate VA billing contact or Office Ally support as needed.

ADSD fiscal and program staff ensure that all incoming payments are correctly attributed to the corresponding service month and that any anomalies are addressed promptly.

3178 OVERPAYMENTS AND RECOVERY

If ADSD identifies an overpayment resulting from inaccurate billing, duplicate claims, unauthorized services, or retroactive changes to a veteran's spending plan or case-mix rate, a recovery process is initiated. Overpayments must be documented and reconciled through ADSD's fiscal tracking system. If payment has already been received from the VA, ADSD will work to void the claim or issue a refund as appropriately, based on VA billing protocols.

In some cases, overpayments may result from services delivered more than the authorized daily rate, delayed changes in veteran status, or non-compliance with the spending plan. ADSD works with the FMS provider, the NVCC case manager, and if necessary, the veteran, to determine the source of the overpayment and implement corrective action.

Repeat occurrences or unresolved issues may be escalated for formal review or corrective intervention. Maintaining fiscal integrity and avoiding improper billing is essential to preserving the VDC program's compliance and funding.

3179 NVCC RESOURCE CENTER REIMBURSEMENT

NVCC Resource Centers that deliver VDC services are funded through a fixed-fee Notice of Subaward (NOSA). Before a NOSA is issued, each NVCC Resource Center must submit a budget along with goals and objectives that outline their planned service activities for the award period. Although the VDC is not a grant, the NOSA functions as ADSDs mechanism for reimbursing NVCC Resource Centers for approved service

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delivery under the VDC program. Payments are issued through a Request for Reimbursement (RFR) with required supporting documentation, including the VD-HCBS RFR Supporting Document. The NVCC manages the reimbursement process and oversees the NOSA-related activities to ensure consistency with state grant requirements.

This section does not outline all grant management or subaward administration requirements. NVCC resource centers must adhere to all state grant management guidelines. The NVCC Program Coordinator will follow standard operating procedures governing RFR processing, documentation standards, and general NOSA development and coordination activities.

3180 RESERVED

3190 RESERVED

3198 AUTHORITY

[ADMINISTRATION FOR COMMUNITY LIVING \(ACL\)](#)

[VETERANS HEALTH ADMINISTRATION](#)

[U.S. DEPARTMENT OF VETERANS AFFAIRS](#)

[38 CFR 17.4000](#) through [38 CFR 17.4040](#)

[NAC 227](#)

[NAC 239.722](#)

[NRS 200](#)

[NRS 232](#)

[NRS 353](#)

[NRS 417](#)

[NRS 427A](#)

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3199 ACRONYMS AND DEFINITIONS

Administration for Community Living (ACL): A federal agency under the U.S. Department of Health and Human Services that promotes independence for older adults and people with disabilities and supports programs like VDC.

Authorized Representative (AR): A person designated to assist a veteran in managing their care plan, directing services, and fulfilling employer responsibilities.

Case Manager (CM): A Nevada Care Connection Resource Center staff member who supports veterans with enrollment, assessments, spending plan development, and ongoing monitoring.

Corrective Action Plan (CAP): Structured plan that outlines how the veteran will fix identified, prevent and return to compliance problems identified to use of the spending plan.

Direct Care Innovations (DCI): The electronic system that is used by the FMS provider for timekeeping and payroll tracking.

Electronic Claims Management System (eCAMS): The VA's system that is used to verify claim payments and manage billing documentation.

Financial Management Services (FMS): A third-party entity that manages payroll, tax filings, background checks, and the Monthly Spending Report.

Good to Go (GTG): A confirmation issued by the FMS provider indicating that a worker is cleared to begin providing services.

HealthShare Referral Manager (HSRM): A system used by the VAMC to submit referrals to ADSD and NVCC case managers securely.

Monthly Spending Report (MSR): A monthly document created by VA National and generated by the FMS provider that details all spending activity for a veteran, used for billing and auditing purposes.

Nevada Care Connection (NVCC): A statewide system of resource centers that provide case management and options counseling.

Office of Community Living (OCL): The unit within ADSD provides programs and services to older adults and people with disabilities to remain in community-based settings of their choice.

Office Ally: The electronic clearinghouse used by ADSD to submit claims to the VA using the UB-04 form.

Request for Reimbursement (RFR): A request submitted by subrecipients to ADSD to receive payment for services provided to veterans.

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Saint Louis University Mental Status Exam (SLUMS): A tool used to assess cognitive function if requested by the VAMC.

Spending Plan (SP): A document outlining the services, supports, and goods that a veteran will purchase using their authorized budget.

Universal Claim Form (UB-04): The standard claim form used by ADSD to bill the VA for services delivered under the VDC program.

Veteran: Per [NRS 417.005](#), “veteran” means a resident of this State who:

1. Was regularly enlisted, drafted, inducted or commissioned in the:
 - a. Armed Forces of the United States and was accepted for and assigned to active duty in the Armed Forces of the United States.
 - b. National Guard or a reserve component of the Armed Forces of the United States and was accepted for and assigned to duty for a minimum of 6 continuous years; or
 - c. Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States and served in the capacity of a commissioned officer while on active duty in defense of the United States; and;
2. Was separated from such service under conditions other than dishonorable.

Department of Veterans Affairs (VA): The federal agency responsible for veteran health care services and funding the VDC program.

Veterans Affairs Medical Center (VAMC): The facility responsible for authorizing veterans into the VDC program and assigning budgets.

Veterans’ Health Administration Office of Geriatrics and Extended Care (GEC): The VA office that oversees long term care programs, including VDC, for aging veterans and those needing extended support services.

Veteran Care Agreement (VCA): A contract between ADSD and the VAMC that outlines responsibilities for billing and service delivery.

Veteran Directed Care (VDC): A self-directed service model that allows veterans to manage their own care, budgets, and caregivers with support from case management and FMS providers.