AGN. NO._____

MOTION BY SUPERVISOR HILDA L. SOLIS SEPTEMBER 29, 2026

Bringing the Veterans Directed Care Program to Los Angeles County

Since the founding of this nation, individuals who have served in the United States Armed Forces have returned home to communities such as Los Angeles County (County), where they pursue education, employment, and stability after their service. Veterans have relied not only on federal programs, but also on the strength of their local communities. Following major conflicts, local governments, non-profit organizations, and community partners have played a critical role in helping veterans secure housing, find work, access healthcare, and reintegrate into civilian life. This pattern has continued across generations, from the post-World War II era to the present, where veterans continue to face evolving challenges related to mental health, employment, and long-term stability.

The County is home to one of the largest veteran populations in the nation, with approximately 200,000 to 230,000 veterans residing across the County. Nearly three-quarters of veterans are age 55 and older, and approximately 45 to 50 percent are age 65 and older, driving increasing demand for community-based care options that support independence and dignity. In addition, veterans experience disproportionately high rates of disability. Approximately one in three veterans in the County live with a

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disability, with many conditions connected to their military service. Unfortunately, many continue to encounter barriers that impact their well-being. Some struggle to navigate complex benefit systems, others face housing instability, limited access to healthcare, or the lingering effects of service-related injuries, both visible and invisible. These challenges are not abstract; they are present in the lives of our neighbors, coworkers, and family members. These realities underscore the importance of flexible, person-centered care models that can adapt to individual needs and preferences.

Veterans are also geographically distributed across all five Supervisorial Districts, with significant concentrations in East Los Angeles, the Antelope Valley and northern regions, South Los Angeles and Gateway Cities, the San Fernando Valley, and the Westside and South Bay. This distribution highlights the need for a coordinated, countywide approach that ensures equitable access to services regardless of location.

In 2008, the Administration for Community Living (ACL), in partnership with the Veterans Health Administration (VHA), established the Veteran-Directed Care (VDC) program, which is a self-directed long-term service and supports model for veterans of all ages who are at risk of nursing home placement. Through VDC, eligible veterans enrolled through the VHA are authorized by a flexible, individualized budget that allows them to hire, schedule, and manage their own personal care services, including hiring family members where appropriate.

Under this model, the VHA retains responsibility for eligibility determination, clinical authorization, and budget approval. Local Aging Network providers, such as

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Area Agencies on Aging, deliver person-centered planning, options counseling, and ongoing support, while a Fiscal Management Service (FMS) entity administers payroll, purchasing, and financial management on behalf of the veteran.

The VDC model empowers veterans to direct their own care, promotes independence, and strengthens community-based alternatives to institutionalization. Bringing VDC to Los Angeles County presents an opportunity to partner with the VHA to expand access to self-directed care, community-based care while leveraging the County's Aging & Disabilities Department (AD), as the Area Agency on Aging for Planning and Service Area 19, and the Department of Military and Veterans Affairs (DMVA).

I, THEREFORE, MOVE that the Board of Supervisors direct the Aging and Disabilities Department (AD), in coordination with the Department of Military and Veterans Affairs (DMVA) and in consultation with the Chief Executive Office (CEO), to:

1. Engage with the Veterans Health Administration (VHA), including the Veterans Affairs Greater Los Angeles Healthcare System (VAGLAHS), to explore and pursue designation of AD as a Veteran-Directed Care (VDC) provider.
2. Assess the operational, staffing, and infrastructure requirements necessary to implement VDC in Los Angeles County, including:
    a. Person-centered planning and options counseling capacity;
    b. Coordination with a Fiscal Management Service (FMS) provider;
    c. Data sharing, privacy, and HIPAA compliance requirements;

d. Alignment with existing Aging Network and Aging and Disability Resource Connection/No Wrong Door systems; and

e. An analysis of potential federal funding sources and strategies to ensure the program can be supported without existing or new net County cost (NCC).

I, FURTHER, MOVE that the Board of Supervisors direct AD and DMVA, in coordination with the CEO, the CEO's Chief Information Officer (CEO-CIO), the County Office of Privacy, Auditor-Controller, and County Counsel, to identify and initiate all necessary administrative steps required to operationalize VDC, including, as applicable:

1. Obtaining a Type 2 Organizational National Provider Identifier (NPI) through the Centers for Medicare & Medicaid Services (CMS), to support billing, contracting, and federal program participation;
2. Ensuring compliance with the Health Insurance Portability and Accountability Act (HIPAA), including designation as a covered component of the County's hybrid entity, if applicable;
3. Establishing appropriate data-sharing agreements and privacy protections with the VHA and program partners;
4. Procuring or partnering with a qualified FMS provider to administer participant-directed budgets; and
5. Identifying any additional federal, State, or County administrative requirements necessary to implement the VDC program.

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I, FURTHER, MOVE that the Board of Supervisors authorize the Director of the Aging and Disabilities Department, or designee, in consultation with County Counsel and the CEO-CIO, as appropriate, to negotiate and execute, to the extent permitted by law, agreements or amendments with the Veterans Health Administration, Fiscal Management Service (FMS) providers, and other partners necessary to implement the VDC program, subject to Board and CEO notification requirements.

I, FURTHER, MOVE that the Board of Supervisors direct the Aging and Disabilities Department to submit an annual written report to the Board of Supervisors for the first three years of program implementation, that evaluates the program enrollment and demographics, veteran outcomes and satisfaction, service utilization and access, fiscal performance and overall effectiveness of the VDC model in supporting community-based living, including an analysis of funding strategies and cost-neutrality to ensure the program can be sustained without existing or new Net County Cost (NCC).

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