MISSION Act: Community Care Eligibility and Decision Support Tool Usage Training and Exercises

For Staff Scheduling VA Outpatient Appointments

May 2019
Resources

Key Resources

- Decision Support Tool YouTube FAQ and Demo: https://vaww.oit.va.gov/oit-topic-library/va-mission-act/decision-support-tool/Office of Community Care Field Guidebook
- https://vaww.vha.vaco.portal.va.gov/DUSHCC/DC/DO/CI/OCC_TGB/Pages/OCC%20TGB.aspx
- TMS Course 4508484 – Decision Support Tool (DST)
- TMS Course 4504997 – Eligibility
- 101 DST Sandbox: Enter a DST Sandbox URL into your Google Chrome Browser window. DST will not work in Internet Explorer.

10N Memo Role Overview Table Top Exercise 050619

DST User Guide

Patient #1:
https://dst-demo.va.gov/?dstID=a4d891ad-5d6c-4850-8e9a-bf442482059f

Patient #2:
https://dst-demo.va.gov/?dstID=96fb479a-55b2-4569-a252-4f39f74db260
Objectives

By the end of the training, the Medical Support Assistant should be able to understand:

- Understanding the MISSION Act in regards to Community Care
- How to calculate Community Care eligibility wait times
- The role of the Provider and the Medical Support Assistant in determining eligibility for community care
- How to use the Decision Support Tool, as well as other methods for checking eligibility for community care
- How wait time eligibility for community care differs from VHA Wait Time calculations
Regulatory Requirements

• VA Mission Act of 2018

Chapter One: Establishing Community Care Programs

TITLE I—CARING FOR OUR VETERANS

Sec. 100. Short title; references to title 38, United States Code.

Subtitle A—Developing an Integrated High-Performing Network

CHAPTER 1—ESTABLISHING COMMUNITY CARE PROGRAMS

Sec. 101. Establishment of Veterans Community Care Program.
Sec. 102. Authorization of agreements between Department of Veterans Affairs and non-Department providers.
Sec. 103. Conforming amendments for State veterans homes.
Sec. 104. Access standards and standards for quality.
Sec. 105. Access to walk-in care.
Sec. 106. Strategy regarding the Department of Veterans Affairs High-Performing Integrated Health Care Network.
Sec. 108. Prevention of certain health care providers from providing non-Department health care services to veterans.
Sec. 109. Remediation of medical service lines.

Regulatory Requirements


  Access Standards:
  - Based on drive time and appointment wait times.
  - Drive time proposed: Primary Care and Mental Health: 30-minute average drive time.
  - Specialty: 60-minute average drive time.
  - Wait time: Primary Care and Mental Health: 20 days from the date of the request.
  - Specialty: 28 days from the date of the request.
Overview of Community Care Eligibility

**Key Changes**

- There are now 6 eligibility criteria. Eligibility criteria for community care will be expanded and more straightforward. A key tenet of the new community care program is making eligibility details easy to understand; together with increased access to care and ease of program administration, this will enable Veterans and other stakeholders to make informed decisions and have greater ease in planning and accessing care. Decision Support Tool (DST) will automate and streamline eligibility determinations along with Enrollment System (ES) and the Computerized Patient Record System (CPRS). In order to ensure that eligibility determinations and scheduling activities are streamlined, OCC will implement a decision support tool that will automate, standardize, and document how VA staff make eligibility determinations for Veterans and schedule appointments for community care. Program staff will have the ability to view the VA average wait time for the service being requested but the DST does NOT determine wait time eligibility.
# Changes for Eligibility

<table>
<thead>
<tr>
<th>Category</th>
<th>Pre-MISSION</th>
<th>Post-MISSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility Criteria</td>
<td>Primarily administrative</td>
<td>Primarily clinically-driven</td>
</tr>
<tr>
<td>Tools</td>
<td>Manual</td>
<td>Partially automated</td>
</tr>
<tr>
<td>Hardship Determination</td>
<td>Administrative Veteran Choice List (VCL) process</td>
<td>Determinations made by VA provider</td>
</tr>
<tr>
<td>Eligibility Appeals</td>
<td>Administrative</td>
<td>Clinical</td>
</tr>
<tr>
<td>Wait Time Calculations</td>
<td>Patient Indicated Date (PID)</td>
<td>Date of Request</td>
</tr>
<tr>
<td>Access</td>
<td>Days / Miles</td>
<td>Days / Drive Time</td>
</tr>
</tbody>
</table>

*Authorized Use Only*
Eligibility Criteria

6 Criteria

- Services unavailable at VA
  - Veteran needs a specific type of care or service that VA does not provide in-house at any of its medical facilities.

- State or territory with no full-service VA medical facility
  - Veteran lives in a U.S. state or territory that does not have a full-service VA medical facility.

- Grandfathered Choice eligibility
  - Veteran was eligible under Choice distance criteria and meets certain other requirements.

- Access standards (wait time and drive time)
  - Veteran needs care more than 30/60 min drive time from residence or 20/28 days from date of request.

- Best medical interest
  - Veteran needs care that it is in their best medical interest to receive in the community. Episodic and general one-year eligibility.

- Quality standards (to be implemented after June 2019)
  - Veteran needs care from VA service line that is not compliant with standards for quality.

Authorized Use Only
Access Standards:
Wait Time Overview
Wait Time Standard (WTS) Eligibility - PRE Mission

- Choice: (Pre-Mission) WTS: Patient Indicated Date (PID) + 30 days

Not eligible: Appointments are available within 30 days of the PID

Eligible: Appointments are not available within 30 days of the PID
Wait Time Standard (WTS) Eligibility - Mission

- Mission: WTS: Date of the Request + 20 days for Primary Care or Mental Health
  WTS: Date of the Request + 28 days for Specialty Care
  Date of the Request: File Entry Date (Date the appointment request was made) when
  provider driven, follow up appointments, consults, procedures, etc.
  Date the patient wishes to start.
  End Date: Provider input: Wait Time Standard
  Clinic, calling
  for an appointment when ill and/or in-between scheduled appointments
Wait Time Standard (WTS) Eligibility - Mission

- Eligible under Mission WTS

WTS Start Date - WTS End Date
File Entry Date (Date of the Request)  PID  Wait Time Standard

Note: The PID is within WTS and there is no appointment available within the WTS. The patient is eligible for care in the community.
Wait Time Standard (WTS) Eligibility - Mission

- Not eligible under Mission WTS

Note: The PID is outside of the WTS
The patient is not wait time eligible for care in the community
Anytime the PID is outside of the WTS, the patient is not eligible for care in the community for wait time standard regardless of appointment availability

Note: Both the PID and Appt availability are within WTS
The patient is not wait time eligible for care in the community
Wait Time Scenario: Primary Care

The primary care provider enters a RTC order on May 16th for a 6-month follow up with the patient. The PID for the appointment is November 16th. There is an appointment available on December 20th. Is the patient wait time eligible for care in the community under the Mission Act?
Wait Time Scenario: Primary Care - Answer

The patient is not wait time eligible for community care because the PID is outside of the WTS, regardless of appointment availability. He/she may be eligible under another standard.

Note: The PID is outside of the WTS

The patient is not wait time eligible for care in the community.

Anytime the PID is outside of the WTS, the patient is not eligible for care in the community for wait time standard regardless of appointment availability.
Wait Time Scenario #1: Dermatology Clinic

The provider enters a consult for dermatology on May 1st. The PID is May 7th. There is appointment availability on May 15th. Is the patient wait time eligible for care in the community under the Mission Act?
The patient is not wait time eligible for community care because there is appointment availability within the WTS. He/she may be eligible under another standard.
Wait Time Scenario #2: Dermatology Clinic

The provider enters a consult for dermatology on May 1st. The PID is May 7th. There is appointment availability on May 31st. Is the patient wait time eligible for care in the community under the Mission Act?
Wait Time Scenario #2: Dermatology Clinic Answer

The patient is wait time eligible for community care. The PID is within wait time standards but there is no appointments available within the wait time standard.

Note: The PID is within WTS and there is no appointment available within the WTS
The patient is eligible for care in the community
User Roles and Responsibilities
Providers

- All providers are expected to work to achieve competencies for management of Veteran care after MISSION implementation. To do that, providers should:

<table>
<thead>
<tr>
<th>Understand that:</th>
<th>Be able to:</th>
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<tbody>
<tr>
<td>✗ Choosing a Clinically Indicated Date (CID)/Patient Indicated Date (PID) after the wait time standard should be agreed to by VeteranDST will not open for most procedures and radiologyDST will launch for clinical consultsThere is an option to not launch DST</td>
<td>✗ Review overall community care eligibility and select best medical interest if appropriateDocument Veteran opt-in decisionLink DST data to appropriate consultEnter a hardship eligibility consultUse the deferred/TBD radio button in DST</td>
</tr>
</tbody>
</table>

The table outlines the competencies for providers in managing Veteran care after MISSION implementation. Providers are expected to understand the criteria for choosing clinically indicated dates and the wait time standard. They should also be able to review overall community care eligibility and select the best medical interest if appropriate, document Veteran opt-in decisions, link DST data to appropriate consults, enter hardship eligibility consults, and use the deferred/TBD radio button in DST.
Using the DST as a Provider

Providers are expected to use the DST when creating in-house, IFC, or community care consults to document the clinical decision, Veteran decision, and to select the most efficient consult to get the Veteran an appointment quickly without having to forward consults unnecessarily.
• Use of the DST is highly recommended. Even if a Veteran is not present, providers can defer the decision and add a progress note to the patient record asking staff to use the DST on the signed consult.
When a provider defers the use of DST, or the Veteran is not present when the provider uses the DST, Patient Aligned Care Team (PACT) or specialty clinic staff will:

- Review eligibility in DST (launch via consult toolbox {CTB})
- Contact Veteran and discuss options/recommendations of the provider
- Document the Veteran’s opt-in/opt-out decision in DST
- Manage consults through review and forwarding

When an RN is the designated clinic official to receive VCCPE consults, the RN will:

- Make warm hand-off phone call or contact Veteran
- Attempt to meet Veteran’s needs within VA including overbooking or telehealth
- Work with Licensed Independent Practitioners (LIP) as needed to add clinical information to VCCPE and forward to a community care consult
Scheduler (Clinic or Call Center)

Schedulers will have the following responsibilities when a Veteran requests an earlier appointment or a follow-up appointment:

- Schedule appointment if one available within the wait time standard (WTS). If no appointment within the WTS, overbook if applicable.
- Get Veteran's opt-in/opt-out decision and document opt-out in VistA Scheduling Enhancements (VSE).
- Launch DST if Veteran’s needs cannot be accommodated in clinic, or if Veteran expresses interest in community care.
- Document wait time eligibility in comments section of consult or Consult Toolbox (CTB).
- Document Veteran's scheduling preferences in comments section of consult or Consult Toolbox.
- Send consults with linked DST information to clinic clinician to review and disposition.

*Note: Wait time standards do not apply to appointments where the PID is greater than the WTS.

**Note: Veterans requesting an earlier appointment may require Provider review depending on request date.
Contact Center Administrative Staff or Other Administrative Staff

Contact Center administrative staff or other administrative staff will primarily use the Computerized Patient Record System (CPRS) to check eligibility. Staff should:

- Use CPRS patient inquiry tab to identify eligibility
- Describe how the determinations were made or escalate to a supervisor
- Use DST with a VCCPE consult, if requested by Veteran, to review drive time eligibility
- Describe wait time eligibility
- Describe wait time eligibility process
Clinical Contact Center (C3) Staff

C3 staff will have the following responsibilities:

Offer to direct the Veteran to VA.gov provider locator to identify urgent care centers near them.

Use Provider Profile Management System (PPMS) and the Veteran’s current address, the VA network and urgent care (as the specialty) to identify the nearest facility to the Veteran.

Remind Veteran of potential co-pay depending on their priority status and number of urgent care visits within the calendar year.

Other responsibilities differ depending on whether the C3 staff member is administrative or clinical:

<table>
<thead>
<tr>
<th>Administrative staff should:</th>
<th>Clinical staff should:</th>
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</thead>
<tbody>
<tr>
<td>✓ Refer clinical issues or questions to clinicians Use CPRS patient inquiry tab to identify urgent care eligibility if requested</td>
<td>✓ Refer appropriate Veterans to an emergency department if necessary (VA or in the community) Attempt to address Veteran needs without having the Veteran travel to a VA or community urgent care Use video connect capabilities when clinically appropriate and available Offer urgent care if Veteran meets clinical criteria and eligible as shown in CPRS</td>
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</table>
Decision Support Tool Overview

The Decision Support Tool (DST)

The Minimum Viable Product (MVP) DST improves the community care process by:

- Creating efficiencies in entering and routing consults
- Decreased time to schedule/document a community care appointment
- Reduces unnecessary forwarding of consults
- Supporting Veterans in choosing VA
- Provides meaningful data to inform Veteran/Staff
- Makes interactions actionable through consult creation and enhancing staff communication

The Decision Support Tool is critical for efficient and clinically appropriate management of community care benefits (additional development of the tool will add even greater value)
Purpose of DST MVP

- To display, document, and store a Veteran’s eligibility criteria in a standardized and reportable format. To make documentation of the eligibility and Veteran/provider decision actionable (DST is consult-driven). Provide data to help OCC and VHA learn, plan then execute improvements to the VCCP and VHA processes (e.g., new DST development, expand telehealth etc.).
DST and Eligibility

The DST can be used to determine:

- Grandfathered Choice eligibility
- U.S. state or territory with no full-service VA medical facility
- Drive time eligibility
- Best medical interest
- Hardship eligibility

The DST cannot be used to determine:

- Wait-time eligibility

⚠️ While the DST cannot be used to determine wait-time eligibility, average wait times will display in the DST.
The DST and Consults

The DST makes community care processes actionable by requiring VA staff to create a consult for one of four processes to begin.

- Manual process or Staff puts in VCCPE Consult & Use DST
- Veterans can request community care appointments (for select services) if found eligible

1. **In VA Clinic**
   - **Provider**
   - **Veteran**
   - **Scheduler**
   - **Veteran requests appt**

2. **Newly enrolled Veteran**

3. **VA Online Scheduling**

4. **The DST displays and documents Veteran eligibility criteria for community care at the time of request for care in the standard and reportable format**

   - Staff offers and documents community care options and the Veteran’s decision Determine appointment availability with the same provider (manual process)
   - VA Clinic staff will offer options and document decisions using VSE and VCCPE consult/DST if needed
Key MSA Workflows
Summary of Key Policy Changes for Scheduling

• #COO# = now stands for "Community Opt Out" VHA Wait time standards are different from Community Care eligibility wait time standards (i.e. when PID is greater than community care WTS, patient is not eligible for care in the community)
VCCPE Workflow

Process Steps for the Scheduler
Determines applicable access standard and reviews wait time in VSElf if there is no appointment available within the applicable access standard and the Veteran opts out of community care, documents #COO# in appointment comments launches the Decision Support Tool (DST) via CC- VCCPE consult and documents next available
VCCPE Workflow, continued

Process Steps for the Scheduler:
- Uses the Action menu to add Significant Findings alert
- Enters the comment “Please review for community care eligibility”
- Sends consult to designated clinician for review and disposition
Consult Toolbox Launch Workflow

Process Steps for the Scheduler

- Determines applicable access standard and reviews wait time in VSE.
- If there is no appointment available within the applicable access standard and the Veteran opts out of community care, documents #COO# in appointment comments.
- Launches the Decision Support Tool (DST) via Consult Toolbox and reviews other eligibility documents.
- Veteran's opt-in, selects special scheduler SEOC.
Additional Wait Time Standards Scenarios
Return to Clinic Orders When Scheduled

Wait time standards for established patients apply if the PID on the return to clinic order is within 20/28 day wait time standard. If the PID is within 20/28 days, the scheduler looks for an available appointment in the specific clinic the patient is to be scheduled into. If there are no available appointments within 20/28 days, the patient is eligible for community care. A VA provider determines that the Veteran should return to clinic in 14 days, but there is no availability for 30 days. The scheduler should contact the care, the consult to be forwarded back to the provider.
A VA provider determines that the Veteran should return to clinic in 90 days and enters a RTC with a PID of 90 days. The Veteran is not wait time eligible. What if the Veteran changes their mind at checkout? If the Veteran agrees to be seen after the wait time standard, then the wait time standard is considered to be “waived” by the Veteran. If the Veteran changes their mind before the wait time standard is applied regardless of the previously agreed upon PID. The expectation is that the provider and patient agree upon the general date of return based on clinical need. If there is a large variation of the PID and the date the patient desired to be scheduled, the provider must be consulted prior to scheduling.
Wait Time Scenario #7: Return to Clinic/Recall

Return to Clinic Order with PID 120 in the future Patient requests to be contacted closer to the intended appointment date to schedule the appointment and the patient is entered in the recall reminder system (Patient Centered Scheduling Reminder) to schedule closer to the request appt date. The patient receives a post card and calls the clinic to schedule an appointment in 100 days (~ 3.5 months) for the appointment There is no appointment availability for 40 days (4.5 months) Is the patient eligible for Care in the Community under Wait Time Standards?
Wait Time Scenario #7: Return to Clinic/Recall

Answer: Return to Clinic Orders When Patient is on Recall
The patient is not wait time eligible for community care if the Veteran wants to check their other (not wait time) eligibility for community care, the scheduler enters a VCCPE consult. The VCCPE consult will open the Decision Support Tool. If the Veteran wishes to go to the community if VA cannot accommodate their need, the scheduler sends the VCCPE consult with embedded DST information to the provider or designated reviewer to adjudicate (overbook, telehealth, video connect or cancel/edit and resubmit). After clinical information is added to the consult, it is forwarded it to community care (One Consult Model).
Wait Time Scenario #8: Established Patient

✓ Established patient requests an appointment outside of provider input. The wait time standard is calculated from the date the Veteran calls requesting an appointment. If the patient's PID is outside of the WTS, they are not wait time eligible for community care. An established patient calls to make an appointment for the next week but there is no appointment availability. The scheduler accepts that appointment, the scheduler will document #COO# in appointment comments. If the Veteran wants to check their eligibility for community care, the scheduler enters a VCCPE consult which will open the Decision Support Tool (DST).
Wait Time Scenario #9: New Patient with DST Data

New Clinic Patient with DST Data

The wait time standard is calculated from the date the consult was signed/file entry date. If there are no available appointments within the wait time standard, the scheduler should check for directions to overbook based on the Veteran's condition or other factors. Example: A Veteran is referred to a specialty clinic for the first time. DST was written to the consult. The scheduler attempts to schedule within 28 days, but there is no availability for 50 days. (PID is within WTS) The patient is wait time eligible for community care if not able to overbook, look for the next available appointment. Offer the option for care in the community or the next available appointment date (or negotiate the appt date). If the Veteran does not accept the appointment, the scheduler forwards the consult to community care. If Veteran accepts the VA appointment, the scheduler will document #COO# in appointment comments. What if the Veteran changes their mind after opting out? A Veteran with community care eligibility may decide they want to receive community care when reviewing appointment availability with the scheduler, even if the VA provider previously documented that the Veteran opted out using DST. If the Veteran changes their mind, the scheduler should forward the consult to community care. *If the consult PID is beyond community care WTS, the patient is not eligible for Community Care.
Wait Time Scenario #10: New Patient without DST Data

New Clinic Patient without DST Data

The wait time standard is calculated from the date the consult was signed/the file entry date. If there is no availability within the wait time standard, the scheduler looks for other community care eligibility using the DST. Example: A Veteran is referred to a specialty clinic for the first time. No DST data was written to the consult. The PID is outside of the WTS (> 28 days). The patient is not wait time eligible for community care Negotiate an appointment date. If the Veteran wants to check their eligibility for community care, the scheduler launches the DST from Consult Toolbox to determine other eligibility If the patient meets other eligibility criteria and prefers to go outside to the community the scheduler uses Consult Toolbox to forward the consult to community care and document the reason. If Veteran accepts the VA appointment, the scheduler will schedule the appointment. If the patient was eligible for community care under another reason but prefers VA care, the scheduler documents #COO# in appointment comments.
## Wait Time Calculation Shortcut Table (1/2)

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Community Care Wait Time Calculation Based On</th>
<th>Key Example</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New Clinic Patient or Established Patient with RTC: PID is less than 20/28 days from entry date</strong></td>
<td>Date the Order was Signed/File Entry Date</td>
<td>File Entry Date: 7/1PID: 7/15 PC*: Wait-time eligible if no appointment availability until after 7/20 SC*: Wait-time eligible if no appointment availability until after 7/28</td>
</tr>
<tr>
<td><strong>New Clinic Patient or Established Patient with RTC: PID is greater than 20/28 days from entry date</strong></td>
<td>Wait Time Standard Does Not Apply</td>
<td>File Entry Date: 7/1PID: 8/15 Wait time standard does not apply</td>
</tr>
<tr>
<td><strong>Return to Clinic – Recall when PID is greater than 20/28 days from entry date</strong></td>
<td>Wait Time Standard Does Not Apply</td>
<td>File Entry Date: 7/1PID: 10/1 Wait time standard does not apply</td>
</tr>
<tr>
<td><strong>Established Patient Calling for Out-of-Cycle Appointment (no current RTC)</strong></td>
<td>Date Patient Requests Clinic to Schedule, unless patient requests later date</td>
<td>Patients requests appointment on 7/1 to be seen as soon as possible PC*: Wait-time eligible if no appointment availability until after 7/20 SC*: Wait-time eligible if no appointment availability until after 7/28</td>
</tr>
<tr>
<td><strong>New Primary Care Patient (New Enrollee)</strong></td>
<td>Date Patient Requests First Appointment</td>
<td>Patients requests appointment on 7/1 to be seen as soon as possible PC*: Wait-time eligible if no appointment availability until after 7/20 SC*: Wait-time eligible if no appointment availability until after 7/28</td>
</tr>
</tbody>
</table>

*PC = primary care; SC = specialty care
### Wait Time Calculation Shortcut Table (2/2)

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<th>Scenario</th>
<th>Community Care Wait Time Calculation Based On</th>
<th>Key Example</th>
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<tbody>
<tr>
<td>VA Cancels Appointment with RTC</td>
<td>PID on the order that prompted the initial appointment</td>
<td>PC*: Wait-time eligible if no new appointment availability until after 7/28</td>
</tr>
<tr>
<td>VA Cancels Out-of-Cycle Appointment (no current RTC)</td>
<td>Original Date Patient Requested to Schedule (use Appointment Create Date)</td>
<td>PC*: Wait-time eligible if no new appointment availability until after 7/28</td>
</tr>
<tr>
<td>Veteran Cancels/No Shows</td>
<td>New Date Patient Requests Clinic to Reschedule Missed Appointment</td>
<td>PC*: Wait-time eligible if no new appointment availability until after 8/28</td>
</tr>
</tbody>
</table>

*PC = primary care; SC = specialty care*
General Scenarios
Exercise #1a: New Clinic Patient

A VA provider is meeting with the Veteran and determines a clinical consult is required. How does the VA provider use the Decision Support Tool (DST) to help determine what type of consult should be entered: in-house, interfacility, or community care? (The proper consult entered at the time of request expedites the appointing process.)
Exercise #1a: New Clinic Patient Answer

How does the VA provider use the Decision Support Tool (DST) to help determine what type of consult should be entered: in-house, interfacility, or community care? (The proper consult entered at the time of request expedites the appointing process.) The provider will easily be able to see if the Veteran is eligible for community care once DST is launched. If the Veteran is not eligible, the DST dashboard will clearly indicate “No community care eligibility found.” The DST will display: Static community care eligibility (no full-service VA, grandfathered, hardship, urgent care, service unavailable). Drive time eligibility (average wait times are displayed for informational purposes, but cannot be used for determining eligibility). The combination of the Veteran’s static and drive time community care eligibility information will allow the VA provider and Veteran to have an discussion that will lead to an informed decision that is ultimately in the Veteran’s best medical interest, which could be an in-house, interfacility or community care consult.
A VA provider is meeting with the Veteran and determines a clinical consult is required. If the VA provider does not use the DST nor request a team member to run the DST on a signed in-house consult, when the receiving clinic goes to schedule the Veteran, and the Veteran asks if they are community care eligible, how does the scheduler know how to answer the question and what tools are available to help them?
Exercise #1b: New Clinic Patient Answer

... how does the scheduler know how to answer the question and what tools are available to help them? The scheduler has two options: The scheduler can open the consult that triggered the appointing process and use the Consult Toolbox to launch the DST. The DST will display static community care eligibility (no full-service VA, grandfathered, hardship, urgent care, service unavailable) and drive time eligibility. The scheduler has already determined by using VSE if the Veteran is wait time eligible. The scheduler can look the Veteran up in the Computerized Patient Record System (CPRS). The Health Benefit Plans section will display the static community care eligibilities. To determine drive time eligibility, the scheduler could use PPMS and enter the Veterans address, select VA network, and hit search. This will display the nearest VA Medical Center and the drive time from the Veteran’s residence. The scheduler has already determined by using VSE if the Veteran is wait time eligible.
A Veteran who is established in a facility specialty clinic for many years contacts the Medical Center clinic or scheduling contact center asking if they are eligible for community care under the new community care program (MISSION Act). What is the process or processes that the scheduler can use to answer the Veteran’s question?
Exercise #2a: Established Clinic Patient Answer

A Veteran who is established in a facility specialty clinic for many years contacts the Medical Center clinic or scheduling contact center asking if they are eligible for community care under the new community care program (MISSION Act). What is the process or processes that the scheduler can use to answer the Veteran’s question? The scheduler can initiate the standard COMMUNITY CARE – Admin VCCPE consult. Using the community care administration key, any non-clinician can create a community care administrative consult which then will trigger the launching of the DST.
Exercise #2a: Established Clinic Patient Answer

VCCPE Consult

Established Patient DST Screen

Consult: Community Care, Admit VCCPE

Community Care

Consult to Service/Specialty: Community Care - Admit Vccpe

Clinically indicated date: TODAY

TO DETERMINE VETERAN ELIGIBILITY FOR COMMUNITY CARE SERVICES

RUTINE - No later than date: 04/19/2018

VA Health Care Admit: 04/19/2018

Community Care - Admit Vccpe

CONSULTANTS CHOICE

Accept Order

Consult to Service/Specialty: Community Care - Admit Vccpe

Clinically indicated date: TODAY

TO DETERMINE VETERAN ELIGIBILITY FOR COMMUNITY CARE SERVICES

RUTINE - No later than date: 04/19/2018

VA Health Care Admit: 04/19/2018

Community Care - Admit Vccpe

CONSULTANTS CHOICE

Accept Order
Exercise #2b: Established Clinic Patient

A Veteran who is established in a facility specialty clinic for many years contacts the Medical Center clinic or scheduling contact center asking if they are eligible for community care under the new community care program (MISSION Act). If the Veteran is simply asking for an earlier appointment than the follow-up one on the books, how would a scheduler go about identifying community care eligibility if the next available appointment is outside of the 28-day wait time standard for specialty care?
A Veteran who is established in a facility specialty clinic for many years contacts the Medical Center clinic or scheduling contact center asking if they are eligible for community care under the new community care program (MISSION Act). If the Veteran is simply asking for an earlier appointment than the follow-up one on the books, how would a scheduler go about identifying community care eligibility if the next available appointment is outside of the 28-day wait time standard for specialty care?Scheduler would identify Community Care eligibility The scheduler can open the consult that triggered the appointing process and use the Consult Toolbox to launch the DST. The scheduler can look the Veteran up in the Computerized Patient Record System (CPRS). If an established patient cannot be seen in their VA clinic within the wait time standard, the VA provider should be alerted to see if any clinic adjustment or overbooking can meet the Veteran’s request.
Exercise #2c: Established Clinic Patient

A Veteran who is established in a facility specialty clinic for many years contacts the Medical Center clinic or scheduling contact center asking if they are eligible for community care under the new community care program (MISSION Act). What would the scheduler do if the Veteran accepts an appointment outside of the wait time standard to document the Veteran’s choice?
Exercise #2c: Established Clinic Patient Answer

A Veteran who is established in a facility specialty clinic for many years contacts the Medical Center clinic or scheduling contact center asking if they are eligible for community care under the new community care program (MISSION Act). What would the scheduler do if the Veteran accepts an appointment outside of the wait time standard to document the Veteran's choice? The scheduler would place a #COO# in the appointment comment section to notate community care opt out.
Exercise #3a: Best Medical Interest

A Veteran and VA provider are having a conversation during a visit and determine additional clinical care is needed. The Veteran asks if they can receive care in the community for this particular care episode due to: 1. the severity of a medical condition or travel difficulty because of environmental or geographical challenges and 2. the required services are readily available near their home. The Veteran has no defined eligibility as determined by the DST and wait time for a VA appointment is only 7 days. How should a VA provider address the Veteran’s issue?
Exercise #3a: Best Medical Interest Answer

**How should a VA provider address the Veteran’s issue?**

✓ A scheduler cannot make a best medical interest decision for a patient. This can only be made by a clinical provider. The VA provider and Veteran should have a thoughtful discussion about the severity of the medical condition or environment/geographical travel difficulty. If the VA provider and Veteran agree it would be in the Veteran’s Best Medical Interest to receive community care for that particular episode, the VA provider may enter the Best Medical Interest justification in the DST. If the VA provider feels the Veteran should receive all medical care in the community for 12 months, the VA provider will enter a standard COMMUNITY CARE - HARDSHIP DETERMINATION consult that will go to the VAMC’s COS for approval.
A Veteran and VA provider are having a conversation during a visit and determine additional clinical care is needed. The Veteran asks if they can receive care in the community for this particular care episode due to: 1. the severity of a medical condition or travel difficulty because of environmental or geographical challenges and 2. the required services are readily available near their home. The Veteran has no defined eligibility as determined by the DST and wait time is only 7 days. How would a VA provider document their agreement with the Veteran’s request?
Exercise #3b: Best Medical Interest Answer

How would a VA provider document their agreement with the Veteran's request?

The VA provider can document Best Medical Interest using the DST. If the VA provider selects the “other” drop-down category, there is a free text box for the VA provider to capture their clinical justification.
Exercise #3c: Best Medical Interest

A Veteran and VA provider are having a conversation during a visit and determine additional clinical care is needed. The Veteran asks if they can receive care in the community for this particular care episode due to: 1. the severity of a medical condition or travel difficulty because of environmental or geographical challenges and 2. the required services are readily available near their home. The Veteran has no defined eligibility as determined by the DST and wait time is only 7 days. What options would a Veteran have if the VA provider disagreed and would not place a community care consult because of the lack of any other defined community care eligibility?
Exercise #3c: Best Medical Interest Answer

What options would a Veteran have if the VA provider disagreed and would not place a community care consult because of the lack of any other defined community care eligibility? The Veteran may share their disagreement with the clinic scheduler, facility office of community care staff, or submit to the Patient Advocate. The clinic scheduler would need to refer the patient to the patient advocate for either issue below. For administrative disagreements like a Veteran’s home address, the Patient Advocate will work with a team to investigate and respond to the disagreement with 72 hours. If the Veteran disagrees with a VA provider’s decision to not enter clinical justification for Best Medical Interest, the Veteran may share their disagreement with the Patient Advocate who will then file a formal clinical appeal. The COS will assign a team to investigate and respond to the disagreement with 72 hours.
Exercise #4a: Appeals

A Veteran is on the phone with a VA clinic specialty scheduler and asks if they are eligible for community care based on average drive time. The Veteran says it seems to take them 90-120 minutes to get to the Medical Center every time they go to the clinic. The scheduler uses the VCCPE consult and runs the DST only to find that the Veteran is not drive time eligible. If the Veteran disputes this, what is the Veteran’s option to formally appeal this discrepancy? The Veteran questions the address that the scheduler is using and asks the scheduler to correct the address. Is this appropriate, and how should this be managed?
The Veteran questions the address that the scheduler is using and asks the scheduler to correct the address. Is this appropriate, and how should this be managed? A Veteran can update his/her address on file by contacting his/her assigned VAMC Enrollment & Eligibility department. Staff must follow the process outlined in VHA Directive 1604, “Data Entry Requirements for Administrative Data” to capture and appropriately update a Veteran’s address on file. Once the address has been updated in the Veteran’s record, allow up to 24-48 hours for the address to appropriately reflect in the system. <Insert local Enrollment & Eligibility contacts for your VAMC here>.
Exercise #4b: Appeals

A Veteran is on the phone with a VA clinic specialty scheduler and asks if they are eligible for community care based on average drive time. The Veteran says it seems to take them 90-120 minutes to get to the Medical Center every time they go to the clinic. If the scheduler uses the VCCPE consult and runs the DST only to find that the Veteran is not drive time eligible. If the Veteran disputes this, what is the Veteran’s option to formally appeal this discrepancy? The Veteran agrees that their address is correct but thinks the average drive time calculation must be incorrect. What should the scheduler’s response be and is this a clinical appealable discrepancy?
Exercise #4b: Appeals Answer

The Veteran agrees that their address is correct but thinks the average drive time calculation must be incorrect. What should the scheduler’s response be and is this a clinical appealable discrepancy? The Veteran should ask to speak to the supervisor, who should be able to describe that the average drive times are based upon a proprietary Microsoft drive time algorithm. The algorithms look at the average drive times along the Veteran's route to the nearest VA Medical Center and are standardized across the enterprise. The calculation is not a clinical decision and therefore a clinical appeal is not possible. Please know your local policy and processes for referring patients regarding drive time disputes.
Exercise #5a: General Inquiry

A Veteran goes to www.va.gov to learn about the new community care program and sees a toll-free number for their local VA Medical Center. When they call and ask if they can request clinical care in the community, what should the response be from the customer service representative? If the Veteran says they don't feel well and think that they need to talk to a nurse and are transferred to the nurse call line, how does the nurse know if the Veteran is eligible for the community care urgent care provision?
Exercise #5a: General Inquiry Answer

If the Veteran says they don’t feel well and think that they need to talk to a nurse and are transferred to the nurse call line, how does the nurse know if the Veteran is eligible for the community care urgent care provision? The nurse should check the Veteran’s urgent care eligibility using one of the options referenced in 1b or 2a above.

<table>
<thead>
<tr>
<th>Health Benefit Plan Name</th>
<th>MISSION Eligibility Criteria</th>
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<tbody>
<tr>
<td>Veteran Plan - CCP Grandfather</td>
<td>Grandfathered</td>
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<tr>
<td>Veteran Plan - CCP State with No Full-Service Medical Facility</td>
<td>No Full-Service Facility in Veteran’s State</td>
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<tr>
<td>Veteran Plan - CCP Urgent Care</td>
<td>Urgent Care</td>
</tr>
<tr>
<td>Veteran Plan-CCP Hardship Determination</td>
<td>Hardship</td>
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Exercise #5b: General Inquiry

A Veteran goes to www.va.gov to learn about the new community care program and sees a toll-free number for their local VA Medical Center. When they call and ask if they can request clinical care in the community, what should the response be from the customer service representative?

In the above scenario, the nurse realizes the Veteran has a complicated medical history with multiple medical problems and allergies and is on numerous medications. How does the nurse ensure that the Veteran who wants to use the community care urgent care benefit gets to the right facility and the facility gets the Veteran’s important and pertinent clinical information?
In the above scenario, the nurse realizes the Veteran has a complicated medical history with multiple medical problems and allergies and is on numerous medications. How does the nurse ensure that the Veteran who wants to use the community care urgent care benefit gets to the right facility and the facility gets the Veteran’s important and pertinent clinical information? After the nurse checks urgent care eligibility and confirms that it is the correct next step in the Veteran’s care pathway, the nurse could navigate to https://www.va.gov/find-locations/ to help the Veteran identify urgent care facilities near their location. The facility locator tool will also provide directions to share with the Veteran. Finally, the nurse should use whatever methods available (e.g., health information exchange, e-fax, or fax) to share the Veteran’s pertinent medical information. The scenario applies to clinical review; each scheduler should ensure patient connects to the appropriate clinician for discussion and triage.
Frequently Asked Questions

1. How is wait time calculated when an established patient requests an appointment and there is no return to clinic order? The wait time standard is calculated from the date when the Veteran calls requesting the appointment in comparison to the Veteran’s PID. If PID is within 20/28 days of the request date, Veteran may potentially be eligible for Community Care. It is important to look at the specific clinic to make the final wait time eligibility determination. How is wait time calculated for a patient with a return to clinic order? Wait time standards for established patients apply if the PID on the return to clinic order is within 20/28 day wait time standard from the file entry date of the request. If the PID is within 20/28 days of the file entry date, the scheduler looks for an available appointment in the specific clinic the patient is to be scheduled into. If there are no available appointments within 20/28 days of the file entry date, the patient is eligible for community care.
3. How is wait time calculated if the patient cancels their appointment or is a no show to clinic? The wait time standard is calculated from the date that the Veteran makes their new request for an appointment (not the original file entry date/date consult was signed). The date that the Veteran calls back for an appointment becomes the new request date. How is wait time calculated for a patient on recall? When a patient is on recall, the original file entry date of the order that prompted the recall request is considered the request date of the appointment. If PID is within 20/28 days of the request date, Veteran may potentially be eligible for Community Care. It is important to look at the specific clinic to make the final wait time eligibility determination. Is clinical review still required for community care consults? Yes. Best Medical Interest does not override the Delegation of Authority for clinical review. Two questions must be answered: 1. is the care appropriate (the same process as today is followed) and 2. if appropriate, where should the care occur? The Best Medical Interest determination refers to the second question.
6. Who can make a Best Medical Interest Determination? Only LIPs can make best medical interest determinations. What is the process for calculating wait time when a patient’s appointment was cancelled by VA? When an appointment is cancelled by clinic the original entry date (file entry date) of the request in comparison to the PID on the original request will determine if the Veteran is potentially eligible for community care based on wait time standards. Same process as an return to clinic patient.
8. How is drive time calculated? VA’s calculation of average drive times between the Veteran’s residence and an applicable VA facility will take into consideration a variety of factors, including: distance, route options, and speed limits. In its current configuration, VA’s geographic system information tool bases these calculations on historical data, rather than real-time traffic information. When should the VCCPE consult be used? Key situations in which the VCCPE consult should be used are: 1. if a Veteran has a general inquiry about their eligibility, or 2. when a Veteran without a return to clinic order is wait-time eligible.
Questions