

VA



U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Community Care

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

For Staff Scheduling VA Outpatient Appointments

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.oit.va.gov/oit-topic-library/va-mission-act/decision-support-tool/Office%20of%20Community%20Care%20Field%20Guidebook)
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. 107. Applicability of Directive of Office of Federal Contract Compliance Programs.
- Sec. 108. Prevention of certain health care providers from providing non-Department health care services to veterans.
- Sec. 109. Remediation of medical service lines.

<https://www.congress.gov/115/bills/s2372/BILLS-115s2372enr.pdf>

Regulatory Requirements

- Federal Register publishes VA new access standards
Final regulations to be published in June 2019
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 PC and MH: 20 days from the date of the request
Specialty: 28 days from the date of the request

Overview of Community Care Eligibility

Key Changes

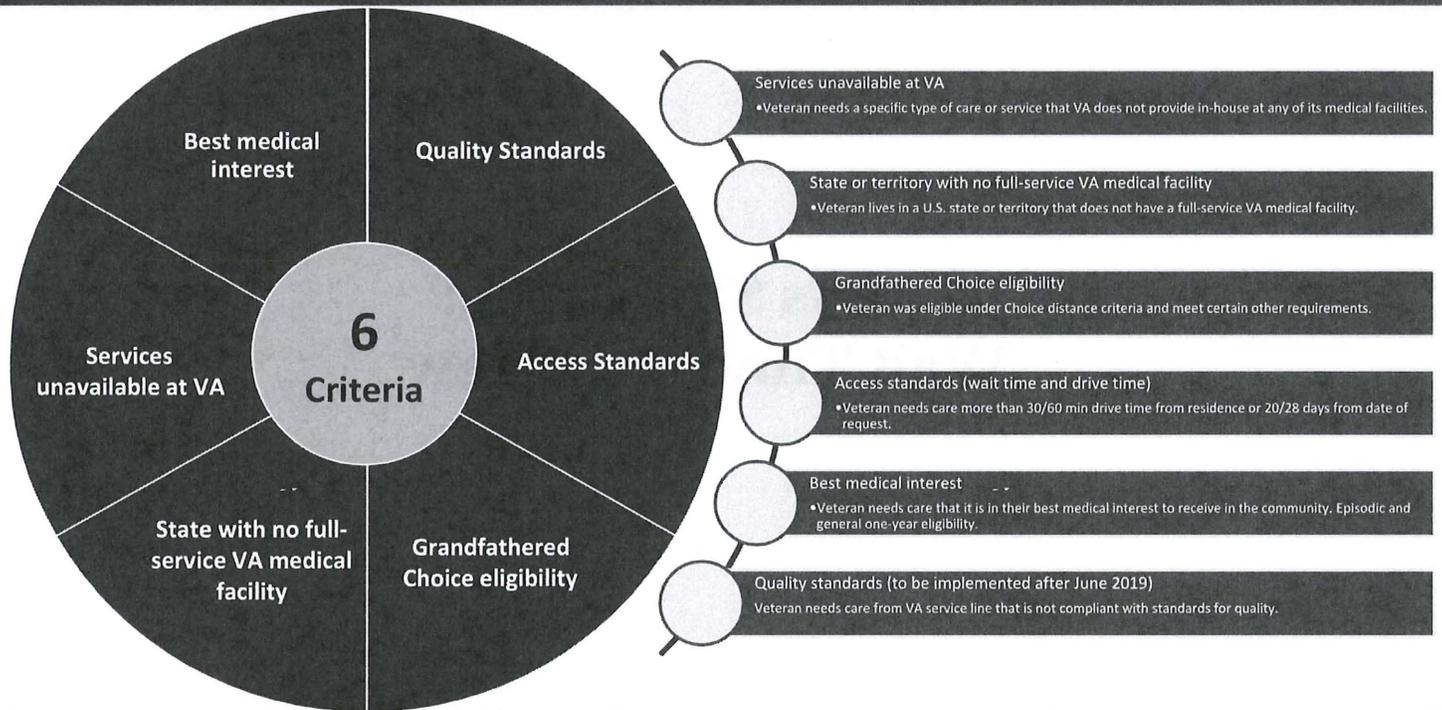
- There are now 6 eligibility criteria. Eligibility criteria for community care will be expanded and more straightforward. A key tenet of the new community care program is making eligibility details easy to understand; together with increased access to care and ease of program administration, this will 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

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

Eligibility Criteria

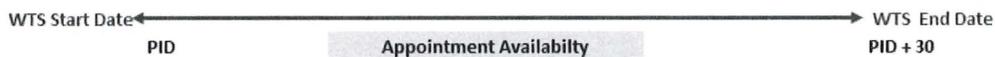




Access Standards: Wait Time Overview

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 HealthWTS: 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 Exe

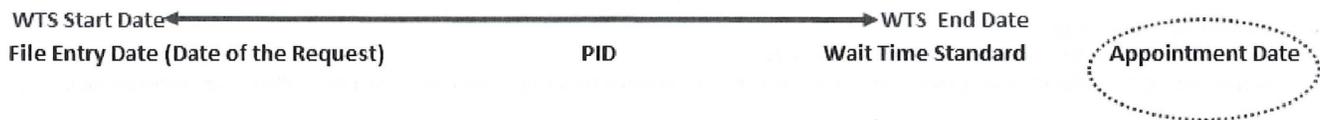
WTS Start Date ← File Entry Date (Date of the Request) → WTS End Date

Wait Time Standard 20 /28 days

provider input: clinic, calling for an appointment when ill and/or in-between scheduled appointments

Wait Time Standard (WTS) Eligibility - Mission

- Eligible under Mission WTS



*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

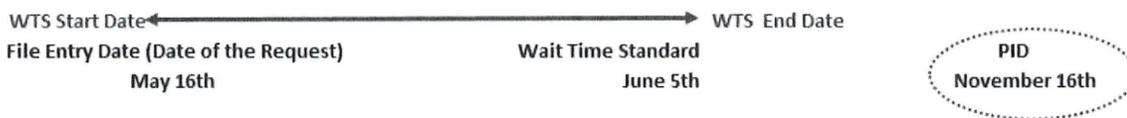
Wait Time Scenario: Primary Care



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?

Wait Time Scenario #1: Dermatology Clinic Answer



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

WTS Start Date ←	→ WTS End Date		
File Entry Date (Date of the Request)	PID	Appointment Date	Wait Time Standard
May 1st	May 7th	May 15th	May 28th

*Note: Both the PID and Appt availability are within WTS
The patient is not wait time eligible for care in the community*

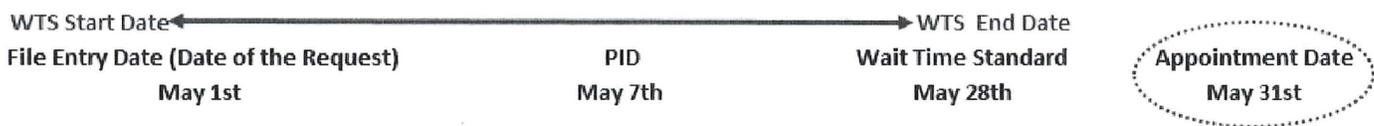
Wait Time Scenario #2: Dermatology Clinic



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:

	Understand that:	Be able to:	
im			ceive
sig	✓ Choosing a Clinically Indicated Date (CID)/Patient Indicated Date (PID) after the wait time standard should be agreed to by Veteran	✓ Review overall community care eligibility and select best medical interest if appropriate	
(V	DST will not open for most procedures and radiology	Document Veteran opt-in decision	o
ev	DST will launch for clinical consults	Link DST data to appropriate consult	
Ve	There is an option to not launch DST	Enter a hardship eligibility consult	g
clir		Use the deferred/TBD radio button in DST	y
car			

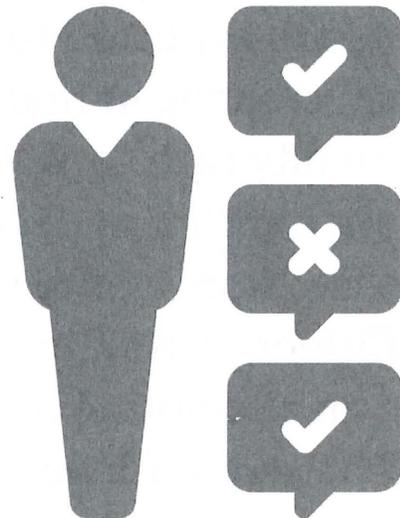
Using the DST as a Provider

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.



Is Use of the DST Required?

- 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.



Patient Aligned Care Team or Specialty Clinic Staff

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 careDocument 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 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:

Administrative staff should:	Clinical staff should:
✓ Refer clinical issues or questions to clinicians Use CPRS patient inquiry tab to identify urgent care eligibility if requested	✓ 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



Decision Support Tool Overview

<https://vaww.oit.va.gov/oit-topic-library/va-mission-act/decision-support-tool/>

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 VAP
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:



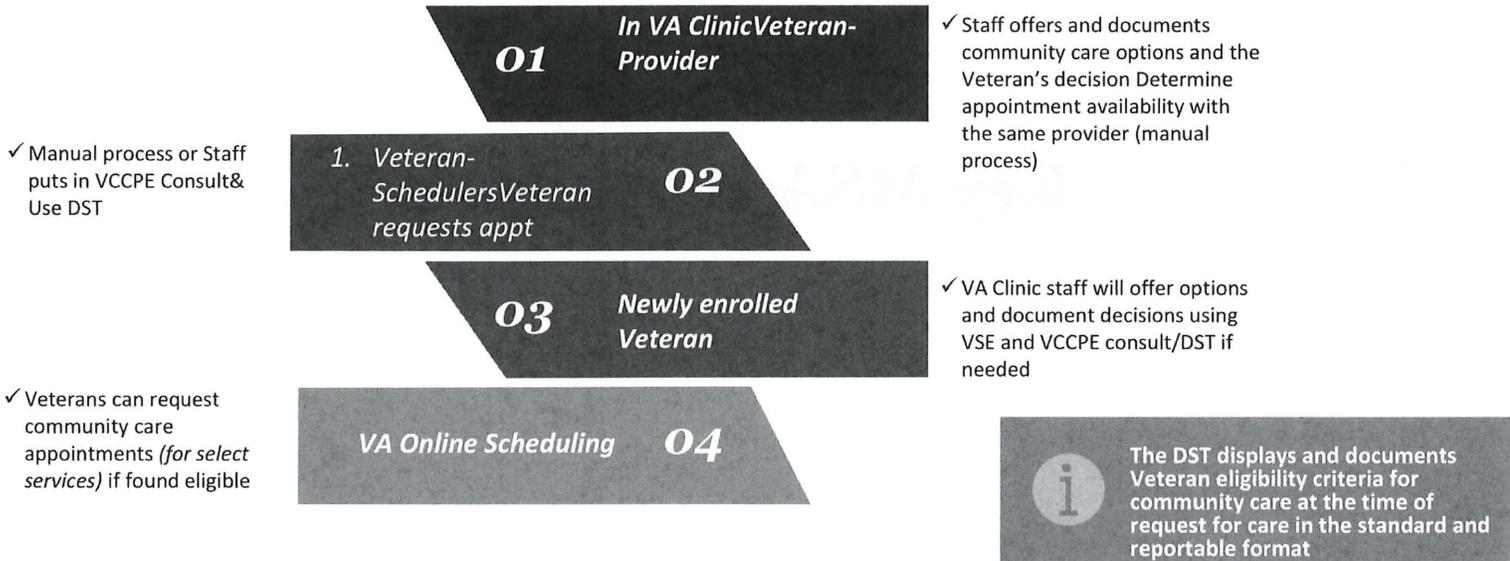
Wait-time eligibility



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.



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 SchedulerDetermines applicable access standard and reviews wait time in VSEIf there is no appointment available within the applicable access standard and the Veteran opts out of community care, documents #COO# in appointment commentsLaunches the Decision Support Tool (DST) via CC- VCCPE consult and documents next available

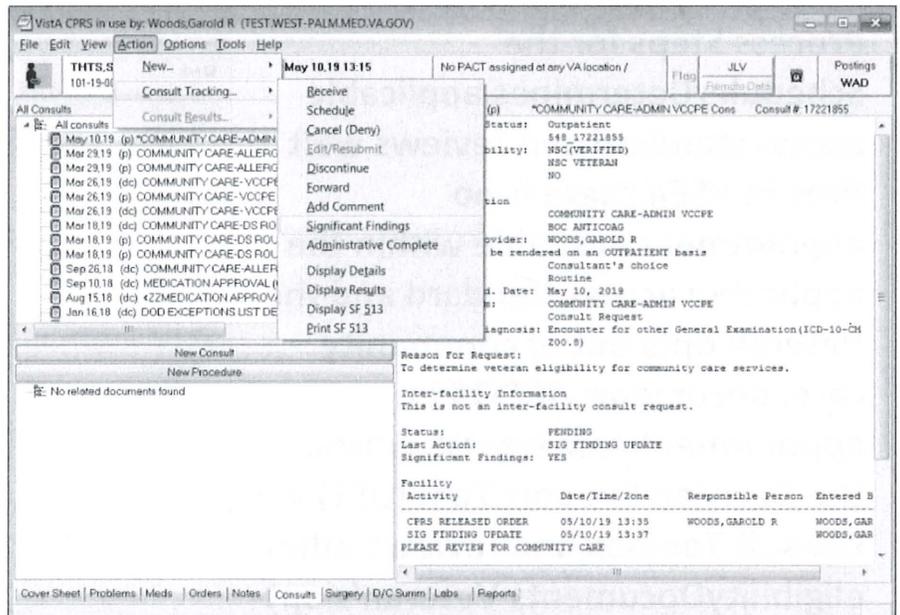
The screenshot displays the Decision Support Tool (DST) interface. The top navigation bar includes a 'Help' icon and a 'Logout' link. The main content area is titled 'Consult: COMMUNITY CARE-ADMIN VCCPE'. It contains several sections:

- Patient Information:** Veteran Name (DSTPatient, Two), Residential Address (987 Somewhere St., Denver, CO 97734), Date of Birth (Mar 18, 1950 (68)), and SSN (***-**-0000). A 'Not Urgent Care Eligible' status is also shown.
- Clinical Service:** A dropdown menu is set to 'Cardiology'.
- Urgency:** Radio buttons for 'Routine', 'Stat', and 'Special Instructions' (which is selected).
- Standards:** Drive Time Std (1 hr 09 min) and Wait Time Std (28 days).
- Dates:** CID/No Earlier Than Date (01/21/2019) and No Later Than Date (02/19/2019).
- VA Facilities:** A table listing facilities with their average drive and wait times.
- Community Care:** A section on the right stating 'No Community Care Eligibility Found' and 'No Clinic Appointments Available'. It includes a 'Next Available Appointment' field with a calendar icon and a 'Veteran Community Care Choice' section with radio buttons for 'TBO/Deferred', 'Opt-in', and 'Opt-Out'.

At the bottom of the interface, there is a 'Save' button and a small note: 'To end your DST session without saving changes and return to CPDS, close this browser window.'

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 SchedulerDetermines applicable access standard and reviews wait time in VSEIf there is no appointment available within the applicable access standard and the Veteran opts out of community care, documents #COO# in appointment commentsLaunches the Decision Support Tool (DST) via Consult Toolbox and reviews other eligibilityDocuments Veteran's opt-in, selects special scheduler SEOC,

The screenshot displays the Decision Support Tool (DST) interface. The patient information includes: Consult: Advanced Heart Failure Sic; Veteran Name: DSTPatient, One A; Residential Address: 1234 Example Rd, West Branch, CO 97734; Date of Birth: Jan 18, 1938 (80); SSN: ***-**-0000. Clinical Service: Cardiology. Urgency: Routine. Drive Time Std: 1 hr 03 min; Wait Time Std: 28 days. VA Facilities table:

Facility Name	Average Drive Time	Average Wait Time
VA Western Colorado HCS	15 min (12 mi)	15 days
VA Eastern Colorado Health Care System (ECHCS)	45 min (27 mi)	18 days
Golden Outpatient Clinic	50 min (38 mi)	35 days
Glenwood Springs Veterans Community Clinic	1 hr 50 min (83 mi)	32 days
Glenwood Springs Veterans Community Clinic	2 hr 30 min (122 mi)	32 days

Community Care Eligible based on: Grandfathered, No full-service VHA facility, Best Medical Interest of Veteran. Veteran Community Care Choice: TBD/Deferred, Opt-in, Opt-Out. Standardized Episode of Care: View SEOC. Consult Decision: VA, Community Care.



**Additional Wait Time
Standards Scenarios**

Wait Time Scenario #6: Return to Clinic



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
 PE

 ↓
 care, the
 PE

| WTS Start Date ←

 → WTS End Date

| File Entry Date (Date of the Request)

 PID

 Wait Time Standard

consult to be forwarded back to the provider.

Wait Time Scenario #6: Return to Clinic



✓ 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

the wait time standard applies 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 RecallThe 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 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 should offer 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).

← WTS Start Date
Date of the Request

→ WTS End Date
Wait Time Standard
20 / 28 days

The scheduler accepts that

Wait Time Scenario #9: New Patient with DST Data



New Clinic Patient with DST DataThe 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 DataThe 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)

Scenario	Community Care Wait Time Calculation Based On	Key Example	
New Clinic Patient or Established Patient with RTC: PID is less than 20/28 days from entry date	Date the Order was Signed/File Entry Date	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
New Clinic Patient or Established Patient with RTC: PID is greater than 20/28 days from entry date	Wait Time Standard Does Not Apply	File Entry Date: 7/1PID: 8/15	Wait time standard does not apply
Return to Clinic – Recall when PID is greater than 20/28 days from entry date	Wait Time Standard Does Not Apply	File Entry Date: 7/1PID: 10/1	Wait time standard does not apply
Established Patient Calling for Out-of-Cycle Appointment (no current RTC)	Date Patient Requests Clinic to Schedule, unless patient requests later date	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
New Primary Care Patient (New Enrollee)	Date Patient Requests First Appointment	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

*PC = primary care; SC = specialty care

Wait Time Calculation Shortcut Table (2/2)

Scenario	Community Care Wait Time Calculation Based On	Key Example	
VA Cancels Appointment with RTC	PID on the order that prompted the initial appointment	File Entry Date: 7/1PID: 7/15	PC*: Wait-time eligible if no new appointment availability until after 7/20 SC*: Wait-time eligible if no new appointment availability until after 7/28
VA Cancels Out-of-Cycle Appointment (no current RTC)	Original Date Patient Requested to Schedule (use Appointment Create Date)	Patient originally requested appointment on 7/1 to be seen as soon as possible	PC*: Wait-time eligible if no new appointment availability until after 7/20 SC*: Wait-time eligible if no new appointment availability until after 7/28
Veteran Cancels/No Shows	New Date Patient Requests Clinic to Reschedule Missed Appointment	Patient originally requested appointment on 7/1, no shows for appointment on 7/15, asks to reschedule on 8/1	PC*: Wait-time eligible if no new appointment availability until after 8/20 SC*: Wait-time eligible if no new appointment availability until after 8/28

*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.)

The screenshot shows the Decision Support Tool (DST) interface for a new clinic patient. The form is titled "Consult: Advanced Heart Failure S/c".

Consult: Advanced Heart Failure S/c

Veteran Name: DSTPatient, One A
 Residential Address: 1234 Example Rd, West Branch, CO 97734
 Date of Birth: Jan 18, 1938 (80)
 SSN: ****-**-0000

Clinical Service (Specialty Care): Cardiology
 Urgency: Routine Stat Special Instructions

Drive Time Std: 1 hr 00 min
 Wait Time Std: 28 days
 CID/No Earlier Than Date: 01/29/2019
 No Later Than Date: 02/19/2019

VA Facilities: Cardiology

Facility Name	Average Drive Time	Average Wait Time
VA Western Colorado HCS	15 min (12 mi)	15 days
VA Eastern Colorado Health Care System (ECHCS)	45 min (27 mi)	18 days
Golden Outpatient Clinic	50 min (38 mi)	25 days
Glenwood Springs Veterans Community Clinic	1 hr 50 min (83 mi)	32 days
Glenwood Springs Veterans Community Clinic	2 hr 30 min (122 mi)	32 days

Community Care

Community Care Eligible based on:

- Grandfathered
- No full-service VHA facility
- Best Medical Interest of Veteran

Veteran Community Care Choice (required): TBD/Deferred Opt-In Opt-Out

Standardized Episode of Care (required): [Dropdown menu] [View SEOC](#)

Community Care Consult Name: [Text field]

Consult Decision: VA Community Care

To end your DST session without saving changes and return to CPES, close this browser window.

[Save](#)

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.

Exercise #1b: New Clinic Patient



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.

Exercise #2a: 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 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

Order a Consult

Consult to Service/Specialty
Community Care-Admin Vccpe

Urgency: ROUTINE Attention: []

Clinically indicated date: TODAY

Patient will be seen as an: Inpatient Outpatient

Place of Consultation: CONSULTANT'S CHOICE

Provisional Dx (REQUIRED) [] Lexicon

Reason for Request
TO DETERMINE VETERAN ELIGIBILITY FOR COMMUNITY CARE SERVICES

-----Do not add or change text below this line-----
 ROUTINE - No later than date: 04/19/2019
 DST ID: b6247f91-b4b2-4e5a-b5e7-4c6d24f8c662

Community Care-Admin Vccpe Cons: CONSULTANT'S CHOICE

Accept Order Quit

Established Patient DST Screen

Decision Support Tool (DST) X

Help Logout

Consult: COMMUNITY CARE-ADMIN VCCPE

Veteran Name: DSTPatient, Two Residential Address: 907 Somewhere St, Denver, CO 91734 Date of Birth: Mar 18, 1950 (68) SSN: ***-**-0000

Community Care

No Community Care Eligibility Found

No Clinic Appointments Available

Next Available Appointment: mm/dd/yyyy

Veteran Community Care Choice (required): TBD/Deferred Opt-In Opt-Out

Clinical Service (Specialty Code): Cardiology Urgency: Routine Stat Special Instructions

Drive Time Std	Wait Time Std	ClO/No Earlier Than Date	No Later Than Date
1 hr 00 min	28 days	01/21/2019	02/19/2019

VA Facilities: Cardiology

Facility Name	Average Drive Time	Average Wait Time
Cheyenne VAMC	5 hrs 15 min	32 days
VA Western Colorado HCS	11 hrs 15 min	40 days

To end your DST session without saving changes and return to CPE, close this browser window

Save

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?

Exercise #2b: 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). 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?

The screenshot shows a web-based form titled "Order a Consult" for "COMMUNITY CARE-HARDSHIP DETERMINATION". The form includes the following fields and options:

- Urgency:** ROUTINE (selected)
- Attention:** (dropdown menu)
- Clinically indicated date:** TODAY (calendar icon)
- Place of Consultation:** CONSULTANT'S CHOICE (dropdown menu)
- Place of Consultation:** CONSULTANT'S CHOICE (dropdown menu)
- Professional Dk (REQUIRED):** (checkbox)
- Reason for Request:** Requesting 365SHIP waiver for Community Care for a period of 1 YEAR.
- Buttons:** Accept Order, Out

- ✓ 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.

Exercise #3b: 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. 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.

The screenshot shows a dropdown menu with the title "Best Medical Interest of Veteran". The menu is open, displaying a list of options. The first option is "-- Select Justification --" with a downward arrow. Below it are six options: "Nature or simplicity of service", "Frequency of service", "Need for an attendant", "Potential for improved continuity of care", "Potential for improved quality of care", and "Timeliness of available appointments". The final option, "Other", is highlighted with a dark background.

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?

Exercise #4a: Appeals Answer



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.

Patient Inquiry

Emergency Contact Information:
E-Cont.: NOT PROVIDED,
Relationship:
Phone: UNSPECIFIED
Work Phone: UNSPECIFIED

Health Benefit Plans Currently Assigned to Veteran:
Veteran Plan - CCP Grandfather
Veteran Plan - CCP Urgent Care

Health Insurance Information:
Insurance COB Subscriber ID Group Holder Effective Expire
No Insurance Information

Service Connection/Rated Disabilities:
Service Connected: NO
Rated Disabilities: NONE STATED

Health Benefit Plan Name	MISSION Eligibility Criteria
Veteran Plan - CCP Grandfather	Grandfathered
Veteran Plan - CCP State with No Full-Service Medical Facility	No Full-Service Facility in Veteran's State
Veteran Plan - CCP Urgent Care	Urgent Care
Veteran Plan-CCP Hardship Determination	Hardship

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?

Exercise #5b: General Inquiry Answer



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.**

Frequently Asked Questions, cont.

- 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.**

Frequently Asked Questions, cont.

- 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.**

Frequently Asked Questions, cont.

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 use 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