

MISSION Act 2018 – WHAT A TRAINEE NEEDS TO KNOW!

The VA MISSION Act of 2018 expanded veterans' access to care outside the VA. New eligibility criteria go into effect on June 6th, 2019. A new non-mandatory tool, called the Decision Support Tool (DST) will be helpful in determining eligibility for outside care and documenting Veterans' choices and options.

Key points about community care eligibility include:

- Veterans must receive approval from VA prior to obtaining care from a community provider in most circumstances.
- Eligibility for community care is dependent upon a Veteran's individual health care needs or circumstances.
- Veterans always have the option to continue care within VA, regardless of their eligibility for community care.
- VA staff members generally make all eligibility determinations, not trainees. If you are in doubt, ask your supervisor!
- Meeting any one of the six eligibility criteria listed below is enough to be considered for referral.

Eligibility Criteria

1. Veteran requires a healthcare service that is not available at VA.
2. Veteran lives in a State without a full-service VA (applies only to New Hampshire, Alaska and Hawaii).
3. Veteran has already qualified to receive care in the community under the 2014 Choice program ("grandfathered in").
4. Veteran lives too far away to make care at VA convenient:
 - a. Veteran's drive time to VA is over 30 minutes for primary care, mental health, and non-institutional extended care services (including adult day health care).
 - b. Drive time is over 60 minutes for specialty care.
5. VA cannot provide needed care within 28 days for specialty care (or 20 days for primary care) unless the Veteran agrees to a later date in consultation with their VA health care provider.
6. A provider believes that seeking community care is in the Veterans "best interest".

As a VA HPT you should not make decisions about referrals outside of the VA. Your clinical supervisor bears responsibility for these eligibility and referral decisions.

Decision Support Tool:

The DST displays, documents and stores a veteran's eligibility criteria for community care at the time of request for care in a standard and reportable format. However, eligibility for community care does not mandate referral. The patient can always choose to continue with VA care. Continuity of care within VA remains an important consideration for providing quality healthcare.

The DST can be used to:

- Document the referral eligibility at the time of the care, including drive times and waiting times
- Document the urgency of the consultation/next appointment and Clinically Indicated Date (CID)
- With your supervisor's approval, you may select a "Best Medical Interest" justification to refer the patient outside VA
- Document your patient's choices for community care (opt-in, opt out, or to be determined)

Please remember that you can defer use of the DST to your clinical supervisor or the administrative scheduling staff. As a health professions trainee, you should not be making decisions about eligibility and referral.

To seek more information about the MISSION Act standards, see <https://missionact.va.gov/>

Office of Academic Affiliations

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