



The Veterans' ACCESS Act

TITLE I—IMPROVEMENT OF VETERANS COMMUNITY CARE PROGRAM

Section 101: Codification of requirements for eligibility standards for access to community care from Department of Veterans Affairs.

- Codify the current community care access standards as the minimum access standard and expand them to include all extended care services (including mental health residential rehabilitation) except for nursing home care. Preserve the existing requirement that VA review the access standards, with an expanded group of stakeholders, and report to Congress every three years regarding any recommended changes.
- Prohibit VA from considering the availability of a telehealth appointment to satisfy the access standards so that veterans continue to have the option of choosing community care if VA is unable to provide them an in-person appointment within the access standards.
- Require that, if VA cancels an appointment at a VA medical facility, the veteran's wait time calculation for purposes of determining community care eligibility under the wait time access standard will start on the date of request for the original, canceled appointment.
- Require that, when determining eligibility for community care, if a veteran and their provider agree to a date that is later than the date of request under the wait time access standard or a distance that is greater than the drive time access standard, that agreement is documented in the veteran's medical record and the veteran receives a copy.
- Reiterate that the access standards apply to all of the care provided by VA, except for nursing home care, and to all veteran patients, regardless of whether they are a new or established patient.

Section 102: Requirement that Secretary notify veterans of eligibility for care under Veterans Community Care Program.

- Require VA to inform veterans of the eligibility for community care in a timely manner.

Section 103: Consideration of veteran preference for care, continuity of care, and need for caregiver or attendant.

- Expand the list of things VA must take into consideration when a veteran and their provider are considering whether it is in the best medical interest of a veteran to seek care in the community to include a veteran's preference for when, where, and how to seek care as well as continuity of care and a veteran's need or desire for a caregiver or attendant to accompany them for care.

Section 104: Notification of denial of request for care under Veterans Community Care Program.

- Require that, if VA denies a request by a veteran to receive community care, VA provides that veteran, in a timely manner, with the reason for the denial and instructions for how to appeal the denial using the Veterans Health Administration's (VHA's) clinical appeals process.

Section 105: Discussion of telehealth options under Veterans Community Care Program.

- Require VA to discuss telehealth with veterans as an option for care, both in the VA healthcare system and in the community, if telehealth is available, appropriate, and acceptable to the veteran.

Section 106: Extension of deadline for submittal of claims by health care entities and providers under prompt payment standard.

- Allow community care providers to submit claims for reimbursement for community care services up to a year after the date of service, rather than 180 days in accordance with industry standards.

TITLE II—MENTAL HEALTH TREATMENT PROGRAMS

Section 201: Definitions.

- Provide applicable definitions for “covered treatment programs”, “covered veterans”, “social support systems”, and “treatment tracks” for title II of the bill.

Section 202: Standardized process to determine eligibility of covered veterans for participation in certain mental health treatment programs.

- Require VA to establish a standardized screening process to determine, based on clinical need if a veteran meets criteria for priority or routine admission to a mental health residential rehabilitation treatment program.
- Require veterans to be eligible for priority admission to a residential rehabilitation treatment program if the veteran: (1) has symptoms that significantly affect activities of daily living or increase the veteran's risk for adverse outcomes; (2) has an unsafe living situation; (3) has a

high-risk flag for suicide; (4) has risk factors for overdose; (5) is considered non-responsive, relapsed, or unable to find to recovery from one other course of treatment; or (6) meets other criteria developed by VA.

- Requires VA to consider referrals for mental health residential rehabilitation treatment programs from any health care provider of the veteran in question.
- Require VA to ensure that veterans are screened for mental health residential rehabilitation treatment programs within 48 hours of the time the veteran or their provider requests admittance.
- Require VA to admit veterans deemed eligible for priority admission to a mental health residential rehabilitation treatment program to such a program within 48 hours of the determination of their priority status.
- Require VA to screen veterans who are being evaluated for admittance to a mental health residential rehabilitation treatment program for traumatic brain injury at an appropriate time.
- Require VA, when placing veterans into mental health residential rehabilitation treatment programs, to consider input from such veterans regarding geographic placement and program specialty, subtype, and treatment track.
- Require VA, when placing veterans into mental health residential rehabilitation treatment programs, to maximize such veteran's proximity to social support systems.
- Require that, if VA determines a veteran is eligible for priority admission to a mental health residential rehabilitation treatment program but is unable to admit that veteran into an applicable VA program within the time frame and parameters required by this section, to give such veteran the option of receiving care at a community facility that: (1) can admit such veteran within the time frame and parameters required by this section; (2) is party to a contract/agreement with VA or enters into a contract/agreement with VA; (3) is licensed by a State; and (4) is accredited by the Commission on Accreditation of Rehabilitation Facilities or the Joint Commission.
- Require that, if VA determines a veteran is eligible for routine admission to a mental health residential rehabilitation treatment program but is unable to admit that veteran into an applicable VA program in accordance with the existing access standards governing mental health care, to give such veteran the option of receiving care at a community facility.

Section 203: Improvements to Department of Veterans Affairs Mental Health Residential Rehabilitation Treatment Programs.

- Require VA to track the performance of VA medical facilities and Veterans Integrated Service Networks (VISN) with respect to appropriate screening and timely admission into mental health residential rehabilitation treatment programs.
- Require VA to develop a process to oversee the quality of care provided to veterans in mental health residential rehabilitation treatment programs in VA medical facilities and in the community.
- Require VA, if VA determines a veteran needs mental health residential rehabilitation treatment, to provide such veteran with a list of locations at which the veteran can receive such care and transportation or transportation assistance.
- Require VA to develop a clinical appeal process for veterans and their representatives or providers to appeal denials for care in, or untimely admission to, a mental health residential rehabilitation treatment program. Require VA to review and respond to any such appeals within 72 hours and to make guidance related to such appeals process publicly available.
- Require VA, to the extent practicable, to create a method to track availability and wait times for mental health residential rehabilitation treatment programs in VA medical facilities and in the community and to make such information available in real-time to VA medical center and VISN leadership, mental health coordinators working in VA medical facilities, and VA's Office of the Under Secretary of Health.
- Require VA to develop and implement training regarding mental health residential rehabilitation treatment programs for VA staff.
- Require VA to review and revise oversight standards for VISN and VA Central Office leadership to ensure that VA staff adhere to applicable standards and policy pertaining to mental health residential rehabilitation treatment programs.
- Require VA to ensure that veterans who are screened for admittance to a covered residential rehabilitation treatment program are offered, and provided if agreed upon, options for appropriate and coordinated follow-up care or applicable subsequent services during the screening process.
- Require appropriate care coordination and care planning prior to discharge from a mental health residential rehabilitation treatment program for veterans with substance use disorder, to include, as appropriate, detoxification services.
- Require a report to Congress on modifications to mental health residential rehabilitation treatment programs requires to fulfill the requirements of this title and an annual report to Congress on the ongoing operations of mental health residential rehabilitation treatment programs.
- Require a Government Accountability Office (GAO) report on access to mental health residential rehabilitation treatment programs in VA medical facilities and in the community for veterans in need of residential mental health care and substance use disorder care.

TITLE III—OTHER HEALTH CARE MATTERS

Section 301: Plan on establishment of interactive, online self-service module for care.

- Require VA to develop, implement, and report to Congress on an interactive, online, self-service module to allow veterans to request appointments, track referrals, appeal denials for care, and receive appointment reminders for care delivered both in VA medical facilities and through community care.

Section. 302: Modification of requirements for Center for Innovation for Care and Payment of the Department of Veterans Affairs and requirement for pilot program.

- Elevate the Center for Care and Payment Innovation (CCPI) to the Secretary's office rather than an entity within VHA and stipulate that CCPI have its own budget.
- Require, rather than authorize, CCPI to carry out pilot programs to develop innovative approaches to testing payment and service delivery models in order to reduce expenditures while preserving or enhancing the quality of care furnished by VA.
- Expand CCPI's mandate to include pilot programs that increase productivity, efficiency, and modernization.
- Expand CCPI's ability to request Congressional waivers of authority to include all of title 38 United States Code, title 38 Code of Federal Regulations, and internal VA policies.
- Accelerate CCPI's operational tempo to require at least 3 concurrent pilot programs.
- Expand the VA entities in which CCPI is required to obtain advice from to include IVC, the Office of Finance, the Veteran Experience Office, the Office of Enterprise Integration, and the Office of Information and Technology, in addition to the Under Secretary for Health and the Special Medical Advisory Group.
- Expand the external entities in which CCPI is required to consult with to include non-profit organizations and other public and private sector entities in addition to representatives of relevant Federal agencies.
- Require CCPI to provide an annual report to Congress accounting for the activities, staff, budget, and outcomes resulting from CCPI's efforts.
- Require GAO to report to Congress on CCPI's efforts and outcomes.

- Require VA to establish, and report to Congress on, a three-year pilot program to allow enrolled veterans to access outpatient mental health and/or substance use services through community care network providers without referral or preauthorization. This pilot is based on TRICARE Prime. VA would be required to carry out the pilot program in areas with varying degrees of urbanization, high rates of veteran suicide, high rates of veteran overdose deaths, high rates of calls to the Veterans Crisis Line, long wait times for VA mental health and substance use disorder services, and with outpatient mental health and substance use disorder services that utilize value-based care. VA would also be required to develop a care coordination plan with appropriate oversight and patient safety capabilities to monitor and support veterans participating in the pilot.

Section 303: Reports.

- Require VA to assess, on an ongoing basis, the timeliness, transparency, objectivity, consistency, and fairness of the VHA clinical appeals process. VA would be required to consult with VSOs, veterans, caregivers, VA staff, and other stakeholders when conducting the assessment of the clinical appeals process and to report to Congress on the administrative and legislative actions, if any, that are needed to improve the clinical appeals process.
- Require VA to report to Congress, on an ongoing basis: the number of veterans eligible for community care under each of the MISSION Act eligibility criteria, including multiple such reasons for veterans eligible under more than one eligibility criteria; the number of eligible veterans who opt to seek community care; the number of eligible veterans who opt not to seek community care; the timeliness of community care referrals; the number of no-show community care appointments; the number of veterans who appeal a denial of a request for community care; and the timeliness and outcomes of such appeals.