Dear NADSA Member:

NADSA and its affiliates have been working diligently on the recent issues with the Veterans Administration (VA) discontinuing transportation reimbursement for ADHC participants as it transitions to Community Care Networks (CCN).

For those not fully aware, the Veterans Health Administration (VHA) has been in the process of transitioning individual contracted community ADHCs to a third party network over the past year or more. Although this plan had been initiated a number of years ago, it was fully imposed with the passage of the Mission Act and became effective on June 6, 2019. The transition began at that time, and still continues to date.

Nationwide, ADHCs will no longer be contracted through local VA medical centers (VAMCs) with individual providers, but providers will now be able to become a part of the Community Care Network (CCN) which will be administered with by Optum or Tri-West:

(https://www.va.gov/COMMUNITYCARE/providers/Community_Care_Network.asp).

ADHCs will continue to be an essential part of these programs. Rates have been set and published for each area as well:

(https://www.va.gov/COMMUNITYCARE/revenue_ops/Fee_Schedule.asp).

Eligibility for the network is determined by the regional VAMC. The programs will need to fulfill minimum regulations, licensure, or certification -- depending on the VAMC -- but at minimum provide services needed by the veterans "with a strong bias toward medical model adult day health care." Please reach out to Optum or Tri-West, as well as your local VAMC, to inquire about participating in the CCN.

With that background, many providers recently have been made aware that transportation services were no longer a covered or reimbursable service under the
CCN model. It’s difficult to determine how this oversight was made and conflicting reasons have been given. The fact remained that veterans no longer were going to be eligible for transportation services to and from ADHCs under the new program. NADSA was made aware of the issue in May of this year, and joined the call to act with providers and state associations across the US.

Although no promises were made, it became apparent that the VHA was aware of the issue and an effort ensued to find a solution before the end of June of this year. The tenacity of providers and associations has paid off. The Tennessee Association of Adult Day Services (TAADS) was able to leverage its long standing partnership with Senator Lamar Alexander and his staff to press the VHA for solutions, especially as it passed its self-imposed June 30th deadline. Finally, an announcement was made and sent to TAADS last week, via Senator Alexander’s office, directly from the VHA.

"The Veterans Health Administration (VHA) agrees that transportation is essential to the provision of adult day health care (ADHC) services. When purchasing ADHC services from community providers, VHA will pay for transportation for Veteran participants when clinically indicated for a particular Veteran, unless family or community resources are available to safely provide this service and the Veteran prefers to use those resources. These services are currently not available on CCN contracts. Transportation services are available under existing local contracts which can continue to be used and information regarding ordering transportation will be provided to VA medical centers."

While this communication is very recent, it is now clear that transportation will continue to be made available to veterans using ADHC services via local contract with VAMCs as it has been in the past. If you are an ADHC provider and preparing for, in the process of, or have recently transitioned to the CCN for ADHC provision, it is essential you reach out to your local VAMC to initiate or continue contracting for transportation services.

Thank you to everyone who has been involved in this process and we look forward to our continued work in assisting ADS providers across the nation!
CMS Extends HCBS Settings Rule Deadline
This week, the Centers for Medicare & Medicaid Services (CMS) issued guidance to state Medicaid agencies informing them that the agency will be extending the deadline for ensuring compliance with the Home and Community-Based Settings Regulation, in response to the COVID-19 pandemic. CMS recognizes that states have faced significant challenges and delays in their implementation activities, and that service provision and community integration approaches have been disrupted.

Due to these unprecedented challenges, CMS has extended the compliance deadline for this regulation to March 17, 2023. CMS is committed to continuing its work with states, advocates, and other stakeholders to continue to improve HCBS options. Technical assistance and support for states remains available during the extension period to ensure meaningful progress with ongoing implementation efforts.

Read CMS' letter to State Medicaid Directors.