COMMUNITY NURSING HOME PROGRAM (CNHP)

1. PURPOSE:

The purpose of this notice is to provide interim policy while a new Community Nursing Home (CNH) directive is being prepared. The notice clarifies nursing home eligibility generally (required and discretionary) and eligibility for CNHP under the VA MISSION Act of 2018. It also provides new quality expectations for Nursing Homes (NHs) participating in CNHP. The use of CNHs to provide respite care and copayments for CNH care are also addressed.

2. ELIGIBILITY FOR CARE IN A NURSING HOME

   a. Mandatory Eligibility. VA is required to furnish necessary nursing home care, when clinically indicated, to the following:

      (1) Any Veteran in need of nursing home care for a service-connected (SC) disability.

      (2) Any Veteran in need of nursing home care who has a single or combined SC disability rating of 70 % or greater. This includes a Veteran with a single disability rated 60 percent but who has a total disability rating based on individual unemployability.

   b. Discretionary Eligibility (As Resources Allow). VA may, in its discretion, authorize nursing home care for Veterans in need of this level of care who are not covered in paragraph 2a above. NOTE: Generally, if VA places a Veteran described in paragraph 2b in a CNH at VA expense, that placement may not exceed six months per episode. The VA Medical Facility Director may authorize an extension of no more than 45 days in the circumstances described in 38 C.F.R. 17.60. Veterans who are terminally ill and have a life expectancy medically determined to be less than six months are not subject to the 45-day limitation.

3. ELIGIBILITY FOR COMMUNITY CARE.

   To receive CNH, Veterans eligible for nursing home care under paragraph 2 above must also satisfy one of the below eligibility criteria for the Veterans Community Care Program (VCCP) established by the VA MISSION Act of 2018 (38 CFR 17.4000 et seq.) (MISSION):

   a. Veteran needs a service that is not available at VA.

   b. Veteran resides in U.S. state or territory without a full-service VA medical facility (Alaska, Hawaii, New Hampshire, and the U.S. territories of Guam, American Samoa, Northern Mariana Islands, and the U.S. Virgin Islands.)
c. The Veteran has temporary grandfathered eligibility under the old Veterans Choice Program because the Veteran was:

(1) Eligible under the distance criteria under the Veterans Choice Program on the day before the VA MISSION Act was enacted into law (June 6, 2018);

(2) Lives in one of the five states with the lowest population (North Dakota, South Dakota, Montana, Alaska or Wyoming) or

(3) Continues to meet the distance criteria, received care between June 6, 2017, and June 6, 2018, and


d. Veteran and their referring clinician agree that it is in the Veteran’s best medical interest to be referred to a community provider.

e. Veteran needs care from a VA medical service line that VA determines is not provider care that complies with VA’s quality standards. **NOTE:** The designated access standards under MISSION eligibility described in the above MISSION regulations do not apply to community nursing home placements. VA medical service lines that are designated as underperforming to give effect to this particular eligibility will be announced in Federal Register Notices as applicable. VHA cannot utilize this eligibility criterion unless and until such Federal Register Notices announce underperforming VA medical service lines.

4. INPATIENT RESPITE CARE:

Needed inpatient respite care must be provided as part of the medical benefits package, 38 CFR 17.38. This care may be provided in a VA CLC or in a CNH, if VCCP eligibility is met.

5. EXTENDED CARE COPAYMENTS:

Veterans receiving care in CNHs may be responsible for extended care copayments. See VHA Handbook 1601A.06, Application and Copayments for Extended Care Services, dated November 10, 2015, for VHA policy on extended care copayments.

6. QUALITY EXPECTATIONS FOR COMMUNITY NURSING HOMES:

a. To participate in VA’s CNH Program, NHs are expected to have either 1) a three-star overall rating, or 2) a two-star overall rating with a four star or greater quality measures score on the Centers for Medicare and Medicaid (CMS) Nursing Home Compare Web site (https://www.medicare.gov/nursinghomecompare/search.html).

b. NHs with lower scores may participate in the CNH program only when specifically approved by the Deputy Under Secretary for Health for Operations and Management or designee.
c. All NHs in the CNH Program must be certified by CMS under Title XVIII (Medicare) or Title XIX (Medicaid), or have received special approval from the Office of Geriatrics and Extended Care (GEC) Office. NHs are responsible to the state of jurisdiction and CMS for the care provided. VA does not regulate the care or inspect CNHs. VA acts as an informed purchaser of care in order to purchase quality services for Veterans and enhance the Veterans’ experience in the home.

7. COORDINATION:

When a VA medical facility makes a CNH placement outside its primary service area or catchment area, the referring facility will pay for care for the first 90 days, unless arranged specifically otherwise in advance with the receiving VA medical facility. If the need for NH care continues beyond 90 days, the receiving VA medical facility is responsible for payment.

8. COMMUNITY NURSING HOME CERTIFICATION REPORT:

The requirement to use the CNH Certification Report is discontinued. It is replaced by the information available through the CMS Web site listed in paragraph 6.a.


10. RESPONSIBLE OFFICE: The Office of Geriatrics and Extended Care (10NC4) is responsible for the content of this VHA Notice. Questions may be addressed to (202) 461-6750 or email VHA Purchased LTSS Support Group at VHAPurchasedLTSSSupportGroup@va.gov.

11. This notice will be archived as of October 31, 2020.

BY DIRECTION OF THE OFFICE OF THE
UNDERSECRETARY FOR HEALTH

/s/ Renee Oshinski
Deputy Under Secretary for Health for
Operations and Management

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