Weigh In On Proposed VA Rule for HCBS Providers
Public Comments Sought by Friday

March 12, 2013

n4a recently became aware of a proposed rulemaking from the Department of Veterans Affairs (VA) that may prevent Area Agencies on Aging (AAAs) and Title VI Native American aging programs (as well as a host of community providers) from qualifying as providers of “low-cost alternatives to nursing home care” for veterans.

Read the full Federal Register notice: https://www.federalregister.gov/articles/2013/02/13/2013-02993/use-of-medicare-procedures-to-enter-into-provider-agreements-for-extended-care-services

n4a supports the primary intent of the rule—to simplify how the VA can approve non-VA providers to deliver extended care services. We applaud the VA for opening up the opportunity for non-VA providers of home and community-based services (HCBS) to meet veterans’ needs. Unfortunately, the proposed rule is written in such a way as to limit this opportunity only to non-VA providers that are recognized as Medicare or Medicaid certified providers.

This approach would leave off a whole host of community-based aging and disability providers well-qualified to serve veterans but not in that narrow category.

n4a’s comments are still being developed, but we intend to argue that the category of eligible providers must be broadened to include the thousands of provider groups serving older adults and people with disabilities (many of them veterans). If the limitation is not altered as such, we worry that the VA’s intent—to expand veterans’ access to “extended care” in “community-based, low-cost alternatives to nursing facilities”—will be compromised, and thus restrict vets’ ability to secure low-cost alternatives to nursing homes in their communities. We also worry that this restriction could limit the ability of veterans to self-direct their own care, as their options will become unnecessarily limited. Similar effects may be felt particularly in rural areas, where scarcity of providers may limit veterans’ access.

Part of this confusion, we believe, is around an old-fashioned definition of medical services providers and the interpretation of which entities fit this definition. As the VA expands its reach into the HCBS world, we hope their regulations will reflect the realities and opportunities of the very broad, diverse and rich community of aging and disability providers.
What You Can Do:

- **Electronically submit** your own comments to the VA. You can put a formal letter on letterhead or simply cut and paste more informal remarks into the online form.
- **Act quickly! The comment period closes on Friday, March 15.**

Talking Points:
Your comments do not have to be elaborate. Just identify your agency/program, share your thoughts on the proposed rule and urge the VA to expand their definition of providers of extended care services. If your agency is *not* a Medicare/Medicaid provider, please include examples that illustrate how well-equipped you are to coordinate or provide HCBS for veterans, thus showing the lost opportunity cost if the VA does not amend this rule.

*Key points to consider making:*

- As written, the definition of “extended care services” and “provider” limits the veterans from accessing high-quality care from HCBS providers that are not participants of the Medicare or Medicaid program.
- Many health care providers are operating outside of the realm of Medicare and Medicaid, providing high-quality, innovative and cost-effective care to our nation’s most vulnerable populations.
- Moreover, health care operations are transforming from siloed entities to integrated systems of acute and social services that maximize the outcomes for the patient while limiting costs on the system as a whole. Services such as care coordination or evidence-based disease prevention and health promotion programs serve as examples of this innovation, all of which are offered by AAAs.
- These and many other HCBS providers should be utilized and leveraged as assets as we shape our country’s health care delivery system whether the individual requiring care is an older adult, a person with a disability, a veteran or anyone else.
- Though well intentioned, we believe that the proposed rule as written may cause the following unintended consequences:
  - Many high quality HCBS alternatives to institutional care will not be available to veterans in need because provider agreements are limited to care providers who offer Medicare or Medicaid reimbursed services.
  - A lack of ample quality providers may lead to increased placement into more costly, and often unwanted, nursing home care.
  - Veteran self-direction and patient preference will be compromised by limiting the available providers. This may especially affect veterans who live in rural communities where provider options are limited to begin with.

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