

STATEMENT OF WORK

VA MONTANA HEALTH CARE SYSTEM

WEEKEND, HOLIDAY, EVENING & NIGHTS (WHEN HOURS)

STATEMENT OF WORK

The Purpose of this contract is to provide crisis mental health care for Veterans at the Fort Harrison VA Medical Facility in Helena, Montana during Weekend, Holiday, Evening and Nights (WHEN hours). The WHEN hours are defined as 4:30 pm to 8:00 am during the workweek excluding holidays, and 8:00 am to 8:00 am (24 hours) on Saturdays, Sundays and Federal Holidays.

REQUIREMENTS

The Contractor shall be or employee individuals licensed in Montana with Social Worker/ Licensed Professional Mental Health Counselor, Psychologist, and/or Psychiatrist as needed, and be experienced providing quality, recovery-based behavioral health services to Montana veterans.

GENERAL

The contractor shall provide mental health services in accordance with the terms and conditions stated herein, to furnish to the VA Montana Healthcare System. All services shall be initiated at the Fort Harrison VA Emergency department and then returned to VA care or admitted to inpatient care at appropriate site.

FACILITIES

Contractor shall have a centralized administration facility for point of contact.

MENTAL HEALTH TREATMENT REQUIREMENTS

Per VA standards (pursuant to VHA Handbook 1160.01), mental health services for veterans shall be recovery-oriented. According to the National Consensus Statement on Mental Health Recovery (found at: <http://mentalhealth.samhsa.gov/publications/allpubs/sma05-4129/>): “Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of the person's choice while striving to achieve full potential.”

(a) The Consensus Statement lists ten fundamental components of recovery:

1. Self-direction,
2. Individualized and person-centered,
3. Empowerment,
4. Holistic,
5. Non-linear,
6. Strengths-based,
7. Peer support,
8. Respect,
9. Responsibility, and

10. Hope.

(b) As implemented in VHA recovery, it also includes:

1. Privacy,
2. Security,
3. Honor, and
4. Support for VA patient rights.

(3) All mental health care must be provided with cultural competence.

(a) All staff members who are not veterans must have training about military and veterans' culture in order to be able to understand the unique experiences and contributions of those who have served their country.

(b) All staff must receive cultural competence training addressing ethnic and minority issues.

(4) There must be a mental health treatment plan for all veterans receiving mental health services.

(a) The treatment plan must include the patient's diagnosis or diagnoses and document consideration of each type of evidence-based intervention for each diagnosis.

(b) The treatment plan needs to include approaches to monitoring the outcomes (therapeutic benefits and adverse effects) of care, and milestones for reevaluation of interventions and of the plan itself.

(c) As appropriate, the plan needs to consider interventions intended to reduce symptoms, improve functioning, and prevent relapses or recurrences of episodes of illness.

(d) The plan needs to be recovery oriented, attentive to the veteran's values and preferences, and evidence-based regarding what constitutes effective and safe treatments.

(e) The treatment plan needs to be developed with input from the patient, and when the veteran consents, appropriate family members. The veteran's verbal consent to the treatment plan is required.

STAFFING

Contractor shall have and maintain sufficient professional and support staff to provide access to mental health services on an emergent basis during WHEN hours.

Professional staff shall include prescribing provider(s), licensed psychotherapist(s), and licensed nursing personnel. Unlicensed master's level counselors/social workers/doctoral student interns must have direct supervision from licensed staff as required by Montana Board of Professional Licensing. All services shall be provided by professionals working within their scope of practice as defined by state licensure, education and level of competency.

Support staff to include: case management, behavioral technicians/therapeutic aides. Support staff shall be under direct supervision from a licensed professional.

VA MT shall make available VA sponsored educational opportunities to all contract providers who deliver care to veterans. The VA endorses the use of professionally recognized evidence-based therapy. For the most updated, VA supported information on PTSD treatment guidelines and an opportunity for free educational credits, all contract providers shall subscribe to the U.S. Department of Veterans Affairs Website to receive emails regarding upcoming trainings and lectures:

<http://www.ptsd.va.gov/about/subscribe.asp>.

The following website can be utilized to research various topics and educational credits related to PTSD treatment: http://www.ptsd.va.gov/professional/continuing_ed/index.asp.

It is recommended that contract providers have a good understanding and comply with the Veterans Administration/Department of Defense (VA/DOD) practice guidelines related to Post Traumatic Distress Disorder, Bipolar Disorder, Major Depressive Disorder, Substance Abuse Disorder, and Assessment and Management of a Patient at Risk for Suicide.

The most current VA/DOD mental health guidelines can be accessed via the following web site and shall be provided to all personnel providing services under this contract:
<http://www.healthquality.va.gov/guidelines/MH/>

All contractor providers shall follow these guidelines.

The Contractor shall be responsible for assuring that all persons, whether they be employees, agents, subcontractors, providers or anyone acting for or on behalf of the Contractor are aware of, have access to, understand, and comply with all requirements of this contract.

Credentialing information including a copy of licensure, NPI number, and as applicable DEA numbers with expiration dates shall be provided to VA BH Contract and Fee Services for all contract providers upon contract award and on an annual basis. A copy of provider's new license will be faxed to Contract and Fee Services within 30 days following the expiration date.

Contractor shall notify the VA Contracting Officer via email within 30 days of any new prescriber, MD, APRN, Physician's Assistant or Psychotherapist who has initiated employment and will be providing services under this contract. Credentialing information including a copy of licensure, DEA and NPI number with expiration dates shall be included in this notification. Only listed and VA approved contract prescribers included on the key personnel listing will have prescriptive rights honored by the VA pharmacy. Contractor shall notify the Contracting Officer in writing via email within 30 days of any prescriber, MD, APRN or PA terminates employment.

Contractor staff qualifications, licenses, certifications and facility accreditation must be maintained throughout the contract period of performance. The Contractor is responsible for assuring that all persons, whether they be employees, agents, subcontractors, providers or anyone acting for or on behalf of the Contractor, are properly licensed at all times under the applicable state law and/or regulations of the provider's license. All actions required for maintaining certification must be kept up to date at all times. Documentation verifying current licenses, certifications and facility accreditation must be provided by the Contractor prior to award and on an annual basis.

SERVICES

Contractor will have a mechanism to address crisis situations in the community through any, several, or all of the following:

- 24/7 crisis line
- Crisis response teams
- On-call therapists
- Montana state-designated mental health professionals
- Access to area emergency departments, hospitals or crisis stabilization facilities.
- Access to law enforcement to implement welfare checks and pick-up and detain orders

- Capabilities to implement an involuntary 72-hour hold for patients at imminent danger to self or others
- A process for involuntary commitment at Montana State Hospital

Contractor will provide, at a minimum, the following array of mental health services:

- Crisis telephone services
- In person crisis care at the Fort Harrison VA facility Emergency Department.

DOCUMENTATION

Contractor will adhere to professional standards of documentation which include:

- a. Initial Assessment/Intake with psychosocial history and diagnostic impression
- b. Treatment plan that endorses the Recovery model
- c. Identification of current problems, severity of symptoms as measured by industry standardized tools, collaboratively identified goals and provisions for follow-up
- d. Justification of pharmacological interventions. Documented need that supports the continuation of medication management through a specialty service at a frequency and duration supported by VA standards. Transition of medication management back to the VA Primary Care Team should be considered for veterans who maintain pharmacological stability for 12 months.
- e. Sessions notes which include mental status evaluation use of standardized industry tools to measure symptoms and progress, suicide/homicide risk assessment, identified time-limited goals supporting veteran recovery, documentation of therapeutic interventions and response to previous interventions.
- f. Signed release of information to VAMTHCS and informed consent documents reviewed with veteran and submitted annually.
- g. Discharge summary to be faxed to Behavioral Health Contract and Fee Service within 30 days of discharge from contracted services
- h. A suicide risk assessment is completed on every veteran.
- i. For veterans with assessed suicide risk, Contract provider must work closely with the VAMTHCS suicide prevention team (406-447-6000).
- j. Documented safety plan completed and reviewed as necessary.

Per VA standards, documentation should support Recovery-oriented treatment with plans/goals/interventions that contain SMART documentation elements: Specific, Measurable, Attainable, Relevant, and Time-limited. Treatment should focus on creating a positive change and promote highest level of functioning. These should be reflected in the clinical notes and treatment plan. The VA endorses evidence-based treatment modalities that build on veteran's strengths, inspire hope, and are veteran-driven.

The clinical notes should reflect:

Specific, measurable goals that the veteran states he/she wants to achieve for his/her Recovery Plan.

- The use of standardized tools to measure the severity or improvement of symptoms as necessary. Document specific interventions with objective measures of progress in each session.
- Documented tools/assignments/interventions that veteran is working on in session and in between sessions that help with emotions regulation and crisis intervention, giving veteran opportunity to exercise personal sense of efficacy.
- A follow-up plan that includes specific details regarding the specific interventions/assignments that are focused around the Veteran's therapeutic Recovery-based goals.
- Encouragement of identified community and natural supports that offer a long-term support network such as group peer support, community support groups.

With therapeutic work and as the Veteran is developing increased self-reliance and improved emotional regulation, a discussion of gradual disengagement and discussion of eventual discharge planning should be a part of the therapeutic process. Long-term, supportive-only therapy with on-going review of previously learned tools and no progressive treatment planning does not supported the VA recovery-based treatment philosophy. Medical necessity for continued behavioral health care will be reviewed through the Utilization Review process.

Contractor will send documentation of all mental health services to VAMTHCS, Behavioral Health Contract and Fee Services. Documents are to be received by VAMTHCS within 30 days of date of service.

QUALITY ASSESSMENT

Contractor will agree to a quality of care review of patient records by VAMTHCS, BH Contract and Fee Services utilization reviewer to ensure patient safety, adherence to evidence-based practices, and medical necessity of services.

The review process will be based on but not limited to:

- All authorization/re-authorization of contract services are subject to clinical review to determine medical necessity and adherence to evidenced based practice. Clinical review will take place prior to any re-authorization of services
- Prescribing practices
- Extended use of contractor mental health services
- Investigation of formal and informal complaints
- Suicide or homicide
- At the reviewer's discretion, the medical record may also be forwarded for VA peer review.

UTILIZATION REVIEW

VA Contract and Fee Services completes a utilization review (UR) of submitted documentation to assure the veteran is receiving quality care based on medical necessity. The UR is completed at the time of re-authorization request but can be completed at any time the veteran is under the care of the contractor. UR is completed by a VA licensed behavioral health professional. Besides assessing for quality care and medical necessity, the UR also provides a safeguard against unnecessary and inappropriate medical care. It allows a VA health care professional to review the veteran's care from perspectives of medical necessity, quality of care, appropriateness of decision-making, place of service, and length of treatment.

The UR goal is to promote the veteran's health and wellness, and to maximize independence and appropriate mental health resources to support veterans in their recovery.

REFERRAL PROCESS

Veterans must be eligible for VA healthcare to receive contract care. All referrals to contract care must be made by a VAMTHCS Contract and Fee staff member.

TERMINATION OF CONTRACTED BEHAVIORAL HEALTH SERVICES

The Contractor will notify the BH Contract and Fee Services Department within 14 days if/when a veteran's behavioral health services are terminated by the contractor or the veteran chooses to discontinue treatment. Discharge summary is to be faxed to Behavioral Health Contract and Fee Service within 30 days of discharge from contracted services

RELEASE OF INFORMATION

At the time of initial authorization, a copy of the VA Release of Information (ROI) instruction sheet, and ROI form#10-5345 will be sent to the Contractor. It is the responsibility of the Contractor to complete the ROI at the time of initial intake appointment. The signed ROI is maintained in the Veteran's health record at the Mental Health Center and a copy of the signed and dated ROI is faxed to VA BH Contract and Fee Services within two weeks of initial intake appointment. As long as the veteran remains in contract care, the Contractor must renew the ROI with the Veteran every 12 months from initial signed ROI and faxed a copy of the updated ROI to VA BH Contract and Fee Services.

REQUESTS FOR ADDITIONAL MEDICAL RECORDS

Requests by contract providers for patient medical records must be made in writing and forwarded to:

Release of Information, VAMTHCS
FAX: 406-447-3030

Statute 38 US Code 7332 disclosure: If patient information is needed which documents private health information (HIV, sickle cell anemia, drug or alcohol abuse), a signed Release of Information will be required from the veteran.

Contractors will be provided with VA Release of Information Form 10-5345. This form, completed and signed by the Veteran will be forwarded to VAMTHCS Release of Information Office prior to release of medical records.

SUICIDE PREVENTION/SUICIDAL IDEATION

The contractor shall have the knowledge, skills, and ability to assess for suicidal ideation and be able to provide safety planning and care for a veteran expressing suicidal ideation. In the event a veteran in contract care is having issues with active suicidal thoughts, the provider is recommended to notify VA MT Behavioral Health Department at 406-447-6000 to assist with coordination of the veteran's care. Attachment D.6 detail the VA Safety Plan Instructions and the VA Safety Plan. Education and Crisis Number Pocket cards are available by request for all providers via the VA Suicide Prevention Coordinator by calling 406-447-6000.

EMERGENCY PROCEDURES

If a veteran is assessed by a contract provider as in need of acute psychiatric hospitalization, the contract provider will take immediate steps to insure that the veteran is in a safe and secure environment. This is usually the local emergency department.

The contract provider will notify *Network Authorization Office at 1-888-795-0773* of all ED/hospital/crisis facility admissions within 24 hours. If situation is after hours or on a weekend/holiday, contract provider will leave a voice message explaining the situation. If a veteran is medically stable and requires ongoing acute psychiatric care, the VA bed coordinator should be contracted at 406-447-7913 or 406-447-7996 pager 201 or 218 prior to placement for review of VA and community placement options. Tour of duty for travel coordination and bed control are M-F 8:00 to 4:30 pm. Off tour hours/observed federal holidays call the Nurse on Duty (NOD) 406-442-6410 pager 060.

In the event that the contract provider feels the veteran is in need of crisis stabilization at the contractor's local crisis facility, and is admitted to such facility, the contract provider will call Network Authorization (NAO) to report the situation (1-888-795-0773) within 24 hours of admission to get the authorization review process started and request initial/continued authorization of this services. Crisis facility admission is reviewed like any other inpatient stay. NAO may request records be faxed for review to determine medical necessity and the veteran's eligibility. Their fax number is 406-441-2482. NAO is responsible for utilization review, authorization, and payment for crisis facility stabilization admissions. Authorization and payment for crisis facility stabilization admissions are not a part of this contract.

PSYCHIATRIC (MEDICATION) PROCEDURES

Contracted psychiatric care will be provided in collaboration with the veteran's VAMHC primary care provider. Regular medication reconciliation is required by contract psychiatric providers. Contract providers may request current medication lists from the VAMTHCS, BHS Contract and Fee Services by faxing written request to 406-447-6030. A current signed ROI must be included in the fax or must be on file for release of information.

Contract Prescribers to include employees, agents, subcontractors, providers or anyone acting for or on behalf of the Contractor shall have a full understanding and comply with VA/DOD PTSD recommendations related to pharmacologic guidelines for PTSD, particularly the evidence related to the negative treatment outcomes for PTSD treatment with use of benzodiazepines, especially in combat veterans.

Following is an excerpt from the VA/DOD PTSD guidelines:

Use of Benzodiazepines

Historically, benzodiazepines were the primary agent in PTSD treatment, particularly alprazolam and clonazepam. However, based on the limited data that are available, benzodiazepine administration should be used with caution (or discouraged) both in acute stress disorder (ASD) and post-traumatic stress disorder (PTSD), due to lack of evidence for effectiveness and risks that may outweigh potential benefits. Although benzodiazepines have been frequently used "as needed" and continuously for anxiety disorders, including augmenting evidence-based treatment modalities in PTSD, there is theoretical, animal, and human evidence to suggest that benzodiazepines may actually interfere with the extinction of fear conditioning or potentiate the acquisition of fear responses and worsen recovery from trauma. Benzodiazepine should be used especially cautiously in combat veterans with PTSD because of the very high co-morbidity of combat-related PTSD with alcohol misuse and substance use disorders (upwards of 50 percent of co-morbidity) and potential problems with tolerance and dependence. Once initiated,

benzodiazepines can be very difficult, if not impossible, to discontinue due to significant withdrawal symptoms compounded by the underlying PTSD symptoms. (Page 111)

Contracted psychiatric providers are expected to and shall participate in VA Quality Management reviews by VAMTHCS Behavioral Health Services and/or Department of Pharmacy.

Contract psychiatric providers shall adhere to all VAMTHCS Pharmacy policies, protocols, initiatives, and standards. Attachment D.7 explains the VA psychopharmacology initiative underway at a National Level to improve quality and safety of prescriptive practices as well as some pharmacy protocols related to specific medications.

“Double prescribing,” i.e. ordering /prescribing a medication simultaneously at both the VA pharmacy and a local pharmacy is against VA pharmacy policy and is prohibited.

Contract providers may order formulary psychotropic medications through VAMTHCS Pharmacy by faxing scripts to VA MT Pharmacy fax no. 406- 447-7967.

For a request for non-formulary medication, the provider shall complete and fax to the VA Montana pharmacy a NON-FORMULARY/RESTRICTED DRUG REQUEST FORM along with a prescription for requested medication. A VA pharmacist will review the request, render a decision, and advise the contract provider. Attachment D.8 is a copy of the NON-FORMULARY/RESTRICTED DRUG REQUEST FORM. Attachment D.9 is a list of formulary restrictions. Attachment D.10 is a Brief VA formulary.

Contract psychiatric provider shall not order pain medications.

Contract psychiatric provider shall not order medications not related to psychiatric conditions, i.e. medications related to medical conditions. (Examples include but not limited to an antibiotic, cholesterol medication, muscle relaxant, GI medication, hypertensive medication, or allergy medication.) Contract provider may contact a veteran's primary care provider to make recommendations for treatment or non-psychiatric specialty care.

Per Medicare and VA guidelines, a billable medication management visit requires face-to-face or telemedicine assessment and include E&M coding.

REQUEST FOR LABORATORY SERVICES

In the event a contract provider (psychiatrist, nurse practitioner, physician's assistance) requests laboratory services and/or an EKG for treating veteran to facilitated psychiatric care:

- If the requested test cannot be processed by a VA facility because the test requires immediate or time specific testing, the testing will be completed by the lab of mental health center's choice with communication of the lab results between the lab and the prescribing contract provider. The prescribing contract provider will provide a copy of results to the veteran's VA primary care provider.
- Approved laboratory tests as necessary to facility psychiatric care/medication management include blood levels of specific psychotropic medications, CBC, chemistry levels, lipid profile, liver functions, and thyroid levels. Any other requested laboratory testing will require pre-authorization by a VA Contract and Fee Services Care Coordinator. Genetic testing is not authorized for payment by the VA.

In the event that nonVA prescriber would need specific laboratory testing for a veteran, Fort Harrison has the ability to complete laboratory draws. The actual laboratory testing is completed at the MT Veteran Health Administration at Fort Harrison.

- Some laboratory tests can be ordered without pre-authorization and some tests require pre-authorization.
- Approved outpatient laboratory testing as necessary to facilitate psychiatric care/medication management include:
 - blood levels of specific psychotropic medications
 - CBC
 - chemistry levels
 - lipid profile
 - liver functions
 - thyroid levels
 - A1C
 - EKG (non-lab) (should be ordered/completed at VA facility)
- Any other requested laboratory testing will require authorization from the emergency care provider.
- Genetic testing is not authorized for payment by the MT VA.
- If the non-VA prescriber feels a drug screening is necessary, the prescriber should discuss this request with the veteran's emergency care provider. As needed, this testing can be ordered through the MT VA, collected and completed at Fort Harrison Lab.
- EKGs can be completed at Fort Harrison with an order from the veteran's emergency care provider.

REQUEST FOR LABORATORY SERVICES PROCEDURE

1. The RN will relay the lab request to the VA emergency care provider for ordering. Please note that the VA clinic RN or the Fort Harrison Lab employee cannot accept an order directly from a nonVA prescriber.
2. Approved outpatient laboratory testing as necessary to facilitate psychiatric care/medication management include:
 - a. blood levels of specific psychotropic medications
 - b. CBC
 - c. chemistry levels
 - d. lipid profile
 - e. liver functions
 - f. thyroid levels
 - g. A1C
 - h. EKG (non-lab) (should be ordered/completed at VA facility)
3. If the desired test is not included in approved lab testing list, the nonVA prescriber must contact Contract and Fee Services via fax with a request and justification for test. The test should not be ordered/completed unless pre-authorized by VA Contract and Fee Services.