

# Behavioral Health Care

## Quick Reference Guide – All Regions

### Key Points:

- For inpatient and outpatient mental health care, providers should follow the Department of Veterans Affairs/Department of Defense (VA/DoD) clinical practice guidelines, found at: <http://www.healthquality.va.gov>.
- Veterans with a history of Military Sexual Trauma (MST) may receive care from a provider of the gender of their choice.
- All psychotherapy notes ***must be kept separate*** from the Veteran's medical record, per Health Insurance Portability and Accountability Act (HIPAA) regulations.
- A newly identified suicide risk in a Veteran not referred for inpatient mental health treatment is considered a critical finding and must be reported to Non-VA Community Care (NVCC) Staff/VA POC directly by the clinical care provider ***within 24 hours***.
- For additional authorization requests, please submit a Secondary Authorization Request (SAR) to TriWest or Request for Services (RFS) to the authorizing VAMC.

TriWest is proud to partner with VA to provide Veterans with care through the VA's Community Care programs. TriWest is ***NOT*** involved with the TRICARE program.

## Provider Requirements for Behavioral Health:

### Evidence-Based Psychotherapy

- VA has placed great emphasis on Evidence-Based Psychotherapy (EBP) and often will request a specific intervention. Providers of EBP must have received specialized training and experience in EBP. Some of the most common requests are for:
  - Cognitive Processing Therapy (CPT) for Post-Traumatic Stress Disorder (PTSD)
  - Prolonged Exposure Therapy (PE) for PTSD
  - Cognitive Behavioral Therapy (CBT) for depression, chronic pain and insomnia
- The Minneapolis VA provides an excellent description of VA EBP: <http://www.minneapolis.va.gov/services/MentalHealth/MHebt.asp>
- PsychArmor also offers clinical coursework and training, at no additional charge to TriWest providers, as part of their [Veteran Ready](#) offering.

### VA/DoD Clinical Practice Guidelines

- For both inpatient and outpatient mental health care, providers should follow the VA/DoD Clinical Practice Guidelines for the diagnosed mental health condition found at: <http://www.healthquality.va.gov/>.
- Per the instructions, "The use of guidelines must always be in the context of a health care provider's clinical judgment in the care of a particular patient. For that reason, the guidelines may be viewed as an educational tool to provide information and assist decision making."
- Veterans with a history of MST being treated for a mental health condition related to MST will receive care from a provider of the gender of their choice.

## Suicide Risk/Veterans Crisis Line

- ➔ A newly identified suicide risk in a Veteran not referred for inpatient mental health treatment is considered a critical finding and must be reported to the supervising VAMC's NVCC Staff and/or VA point of contact directly by the clinical care provider ***within 24 hours***.
- ➔ If suicide risk is identified, the Veteran should be provided a written copy of his or her personal [Suicide Prevention Safety Plan](#) (please reference: [http://www.mentalhealth.va.gov/docs/VA\\_Safety\\_planning\\_manual.pdf](http://www.mentalhealth.va.gov/docs/VA_Safety_planning_manual.pdf)).
- ➔ The prevention plan includes the contact information for the **Veterans Crisis Line**, which:
  - Is available 24/7/365 in the event of a crisis
  - Can assist in connecting the Veteran to services
  - Can be reached at 1-800-273-8255 (press 1 for Veterans), or <http://www.veteranscrisisline.net/>

## Medical Documentation

Providers should submit medical documentation directly to the Veteran's authorizing VAMC. Never submit documentation with claims. Requests for additional care (SAR/RFS) should be sent to whoever scheduled the appointment – either a VAMC (RFS) or TriWest (SAR).

- ➔ VA requires medical documentation for all care. This allows VA staff to integrate/coordinate the services provided within the community into a Veteran's overall care plan. This documentation should always include:
  - An initial evaluation report at the start of the episode of care
  - A completion of episode of care report at the end of care (discharge summary/discharge plan)
- ➔ If you determine the Veteran needs additional sessions, testing or other services, beyond what is in the authorization, you must obtain authorization prior to providing the services. Depending upon which VAMC you are working with and who is managing the actual appointing, you will need to:
  - Complete a [Behavioral Health RFS](#) and fax to TriWest, (TriWest is appointing) or
  - Complete an RFS and submit it to the authorizing VAMC (VAMC is appointing)
- ➔ If a specific test is not included in the SEOC authorization, complete the [Testing Authorization Request Form](#) (for TriWest) or submit a RFS to the authorizing VAMC. *Please review your authorization before submitting additional requests; most tests are already authorized.*
- ➔ **Psychotherapy process notes** (defined as “notes recorded in any medium by a mental health professional documenting or analyzing the contents of conversation during a private counseling session”) ***must be kept separate from the Veteran's medical record***, per HIPAA regulations.
- ➔ However, the following are considered **Progress notes**. This information shall be provided in the Veteran's medical record and does NOT require Veteran authorization for disclosure:
  - Medication prescription and monitoring (as appropriate)
  - Counseling session start and stop times
  - Modalities and frequencies of treatment
  - Results of clinical tests
  - Any summary of diagnosis, functional status, treatment plans, symptoms, prognosis or progress
- ➔ For more information, please refer to our [Quick Reference Guide on Medical Documentation](#). This tool, along with many others can be found on [TriWest Payer Space on Availity](#)<sup>®</sup>.

## Participation as a Tele-Health Provider

TriWest utilizes tele-health providers as part of our network for both behavioral health medication management and psychotherapy in rural/underserved areas.

If you would like additional information and criteria for participation as a tele-health provider, please review TriWest's [Tele-Health Quick Reference Guide](#).

## Important Numbers

- ➔ **Behavioral Health Questions:** 1-855-722-2838, choose the “Provider” menu option and then “Authorizations” to reach a service representative. The representative can then transfer you to TriWest’s Behavioral Health team.
- ➔ **BH Fax number:** 1-866-284-3736 for faxed SARs. Please submit a RFS, an initial evaluation or a final summary directly to the Veteran’s authorizing VAMC.
- ➔ **Veterans Crisis Line:** 1-800-273-8255, option “1”

You can find information on the VAMC managing the Veteran’s care in the authorization consult details provided to you. Providers can locate the VAMCs and Community Based Outpatient Clinics (CBOC) in their area via the VA’s directory of locations – please visit <https://www.va.gov/directory/guide/home.asp>.

## CE/CEU Training: Veteran Ready Certification

To help providers better serve and understand Veteran’ needs and culture, TriWest providers have access to additional education **at no charge**.

- ➔ Developed as a partnership between VA Desert Pacific Health Care Network, Center for Deployment Psychology, PsychArmor Institute, and TriWest
- ➔ Online training program for behavioral health providers that concentrates on the Veteran population and is available at no charge to the provider
- ➔ Educational content offers Continuing Education (CE) credits with completed coursework
- ➔ Visit PsychArmor’s home page or go directly to the registration page for [Veteran Ready training](#) and register as a new user

## Additional Free Resources

TriWest and VA strongly encourage providers to get additional training and help in working with Veterans. These resources are at **no charge** to our providers!

- ➔ VHA Train – a comprehensive catalog from the Public Health Foundation and supported by VA - [www.train.org](http://www.train.org)
- ➔ PTSD Consultation Program – a VA-sponsored consultation and education organization. Visit [www.ptsd.va.gov/consult](http://www.ptsd.va.gov/consult). You can also reach them by:
  - Email – [PTSDconsult@va.gov](mailto:PTSDconsult@va.gov)
  - Phone – 1-866-948-7880
- ➔ Rocky Mountain Mental Illness Research, Education & Clinical Center (RMIRECC) for Suicide Prevention is a national resource with virtual and print resources.
  - Therapeutic Risk Management of the Suicidal Patient helps facilitate a healthy therapeutic relationship, both protecting clinicians and promoting an open, collaborative therapeutic process. There is a risk stratification tool available virtually and as free-to-order laminated tools. The Online Traumatic Brain Injury (TBI) toolkit provides support for clinicians addressing the needs of individuals with a history of TBI and co-occurring mental health conditions.