Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

M-12, Part II

April 21, 1992

1. Transmitted is a new Department of Veterans Affairs, Veterans Health Administration Manual M-12, "Readjustment Counseling Service Vet Centers," Part II, "Direct Service Operations," chapters 1 through 5. Part I, "Administrative Operations," will be published at a later date.

2. Principal purpose for this part is to enact Public Law 96-22, 38 U.S.C. 612A which authorizes the VA to provide readjustment counseling to veterans and to assist veterans in readjustment to civilian life:

a. Chapter 1: Defines policy and legislative authority.

b. Chapter 2: Specifies impact on life cycle and life style.

c. Chapter 3: Provides background and evolution of readjustment counseling services.

d. Chapter 4: Describes operational procedures.

e. Chapter 5: Outlines procedures for contractual programs.

3. Filing Instructions

Remove pages	Insert pages
	Cover page through iv
	1-i through 5-12

4. RESCISSIONS: Circular 10-89-88.

James W. Holsinger, Jr., M.D.
Chief Medical Director

Distribution: RPC: 1330 is assigned
FD

Printing Date: 4/92

Department of
Veterans Affairs

Readjustment Counseling Service Vet Centers
Direct Service Operations

M-12, Part II
April 21, 1992

Veterans Health Administration
Washington, DC 20420

M-12, Part II

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

April 21, 1992

Veteran Health Administration Manual M-12, "Readjustment Counseling Service Vet Centers," Part II, "Direct Service Operations," is published for the compliance of all concerned.

James W. Holsinger, Jr., M.D.
Chief Medical Director

Distribution: RPC: 1330 is assigned
FD

Printing Date: 4/92

FORWARD

Historically, the lives of individual veterans are profoundly affected and transformed by duty in a war. Following return from combat, veterans traverse a complex pathway back to peacetime civilian life. This transition itself is an influential phase in the human life cycle. The military-to-civilian transition may proceed smoothly and without impediment, furthering personal growth and development. Conversely, effects of the stresses of wartime duty may persist, and interfere with civilian adjustment.

As noted throughout recorded history, the unusual stresses of wartime duty produce complex reactive states and psychological conditions. The extent to which veterans recover from such conditions and utilize them in healthy living greatly varies, not only according to military experiences, but according to homecoming experiences post-war.

Homecoming, welcoming and post-war debriefing opportunities routinely furnish veterans with a transition from war-related experiences which may range from common mild reactive stress states to the condition known as post-traumatic stress disorder. Aside from such specific psychological conditions, the post-war readjustment transition contains difficulties and challenges in negotiating the reestablishment of family ties, educational and employment careers, and the general integration of the military experience into the veteran's life.

During the period 1969 through 1979, Congressional hearings were held which indicated the presence of readjustment difficulties in some veterans returning from duty in Southeast Asia and in others who had served elsewhere during the Vietnam era; the hearings led to 38 U.S.C. 1712A. In response to this enabling legislation, VA established the Readjustment Counseling Service and Vet Centers to provide the required outreach and counseling services.

CONTENTS

CHAPTERS

1. INTRODUCTION AND LEGISLATIVE BACKGROUND

2. SPECIFICATIONS OF SERVICE NEEDS

3. DEFINITION OF SERVICES

4. SERVICES OPERATIONS

5. CONTRACTS PROGRAM OPERATIONS

RESCISSIONS

The following material is rescinded:

VHA Circular

10-89-88

CONTENTS

CHAPTER 1. INTRODUCTION AND LEGISLATIVE BACKGROUND

PARAGRAPH PAGE

1.01 Introduction 1-1

1.02 Policy 1-1

1.03 Authority 1-1

CHAPTER 1. INTRODUCTION AND LEGISLATIVE BACKGROUND

1.01 INTRODUCTION

On the basis of extensive Congressional testimony and VA (Department of Veterans Affairs) consultation with experts on war-related readjustment difficulties, the character of readjustment counseling was initially established during a 10-year legislative history between 1969 and 1979. As implemented by VA in 1979, readjustment counseling is provided through a nation-wide system of community-based Vet Centers. In 1982, VA initiated a new organizational element, RCS (Readjustment Counseling Service), to administer the Vet Centers and the provision of readjustment counseling. Based upon 12 years clinical experience with Vietnam veterans, VA initiated legislative action to provide post-Vietnam era war veterans early access to readjustment counseling and to prevent possible development of delayed and chronic forms of war-related PTSD (post-traumatic stress disorder).

1.02 POLICY

The RCS provides outreach, psychological counseling and supportive social services to assist all Vietnam era veterans, and veterans of Lebanon, Grenada, Panama, and the Persian Gulf War, to resolve war-related psychological difficulties, and to help eligible veterans achieve a successful post-war readjustment to civilian life.

1.03 AUTHORITY

In 1979, the Congress passed and the President signed Public Law 96-22, which added to 38 U.S.C. (United States Code) Section 1712A (formerly Section 612A) providing readjustment counseling to any eligible Vietnam era veteran. In April 1991, Congress amended 38 U.S.C. 1712A to authorize VA to furnish readjustment counseling to veterans of the Persian Gulf war and the conflicts in Lebanon, Grenada, and Panama.

a. Section 1712A provides that:

(1) Readjustment counseling shall be provided, on request, to any eligible:

(a) Vietnam era veteran,

(b) Veteran of the Persian Gulf war,

(c) Veteran of conflict in Lebanon,

(d) Veteran of conflict in Grenada, and

(e) Veteran of conflict in Panama.

(2) This counseling shall include a general mental and psychological assessment to determine whether the veteran has mental or psychological problems associated with readjustment.

b. The law further authorizes:

(1) Referral of ineligible persons discharged from military duty to sources outside VA for assistance;

(2) Training of personnel to provide readjustment counseling services;

(3) Utilization of paraprofessionals, volunteers, and work-study students; and

(4) Contracting for services from private sector providers.

c. Further definition of eligible veterans by periods and locations of service is specified in M-12, part II, chapter 5, paragraph 5.02.

CONTENTS

CHAPTER 2. SPECIFICATIONS OF SERVICE NEEDS

PARAGRAPH PAGE

2.01 Purpose 2-1

2.02 Psychological Conditions 2-1

2.03 Specific Impacts on the Life Cycle and Life Style 2-2

CHAPTER 2. SPECIFICATIONS OF SERVICE NEEDS

2.01 PURPOSE

This chapter specifies the range of difficulties and conditions for which Vet Centers provide services (either direct services or referral), all included under the general category of difficulties in readjustment from military to civilian life.

2.02 PSYCHOLOGICAL CONDITIONS

Some war-zone veterans manifest psychological difficulties reflecting exposure to war-related stress and possible interrupted post-war readjustment processes. The assessment of PTSD (post-traumatic stress disorder) is made when war-related psychological difficulties are present in a clearly definable set of symptoms.

a. A specific condition, reflecting persisting reaction to unusual and traumatic stress, has been identified recently in the mental health literature. Known as "shell shock" in World War I, "combat" or "battle fatigue" or "traumatic neurosis" in World War II, this condition was not fully recognized by professionals in the United States until the publication of the diagnosis of PTSD in DSM (Diagnostic and Statistical Manual) of the American Psychiatric Association in 1980. Currently the DSM IIIR (Third Edition Revised) specifies that the person has experienced an event that is outside the range of usual human experience and that would be markedly distressing to almost anyone, as:

(1) Serious threat to one's life or physical integrity;

(2) Serious threat or harm to one's children, spouse, or other close relatives and friends;

(3) Sudden destruction of one's home or community; or

(4) Seeing another person who has recently been, or is being, seriously injured or killed as the result of an accident or physical violence.

b. War confronts combatants with stressors beyond the realm of normal human experience. These include, but are not limited to:

(1) Difficult living conditions,

(2) Physical fatigue,

(3) Sensory overload,

(4) Threat of annihilation,

(5) Physical wounds to self and others,

(6) Threat of capture and torture,

(7) Isolation, and

(8) Surviving when others do not.

c. Additional stressors unique to a specific war-zone and its aftermath may also contribute to the traumatic experiences impacting the veteran. For example, lack of clear-cut military objectives and societal support during the Vietnam war significantly added to the stress of some veterans' military experience.

d. It is established that there is a normal human response which occurs in most persons who experience traumatic stress; and that such a response is adaptive, protective and necessary to maintain psychological integrity. The response involves a normal recovery process which has clear and definable manifestations. Further, the normal recovery response may become static, with its normal evolution diverted by a wide variety of individual and social factors. Interruption of the normal recovery process produces a definable condition, now codified as PTSD. This disorder may persist for long periods of time, disappear and reappear, or manifest for the first time only after considerable delay.

e. According to DSM IIIR, the primary manifestations of the disorder are:

(1) Reexperiencing of the trauma in memories, dreams, or flashbacks,

(2) Emotional numbing and social withdrawal, and

(3) Certain other features such as:

(a) Insomnia,

(b) Survival guilt,

(c) Hyperalertness,

(d) Cognitive impairment, and

(e) Avoidance of activities that resemble the traumatic events.

f. Ordinarily, PTSD is responsive to supportive experiences provided by comrades, friends, family members, and communities. Psychological assistance is provided when the on-line supports of others are not sufficient or have failed. Given adequate opportunities for post-trauma assistance and debriefing, PTSD is not necessarily associated with the development of other psychiatric conditions and in fact may contribute positively to character development.

2.03 SPECIFIC IMPACTS ON THE LIFE CYCLE AND LIFE STYLE

Research and clinical treatment of war veterans after World War II, the Korean war, and the Vietnam war, have shown that normal civilian readjustment can be disrupted, with impairment of functioning in work, education, family, or community. In the absence of definable psychological conditions, this can be attributed to significant gaps in normal life experience which in turn contribute to generalized readjustment difficulties.

a. Impairment of Employment. This may appear as:

(1) General underachievement.

(2) Frequent job changes.

(3) Failure to obtain training.

(4) Lack of competitiveness.

(5) Chronic difficulties with authorities.

(6) Inability to convert skills learned in the military to civilian use.

(7) Unduly dependent (or conversely, controlling) attitudes.

b. Disruption of Educational Advancement. Some war veterans who pursue education find academic demands unduly stressful or have difficulties with concentration, memory, or motivation. The displacement in peer relations produced by the military interval can set the stage for difficulties over being older and different from classmates. In the case of Vietnam veterans, some individuals experienced particular problems with peers who were hostile or distant on the basis of the great range of opinion about the Vietnam war and its participants.

c. General Alienation and Disillusionment

(1) In the absence of specific psychological disorder, some veterans may develop negative attitudes and a generalized detachment from the normal processes of life as:

(a) Marriage.

(b) Career.

(c) Social and political institutions.

(d) Community or friends.

(2) This may be associated with personal bitterness derived from the complexities and the unfavorable outcome of the war, or the veteran's reception postwar. Others may have a sense of helplessness and lack of direction and meaning in their lives, which may be derived from war experiences and the peculiarities of their homecoming.

d. Criminal Behavior. While available evidence shows that the incarceration rate for Vietnam veterans is not higher than for the comparable general population, occasional instances of criminal behavior seem to be related to unresolved aspects of war events.

e. Diffuse Impairment of Interpersonal Relationships. Some veterans who do not clearly show PTSD and who otherwise function well in life, nevertheless are impaired in intimate relationships with a spouse, family, children, or friends with a resulting impact on parenting, sexuality, etc.

f. Needs for Information and Orientation. Some veterans responding to war experiences and/or community reactions postwar are abruptly distanced from normal debriefing and reintegration processes, including denial (to self and

others) of their veteran status, avoidance of veterans' organizations, etc. These veterans may later find it useful to obtain information regarding veterans benefits and services, and contact with other aspects of a normal veteran role.

CONTENTS

CHAPTER 3. DEFINITION OF SERVICES

PARAGRAPH PAGE

3.01 Evolution of Services 3-1

3.02 Clarification of the Meanings of "Readjustment Problems"and "Readjustment Counseling 3-1

3.03Specification of Readjustment Counseling Services Provided 3-2

CHAPTER 3. DEFINITION OF SERVICES

3.01 EVOLUTION OF SERVICES

a. The Vet Centers were established by VA (Department of Veterans Affairs) in 1979 to assist, when needed, veterans in the transition from military duty to civilian life. Vet Centers feature:

(1) Community-based service units,

(2) A varied mix of services addressing several psychosocial dimensions of postwar adjustment,

(3) Extensive community outreach activities,

(4) Services which emphasize theater veteran staff, and

(5) Careful attention to psychological working through of war experiences.

b. Since 1979, the mix of services and various program emphases have been refined by experience within the mission definition. At Vet Centers, readjustment counseling is a highly specialized set of social and psychological services specifically designed for post-war readjustment, the character and parameters of which have been worked out over an extended period of time by VHA (Veterans Health Administration). Collectively these services are designed to assist veterans resolve war-related psychological difficulties and attain a well adjusted post-war work and family life. Vet Center services include:

(1) Screening for PTSD (post-traumatic stress disorder) in all cases;

(2) Counseling and/or psychotherapy for PTSD when indicated;

(3) Employment and educational counseling;

(4) Job-finding assistance;

(5) Family counseling when needed for the readjustment of the veteran; and

(6) Multiple activities designed to broker services for veterans.

c. VHA has identified a clear need for these services. It is now recognized by VHA health care professionals that post-war psychological rehabilitation is central to the mission of VA. Readjustment counseling and the various mental health programs for PTSD, comprise a closely integrated spectrum of care which is vital to the health care of veterans.

3.02 CLARIFICATION OF THE MEANINGS OF "READJUSTMENT PROBLEMS" AND "READJUSTMENT COUNSELING"

a. The foundation of the definition of the terms "readjustment problems" or "readjustment counseling" was suggested in various Congressional hearings prior to and during 1979; they were further clarified by national and regional program officials, VA, and private sector professional consultants during and

following the program setup phase. A readjustment problem is any one of a range of psychological or psychosocial disturbances, if such condition or disturbance substantially arises from military duty or the transition from military to civilian life. Unlike other psychological or psychosocial

difficulties, the definition of a readjustment problem is fundamentally tied in some significant way to a specific set of life experiences, i.e., military duty, and the transition from military duty to civilian life.

b. The establishment of a link between the presenting problem and the military duty or the military-to-civilian transition should be made by means of a comprehensive psychosocial assessment. This assessment should determine in what way and to what extent the problem forms a part of difficulties in readjustment to normal peacetime living following military duty. It must take account of the individual's role, identity, and memories as a veteran.

3.03 SPECIFICATION OF READJUSTMENT COUNSELING SERVICES PROVIDED

Due to the variety of problems encompassed within "readjustment problems," all Vet Centers provide a mix of services to the greatest extent possible, within the constraints of an average staff size of four persons. The actual mix of services provided varies from site to site, according to the training and skills of the staff, and the needs of the specific local veteran population.

a. Direct Client Services

(1) General Psychosocial Assessment. The assessment provides a comprehensive psychosocial survey:

(a) Of the veteran's life,

(b) Of psychological functioning, and problems and strengths, and

(c) With a particular attention to determining the status of problems as readjustment problems.

(2) Psychological Services

(a) Psychological Counseling and Psychotherapy (Individual, Group, or Family).

1. Staff provide counseling and psychotherapy for:

a. PTSD linked to military duty and homecoming experiences;

b. Other psychological problems when it is made clinically necessary by reason of concurrence with PTSD; and

c. Other readjustment problems which are primarily psychological in nature.

2. Counseling is provided by staff at various professional levels.

3. Psychotherapy is provided, when indicated, by the following staff:

a. Psychologist,

b. Social worker, or

c. Psychiatric nurse clinical specialist with appropriate training.

4. Although the appropriate form of therapy or counseling should be provided according to individual needs, all Vet Centers should furnish group counseling or group psychotherapy for war-zone veterans primarily for PTSD or other readjustment problems which are psychological in nature.

(b) Substance Abuse Counseling. Vet Center staff provide assessment and counseling for clients experiencing substance abuse problems (alcohol and other drugs), when and if secondary to PTSD or other readjustment problems. In addition, Vet Center staff emphasize close liaison with, and referral to, available community substance abuse programs, both VA and non-VA, in order to assure appropriate detoxification and subsequent inpatient or outpatient services if needed.

(c) Employment Counseling. All psychosocial aspects relevant to employment problems may be considered. If the counselor possess skills or knowledge in the areas of job finding or vocational testing, and if the client's need for such services is clearly related to readjustment problems, then such assistance may be provided within the larger context of employment counseling. Vet Center staff provide assessment and counseling regarding:

1. The employment readiness needs of veterans,

2. Immediate and long-term employment goals,

3. Current job satisfaction and employment stability, and

4. Social and emotional factors specific to employment.

(d) Educational Counseling. Vet Center staff should assist veterans in developing sound goals and career choices, when these have been impaired by readjustment difficulties. Such counseling is based on the:

1. Client's aspirations,

2. Current levels of vocational and educational attainment,

3. An evaluation of vocational and academic skills, and

4. Opportunities for maximizing the veteran's potential.

(e) Discharge Upgrading. A fraction of the less-than-honorable but more-than-dishonorable discharges granted during the Vietnam era were influenced by the peculiar stresses and strains of the Vietnam war.

1. Some veterans with such discharges have the capacity for good civilian adjustment, but the type of discharge has impaired their opportunities and/or pride in military service.

2. Technical assistance in the preparation of discharge upgrade requests is not offered by Vet Centers as a separate, free-standing service to clients.

3. Such knowledge can be provided in the context of the general counseling services, and referral for same to other agencies can be provided if:

a. Clients, upon assessment, are found to have an upgradable discharge as one problem, and

b. In the counselor's present judgment, assistance in this matter will facilitate overall postwar readjustment, and

c. The counselor possesses useful technical knowledge in this area.

(f) Crisis Assistance. Occasionally during the course of normal services, Vet Centers provide crisis assistance to that portion of veterans with PTSD who present at, or are referred to Vet Centers (by families, services, outpatient clinics, police, or families) in acute crisis.

(3) Outreach

(a) Outreach refers to those activities of the Vet Center team directed toward locating and engaging veterans to provide them with information regarding readjustment counseling services.

(b) Outreach is defined as a set of activities which are designed to meet veteran clients where they are at, psychologically and socially, in order to provide counseling services which might not otherwise occur.

(c) Individual Vet Centers should tailor outreach activities to the needs of the immediate community. The following list is illustrative rather than inclusive:

1. Development of liaison with VA regional offices in order to ease the referral process.

2. Development of liaison with VA medical center and VA outpatient clinic Social Work, Psychiatry, and Psychology Services in order to facilitate referrals.

3. Communication by mail conveying information about available services.

4. Distribution of brochures and related materials prepared for the RCS.

5. Utilization of broadcast media public service announcements.

6. Contacts by phone or in person.

7. Public service announcements in print media.

8. Staff participation in appropriate broadcast media programs, and print media interviews.

9. Collaboration with other community service and social welfare agencies to identify Vietnam era veterans in need of readjustment counseling services.

10. Public transportation poster announcements prepared by VA.

11. Liaison with local police, fire department and other public services.

12. Participation in community activities; e.g., State job fairs.

13. Liaison with veterans service organizations.

b. Community Education

(1) Vet Center staff serve as a resource concerning the nature of Vietnam and other post-Vietnam war-zone experiences, and their impact upon participants and their families. Staff engage in a variety of actions aimed at:

(a) Providing information and education about the readjustment problems and strengths of veterans,

(b) The normal recovery process from traumatic stress, and

(c) Information about services available from Vet Centers and other VA elements to veterans and families.

(2) Such educational activities can be provided to professional, business, labor, veteran, or Federal, State, or community organizations. Formats may include for example: speeches, informal talks, media interviews, information booths, etc. Such efforts serve two purposes:

(a) General and indirect outreach to veterans mediated by greater community awareness of program services, and

(b) Development of an accurate and constructive understanding of veterans on the part of the general public.

c. Consultation

(1) A staff member may serve as a consultant to VA medical centers and VA outpatient clinic staff. Examples of situations wherein consultation may be provided include:

(a) Clinical seminars;

(b) Individual cases;

(c) A crisis situation, and

(d) Employment difficulty.

(2) Vet Center staff and VA medical center professional staff jointly collaborate in regular clinical conferences, in both the vet center and the VA medical center concerning, but not limited to, such areas as:

(a) Family therapy,

(b) Substance abuse counseling, and

(c) Assessment and treatment of PTSD.

(3) Consultation opportunities should be developed and/or expanded between VA medical center and Vet Center staffs.

d. Conjoint Treatment. In accordance with VA policies, regulations, and assessment of veterans' needs, Vet Center staff members may collaborate in providing counseling or

psychotherapy services in VA medical centers and outpatient clinics in concert with medical center and clinical staff. VA medical centers and VA outpatient clinics staff may collaborate in the provision of services at Vet Centers.

e. Guidance Regarding Obtaining Services

(1) Vet center teams provide veterans and family members the guidance needed in order that they may obtain and effectively utilize services from other elements, both VA and non-VA. This service is provided when:

(a) Needed due to lack of skills on the part of the veteran in relating to service elements, or

(b) There are attitudinal difficulties on the part of service providers concerning veterans and their problems.

(2) Particularly applicable are the standard obligations of counselors and mental health professionals:

(a) To refrain from intruding personal values or styles,

(b) To emphasize an appropriately neutral stance regarding veterans' lives, and

(c) To focus attention on helping veteran clients to help themselves.

f. Networking and Referral

(1) Vet Centers are small multi-service centers which serve a large and diverse veteran population. Therefore, establishing a referral network in the community is crucial to the Vet Centers' effectiveness.

(a) Vet Center staff should devote time and effort to mobilizing community resources, both VA and non-VA, on behalf of eligible veterans and families. Particular attention should be given to linkages with:

1. VA substance abuse programs,

2. Social Work Service,

3. Psychology Service,

4. Psychiatric Service, and

5. VA regional offices for benefits related to client needs.

(b) Close working relationships should exist with community mental health centers, and local agencies who may assist veterans. These include veterans service organizations and state and local social service agencies. This networking facilitates assistance by referral, in the areas of:

1. Employment,

2. Discharge upgrading,

3. Emergency food and shelter, and

4. Family assistance.

(2) RCS contract program providers are a part of the community network for providing services to veterans. Therefore, it is necessary for Vet Centers to identify potential contract providers with skills similar to those of Vet Center staff, and to work closely with those contract providers in facilitating services to veterans.

(3) Resource mobilization also includes the identification of qualified volunteers, who, when registered through VA Voluntary Service, can augment Vet Center capabilities.

(4) Vet Centers should continually monitor and ensure the adequacy of their referral and networking system, and maintain detailed resource files on referral sites.

g. Training

(1) Vet Center staff play a key role in the clinical education and training of VA counselors and mental health professionals concerning effective services to Vietnam Era and other post-Vietnam era eligible veterans. Such training may occur locally or at regional seminars and conferences.

(2) Following established VHA procedures, this may also include placement in the Vet Centers of:

(a) Counseling trainees,

(b) Social work students,

(c) Clinical psychology pre- and post-doctoral trainees,

(d) Psychiatric residents,

(e) Nurses in clinical specialist programs, and

(f) Trainees from other relevant fields.

(3) All training placement arrangements should be structured so as to enhance the Vet Center's capabilities to deliver services to veterans.

CONTENTS

CHAPTER 4. SERVICES OPERATIONS

PARAGRAPH PAGE

4.01 Client Folders and Clinical Records 4-1

4.02 Intake and Psychological Assessment 4-1

4.03 Counseling Plans 4-3

4.04 Supporting VA Medical Facility 4-4

4.05 Case Management 4-4

4.06 Case Conferences and Supervision 4-4

4.07 Clinical Coordination and Professional Collaboration
Between Vet Centers and VA Medical Centers 4-5

CHAPTER 4. SERVICES OPERATIONS

4.01 CLIENT FOLDERS AND CLINICAL RECORDS

a. Nonpsychological Counseling Record Content. Readjustment counseling includes nonpsychological readjustment counseling services to veterans (see M-1, pt. II, ch. 3, par. 3.03). In those cases, only veterans demographic intake information should be completed, and a "SOAP" notation (see NOTE) should be made about the purpose and outcome of the visit. If later the veteran is provided with psychological counseling services, a complete counseling intake/assessment should be completed. It is recommended, if the veteran is willing, that if the demographic data indicates Vietnam or post-Vietnam combat service, a counseling intake/assessment be completed in order to determine if psychological counseling services are appropriate.

NOTE: The definition of "SOAP": S = what the client Says, O = what the clinician Observes; A = clinician's Assessment; and P = Plan or Prognosis. (See counseling plan format in par. 4. 03b.)

b. Counseling Record Content. Every counseling record should contain as distinct, separate, and easily identifiable, each of the following sections:

(1) Veteran demographic intake information.

(2) Counseling intake/assessment.

(3) Content/format for individual case notes.

(4) Content on case closing summaries.

(5) Group counseling documentation.

(6) VA Form 10-1415, Medical Record Problem List.

c. Significant Others. Significant others are seen if necessary to provide adequate readjustment counseling services to the veteran. Client numbers and records are maintained in the name of the veteran; however, counseling case notes/progress notes on visits by significant others should be maintained as discrete and separate from the veteran's notes for continuity of notation, and so they can be easily extracted if a request for the veteran's counseling record is made.

4.02 INTAKE AND PSYCHOLOGICAL ASSESSMENT

a. Counseling Intake. The following information should be completed no later than the close of the third counseling session, when practical and feasible, or as soon as possible thereafter:

(1) Date.

(2) Name.

(3) Client number.

(4) Address.

(5) Home/work telephone numbers.

(6) Date of birth.

(7) Gender.

(8) Ethnicity.

(9) Significant other/partner/next of kin.

(10) Martial status.

(11) Education.

(12) Employment status.

(13) Type of employment.

(14) Dates of service.

(15) Branch of service.

(16) Number of months in the Republic of Viet Nam, or other theater of combat operations.

(17) Combat/noncombat.

(18) Wounded.

(19) POW (Prisoner of War).

(20) Type of discharge.

(21) Service connected disability.

(22) Currently/recently seen at VA (Department of Veterans Affairs) facility.

(23) Counselor assigned.

b. Psychological Assessment

(1) Title 38 U.S.C. (United States Code) 1712A, requires that a general psychological assessment be conducted on each eligible veteran receiving counseling. It is important to note that some Vet Center clients receive information, technical assistance, or referrals that do not involve psychological counseling. When there is evidence of possible psychosocial problems or symptoms that may require a counseling or psychotherapy intervention, the general psychological assessment should be conducted.

(2) As much as is relevant of the following information should be completed for psychological assessment:

(a) Presenting Problem/History of Presenting Problem. Frequency, duration, severity, history of psychotherapeutic treatment, services sought at center.

(b) Present Social/Familiar Context. Family composition, type of employment, life style, alcohol/drug use, friends, support systems, medical problems, current

psychological/medical treatment, typical day, pleasure/recreation, client's therapeutic goals.

(c) Pre-military History. Family of origin, school involvement, substance abuse, acting out/legal problems, trauma (death in family, incest, abuse, disasters, etc.).

(d) Military History. (Pre/during/post deployment). Adjustment, draft/volunteer, disciplinary actions, duties, injuries, disabilities, trauma, homecoming.

(e) Post/Military History. Social/interpersonal functioning, schools, jobs, marriages, children, etc.

(f) Observations. Appearance, behavior, speech, effect, mood.

(g) Assessment. Assessment of veteran and presenting problem(s). Discussion of the veteran's strengths, assets, motivation, support systems, and counselor's conceptualization and impression of the veteran. The relationship of the presenting problems to military history.

(h) Critical Issues. For example, assessment of suicidal/homicidal ideation, history of, and need for intervention.

(i) Plan. Specific actions/steps to be pursued by counselor, referral, consultation, length of treatment anticipated.

(j) Completion

1. Counselor's signature and date.

2. Signature of reviewing person (Team Leader/Clinical Coordinator), and date reviewed.

4.03 COUNSELING PLANS

a. Counseling Plan Content. All counseling plans will contain the following:

(1) Specific actions/steps to be pursued by counselor.

(2) Referral.

(3) Consultation.

(4) Type of counseling or therapy.

(5) Duration of counseling or therapy anticipated.

(6) Counselor's signature and date.

b. Counseling Plan Format ("SOAP")

(1) S - Presenting problem as reported by veteran, description of veteran's current situation, services being sought.

(2) O - Counselor's observations of the veteran, appearance, affect, mental status, actions, general presentation.

(3) A - Counselor's assessment, conceptualization of presenting problem.

(4) P - Counseling/Action plan based on assessment.

4.04 OUTREACH, COUNSELING, NETWORKING, REFERRAL, FOLLOW-UP, AND CLOSINGS

a. Outreach. Outreach comprises activities which result in identifying, locating, contacting and engaging eligible clients. Due to the importance of outreach for the RCS mission, each Vet Center is required to maintain a written outreach plan specific to the needs of the catchment area served.

b. Counseling. Vet Center staff offer a range of counseling services to include individual, group, marital and family counseling. Staff with appropriate training (psychiatrists, social workers, psychiatric nurse clinical specialists and psychologists) provide psychotherapy as indicated.

c. Networking. Networking is a process of developing beneficial interagency relationships with VA and non-VA service providers to include community service facilities, media, service organizations, and other government institutions.

d. Referral. The making of appropriate referrals is essential to the quality and effectiveness of the services delivered to clients. It is necessary when it is determined that the severity or nature of the client's presenting problems are beyond the scope of the team services or expertise.

e. Follow-up. Follow-up is accomplished by the regular use of suspense files with written and/or telephone contact.

f. Case Closings. Each Vet Center maintains regular routines for file review and closings of inactive cases, to be accomplished within 90 days of final visit.

4.05 CASE MANAGEMENT

a. Clinical Folder Review. Counseling folders should be reviewed following completion of intake. The reviewing person (Team Leader or Clinical Coordinator) should sign in the folder to indicate the case was reviewed. This review can occur either via a case staffing or individual case supervision and should occur within the first five visits. Further and ongoing case review should be as determined by the Team Leader.

b. Emergent Case Management

(1) For response to cases of potential violence and/or suicide by clients, a comprehensive crisis intervention guideline is required at all Vet Centers. This should be prepared under the supervision and with the approval of the Regional Manager or designee.

NOTE: RCS (Readjustment Counseling Service) regional managers are directly responsible for all clinical and administrative operations for each Vet Center within the RCS regions.

(2) A mortality and morbidity review should be completed in a timely manner, in cases of homicides by and/or suicides of active cases.

4.06 CASE CONFERENCES AND SUPERVISION

a. Case Conferences. Depending on the needs of the particular Vet Center, clinical consultations provided by a VA medical center/VA outpatient clinic staff take place on a regularly scheduled basis at least 1 hour per week or 2 hours every 2 weeks unless arranged through some alternative manner. Clinical consultants requiring credentialing and privileging will be credentialed and privileged consistent with the requirements of the VA support facility.

b. Supervision. Individual clinical supervision is provided regularly by the appropriate Team Leader or Clinical Coordinator. The Vet Center clinical consultant(s) provides consultation to all team service providers including the Team Leader and Clinical Coordinator.

4.07 CLINICAL COORDINATION AND PROFESSIONAL COLLABORATION BETWEEN VET CENTERS AND VA MEDICAL CENTERS

a. Vet Center staff should achieve maximum feasible joint participation with appropriate medical center and outpatient clinic staff in:

(1) Case conferences,

(2) Clinical consultations,

(3) Presentations to veterans organizations and others, and

(4) Shared opportunities for continued professional growth.

b. Vet Center staff should participate in professional continuing education opportunities sponsored by the supporting VA facility both as faculty and as trainees, as appropriate. Conversely, Vet Centers should arrange participation by interested VA medical center staff both as faculty and as trainees, as appropriate, in Vet Center sponsored training.

c. Such collaboration provides the required opportunities for skill development and enhances continuity of care for veterans served.

CONTENTS

CHAPTER 5. CONTRACTS PROGRAM OPERATIONS

PARAGRAPH PAGE

5.01 Solicitation and Award of Contracts 5-1

5.02 Eligibility, Referral and Authorization
for Counseling Services 5-5

5.03 Contract Monitoring and Oversight Management 5-7

CHAPTER 5. CONTRACTS PROGRAM OPERATIONS

5.01 SOLICITATION AND AWARD OF CONTRACTS

a. Authority. Title 38 U.S.C. 1712A, authorizes VA (Department of Veterans Affairs) to furnish, by contract with approved private-sector providers, readjustment counseling to eligible veterans where VA cannot provide such services. Contract program operations are the responsibility of a coordinated effort by Vet Center staff and VA medial center officials, including:

(1) Vet Center Team Leader,

(2) Assistant Regional Manager for Contract Services,

(3) Chief of A&MM (Acquisition and Materiel Management) Service or designee,

(4) VA medical center mental health professionals, and

(5) VA medical center Director.

b. Determination of Need

The determination of need for a readjustment counseling contract is made by RCS (Readjustment Counseling Service) staff in coordination with mental health staff at each VA medical center having contract authority. The main factors for consideration are the demographic distribution and level of need of eligible veterans in a particular area and the lack of geographical availability of readjustment counseling at existing VA facilities.

(1) Regarding the local determination of geographic service areas for this program, contracting officers are advised against issuing solicitations for an overly wide geographic area, since a contract might be awarded to a service provider far removed from a population center, resulting in undue inconvenience to veteran clients.

(2) The RCS Regional Manager or designee must approve solicitation for a contract in areas proximal to those served by existing Vet Centers. Factors affecting this action include veteran population and Vet Center workload.

c. Solicitation of Proposals

(1) The Contracting Officer has full responsibility for soliciting and receiving offers resulting from the RFP (Request for Proposals). In coordination with RCS staff and VA mental health professionals, the Contracting Officer should widely publicize the procurement action to prospective and appropriate service providers. The following sources are considered to be effective contacts in the process:

(a) <u>Commerce Business Daily</u>,

(b) VA information service officers,

(c) Veterans' service organizations,

(d) Civic groups,

(e) Public media,

(f) Chamber of Commerce,

(g) Community mental health centers,

(h) State mental health facilities,

(i) Mental health professional associations, or

(j) Any other individuals or organizations deemed appropriate.

(2) At those VA medical centers which administratively support Vet Centers, the Vet Center Team Leader or designee should assist the Contracting Officer in widely publicizing the procurement action. Close collaboration between the Contracting Officer and the RCS staff will facilitate this publicizing process.

(3) Vet Center personnel, however, should participate only in publicizing and must not act as consultants to potential contractors. To ensure the integrity of the contracting process, all questions regarding technical contract issues should be referred by Vet Center personnel to the Contracting Officer.

d. Designation of COTR (Contracting Officer's Technical Representative) and alternate COTR. In most cases, the Vet Center Team Leader, an individual intimately familiar with readjustment counseling, should be appointed COTR by the Contracting Officer. The Contracting Officer will appoint the COTR and will coordinate closely with the RCS Regional Manager in effecting this appointment. At VA medical centers which do not support Vet Centers but do have RCS contract responsibilities, the RCS Regional Manager or designee should provide assistance/consultation in selecting a COTR at the VA medical center and an alternate COTR, when geographically feasible, from the nearest Vet Center or from the VA medical center when that is the most practical.

(1) The duties of the COTR in the monitoring of this program are as follows:

(a) Monitoring the contractor's performance to assure compliance with technical requirements of the contract.

(b) Reviewing and approving clinical records, technical reports, appropriateness of billing and payment procedures, and eligibility and authorization for service, which require government approval.

(c) Notifying the Contracting Officer immediately if performance is not proceeding satisfactorily.

(d) Ensuring that changes in work under the contract are not initiated before written authorization or a contract modification is issued by the Contracting Officer.

(e) Providing the Contracting Officer a written request and justification for contract changes.

(f) Furnishing interpretations relative to the meaning of technical specifications and technical advice relative to the approval of sub-contracts by the Contracting Officer.

(g) Visiting the contractor's facilities to check performance, as required, or authorized by the contract's inspection clause. In accordance with RCS quality

assurance guidelines, contract providers are visited by the COTR on an annual basis for full administrative and clinical review. This may include, but is not limited to, evaluation and verification of the following:

1. Actual performance versus scheduled and reported performance regarding the number and type of visits provided and the amount billed.

2. Changes in technical performance which may affect financial status, personnel assigned to the contract, over extension of resources, etc.

3. The number of employees charged to the contract are actually performing work under the contract.

(h) Advising the Contracting Officer at the completion of the contract, in writing, of the following:

1. Acceptance. All articles and services required to be furnished and/or performed under the contract have been technically accepted.

2. Compliance. Contractor is in compliance with patent rights and royalty clauses of the contract.

3. Disposition. The recommended disposition of any government owned or furnished property in possession of the contractor is stated.

4. Use. Verification of proper consumption and the use of government furnished supplies/property by the contractor is stated.

(2) Contractors are advised that only Contracting Officers, acting within the scope of the contract and their duties and responsibilities, and, after advice and consultation from the COTR, have the authority to make changes which affect:

(a) Contract prices,

(b) Quality,

(c) Quantities, or

(d) Delivery terms and conditions.

e. Technical Evaluation Board. The procedures for establishing Technical Evaluation Boards to be used in selecting RCS contract providers at those VA medical centers having readjustment counseling contract authority are as follows:

(1) It will be the responsibility of the VA medical center Director, with the technical guidance of the Contracting Officer, to establish the Technical Evaluation Board which will conduct technical reviews, rank proposals, and make recommendations to the Contracting Officer.

(2) The Contracting Officer will conduct price evaluations, determine final ranking of proposals, and make contract awards.

(3) The COTR shall be appointed Chairman of the Technical Evaluation Board.

(4) Among the other staff who should be included as members of the Technical

Evaluation Board are:

(a) The Team Leader/COTR of the Vet Center.

(b) One counselor from the Vet Center.

(c) The Chief of Psychology, Social Work and/or Psychiatry Service, and/or professional staff designated by them.

(d) Appropriate additional officials from Vocational Rehabilitation or other VA services as deemed useful and appropriate by the Contracting Officer.

(e) The Contracting Officer should not be a member of the Committee.

(f) In cases where a VA medical center does not provide administrative support to a Vet Center, the Team Leader and a counselor from the nearest Vet Center within the region should be members of the Technical Evaluation Board.

(4) The Technical Evaluation Board should not contain more than five members.

(5) The RCS Regional Manager, or designee, will be available to the Technical Evaluation Board for consultation by telephone. However, unless the Regional Manager or designee is an actual member of the Committee, such assistance will be limited to overall program guidance.

(6) Travel expenses for Board participation by Vet Center staff will be paid out of the RCS budget.

(7) The Technical Evaluation Board should rate and rank each proposal in accordance with procedures as set forth in the Technical Evaluation Criteria which incorporates RCS policies. The Contracting Officer shall instruct the Board regarding responsibilities, duties, and obligations. Guidance in the contract review process may be provided by telephone by the RCS Regional Manager or designee.

(8) In all competitive negotiations, discussions with offerors are expected before award of contract and are required by the FAR (Federal Acquisition Regulations).

f. Award of Contract

(1) Upon determination by the Contracting Officer that a contract should be awarded, a site visit, before the contract is awarded, to the accepted contractor is strongly recommended.

(a) This site visit should be conducted by a team including representatives from Readjustment Counseling Service, and/or the COTR, A&MM Service, MAS (Medical Administration Service), and another VA mental health professional.

(b) The purpose of the site visit is to determine whether the contractor has the capacity and capability to perform the contract, with particular reference to the evaluation criteria in the RFP.

(2) When a VA facility awards a readjustment counseling contract to a private service provider, the Contracting Officer at the facility shall send a delegation of authority to the appropriate COTR.

(3) COTRs remain responsible for advising Contracting Officers regarding the continuing need for contract services with particular attention to contract renewals, nonrenewals, and expirations.

(4) The Contracting Officer should also participate in the acquisition planning process by issuing a memorandum informing the COTRs of the need to advise A&MM Service of their requirements well in advance to allow sufficient time for the required procedures.

(5) COTRs shall give Contracting Officers 75 days advance notice for contract renewals, and 160 days advance notice for contracts that are expiring or for a new acquisition in lieu of exercising the renewal option.

(6) FAR subparagraph 15.1001 requires an offeror to be notified as soon as it is determined that the offer is not acceptable. This action may occur prior to award of the contract.

(7) Offerors whose proposals were not accepted may request, through the Contracting Officer, a debriefing. After review of the offeror's request for debriefing the Contracting Officer will notify the COTR and determine any additional members of the Technical Evaluation Board required to attend the debriefing.

g. Orientation

(1) A post-award orientation must be given to all new service providers. The orientation team should include the:

(a) Contracting Officer,

(b) Team Leader/COTR and/or alternate COTR,

(c) At least one RCS staff member if COTR or alternate are not RCS staff members,

(d) A representative from MAS, and

(e) Any VA mental health professionals who may be making referrals under this contract.

(2) All contract related administrative and clinical responsibilities and duties should be reviewed in the orientation.

(3) The orientation should take place prior to the referral of veterans to the new contract provider.

5.02 ELIGIBILITY, REFERRAL, AND AUTHORIZATION FOR COUNSELING SERVICES

a. Determination of Eligibility

(1) By law all veterans of the Vietnam era; veterans of the conflicts in Lebanon, Grenada, and Panama; and veterans of the Persian Gulf war are eligible for readjustment counseling through the contracts program. Provision of readjustment counseling requires determination and verification of the veterans's location and dates of service.

(a) A veteran of the Vietnam era is anyone who served on active military duty during the period August 5, 1964, through May 7, 1975.

(b) A veteran of the conflict in Lebanon is anyone who served on active military duty in the conflict zone between August 25, 1982, and February 26, 1984.

(c) A veteran of the conflict in Grenada is anyone who served on active military duty in the conflict zone between October 23, 1983, and November 21, 1983.

(d) A veteran of the conflict in Panama is anyone who served on active military duty in the conflict zone between December 20, 1989, and January 31, 1990.

(e) A veteran of the Persian Gulf war is anyone who served on active military duty in the Persian Gulf war zone from August 2, 1991 until a date to be determined by Presidential proclamation.

(2) Eligible veterans must also have been discharged under honorable conditions or with a character of service for which basic eligibility to receive VA benefits has been established through adjudicative decision by VA (e.g., in the case of veterans possessing Undesirable Discharges, Bad Conduct Discharges, or General Discharges Under Other than Honorable Conditions).

(3) Veterans possessing a Dishonorable Discharge are not eligible for services provided under this program.

(4) Eligibility should be verified through submission of information sufficient to identify the veteran to MAS for verification of basic eligibility to receive VA benefits. MAS will notify the VA referrer, in a timely manner, regarding such eligibility in order to expedite referrals for counseling services under this program.

(5) In those situations where eligibility cannot be verified prior to authorization, the VA employee making the referral may authorize referral to a contract provider on the basis of presumptive eligibility, if it is clinically determined that an emergency exists requiring provision of immediate readjustment counseling services. In such cases, the VA referrer will inform the veteran that if eligibility is not substantiated, the veteran will be billed for all counseling services received.

b. Referrals to readjustment counseling contract providers may be made by:

(1) Qualified Vet Center staff.

(2) VHA (Veterans Health Administration) qualified mental health professionals (psychiatrist, psychologist, social worker, or a psychiatric nurse clinical specialist) at VA health care facilities. All referrals made by VHA mental health professionals who are not Vet Center staff, should be closely

coordinated with the Vet Center Team Leader/COTR as the latter will assume responsibility for monitoring the case once the referral is made.

c. Contract readjustment counseling includes the same mix of social and psychological services as provided at Vet Centers with the exception of community outreach. The

purpose of the contracts program, as intended by Congress and implemented by VA, is for the provision of readjustment counseling and not for general mental health services. Contract readjustment counseling may include social services and/or psychotherapy, but the services provided must address readjustment difficulties deriving from military duties and/or homecoming experiences. The provision of services for problems not having a clear and distinct relationship to military duty and readjustment to civilian life from military duty, is not authorized.

d. Specifically, the difficulties which comprise war-related readjustment difficulties referrable to a contract provider are the following:

(1) Psychosocial problems related to exposure to war-zone trauma, including PTSD.

(2) Psychosocial problems related to other stressful experiences of military duty in a war-zone.

(3) Psychosocial problems related to post-war adjustment to civilian family and work roles.

(4) Psychosocial problems related to type of military discharge.

(5) Psychosocial problems related to substance abuse clinically associated with military duty or post-military readjustment.

(6) Psychosocial problems related to post-war homecoming experiences.

(7) Psychosocial concern over possible exposure to chemical and/or biological agents in the war-zone.

(8) Generalized alienation from society related to interruptions in the normal post-war readjustment process.

e. Prior to making a referral, the veteran must be interviewed by the VA referrer.

(1) Although this may be either in person or by telephone, the referrer is responsible for ensuring that eligibility definitions and clinical assessment requirements are met. The clinical evidence should establish that the veteran's problems are clearly related to the military experience, be reflected in the reason for referral, and be documented in the veteran's record.

(2) Self-referrals and referrals of veterans who were or are in the private contract provider's caseload cannot be authorized, unless the assessment described above is carried out. In no event may VA be billed or required to pay for services delivered prior to the authorization for care.

f. After eligibility has been verified and the need for readjustment counseling clinically established, the Vet Center Team Leader/COTR or other VA referrer will complete and sign VA Form 10-5565B, Viet Nam Veterans Outreach

Program Contract Service Authorization, which officially effects a referral to a contract service provider. The completion and disposition of VA Form 10-5565B is to be implemented according to the instructions on the form.

5.03 CONTRACT MONITORING AND OVERSIGHT MANAGEMENT

a. Quality control and administrative oversight of the contracts program is the primary responsibility of RCS at all three organizational levels; Vet Center, regional and VA Central Office.

(1) Vet Center Team Leaders (or VA medical center staff so designated at locations without a Vet Center), functioning as the COTR, provide local oversight of basic processes of contract operations as:

(a) Compliance with technical requirements and billing procedures,

(b) Eligibility and authorization for services, and

(c) Budget allocations.

(2) Each RCS regional staff has an Assistant Regional Manager for Contract Services who provides clinical quality assurance and administrative oversight for the Regional Manager through regularly scheduled site visits to Vet Centers operating contracts programs.

(3) Responsibilities for overall contracts program management, system-wide, reside with the Associate Director, RCS, in VA Central Office.

b. Management of contracts program operations requires a closely coordinated effort between RCS officials and other VA officials at supporting medical centers as:

(1) VA medical center Directors;

(2) Chiefs, Fiscal Service,

(3) Chiefs, MAS

(4) Chiefs, A&MM, and

(5) VA medical center mental health professionals (qualified staff from Psychiatry, Psychology, Nursing and/or Social Work Services).

c. Referrals and ongoing assessment of counseling cases should be managed so as to ensure the availability of services to the largest number of eligible veterans within the limits of available resources. Brief therapy should be provided whenever clinically feasible to facilitate serving the largest number of eligible veterans. Therefore, contract program monitoring must pay particular attention to the number of referrals and the type and frequency of services authorized.

(1) Theater veterans exposed to war-zone stress will be considered the highest priority recipients for contract readjustment counseling.

(2) Group counseling will be encouraged whenever clinically or logistically feasible as this method is both clinically indicated and cost effective for

veterans with readjustment difficulties. The composition of such groups should include at least 50 percent eligible war-zone veterans for a contract provider to be reimbursed. Exceptions to this may be granted by the VA referrer when clinically indicated.

(3) Due to demographic considerations, some contracts may have been awarded to providers relatively close to existing Vet Centers. Before making a referral to a contract provider, the VA referrer must evaluate the closest VA Vet Center and/or other medical facility as a possible referral source to further ensure that contracts program resources are utilized only for those veterans who have no alternate access to care.

(4) Under normal circumstances, the Vet Center Team Leader/COTR will authorize one visit per week, or less if clinically appropriate.

(a) While up to one visit per week is permitted, local officials are under no obligation to authorize that frequency.

(b) Frequency of visits of less than one time per week, e.g., one per 2 weeks or one per month, may be clinically appropriate in a substantial number of cases. It is the responsibility of VA referrers and oversight officials to ensure that such a frequency is obtained when indicated.

(c) Visits of twice per week may be permitted in clinically exceptional cases when authorized by the Vet Center Team Leader/COTR or other VA referrer.

(d) There is no obligation under any contract for VA to provide any specific number of referrals to any contract provider. The solicitation shall address this issue in detail.

(5) As specified in M-12, part II, chapter 5, subparagraph 5.01 d (1) (g), it is the responsibility of the Vet Center Team Leader/COTR to conduct site visits on an annual basis to the facilities of all contract providers under the Vet Center's administration for full review of compliance with technical requirements of the contract.

(a) The Vet Center Team Leader /COTR maintains responsibility for assuring that the type and quality of services being provided by contract providers are in accordance with the terms of the overall contract agreement and with the authorization details specific for each case.

(b) The Vet Center Team Leader/COTR will also provide ongoing clarification and education to contract providers regarding the nature of post-war readjustment, readjustment counseling and the technical requirements of the contract agreement.

(6) A technical requirement of the contract agreement which requires special mention is contractor commercial advertising. Contract providers are strictly prohibited from the use of commercial advertising of their readjustment counseling services under this contract in such a way as to imply that VA is endorsing or promoting the services. The solicitation shall address this issue in detail.

d. Management of Authorizations

(1) All initial referrals to a contract provider will be for up to three visits for clinical assessment and brief counseling. The VA referrer will

specify on VA Form 10-5565B, one, two, or three visits and the type of counseling to be provided (individual, group, etc.).

(a) If additional visits are required upon completion of the three initial visits, the VA

referrer will obtain from the contract provider a counseling plan documenting the need for continuing readjustment counseling.

(b) After reviewing the plan, the referrer may authorize the veteran for up to a block of 15 additional visits.

(c) In similar fashion, subsequent re-authorizations are established for a finite period (up to 15 visits) and case counseling plans are subject to evaluation prior to further authorization.

(d) Effective management of case progress and available funding requires that VA referrers specify on the VA Form 10-5565B a time period within which a block of authorized visits must be delivered. For example, a veteran may be authorized a block of 15 weekly sessions to be used within a two quarter period. If the veteran does not use all 15 sessions during the specified time, he may be reviewed and re-authorized for additional visits at the beginning of the next quarter.

(2) Significant others (that is, members of the veteran's immediate family, legal guardian, or individual with whom the veteran lives or certifies an intention to live) may be seen conjointly with a veteran in couple or family counseling by a contract service provider.

(a) This will be limited to counseling for problems which have a distinct relationship to the veteran's readjustment from military duty.

(b) For couple or family counseling, billing and reimbursement will be at the established per session rate as specified in the contract.

(c) Significant others may be seen without the veteran present only when clinically required as an integral part of couple or family counseling. Such visits by significant others without the veteran present, however, are limited to one visit per ten couple or family sessions. Exceptions may be granted to the limitation on significant other visits only when clinically approved by the VA referrer.

(3) As stipulated in the contract document for this program, there is a provision which limits eligibility for readjustment counseling through a contract provider to 1 year from the time of the veteran's first visit.

(a) This provision is based upon existing knowledge regarding the etiology and longitudinal course of war-related readjustment difficulties to include PTSD and upon program experience which indicates that most veterans referred complete services within 1 year.

(b) This provision should not be implemented in an arbitrary manner nor should it be applied in isolation from other indicators for clinical case progress.

(c) In most cases authorization beyond 1 year should be short-term extensions designed to facilitate completing services or appropriate referral.

(d) If longer term extension of authorization is necessary, the following procedures will be followed:

1. The Vet Center Team Leader /COTR will interview the veteran (in person or by

telephone) to conduct an updated comprehensive psychosocial assessment to ensure continuing clinical need for readjustment counseling.

2. If there is clinical indication for continuing readjustment counseling beyond 1 year, the Vet Center Team Leader/COTR must consult with the Assistant Regional Manager for Contract Services prior to authorizing continuing visits. All requests for readjustment counseling beyond 1 year, for more than brief transitioning purposes, must be reviewed and approved by the RCS regional manager or designee and documented in the veteran's clinical record.

e. Billing Procedures. The VA facility maintaining a contract shall coordinate with the COTR(s) in the following procedures to ensure timely and accurate obligation/de-obligation of funds and contractor billing procedures:

(1) A standardized fund control point has been established for all funds for this program. MAS, in coordination with the COTR, will obligate funds from this special fund control point. The number of veterans and the scope or extent of their care will be necessarily limited by the amount of funds allocated for the RCS contract program. MAS, in coordination with the COTR, and the Contracting Officer will establish procedures to ensure the fiscal integrity of the RCS Contracts Program.

(2) Contract providers will forward invoices regarding veteran clients through the COTR(s) to MAS of the contracting facility at the end of each month. The invoice will include the information prescribed in the contract. MAS personnel will match the names of the invoice against the individual authorizations, the services and number of visits authorized, and the fee charged against the established contract fees. After verification and possible adjustments, MAS will certify the invoice for payment and forward the invoice to Fiscal Service for further processing. Also, MAS shall report quarterly to the Contracting Officer the amount expended against each contract.

(a) Reimbursement will only be for in-person counseling sessions. Reimbursement is not authorized, for example, for telephone calls with the veteran or significant others, or for consultation between the contract counselor and other individuals.

(b) Reimbursement for veteran's travel in connection with contract readjustment counseling is not authorized.

(c) A visit, for reimbursement purposes, will last a minimum of 45 minutes and will be deemed a single visit regardless of length beyond 45 minutes. A group counseling visit, for reimbursement purposes, will be 90 minutes in length. Participation in group counseling session constitutes one visit, regardless of length beyond 90 minutes.

f. Contract Renewal Option. RCS, in collaboration with VA medical center mental health and management officials, shall maintain responsibility for ongoing assessment and determination of the need for readjustment counseling contracts programs.

(1) RCS contracts shall be awarded for an initial 12-month period, with an option for two additional 1-year renewals.

(2) The procedures specified in M-12, part II, chapter 5, subparagraph 5.01 f (3) are to be followed regarding notification of the Contracting Officer of continuing and ongoing

requirements for contract services. Particular attention should be paid to renewing a contract or initiating a new acquisition in lieu of exercising the renewal option.

(3) In renewing existing contacts, Contracting Officers will request a current list of those employees working for the contractor under the contract. This listing will be compared with the existing contract. Any changes in personnel or employees proposed by the contractor will be brought to the attention of the Vet Center Team Leader/COTR. The Team Leader/COTR will review the information on the new personnel to ensure that the level and quality of service is consistent with the initial proposal and the terms of the original contact.

(4) There is no allowance for renegotiating rates nor for allowing a contractor to withdraw from the contract at the end of the initial term. The contractor is required to provide services should VA exercise the renewal option.