

February 22, 2000

DEFINITION OF LEVELS OF SPECIALIZATION IN POST-TRAUMATIC STRESS DISORDER (PTSD) SERVICES

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides working definitions to assist in clearly identifying VHA strategy in providing both specialized and general Post-traumatic Stress Disorder (PTSD) services.

2. BACKGROUND

a. Public Law 104-262, the Veterans Healthcare Eligibility Reform Act of 1996, §1706(b)(1), requires VHA to maintain its capacity to provide for the specialized treatment and rehabilitation needs of disabled veterans (including those with ... mental illness) within distinct programs or facilities...that are dedicated to the specialized needs of those veterans...”

b. The “Report to Congress on Maintaining Capacity to Provide for the Specialized Treatment and Rehabilitation Needs of Disabled Veterans,” dated May 1, 1997, defines the overall group of disabled mentally ill veterans into two main groups: those diagnosed with a serious mental illness (SMI) and those diagnosed with PTSD. This Directive addresses the latter group.

c. In order to obtain a wider range of views in formulating a VHA-wide approach, on March 25, 1999, the Office of the Under Secretary appointed a Seriously and Chronically Mentally Ill (SCMI) Strategic Implementation Committee composed of four Clinical Managers, a medical center Director, a Mental Health Care Line Director, the National Director of the Northeast Program Evaluation Center (NEPEC), a representative of Vietnam Veterans Association, and a representative of the Mental Health Strategic Healthcare Group.

d. This Directive differentiates among general, specialty, and special program designation within the Mental Health service area. The Directive identifies distinctions of each and the accountability expected from a designated special program. Described here are the definitions of each and the general levels of expertise of the staff providing care in each area. To assist in clearly identifying VHA strategy in providing PTSD services, this Directive specifically applies the general principles agreed upon to PTSD services.

3. POLICY: It is VHA policy to use the definitions in subparagraph 4.a. to distinguish specialized PTSD programs from general PTSD care at all facilities and to use the appropriate Treating Specialty Codes and Decision Support System (DSS) Identifiers, as described, to record workload starting in Fiscal Year (FY) 2000.

4. ACTIONS

a. **Definitions.** The following definitions are to be used by all facilities:

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(1) **Specialized PTSD Treatment Programs.** To qualify as a Specialized PTSD Treatment Program, the program must:

(a) Have a designated program leader who has the responsibility and authority to lead and manage the team as well as to provide clinical evaluations of care.

(b) Be composed of providers (more than a single provider) in one location who are experts in the care of PTSD, with their expertise acquired through education, training, and supervision of care. These providers form a team whose team members spend the preponderance of their time caring for veterans with PTSD needing specialized services. To ensure that a veteran who is enrolled in the special program has continuous access to a team provider, the team must be of sufficient size to cover for staff absences.

NOTE: Specialized PTSD Programs may have, in addition, team members who are at remote access points and/or facilities. These members should be maintaining an active consultative relationship with the core team members, sharing in the discussion of patients and continuing education activities.

(c) Be visibly identified by patients as a program. To enable this identification, the core team members should be located in close proximity to each other.

(d) Participate in the mandated national program evaluation for specialized PTSD treatment programs.

(e) Enter data into designated bed section codes and clinics with special DSS identifiers. These include:

1. Patient Treatment File (PTF) Treating Specialty Codes 26, 38, 79, 88 and 91; and
2. The following DSS Identifiers:
 - a. 519 (Substance Use Disorder and/or PTSD teams),
 - b. 525 (Women's Stress Disorder Teams),
 - c. 540 (PCT Post-traumatic Stress, Individual),
 - d. 561 (PCT-Post-traumatic Stress, Group),
 - e. 580 (PTSD Day Hospital), and
 - f. 581 (PTSD Day Treatment).

NOTE: For Specialized PTSD inpatient programs that include a significant outpatient clinical team (e.g., over one Full-time Employee Equivalent (FTEE)), the outpatient component should

use DSS Identifiers for PCTs (540 and 561) to record outpatient visits. In addition, the outpatient component needs to participate in the national program evaluation for specialized PTSD treatment programs as a PCT.

(2) **Specialty PTSD Care Outside of a Specialized Program.** Specialty PTSD care outside of a specialized program is identified by:

(a) A provider recognized as a specialist, through designation in the provider's clinical privileges, scope of practice statement, or core competencies as set forth in the medical staff by-laws and/or general personnel practices, or through specific designation as a specialist by the care line director or service chief. The provider is required to demonstrate annual continuing education activities in the diagnosis and treatment of PTSD.

(b) The provider maintaining accepted levels of expertise for the specialty care of patients with PTSD. **NOTE:** *The usual review established by the medical staff bylaws and facility will be utilized to certify continued practice. The clinician must see an adequate number of cases to maintain expertise; the adequate number of cases to be determined by the care line director or service chief.*

(c) PTSD specialists, not associated with a specialized PTSD treatment program, entering outpatient workload into clinics with the following DSS identifiers:

1. 516 (PTSD, Group),
2. 562 (PTSD, Individual),
3. 524 (Active Duty Sex Trauma), and
4. 589 (Non-active Duty Sex Trauma).

(3) **General Mental Health Care.** General Mental Health Care is defined as:

(a) Care provided by Mental Health practitioners who are not specially, or extensively, trained in PTSD treatment or whose focus of care is generalized. These clinicians:

1. Provide routine screening and treatment to patients with PTSD in milder forms and/or who have other co-existing mental illness.
2. Identify care provided for PTSD by recording PTSD as the diagnosis on the encounter form.
3. Utilize PTSD specialty consultation or referral for exacerbation of PTSD symptoms not resolved with general interventions or where clinically indicated.

(b) Care by non-Mental Health practitioners. These clinicians:

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1. Provide care for PTSD and its symptomatic manifestations as part of general or primary care practice.

2. Identify care provided for PTSD by recording PTSD as the diagnosis on the encounter form.

3. Utilize PTSD specialty consultation or referral for exacerbation of PTSD symptoms not resolved with general interventions or where clinically indicated.

b. **Responsibilities.** Responsibilities are defined as follows:

(1) **Facility or Care Line Actions.** The facility Director, or designee, is responsible for:

(a) Identifying and reviewing specialist skills, through designation in the specialist's clinical privileges, scope of practice statement or core competencies as set forth in the medical staff bylaws and/or general personnel practices, or through specific designation by their care line director or service chief as a specialist, required to demonstrate annual continuing education activities in the diagnosis and treatment for PTSD. *NOTE: This designation must meet usual standards of practice and review criteria.*

(b) Using National DSS identifiers and bed section conventions to designate specialized PTSD programs and specialty PTSD care.

(c) Providing complete nationally-adopted monitoring information for specialized programs in a timely manner.

(2) **Monitoring by NEPEC.** The NEPEC is responsible for:

(a) Producing periodic reports on the structure, process, and outcome of PTSD services.

(b) Providing population-based data on the availability and access to specialized PTSD Programs, PTSD Specialty Care, and PTSD general care.

1. The population estimates for assessment of the availability and access to specialized PTSD programs will be calculated as follows:

a. **Numerators.** Numerators are the number of unique veterans in specialized PTSD programs (any designated PTSD specialized program) weighted for intensity of such services.

b. **Denominators.** Denominators are the number of veterans in the network who are service-connected for PTSD.

2. Reports will be generated that characterize access to PTSD specialty care, and where data is available, contract services for PTSD.

(3) **Veterans Integrated Services Network (VISN) Actions.** The VISN Director, or designee, is responsible for:

(a) Providing PTSD services based on an assessment of population-based need.

(b) Establishing strategies to provide Network enrollees access to PTSD specialized programs.

NOTE: If access to specialized PTSD programs is to be provided outside the geographic VISN boundaries or contractually, a written plan and formal contract relationship is to be developed and reviewed by the VHA Mental Health Strategic Healthcare Group.

5. REFERENCES: VHA Program Guide 1103.3, June 3, 1999, pages 26-30, 61-65.

6. FOLLOW-UP RESPONSIBILITY: The Chief Consultant, Mental Health Strategic Healthcare Group (116) is responsible for the contents of this Directive.

7. RESCISSION: None. This VHA Directive expires February 28, 2005.

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