

## ENCOUNTER AND WORKLOAD CAPTURE FOR THERAPEUTIC AND SUPPORTED EMPLOYMENT SERVICES VOCATIONAL PROGRAMS

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive states the policy for the changes in nomenclature and procedure for capturing face-to-face encounters and non-face-to-face clinical activity for VHA's Therapeutic and Supported Employment Services (TSES) Vocational Programs.

### 2. BACKGROUND

a. Work restoration services authorized under Title 38 United States Code (U.S.C.) §1718 consist primarily of the following clinical models for TSES programs:

- (1) Incentive Therapy (IT);
- (2) Compensated Work Therapy (CWT) Transitional Work Experience (TWE); and
- (3) CWT Supported Employment (SE).

b. Services to Veterans in IT and CWT must comply with existing VHA policy for outpatient copayments for medical care provided to Veterans. Recording of face-to-face treatment encounters for IT and CWT programs must follow VHA policy for Patient Care Data Capture.

**3. POLICY:** It is VHA policy that each VA Medical Center with an IT or CWT Program must adhere to the Decision Support System (DSS) Technical Conversion Guidelines or Stop Code Changes, as they apply to IT and CWT specifically.

### 4. ACTION

a. **Medical Facility Directors.** Medical facility Directors with established IT and/or CWT programs are responsible for ensuring that:

(1) Guidance in VHA Handbook 1160.1, "Uniform Mental Health Services In VA Medical Centers And Clinics," dated September 11, 2008, is followed. Each medical facility must offer CWT with both Transitional Work Experience and Supported Employment Services for Veterans who have occupational dysfunctions resulting from mental health conditions, or who are unsuccessful at obtaining or maintaining stable employment patterns due to mental illnesses or physical impairments co-occurring with mental illnesses.

(2) Designate staff to ensure IT or CWT staff implement the changes to capture encounters and workload as outlined in Attachment A.

**THIS VHA DIRECTIVE EXPIRES OCTOBER 31, 2015**

**VHA DIRECTIVE 2010-049**

**October 14, 2010**

(3) Necessary software patches to capture current DSS Stop Code Changes are installed.

b. **Therapists.** Therapists in IT and CWT programs are responsible for:

(1) Capturing face-to-face encounters and non-face-to-face treatment hours of Veterans in TWE or SE programs as outlined in Attachment A; and

(2) Complying with current DSS Technical Conversion Guidelines or Stop Code Changes. Attachment A details specific changes to: program names, program definitions, and lists the current DSS Outpatient Identifiers for IT, TWE, and SE programs in Mental Health (MH) and in Physical Medicine and Rehabilitation Service (PM&RS).

**5. REFERENCES**

a. Public Law 108-170 § 104 (12-03), which amends Title 38 U.S.C. § 1718.

b. VHA policy regarding DSS Outpatient Identifiers.

c. The annual updated VHA Directive pertaining to copayment for outpatient medical care.

**6. FOLLOW-UP RESPONSIBILITY:** The Psychosocial Rehabilitation and Recovery Services Section of the Office of Mental Health Services (116), VHA Patient Care Services, is responsible for the contents of this Directive. Questions may be referred to (978) 446-0214.

**7. RECESSIONS:** VHA Directive 2005-012 is rescinded. This VHA Directive expires on October 31, 2015.

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Under Secretary for Health

Attachment

DISTRIBUTION: E-mailed to the VHA Publication Distribution List 10/19/10

## ATTACHMENT A

**ENCOUNTER AND WORKLOAD CAPTURE FOR THERAPEUTIC AND SUPPORTED EMPLOYMENT SERVICES VOCATIONAL PROGRAMS****1. NOMENCLATURE**

a. Work restoration services authorized under Title 38 United States Code (U.S.C.) §1718 consists of the following clinical models:

- (1) Incentive Therapy (IT);
- (2) Compensated Work Therapy (CWT) Transitional Work Experience (TWE); and
- (3) CWT Supported Employment (SE).

b. The Veterans Health Administration (VHA) utilizes a series of information sources to monitor face-to-face patient treatments, and the costs associated with the provision of that treatment, to develop local and national norms for comparison. Each encounter captures data on face-to-face treatment that is provided by staff to Veterans using Current Procedural Terminology (CPT) Codes, the diagnosis or reason for the treatment as listed in the International Classification of Diseases - 9<sup>th</sup> Edition-Clinical Modification (ICD-09-CM), which practitioners provided the service, and which clinic provided the treatment (Decision Support System Identifier (DSS ID), formerly known as Stop Codes). IT and CWT programs are located in either Mental Health (MH) or Physical Medicine and Rehabilitation Services (PM&RS). Face-to-face encounters with a therapist and patient are to be captured in an appropriate clinic within Patient Care Encounter (PCE).

c. An “encounter” is defined as “professional contact between a patient and a practitioner vested with responsibility for diagnosing, evaluating and treating the patient’s condition. . . Contact can include face-to-face interactions or those accomplished via telecommunications technology. . . A telephone contact between a practitioner and a patient is only considered an encounter if the telephone contact is documented and that documentation includes the appropriate elements of a face-to-face encounter, namely history and clinical decision making.” Each encounter of face-to-face contact or contact via the telephone requires a corresponding matching note in the medical record.

**2. DSS IDs FOR IT and CWT FACE-TO-FACE ENCOUNTERS ONLY:** IT and CWT encounters refers only to the face-to-face clinical treatment models of workshop evaluation, transitional work experiences, or supported employment in the Department of Veterans Affairs (VA) facilities or in the community. IT and CWT programs are in either MH or PM&RS and continue to be non-copayment clinics. The DSS ID codes and descriptors are:

a. MH IT

DSS ID Number	DSS ID Pair	Monthly Program Cost Report (MPCR) Account	Primary, Secondary or Either	DSS ID Name	Description
573		2314	E	MH IT-Therapy Face-to-Face	Records patient's visits for face-to-face encounters in the Incentive Therapy Program provided by Psychology, Psychiatry, Social Work, Residential Rehabilitation Treatment Program or services other than Physical Medicine and Rehabilitation Service (PM&RS). This rehabilitation program provided under 38 U.S.C. § 1718(a) which authorizes assignment of patients to various in-hospital work situations. Pay scale is up to one-half of minimum wage. This program is supported by medical care funds. <b>NOTE:</b> A Global Assessment Functioning (GAF) is not required for this stop.

b. PM&RS IT

DSS ID Number	DSS ID Pair	MPCR Account	Primary, Secondary or Either	DSS ID Name	Description
207		2611	E	PM&RS IT Face-to-Face	Records patient's visits for face-to-face encounters in the PM&RS IT Program. The rehabilitation program provided under 38 U.S.C. § 1718(a) which authorizes assignment of patients to various in-hospital work situations. Pay scale is up to one-half of minimum wage. This program is supported by medical care funds.

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c. MH CWT-TWE

DSS ID Number	DSS ID Pair	MPCR Account	Primary, Secondary or Either	DSS ID Name	Description
574		2314.00	E	MH CWT-TWE Face-to-Face	Records patient's visits for face-to-face encounters in the CWT-TWE Program provided by Psychology, Psychiatry, Social Work, Domiciliary, or services other than PM&RS. Involves both workshop evaluation and transitional work experiences in VA medical center facilities and in the community on work subcontracted from and paid for by public and/or private organizations including the Federal government. Patients are paid from the Special Therapeutic and Rehabilitation Activities Fund (STRAF) account at the VA facility and no employer-employee relationship exists. <b>NOTE: A GAF is not required for this stop.</b>

d. PM&RS CWT-TWE

DSS ID Number	DSS ID Pair	MPCR Account	Primary, Secondary or Either	DSS ID Name	Description
208		2611.00	E	PM&RS CWT-TWE Face-to-Face	Records patient's visits for face-to-face encounters in the PM&RS' CWT-TWE. Involves both workshop evaluation and transitional work experiences in VA medical center facilities, and in the community or work subcontracted from and paid for by public or private organizations including the Federal government. Patients are paid from the STRAF account at the VA facility and no employer-employee relationship exists. <b>NOTE: A GAF score is not required for this stop.</b>

e. MH CWT-SE

DSS ID Number	DSS ID Pair	MPCR Account	Primary, Secondary or Either	DSS ID Name	Description
568		2314.00	E	MH CWT-SE Face-to-Face	<p>Records patient's visits for face-to-face encounters of MH CWT-SE (only) provided by MH CWT programs provided by Domiciliary, Healthcare for Homeless Veterans (HCHV), Psychiatry, Psychology, Social Work, or other services except PM&amp;RS. Unlike CWT-TWE, (DSS ID 574), an employer-employee relationship exists between the Veteran and the participating company or organization. CWT-SE is for direct placement in competitive employment, where an employer hires the patient, and the Veteran receives continuing clinical support. CWT-SE support services include: skills training, job development, job placement, supportive counseling, and interventions within the work environment when needed to ensure the continued employment and self-sufficiency of the patient. CWT staff and/or vendors participate in treatment or service plan development, intervention and reporting of vocational issues, and documentation of clinical activity.</p> <p><i>NOTE: A GAF score is not required.</i></p>

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f. PM&RS CWT-SE

DSS ID Number	DSS ID Pair	MPCR Account	Primary, Secondary or Either	DSS ID Name	Description
222		2611.00	E	PM&RS CWT-SE Face-to-Face	Records patient's visits for face-to-face encounters of PM&RS CWT-SE (only). Unlike PM&RS CWT-TWE, (DSS ID 208) an employer-employee relationship exists between the Veteran and the participating company or organization. CWT-SE is for direct placement in competitive employment, where an employer hires the patient, and the Veteran receives continuing clinical support. CWT-SE support services include: skills training, job development, job placement, supportive counseling, and interventions within the work environment when needed to ensure the continued employment and self-sufficiency of the patient. CWT staff and/or vendors participate in treatment or service plan development, intervention, reporting of vocational issues, and documentation of clinical activity. <i>NOTE: A GAF score is not required.</i>

g. Other TSES DSS IDs

Name and Description	DSS ID
PM&RS Vocational Assistance	213
PM&RS Telephone Ancillary	147
MH Vocational Assistance (Group)	575
MH Vocational Assistance (Individual)	535
MH Telephone/MH Vocational Assistance	536
MH Psychosocial Rehabilitation (Individual)	532
MH Psychosocial Rehabilitation (Group)	559
Spinal Cord Injury (SCI) code pair	210-xxx
Polytrauma - Individual code pair	197-xxx

### **3. CPT CODES FOR OUTPATIENT FACE-TO-FACE ENCOUNTERS**

#### **a. Face-to-Face CPT**

##### **(1) For Patients with a Mental Health Diagnosis**

(a) The use of Level II Healthcare Common Procedure Coding System (HCPCS) code G 0177 is used for IT and CWT-TWE, defined as:

**“...Training and educational services related to the care and treatment of a patient’s disabling mental health problems...”**

(b) The use of this code is for face-to-face patient care encounters of patients with a MH diagnosis, and represents the encounter associated with the assignment of IT or CWT-TWE participants to their IT or CWT Workshop, or TWE daily assignment for which the patient is seen by the therapist. Data entry is daily and requires a corresponding matching note.

(2) **For Patients without a MH Diagnosis.** The use of Level I CPT code pair 97545 for the first 2 hours and 97546 for each additional hour of IT or CWT Group treatment is to be discontinued, and replaced with the Level I CPT Medicine Code 97799: Unlisted physical medicine and/or rehabilitation service or procedure.

(3) **Disclaimer.** CPT codes are updated yearly with an effective date of January 1. Codes may be added, deleted, or the descriptor may change. ***NOTE:** If problems occur with codes being accepted for workload capture, contact the facility Health Information Management Section for assistance; in addition, notify the Psychosocial Rehabilitation and Recovery Services Section (PSR) in VA Central Office.*

(4) CWT and IT program staff should consult with Health Information Management staff at their local facility to identify correct CPT codes to be used to properly identify the services provided.

### **4. OUTPATIENT COST CAPTURE**

#### **a. Monthly Program Cost Reporting (MPCR)**

(1) The DSS has developed the MPCR to display costs on the same timely basis as the Cost Distribution Report (CDR). For the convenience of VA medical centers, the allocation of the VA medical center costs to program accounts is automated in the MPCR based on actual workload recorded for the site during the previous quarter. This data will be used by the Allocation Resource Center (ARC) to produce patient-specific costs for the Veterans Equitable Resource Allocation (VERA) Model. The MPCR is a computer-generated summary report, prepared at the Austin Automation Center through the linkage of the DSS, VHA Work Measure (VWM), and National Patient Care Database (NPCD) systems. DSS develops percentages that are applied to the cost and man-hours it receives from the Financial Management System (FMS).

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These percentages are based on the most recent National Data Extracts (NDE) for Inpatient (treating specialties) and Outpatient (stop codes).

(2) The treating specialties and stop codes are grouped into program accounts (see definitions within the MPCR Handbook). Percentages are calculated for direct care and indirect care. Workload units are derived from handoffs provided by VWM (mainly bed days of care), NPCD (outpatient visits), Dental Activity System (DAS) (dental composite time values) and Home Based Primary Care (HBPC) (bed days of care). The bed days in VWM are based on authorized beds rather than treating specialty; therefore, the unit cost will be calculated at the bed section level rather than at the specific bed account.

(3) The report is produced on the fourteenth workday of each month and is available electronically in Rogers Software Development (RSD), on-line via VHA's Support Service Center (VSSC) Web site DSS Reports, and the ARC Web site. It will also be on the Fiscal CD-ROM the following month. The workload units from the DSS Identifiers Workload Report are automatically applied to the corresponding MPCR Report. With accurate reporting from the MPCR Report, managers can understand program costs, describe medical center and network expenditures, and assist in trend analysis and resource allocation. Chief Business Office (CBO) non-count, workload only clinics including DSS IDs including 569, 570, 223, and 228 do not report to MPCR accounts, only to DSS for product reporting. For additional information go to Web site: [http://vaww.arc.med.va.gov/reports/cdr/financial\\_toc.html](http://vaww.arc.med.va.gov/reports/cdr/financial_toc.html). *NOTE: This is an internal VA Web site not available to the public.*

b. **MPCR Accounts.** MPCR Account Number, Name, and Description of Accounts.

(1) **2611.00 PM&RS VRS. Stop Codes and DSS Identifiers.**

- (a) 207 PM&RS IT
- (b) 208 PM&RS CWT-TWE
- (c) 213 PM&RS Vocational Assistance
- (d) 222 PM&RS CWT-SE

(2) **2314.00 MH VRS. Stop Codes and DSS Identifiers.**

- (a) 573 MH IT
- (b) 574 MH CWT-TWE
- (c) 575 MH Vocational Assistance (Group)
- (d) 559 MH PSR (Group)
- (e) 568 MH CWT-SE

**(3) 2315.00 Vocational Rehabilitation MH Services (Individual). Stop Codes and DSS Identifiers.**

(a) 535 MH Vocational Assistance (Individual); and

(b) 532 MH PSR (Individual).

**5. CREATION OF CHIEF BUSINESS OFFICE “NON-COUNT” CLINICS TO CAPTURE NON-FACE-TO-FACE VETERAN TREATMENT HOURS IN CWT-TWE AND CWT-SE**

a. Non-face-to-face patient treatment in CWT-TWE and CWT-SE is considered workload only and not an encounter. With the creation of new DSS IDs for non-face-to-face treatment for MH and PM&RS CWT programs, the capture to CBO (formerly Medical Administration Service (MAS)) Non-count Clinics of Veteran treatment hours is recommended to be accomplished through the Event Capture (EC) system that reports locally only to DSS and does not report to PCE for transmission to the NPCD.

(1) Situations may exist that are “workload only.” That is, they meet neither the definition of an encounter nor an “occasion of service.” “Workload Only” clinics need to be set to non-count and non-billable. These are tracked for workload only (internal use) and are neither an encounter nor an “occasion of service”.

(2) “Workload Only” for CWT-TWE and CWT-SE is a mechanism to capture the number of hours of treatment in TWE or SE, and therefore have no VA staff costs mapped to the DSS IDs for Non-Count Clinics for non-face-to-face treatment. The new EC codes capture the number of hours in treatment in CWT-TWE or the number of hours in employment in CWT-SE. The products are broken down into length of time: less than 4 hours, 4 to less than 8 hours, and 8 or more hours per workday. “Workload Only” clinics need to be set to non-count and non-billable within the clinic set-up option within the scheduling application to report to DSS, and product codes need to be set up in EC to report to DSS and are exempt from CWT payroll costing (ALBCC29701). By designating events as non-count, non-billable ensures that the data stays locally within the Veterans Health Information System and Technical Architecture (VistA) and is not reported to the NPCD. The EC application does not send this specific workload data to the PCE system, but only reports the data to DSS for reporting purposes.

(3) Through EC reporting to the non-count and non-face-to-face DSS ID codes, reporting of hours of treatment in either CWT-TWE or hours worked in competitive employment in the CWT-SE Program may be recorded as follows:

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MAS or CBO Non-Count Clinic Code (DSS ID)	Department	Primary, Secondary, or Either	DESCRIPTION	<u>EC Product Codes</u> and/or <u>EC Product Names</u>
570	MH CWT-TWE Non-Face-to-Face	E	Records number of hours worked as workload only to DSS through EC for non-face-to-face MH CWT-TWE treatment in workshop evaluation, or transitional work experience in VA medical center or community. No employer-employee relationship exists.	<p><b>MH066</b> MH CWT-TWE Less than a 4-hour workday</p> <p><b>MH067</b> MH CWT-TWE 4 to less than an 8-hour workday</p> <p><b>MH068</b> MH CWT-TWE 8 or more hours per workday</p>
569	MH CWT-SE Non-Face-to-Face	E	Records number of hours worked as workload only to DSS through EC for non-face-to-face MH CWT-SE in competitive employment.	<p><b>MH069</b> MH CWT-SE Less than a 4-hour workday</p> <p><b>MH070</b> MH CWT-SE 4 to less than an 8-hour workday</p> <p><b>MH071</b> MH CWT-SE 8 or more hours per workday</p>
228	PM&RS CWT-TWE Non-Face-to-Face	E	Records number of hours worked as workload only to DSS through EC for non-face-to-face PM&RS CWT-TWE treatment in workshop evaluation, or transitional work experience in the VA medical center or community. No employer-employee relationship exists.	<p><b>PM504</b> PM CWT-TWE Less than a 4-hour workday</p> <p><b>PM505</b> PM CWT-TWE 4 to less than an 8-hour workday</p> <p><b>PM506</b> PM CWT-TWE 8 or more hours per workday</p>

223	PM&RS CWT-SE Non-Face- to-Face	E	Records number of hours worked as workload only to DSS through EC for non-face-to-face PM&RS CWT-SE in competitive employment.	<p><b>PM507</b> PM CWT-SE Less than a 4 hour workday</p> <p><b>PM508</b> PM CWT-SE 4 to less than an 8 hour workday</p> <p><b>PM509</b> PM CW-SE 8 or more hours per workday</p>
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b. Through the capture of the number of hours in CWT-TWE treatment or number of hours of competitive employment while in CWT-SE, DSS may generate local and national reporting of workload for each program that may also assist in Northeast Program Evaluation Center (NEPEC) monitoring of CWT-TWE and CWT-SE for program outcomes. Reporting through EC for non-face-to-face Veteran treatment in Non-Count Clinics does not report staff encounters; therefore, there is no requirement for a CPT code or corresponding daily progress note. There is no reporting of CBO non-count workload-only clinics to MPCR. Data entry to EC for the number of hours worked as a product may be done daily or weekly through batch entry or by uploading a spreadsheet. The spreadsheet screen in the Event Capture System (ECS) Graphic User Interface (GUI) application allows the users to open an existing file containing their workload data, and uploads it to the Event Capture Patient file. The spreadsheet application can work with existing Excel files, and tab or comma delimited files.

**6. DIAGNOSTIC CODES FOR IT AND CWT:** The IT and CWT programs address Veterans’ vocational issues as the primary diagnostic treatment, and the inclusion of secondary diagnosis codes for Veteran’s mental health or co-occurring physical disability may be added as part of encounter coding process. The uses of “Diagnostic V” codes are recommended as the primary reason for IT or CWT treatment:

V62	Other psychosocial circumstances
V62.0	Unemployment
V62.21	Personal Current Military Deployment
V62.29	Other occupational circumstances
V62.3	Educational circumstances
V62.4	Social maladjustment
V62.8	Other psychological or physical stress, not elsewhere classified
V62.9	Unspecified psychosocial circumstance