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CHAPTER 4. REPORTS

4.01 PSYCHOLOGY SERVICE (RCS 10-0022)

- a. There is no required annual narrative report for Psychology Service.
- (1) Quarterly statistical reports are required using VA (Department of Veterans Affairs) Form 10-7374C, D AMIS (Automated Management Information Systems).
 - (2) Instructions may be found in MP-6, Part VI, Supplement number 1.2, Chapter 26.
- b. AMIS. Instructions for the preparation of RCS (Reports Control System) 10-0022, Quarterly Statistical Report of Psychology Service, are contained in MP-6, Part VI, Supplement number 1.2.
- c. CDR (Cost Distribution Report). Instructions for preparation of RCS 10-0141, CDR, are contained in CDR Handbook.
- d. Annual Report of Computer Assisted Use of Copyright Tests. The RCS 10-0776, Annual Report of Computer Assisted Use of Copyright Tests, a computer generated report, is printed at the completion of each fiscal year and sent to Mental Health and Behavioral Sciences Service (111C) in VA Central Office by October 15, of each FY (Fiscal Year).
- (1) This report lists quantities of tests used during the previous fiscal year, ending September 30, of each FY year, for payment of royalty fees.
- (2) Procedures for running the report and additional information about automated psychological testing are contained in the DHCP (Decentralized Hospital Computer Program) Mental Health Package User and Technical Manuals.

4.02 MENTAL HEALTH CLINIC (RCS 10-0007)

- a. There is no required annual narrative report for a Mental Health Clinic.
- b. Quarterly and annual statistical reports are required using VA Form 10-2955 AMIS, (RCS 10-0007).
- c. Instructions may be found in MP-6, Part VI, Supplement number 1.2, chapter 24; M-2, Part III; and M-1 Part X, Chapter 4.

4.03 DAY TREATMENT CENTER (RCS 10-0052)

- a. There is no required annual narrative report for a Day Treatment Center.
- b. Quarterly and annual statistical reports are required using VA Form 10-1491 AMIS (RCS 10-0052)
- c. Instructions may be found in MP-6, Part VI, Supplement number 1.2, Chapter 43, Change 88.

4.04 DAY HOSPITAL (RCS 10-0057)

a. There is no required annual narrative report for a Day Hospital.

- b. Quarterly and annual statistical reports are required using VA Form 10-1266 AMIS (RCS 10-0057).
- c. Instructions may be found in MP-6, Part VI, Supplement number 1.2, Chapter 39.

4.05 SUBSTANCE ABUSE PROGRAMS (RCS 10-0101) (RCS 10-0105)

- a. Annual Narrative Report for Alcohol, Drug Dependence and Combined Substance Abuse Treatment Programs (RCS 10-0101). This report will provide local health care facility management and VA Central Office with information regarding major program elements having professional service, training and research significance as well as administrative or budgetary implications.
- (1) While AMIS provides a broad range of data concerning the Alcohol, Drug Dependence and Combined Substance Abuse Treatment Programs, additional information is required which is not provided by AMIS or other statistical reports.
 - (2) See Appendix 4A for format and content of this annual report.
- b. The Quarterly Report of Use of Contract Community half-way houses, Therapeutic Communities and Other Community Based Treatment Facilities for Eligible Veterans Suffering from Alcohol and/or Drug Dependence (RCS 10-0105). See appendix 4B for format and content of the Quarterly Reports. NOTE: These instructions apply equally to medical centers utilizing non-VA community program contracts of another medical center (mutual use).

(1) Responsibility

- (a) Each medical center Director involved in contracting for care in accordance with Public Law 100-689 will submit a quarterly report on community contract treatment facility utilization. Each contracting medical center Director will designate the Chief, Alcohol, Drug or Substance Abuse Treatment Program as responsible for this report. In VA medical facilities lacking an Alcohol, Drug or Substance Abuse Treatment Program, the clinician responsible for selection and placement of patients in Contract Programs will be responsible for the report.
- (b) The reporting official will coordinate with the Chief, Medical Administration Service, and Chief, Fiscal Service, regarding the completion of the information required.
- (c) Reports are to be mailed in time to reach VA Central Office (111C1E) by the 10th workday of the month following the end of each quarter. Because of the need for timely and accurate data, the due date for this report is strictly enforced. Negative reports are required.
- c. Drug Dependence Program Monthly Statistical Report. Instructions for the required Drug Dependence Program monthly statistical reports using 10-1441A, B, and 10-1419, AMIS (RCS 10-0046), may be found in MP-6, Part VI, Supplement number 1.2, Chapters 9 and 34.
- d. Alcohol Dependence Program Monthly Statistical Report. Instructions for the required Alcohol Dependence Program monthly statistical reports using 10-1418A, B, AMIS (RCS 10-0047), may be found in MP-6, Part VI, Supplement number 1.2, chapter 34.

e. Substance Abuse Treatment Program Monthly Statistical report. Instructions for the required Substance Abuse Treatment Program (including Domiciliary Substance Abuse Treatment Programs) monthly statistical reports using 10-0131 and 10-0131A, AMIS (RCS 10-0105), may be found in MP-6, Part VI, Supplement number 1.2, Chapter 52.

4.06 INCENTIVE THERAPY, CWT (COMPENSATION WORK THERAPY), AND THERAPEUTIC PRINTING PLANT PROGRAMS (RCS 10-0656)

- a. The VA's Work-For-Pay Programs are considered a primary rehabilitation effort in Psychiatry and Long-term Care Patient Treatment Programs. Data collected relating to these programs will be used to monitor the vocationally oriented inpatient and outpatient activity and will be shared with all appropriate service officials in VA Central Office.
- b. The combined CWT, Industrial Therapy, Therapeutic Printing Annual Report (RCS 10-0656) is a recurring annual report to be submitted by the 10th working day of the month (October) following the completion of the fiscal year. This combined report contains information from CWT, Incentive Therapy and Therapeutic Printing Plan Programs, and should collect data outlined in Appendix 4C.

4.07 VOCATIONAL CASE MANAGEMENT PROGRAM (RCS 10-0109)

- a. Preparing Office. The Vocational Case Manager Annual Report (RCS 10-0109) will be prepared and submitted by designated case manager(s) at all VA medical centers. Negative reports are required.
- b. Frequency and Report Period. This is an annual report covering vocational case management activities from October 1 through September 30. Reports should be received by the 20th workday of the month (October) following the end of the reporting period.
 - c. Format and instructions on submitting this annual report are found in appendix 4D.

4.08 HOMELESS CHRONICALLY MENTALLY ILL (RCS 10-0772)

This paragraph authorizes the reporting format for obtaining information on patients placed under this contract program and to determine the degree of local implementation of subparagraph 3.10.d.(2).

- a. For purposes of this report, "care" refers to the contracted support for placement of eligible veterans who have been referred by VA community outreach teams from the streets or from shelters for residential treatment care. As authorized by contracting VA medical centers, these patients are placed into:
- (1) A community residential treatment facility which is a community-based, peer group oriented, residential facility which provides food, lodging, supportive and therapeutic services to persons involved in improving their self care and adaptive coping skills in the face of chronic mental illness; or
- (2) A non-residential, community-based ambulatory treatment facility which provides therapeutic services in addition to those provided by the residential treatment facility.

- b. Each medical center Director involved in contracting for care in accordance with subparagraph 3.10.d.(2), will submit monthly and quarterly reports on community contract treatment facility utilization.
- (1) Each contracting medical center Director will designate the Chief, Psychiatry Service as responsible this report; this includes coordinating with the Chief, Medical Administration Service, and Chief, Fiscal Service, for the completion of all information required concerning the report.
- (2) Format and instructions for completing the report are found in Appendix 4E. NOTE: These instructions apply equally to medical centers utilizing non-VA community program contracts of another medical center (mutual use).

NOTE: Deviations from the outlined format should not be made.

- c. Reports are to be mailed so as to reach VA Central Office (111C1A) by the 10th workday of the month following the end of each month and the end of each quarter.
 - (1) Due to the need for timely and accurate data, the due date for these reports is strictly enforced.
 - (2) Negative reports, if appropriate, are required.
- 4.09 CLINICAL COUNSELING SERVICE CURRENTLY PROVIDED FOR RETURNED POWS (PRISONERS OF WAR) (RCS 10-0809)
- a. Public Law 99-166, section 107, (codified in 38 U.S.C. (United States Code) section 612B), authorizes VA to provide counseling services within the limits of VA facilities to all veterans who are former POWs and to assist such veterans in overcoming the psychological effects of the veteran's detention or internment as a POW.
- b. VA has established a former POW statistical tracking system to monitor trends in the provision of comprehensive medical assessments for former POWs. Over 20,000 ex-POWs have been provided such an assessment since July 1, 1983. The provision of psychological counseling services, as authorized by Public Law 99-166, Section 107, ensures a special category of recognition and responsiveness for former POWs. Previous surveys in 1986 and 1987 identified 6,000 former POWs in active psychological counseling at 160 VA health care facilities. Approximately 2,000 families of that group of veterans are currently receiving conjoint counseling. More than 400 VA professional staff are engaged in this program of care.
- c. The purpose of this report is to obtain information on psychological counseling services currently provided at VA health care facilities for former POWs (Prisoners of War). This data will assist in identifying current trends in treatment services for this high risk group of veterans.
- d. <u>Report</u>. Measurements of current levels of needs and current levels and types of counseling services being provided for former POWs by each VA health care facility, including Vietnam Veterans Readjustment Counseling Centers, are needed in order to plan for optimal use of VA counseling resources. An annual report addressed to VA Central Office (Attn: 13/111C) due each October 1, must address the following questions:

(1) Number of former POWs identified in the service area who are currently being provided psychological counseling services by VA staff.

- (2) Of this number (in (1)) how many cases included family members in the counseling activities?
- (3) Describe the modalities utilized in counseling in order of preference and perceived effectiveness. Which of the facility's organizational elements are providing these counseling services?
- (4) Are there significant shortfalls in availability of needed counseling staff for this veterans group's needs? If so, to what extent and in which skill categories?
- (5) Identify any local experience with treatment rationales or modalities of care which may considered unique and/or particularly exportable for use at other VA locations.
- (6) Provide names and other identifiers of facility staff who are principal providers of specialized counseling for returned POWs.

4.10 THE PREVENTION AND MANAGEMENT OF DISTURBED BEHAVIOR

The reporting system for monitoring of suicides and attempted suicides within VA is currently undergoing extensive revision to adapt it to an electronic report. The outcome will be published at a later date in this manual.

INSTRUCTIONS FOR SUBSTANCE ABUSE PROGRAMS ANNUAL NARRATIVE REPORTS (RCS 10-0101)

- 1. The Annual Narrative Report will be prepared for each health care facility by the Chief and/or Coordinator of the Alcohol, Drug Dependence and/or Combined Substance Abuse Treatment Program, and signed by the Chief and/or Coordinator and by the medical center Director.
- 2. The FTS telephone number of the program Director/Coordinator should be included.
- 3. The report for each fiscal year must be prepared and submitted in duplicate for each Alcohol, Drug Dependence and/or combined substance Abuse Treatment Program.
- 4. Reports must be identified by the RCS (Reports Control System) 10-0101.
- 5. Reports should be sent through the Regional Director's Office in VA Central Office (13A), and should be addressed to Associate Deputy Chief Medical Director for Clinical Programs/(111C1B).
- 6. Reports should arrive no later than 40 working days following the end of the fiscal year.
- 7. Annual Narrative Report
 - a. Content. The content must include the following:
- (1) <u>Space</u>. Number of beds and net square feet assigned to Alcohol Dependence Treatment Program, Drug Dependence Treatment Program and Combined Substance Abuse Treatment Program should be identified for both inpatient and ambulatory care areas for each program unit (ward, clinic, etc.).
 - (a) Identify if units are combined or separate.
 - (b) List service responsibility and number of beds for detoxification.
 - (c) Indicate deficiencies in space, if appropriate.
 - (2) Existing Programs
- (a) Identify and describe all ongoing programs, including specialized program, i.e., aftercare, vocational services, dual diagnosis, consultation/liaison, etc.
- (b) Indicate any significant changes in focus, length of treatment, etc., as well as results from special studies relating to the ongoing treatment services.
- (3) <u>New Programs</u>. Identify and describe any unique or new programs and/or treatment activities which have been initiated within the past fiscal year.

(4) Immediate Goals. Briefly describe and discuss specific major goals and objectives which the program anticipates achieving by the end of the next fiscal year in regard to service, training and research.

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(5) <u>Long-Range Goals</u>. Briefly describe and discuss long-range goals and objectives anticipated. A 3 to 5 year time frame in regard to service delivery, training and research would be appropriate.

(6) Staffing

- (a) Indicate the number of all FTEE (Full-time Employee Equivalent) assigned to the program for direct patient care, with a breakout of staff assigned to inpatient and ambulatory components (listed separately) of each Alcohol Dependence Treatment Program, Drug Dependence Treatment Program, and/or Substance Abuse Treatment program.
- (b) Indicate whether full-time or part-time, and if part-time, what FTEE to the nearest tenth, (e.g., 0.2 FTEE 8 hours per week or 1.0 FTEE 40 hours per week).
- (c) The FTEE for each category of employee will be identified (e.g., Physicians 2.0 FTEE, addiction Counselor 5.6 FTEE).
- (d) Indicate length of time any assigned positions were vacant during the reporting period.
- (7) <u>Suggested Program Improvements</u>. Discuss recommended changes in VA (Department of Veterans Affairs) policy and procedures which would directly impact treatment services.

(8) Development of Community Liaison and Outreach

- (a) Discuss local initiatives in outreach toward non-VA programs in the community, including:
 - 1. Development of citizens' advisory panels,
- $\underline{2}$. Development of memoranda of agreement for referral of patients and/or other services of mutual value, and
 - 3. Any trends toward identifying VA as a community resource, and
 - $\underline{4}$. Viable options for veterans seeking treatment in non-VA programs.
- (b) Discuss outreach activities oriented toward contacting veterans who are potential patients and facilitating their entry into VA treatment, involving family, employers and other community resources in treatment planning.
- (c) Relationships with other VA services should be commented on, including liaison with Vet Centers.
- (9) <u>Half-way House Placements and Discharges</u>. Indicate the number of patients placed and discharged in the Half-way House Program during the fiscal year.

(10) Staff Training

(a) Identify with dates and attendance for VA in-service and cross-service training activities.

(b) Provide an update on staff attendance and participation in non-VA education and training activities.

(11) Statistics

- (a) Pertinent statistical data for each program unit should include:
- 1. Numbers of admissions,
- 2. Numbers of unique patients seen,
- 3. Outpatient visits,
- $\underline{4}$. Distribution of primary and secondary diagnoses,
- 5. Average daily census for residential program,
- 6. Average weekly treatment load for ambulatory programs, and
- 7. Occupancy rate.
- (b) Programs should compare statistics kept internally with those reported in AMIS (Automated Management Information Systems) and PTF (Patient Treatment File).
- (c) Discrepancies, with comparative figures, should be included in the report.
- (12) <u>Outcome and Follow-Up Data</u>. Submit any available surveys relating to outcome and follow-up.
- (13) <u>Research</u>. Any research activities should be listed and briefly described, including funding levels and sources, staffing patterns (both VA and non-VA) and FTEE involved.
- (14) <u>Comments</u>. Any additional issues not covered in previous sections should be included here.
- b. Effective Date. An Annual Narrative Report for Clinical Services Alcohol Dependence Treatment Program, Drug Dependence Treatment Program and/or Substance Abuse Treatment Program is required in VA Central Office (111C1B) by the 40th workday of each fiscal year. A single report may be submitted by medical centers that have "combined" Alcohol and Drug Dependence Treatment Programs, provided that differential treatment for Alcohol and for Drug Dependence is clearly delineated and accounted for statistically.

INSTRUCTIONS FOR SUBSTANCE ABUSE PROGRAMS QUARTERLY REPORTS (RCS 10-0105)

1. Reports should be forwarded using a covering Routing and Transmittal Slip (Optional Form 41) addressed in the following manner:

Regional Director (13 /111C1E) Department of Veterans Affairs 810 Vermont Avenue, N.W. Washington, DC 20420

- 2. The covering Optional Form 41 should include the following line item information:
- a. LINE 1 TITLE OF REPORT. Enter on this line the following title: Contract Program for Alcohol and/or Drug Dependence Treatment and/or Rehabilitation
- b. LINE 2 STATION NUMBER. Enter three digit station number as listed in the "Consolidated Address and Territorial Bulletin 1-J."
- c. LINE 3 REPORT PERIOD. Entry will include the starting and ending dates of the report period as well as designating the quarter and fiscal year.
- d. LINE 4 CONTACT INFORMATION. On this line, enter the name and FTS number of the individual responsible for the final submission of the report. This information is necessary in the event clarification of data is needed.
- 3. The covering form must be dated, the name of the medical center stated, and signed by the medical center Director.
- 4. Information on contract services by non-VA (Department of Veterans Affairs) Residential Programs should be submitted on plain bond paper using the following format:
- a. In the upper left-hand corner of the first page, print the term RESIDENTIAL.
- b. In the upper right-hand corner of the first page, print the information from Line 2 (Station Number) and Line 3 (Report Period) of the covering form.
- c. The following column entries should be made below the heading identified by underline. Column numbers may be used if space is limited.
- COLUMN 1 CONTRACT FACILITY. Enter by name each contract facility utilized under the contract authority of 38 U.S.C. (United States Codes) 170A. For medical centers using more than one contract facility with the same parent organization name but with different street addresses, each street address will be listed separately. Do not combine figures into one contract facility listing. Abbreviations for contract facility names are allowed provided they are identified by footnote.
- COLUMN 2 PER DIEM RATE. Enter the daily rate being charged by each contract facility. This rate should correspond with the rate identified on the executed contract. Should the rate change during any reporting, so indicate and note date of change on that report period.

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COLUMN 3 - ADMISSIONS (VA CONTRACT PLACEMENTS) CURRENT QUARTER. Enter the number of patients admitted to each contract facility for the present quarter only.

COLUMN 4 - ADMISSIONS (VA CONTRACT PLACEMENT) FYTD (FISCAL YEAR TO DATE). Enter the number of patients admitted to each facility during the fiscal year. This entry will be a cumulative total for the fiscal year to date.

COLUMN 5 - DISCHARGE (CURRENT QUARTER) VA PAID 1 TO 60 DAYS. Enter the number of patients discharged from each contract facility during the quarter who were on contract and had a stay of 1 to 60 days. In computing the number of days, count the day of admission to the contract facility, but not the day of discharge. A patient who is admitted and discharged on the same day would have a stay of 1 day.

COLUMN 6 - DISCHARGED (CURRENT QUARTER) VA PAID 61 TO 90 DAYS. Enter the number of patients discharged from each contract facility during the quarter who were on contract and had a stay of 61 to 90 days. In computing the number of days, count the day of admission to the contract facility but not the day of discharge.

COLUMN 7 - TOTAL DISCHARGES (CURRENT QUARTER). Enter the total number of patients discharged from each contract facility during the quarter. Column 7 = Column 5 + Column 6.

COLUMN 8 - DISCHARGED FYTD. Enter the total number of patients discharged from each contract facility during the fiscal year. This entry will be a cumulative total for the FYTD.

NOTE: DISCHARGES. All discharged patients will be accounted for in three columns, Columns 5, 7 and 8 or Columns 6, 7 and 8 according to the number of days for which VA paid.

COLUMN 9 - PATIENT TREATMENT DAYS (CURRENT QUARTER) VA PAID 1 TO 60 DAYS. Enter the number of patient treatment days provided patients whose stay was between 1 to 60 days and paid by VA during the quarter in each contract facility. In computing the number of days, count the day of admission to the contract facility but not the day of discharge. A patient who is admitted and discharged on the same day would be counted as 1 day. Patient treatment days are counted for discharged patients only.

COLUMN 10 - PATIENT TREATMENT DAYS (CURRENT QUARTER) VA PAID 61 TO 90 DAYS. Enter the number of patient treatment days provided patients whose stay was between 61 to 90 days and paid by VA during the quarter in each contract facility. Patient treatment days are counted for discharged patients only.

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NOTE: PATIENT TREATMENT DAYS. All patients treatment days will be accounted for in only one column, either Column 9 or Column 10. No one patient will be counted in both columns. For example, if a patient is discharged after 51 days VA paid, these patient treatment days (51) would be counted in Column 9. If the patient is discharged after 78 days VA paid, the full 78 patient treatment days would be counted in Column 10, not 60 days in Column 9 and 18 days in Column 10.

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COLUMN 11 - TOTAL VA PATIENT TREATMENT DAYS (CURRENT QUARTER). Enter the total number of days of care provided VA patients in each contract facility during the quarter. Patient treatment days are counted for discharged patients only. This information includes VA patients initially placed under contract reimbursement. This total is all-inclusive and is to include, for each patient discharged, the total number of days, whether VA paid or non-VA paid.

COLUMN 12- RESOURCES UTILIZED (CURRENT QUARTER). Enter the resources expended from VHA (Veterans Health Administration) Cost Center 8361 "Alcohol and Drug Treatment and Rehabilitation" for each contract facility during this report period (current quarter). Entries should include actual expenditures as well as any resources committed for payment of bills obligated for care provided during the report period. (Obtain these data from CALM Report 830). This column is to be completed under the supervision of the Chief, Fiscal Service, and to be initialled by the Chief, Fiscal Service, before mailing to VA Central Office.

COLUMN 13- RESOURCES UTILIZED FYTD. Enter the total cumulative resources expended for each contract facility. (Obtain this data from CALM Report 830). This column is to be completed under the supervision of the Fiscal Officer before mailing to VA Central Office.

- d. A comment section must be added at the bottom of the report and two parts must be completed as follows:
- (1) <u>Section 1</u>: Use this section to report the total number of unique (individual) veterans placed in residential programs by your facility during the FYTD. Any veteran with multiple placements at the same or different residential programs during the course of the fiscal year will be counted only once in this section.
- (2) <u>Section 2</u>: Use this section to document current contract modifications (other than per diem) contract cancellations/terminations and any other significant factors affecting contracts that were completed during the reporting period. If no changes were made, a negative response must be entered in this comment section.

INSTRUCTIONS FOR COMBINED COMPENSATED WORK THERAPY, INDUSTRIAL THERAPY, AND THERAPEUTIC PRINTING ANNUAL REPORTS (RCS 10-0656)

By the 10th working day of the completion of the Fiscal Year, submit the following information by letter or TWX to:

VA Medical Center (302/111C) Attn: Deputy Associate Director for Rehabilitation Services, Hampton, VA 23667,

- 1. Name of VA medical center including the:
 - a. Name of contact person, and
 - b. FTS telephone number.

NOTE: Negative responses are required.

- 2. CWT (Compensated Work Therapy)
 - a. Name of CWT supervisor(s):
- b. Professional Discipline (i.e., MAT (Manual Arts Therapy), VRS (Vocational Readjustment Service), OT (Occupational Therapy), etc.);
 - c. Service;
- d. Total number of different patients assigned to CWT throughout reporting year; this includes: NOTE: Domiciliary patients should also be included under "Inpatients" d(1).
 - (1) Inpatients, and
 - (2) Outpatients.
- e. Referral Source includes (indicate number of patients assigned from each source):
 - (1) Psychiatry,
 - (2) Medicine,
 - (3) Substance abuse,
 - (4) Intermediate medicine,
 - (5) Rehabilitation medicine, and
 - (6) Domiciliary.
 - f. Number discharged from CWT.
- g. Total number of patients in CWT (one patient can be counted more than once if entering the program more than once during a reporting period).

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- h. Total number of hours worked by patients in CWT:
- i. Financial accounting in CWT includes:
- (1) Total dollars paid to patients;
- (2) Dollar balance in CWT fund at end of reporting period;
- (3) Total dollar amount of CWT contracts;
- (4) Number of contracts;
- (5) Dollars spent on contract procurement;
- (6) Dollars spent on purchase of equipment, modification of facilities, etc.; and
- (7) Dollars spent on overhead costs (rent, utilities, transportation, etc.).
- 3. IT (Incentive Therapy) including:
 - a. Name of IT supervisor(s);
 - b. Professional discipline (i.e., MAT, VRS, OT, psychologist, etc.);
 - c. Service;
 - d. Total number of different patients assigned to IT includes:
 - (1) Inpatients,
 - (2) Outpatient,

NOTE: Domiciliary patients (should be included under "inpatients" d.(1)

- (3) Service-connected, and
- (4) Nonservice-connected.
- e. Referral source (indicate number of patients assigned from each source) includes:
 - (1) Psychiatry,
 - (2) Medicine,

- (3) Substance abuse,
- (4) Intermediate medicine,
- (5) Rehabilitation medicine, and
- (6) Domiciliary.

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- f. Total number of patients discharged from program.
- g. Total number of dollars paid to patients.
- h. Average payment, per hour, per patient.
- 4. TPP (Therapeutic Printing Program) includes:
 - a. Name of supervisor(s);
 - b. Professional discipline (i.e., MAT, VRS, OT, psychology, etc.);
 - c. Service;
- d. Total number of different patients assigned to the TPP during period; and
 - e. Number of patients receiving pay for TPP involvement.
- 5. Number of known patients employed in the community after being in any of the work-for-pay programs.
- 6. Send the completed report to: Deputy Associate Director for Rehabilitation (302/111C), VA Medical Center, Bldg. 148, Hampton, VA 23667.

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INSTRUCTIONS FOR VOCATIONAL CASE MANAGEMENT ANNUAL REPORTS (RCS 10-0100)

Submit the following information by letter or TWX to:

VA Medical Center (302/111C)

Attn: Deputy Associate Director for Rehabilitation Services

Hampton, VA 23667

NOTE: Negative responses are required.

- 1. Name of medical center.
- 2. Station number.
- 3. Reporting period covered.
- 4. List name of case manager(s), professional title(s) and percentage of FTEE (Full-time Employee Equivalent) devoted to Case Management duties.
- 5. <u>Patients Served</u>. Indicate Number of each. NOTE: Patients who may return for reevaluation or assignment may be counted for as many times as they enter the program during that Fiscal Year. The Total Number of Patients Served (5f) should equal the sum of 5a through 5e.
 - a. SC (Service-connected) inpatient;
 - b. NSC (Nonservice-connected) inpatient;
 - c. SC outpatient;
 - d. NSC outpatient;
 - e. Patients screened, and no other services provided; and
 - f. Total number of patients served.
- 6. <u>Active Status Cases</u>. Indicate Number of each. NOTE: Patients may be counted in as many "6b through 61" categories as may apply.
 - a. Different cases active at end of reporting period.
 - b. Those receiving vocational assessment and/or counseling.
 - c. Those awaiting training.
 - d. Those in-training with follow-up continuing.
 - e. Those in an active job search.
 - f. Those employed with follow-up continuing.

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- g. Referrals to VBA (Veterans Benefits Administration)-VR&C (Vocational Rehabilitation and Counseling) follow-up continuing.
 - h. Referrals to VBA-Other with follow-up continuing.
 - i. Referrals to State Vocational Rehabilitation with follow-up continuing.
 - j. Referrals to State Job Service with follow-up continuing.
 - k. Referrals to Other resources with follow-up continuing.
 - 1. Other cases in active status not described.
- 7. <u>Disposition of Closed Cases</u>. Indicate number of each. NOTE: Patients may be counted in as many "7b through 7k" categories as may apply.
 - a. Different cases closed during reporting period.
 - b. Cases employed.
 - c. Cases in-training.
 - d. Medical infeasible.
 - e. Cases where service was discontinued by patient.
 - f. Cases transfered to VBA-VR&S.
 - g. Cases transfered to VBA-other.
 - h. Cases transfered to State Vocational Rehabiliation.
 - i. Cases transfered to State Job Service.
 - j. Cases transfered to other resources.
 - k. Cases with other dispositions not described.
- 8. Name, title and telephone number of person responsible for completing this report.

INSTRUCTIONS FOR HCMI (HOMELESS CHRONICALLY MENTALLY ILL) ANNUAL REPORTS (RCS 10-0772)

1. Reports should be forwarded using a covering VA (Department of Veterans Affairs) Optional Form 41 addressed in the following manner:

Regional Director (13A /111C1A) VA Central Office 810 Vermont Avenue, N.W. Washington, DC 20420

- a. The covering Optional Form 41 should include the following line item information:
- (1) LINE 1 TITLE OF REPORT. Enter on this line the following title: Contract Program for Homeless, Chronically Mentally Ill Community Residential Treatment.
- (2) LINE 2 STATION NUMBER. Enter three digit station number as listed in the "Consolidated Address and Territorial Bulletin 1-J."
- (3) LINE 3 REPORT PERIOD. Entry will include the report period starting and end dates and quarterly and fiscal year designators.
- (4) LINE 4. On this line enter the name and FTS number of the individual responsible for the final submission of the report. This information is necessary in the event clarification of data is needed.
- b. The covering Optional Form 41 should indicate the medical center by location, should be signed by the Director, and dated.
- 2. The following information should be submitted horizontally on plain bond paper, using the format presented as follows, to reflect contracted services by non-VA residential facilities.
 - a. In the upper left-hand corner of this page, indicate RESIDENTIAL.
- b. In the upper right-hand corner of this page, repeat line 2 (Station Number) and Line 3 (Report Period) from the covering Optional Form 41.
- c. The following items are all column entries. Column heads are identified by underlining. Column numbers may be used if space is limited.

RESIDENTIAL

COLUMN 1 - RESIDENTIAL TREATMENT. Enter by name each residential treatment facility utilized under the contract authority of Public Law 100-6. For medical centers using more than one residential treatment facility with the same parent organization name, but with different street addresses, each address will be listed separately. Do not combine figures into one residential treatment facility listing. Abbreviations for residential treatment facility names are allowed providing they are identified by footnote.

COLUMN 2 - PER DIEM RATE. Enter the daily rate being charged by each residential treatment facility. This rate should correspond with the rate

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the executed contract. Should the rate change during any reporting period, so indicate and note date of change on that report period.

- COLUMN 3 ADMISSION (VA CONTRACT PLACEMENTS) CURRENT MONTH. Enter the number of patients admitted to each residential treatment facility for the present month only. This is a count of admissions, not of unique veterans admitted.
- COLUMN 4 ADMISSIONS (VA CONTRACT PLACEMENTS) CURRENT QUARTER. Enter the number of patients admitted to each residential treatment facility for the present quarter only. This entry will be a cumulative total for the quarter to date. This is a count of admissions, not of unique veterans admitted.
- COLUMN 5 ADMISSIONS (VA CONTRACT PLACEMENT) FYTD (FISCAL YEAR TO DATE). Enter the number of patients admitted to each residential treatment facility during the fiscal year. This entry will be a cumulative total for fiscal year to date. This is a count of admissions, not of unique veterans admitted.
- COLUMN 6 TOTAL DISCHARGES (CURRENT MONTH). Enter the total number of patients discharged from each residential treatment facility during the month. This is a count of discharges, not of unique veterans discharges.
- COLUMN 7 TOTAL DISCHARGES (CURRENT QUARTER). Enter the total number of patients discharged from each residential treatment facility during the quarter. NOTE: For equalization purposes, Column 7 = Column 6 + Column 7 from previous month, unless previous month ended previous quarter. This is a count of discharges, not of unique veterans discharged.
- COLUMN 8 DISCHARGES FYTD. Enter the total number of patients discharged from each residential treatment facility during the fiscal year. This entry will be a cumulative total for FYTD. This is a count of discharges, not of unique veterans discharged.
- COLUMN 9 TOTAL PATIENT TREATMENT DAYS (CURRENT MONTH). Enter the total number of days of care provided patients in each residential treatment facility during the month. Patient treatment days are completed for discharge patients only.
- 10 TOTAL PATIENT TREATMENT DAYS (CURRENT QUARTER). Enter the total number of days of care provided patients in each residential treatment facility during the quarter. Patient treatment days are counted for discharged patients only.
- 11 RESOURCE UTILIZED (CURRENT MONTH). Enter the resources expended from VHA (Veterans Health Administration) Control Point 809 "HCMI/Contracts and All Other" for each residential treatment facility during this report period (current month). Entries should include actual expenditures as well as any resources committed for payment of bills obligated for care provided during the report period. (Obtain these data from CALM Report 830). This column is to be completed by an individual under the supervision of the Chief, Fiscal Service, and to be initialed by the Chief, Fiscal Service, before mailing to VA Central Office.
- 12 RESOURCE UTILIZED (CURRENT QUARTER). Enter the resources expended from VHA Control Point 809 "HCMI/Contracts and All Other" for each residential treatment facility during this report period (current quarter).

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include actual expenditures as well as any resources committed for payment of bills obligated for care provided during the report period. (Obtain these data from CALM Report 830). This column is to be completed by an individual under the supervision of the Chief, Fiscal Service, and to be initialed by the Chief, Fiscal Service, before mailing to VA Central Office.

- COLUMN 13 RESOURCES UTILIZED FYTD. Enter the total resources expended for each residential treatment facility, FYTD. Entry should be a cumulative total. (Obtain these data from CALM Report 830). This column is to be completed by an individual under the supervision of the Chief, Fiscal Service, and to be initialed by the Chief, Fiscal Service, before mailing to VA Central Office.
- 3. The following information should be submitted horizontally on plain bond paper using the format presented below, to reflect contracted services by nonresidential program. NOTE: If the medical center is not contracting with facilities for non-residential ambulatory treatment episodes, negative reports for this section are not necessary.
 - a. In the upper left-hand corner of this page, indicate NON-RESIDENTIAL.
- In the upper right-hand corner of this page repeat Line 2 (Station Number) and Line 3 (Report Period) from the covering Optional Form 41.
- c. The following items are all column entries. Column heads are identified by underlining. Column numbers may be used if space is limited.

NON-RESIDENTIAL

- 1 NON-RESIDENTIAL TREATMENT FACILITY. Enter by name nonresidential treatment facility being utilized for ambulatory treatment episodes.
- COLUMN 2 VISIT RATE. Enter the rate being charged per visit by each nonresidential treatment facility. This rate should correspond with the rate identified on the executed contract. Should the rate change during any reporting period, so indicate and do not change on that report period.
- COLUMN 3 PATIENTS TREATED (CURRENT MONTH). Enter the number of different patients treated, on a non-residential ambulatory treatment episode basis for each non-residential treatment facility. This is a count of unique veterans treated.
- COLUMN 4 PATIENTS TREATED (CURRENT QUARTER). Enter the number of different patients treated, on a non-residential ambulatory treatment episode basis, for each non-residential treatment facility. This entry will be a cumulative total for the quarter to date. This is a count of unique veterans treated.
- COLUMN 5 PATIENTS TREATMENT FYTD. Enter the number of different patients treated on a non-residential ambulatory treatment episode basis for each nonresidential treatment facility during the fiscal year. This entry will be a cumulative total for FYTD. This is a count of unique veterans treated.

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the non-residential treatment facility to receive services which are diagnostic or therapeutic, or both. (This definition is consistent with M-1, Pt. I, CH. 17.)

7 - RESOURCES UTILIZED (CURRENT MONTH).- Enter the resources COLUMN expended from VHA Control Point 809 "HCMI/Contracts and All Other" for nonresidential treatment for each non-residential treatment facility during this report period (current month). Entries should include actual expenditures as well as any resources committed for payment of bills obligated during the report period. This column is to be completed by an individual under the supervision of the Chief, Fiscal Service, and to be initialed by the Chief, Fiscal Service, before mailing to VA Central Office.

8 - RESOURCES UTILIZED (CURRENT QUARTER). Enter the resources expended from VHA Control Point 809 "HCMI/Contracts and All Other" for each non-residential treatment facility during this report period (current quarter). Entries should include actual expenditures as well as any resources committed for payment of bills obligated during the report period. column is to be completed by an individual under the supervision of the Chief, Fiscal Service, and to be initialed by the Chief, Fiscal Service, before mailing to VA Central Office.

COLUMN 9 - RESOURCES UTILIZED FYTD. Enter the total resources expended for each non-residential treatment facility, FYTD. Entry should be a cumulative total. This column to be completed by an individual under the supervision of the Chief, Fiscal Service, and to be initialed by the Chief, Fiscal Service, before mailing to VA Central Office.

- The following information should be submitted horizontally on plain bond paper using the following format to reflect supplemental services associated with the residential treatment program.
 - a. In the upper left-hand corner of this page, indicate SUPPLEMENTAL.
- In the upper right-hand corner of this page repeat Line 2 (Station Number) and Line 3 (Report Period) from the covering Optional Form 41.
- c. The following items are all column entries. Column heads are identified by underlining. Column numbers may be used if space is limited.

(1) SUPPLEMENTAL

1 - I.D. Enter identification code and name of the accounts "Personnel," "Transportation: and "Miscellaneous." "Miscellaneous" enter the subaccount codes and title for "Communications" and "Other Expenses."

(2) ADDITIONAL INSTRUCTIONS

PERSONNEL. Refers to salary costs for VA staff on the residential treatment Outreach Teams. (Funded from Control Point 808 "HCMI/Personnel Services").

TRANSPORTATION. Refers to expenses such as rental and mileage on vehicles involved in transport of staff and patients for treatment purposes. This is

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Employee Medical Travel (chargeable to limitation 001). This will not include staff travel for

educational or training purposes. (Funded from Control Point 809 "HCMI/Contracts and All Other").

COMMUNICATIONS. Refers to expenses such as purchase, rental or repairs of pagers. (Funded from Control Point 809 "HCMI/Contracts and All Other").

OTHER EXPENSES. Include items necessary for case management of patients such as snacks, and application fees (e.g., for birth certificates). (Funded from Control Point 809 "HCMI/Contracts and All Other").

- COLUMN 2 AMOUNT. Enter amount remaining in account or subaccount at end of reporting period. Do not include funds already obligated for care provided during the report period in this column.
- COLUMN 3 COMMENTS. Enter any information on status or change of status of any of the individuals or equipment items covered by these accounts. (e.g., professional discipline of personnel, any staffing changes due to hiring or resignation).
- COLUMN 4 FTEE. Enter number of VA staff on outreach team accounted for under "Personnel."
- COLUMN 5 RESOURCE UTILIZED (CURRENT MONTH). Enter the resources expended from VHA Control Point 808 "HCMI/Personnel Services: (for Personnel Account) and from VHA Control Point 809 "HCMI/Contracts and All Other" (for the Transportation Account and each of the Miscellaneous Subaccounts) during this report period (current month). Entries should include actual expenditures as well as any resources committed for payment of bills obligated for services provided during the report period. (Obtain these data from CALM Report 830). This column is to be completed by an individual under the supervision of the Chief, Fiscal Service, and to be initialed by the Chief, Fiscal Service, before mailing to VA Central Office.
- 6 RESOURCE UTILIZED (CURRENT QUARTER). Enter the resources expended from VHA Control Point 808 "HCMI/Personnel Services" (for Personnel Account) and from VHA Control Point 809 "HCMI/Contracts and All Other" (for the Transportation Account and each of the Miscellaneous Subaccounts) during this report period (current quarter). Entries should include actual expenditures as well as any resources committed for payment of bills obligated for services provided during the report period. (Obtain the data from CALM Report 830). This column is to be completed by an individual under the supervision of the Chief, Fiscal Service, and to be initialed by the Chief, Fiscal Service, before mailing to VA Central Office.
- COLUMN 7 RESOURCES UTILIZED FYTD. Enter the total resources expended for each account and subaccount, FYTD. Entry should be a cumulative total. This column to be completed by an individual under the supervision of the Chief, Fiscal Service, and to be initialed by the Chief, Fiscal Service, before mailing to VA Central Office.

5. Additional instructions include:

(1) At the end of the third quarter, and again at the middle of the fourth quarter the project coordinators are be asked to review the annual cost projections and submit any proposed revisions.

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(2) Project coordinators must carefully monitor activity from the second week of September to the end of the Fiscal Year. At this time (second week of September) there is a special one-time report requested by VA Central Office to identify any deviations from a program site's projected obligations for the remainder of the Fiscal Year, in order to permit re-allocation of funds as needed. High or low deviations, or no deviations, from projected obligations must be reported at this time.