

COMPACT Act, Section 201 Direct Care

Emergent Suicide Care and Treatment Staff FAQs



COMPACT Act Section 201 Overview

Section 201 of the Veterans Comprehensive Prevention, Access to Care and Treatment (COMPACT) Act of 2020 requires the Department of Veterans Affairs' (VA) to directly furnish, pay for, or reimburse for emergent suicide care (to include associated transportation costs) at VA and non-VA facilities for eligible individuals in acute suicide crisis.

Below you will find frequently asked questions that may be helpful.

Who is eligible?

- An individual is eligible for Emergent suicide care if they have been determined to be in acute suicidal crisis, and such individual is either:
 - Former members of the armed forces who were discharged or released from active duty after more than 24 months of active service under conditions other than dishonorable, or;
 - A former member of the armed forces, including the reserve components, who
 - while serving in the active military, naval, air, or space service was discharged or released under a condition that is not honorable but not dishonorable or discharge by court martial;
 - is not enrolled in the VA health care system; and
 - either (A) served in the Armed Forces for more than 100 cumulative days and was deployed in a theater of combat operations, in support of a contingency operation, or in an area at a time during which hostilities are occurring in that area during service, including by controlling an unmanned aerial vehicle from a location other than such theater or arena; or (B), while serving in the Armed Forces, was the victim of a physical assault of a sexual nature, a battery of a sexual nature, or sexual harassment.

What is available?

- Up to 30 days of inpatient or crisis residential care related to the acute suicide crisis (this period can be extended if deemed clinically necessary).
- Up to 90 days of outpatient care related to the acute suicide crisis, which includes both medical and mental health care (this period can be extended if deemed clinically necessary).
- Prescription medications that are related to your acute suicide crisis
- Emergency transportation (i.e. ambulance and air ambulance) required to receive Emergent suicide care.
- Emergent suicide care and associated emergency transportation must be provided at no cost—there will not be copayments or bills for eligible individuals.
- VA will determine eligibility for other VA services and benefits if individuals receiving Emergent suicide care are not enrolled or registered with VA.
- VA will refer eligible individuals for appropriate services for which they are otherwise eligible, including social work.

What is an acute suicide crisis?

Acute suicide crisis means an individual was determined to be at imminent risk of self-harm by a trained crisis responder or health care provider.

- Imminent risk of self-harm will be assessed on a case-by-base basis, and can include clinical considerations such as an individual's stated intent to harm themselves as well as other

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information such as knowledge of an individual's past or present behaviors that signal a risk of self-harm (such as past suicide attempts that could evidence additional risk of self-harm).

- Trained crisis responder means an individual who responds to emergency situations in the ordinary course of their employment and therefore possess adequate training in crisis intervention. Such individuals include, but are not limited to, Veteran Crisis Line responders, law enforcement or police officers, firefighters, and emergency medical technicians.
- Health care provider means a VA or non-VA provider who is licensed to practice health care by a State and who is performing within the scope of their practice as defined by a State or VA practice Standard.

What is emergent suicide care?

For an individual in acute suicidal crisis, care that ensures, to the extent practicable, immediate safety and reduces: the severity of distress; the need for urgent care; or the likelihood that the severity of distress or need for urgent care will increase during the transfer of that individual from a facility at which the individual has received care for that acute suicidal crisis.

What is changing under COMPACT Act?

Emergency assessment and care will not change. Front line providers and staff should follow existing processes defined in clinical practice. COMPACT Act changes how the eligible individual is billed for care, as no cost should be incurred for care related to a COMPACT eligible episode (Emergent suicide care), and how care associated with the crisis may continue for the treatment episode.

How does a VA provider need to document a visit related to COMPACT 201 to ensure the eligible individual does not receive a bill for care?

For COMPACT Act-related care a standardized CPRS template (*VA COMPACT Care Encounter Codes*) is to be embed in the local Progress Note. This short, user-friendly template includes the codes listed below:

- **Initial Event** - To ensure appropriate identification and tracking of COMPACT Act Section 201-related care, one of the following diagnostic codes are to be utilized in the initial crisis care note:
 - T14.91XA – Suicide Attempt, Initial
 - 90839 (Psychotherapy for Crisis) + R45.851 (Suicidal Ideation)
 - T2034 – crisis intervention
- **Follow-up Care** – To ensure appropriate identification and tracking of COMPACT Act Section 201-related care, where a suicide attempt was the trigger event, one of the following diagnostic codes are to be utilized:
 - T14.91XD - Suicide Attempt, Follow up
 - T14.91 - Suicide Attempt, Sequela

Note: Where the suicidal crisis event did **not** involve an actualized attempt, the following HCPCS code is to be added to the appropriate CPT code for the follow up care:

- T2034 – crisis intervention

How does the VA pharmacy know which medications are COMPACT related, and therefore exempt from copays?

There are long term and interim IT solutions in place to identify eligible individuals in COMPACT episodes of care to ensure they are not billed for medications related to the acute suicide crisis. Guidance to pharmacy and providers regarding these processes will come through those clinical program offices and be addressed in training.

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What happens if an eligible individual has an additional suicidal crisis?

A new, and separate, 30/90-day period for providing medical and mental health care begins with each acute suicidal crisis. The new crisis does not affect the period of care for previous acute suicide crises.

What happens if an eligible individual continues to require care associated with the crisis beyond the 30 or 90 days?

Either period of care (inpatient or outpatient) can be extended by VA, if they determine that the eligible individual continues to require care to address the effects of the acute suicidal crisis. Where clinically necessary, the treating provider has the authority to initiate one extension per episode of care for a period of up to 30 days. If an eligible individual requires additional extensions for the episode of care, the extension must be authorized by the local VAMC Chief of Staff.

How can a provider prepare for transition of an individual who is eligible for COMPACT care but not eligible for VA health care?

During the COMPACT episode of care, providers should include care management and social work in care plans to ensure transition planning is complete and thorough. In the community, transition discussions with community providers is current practice.

What if an eligible individual wants to receive Emergent suicide care in the community?

COMPACT Act allows eligible individuals to receive Emergent suicide care in the facility of their choice regardless of their eligibility for such services under the Veterans Community Care Program. Eligible individuals can receive all or part of their care in the community for a maximum of 30 days inpatient or residential and 90 days outpatient.

Are social services provided for a homeless COMPACT eligible individual?

VA recognizes homelessness as a risk factor for suicide; as such, the Emergent suicide care provided to eligible individuals will include those services intended to decrease risk of future crises, including consultation with social work.

Can a Veterans or eligible individual appeal decisions regarding COMPACT care?

Clinical and administrative appeals by the Veteran or eligible individual will follow policy outlined in Directive 1041 (Appeal of Veterans Health Administration Clinical Decisions).

- To decrease burden for high-risk individuals, please refer individuals to the facility patient advocate. A process has been developed with the Office of Patient Advocacy, specific to appeals related to COMPACT Act.