|  |
| --- |
| [**Link to Mnemonics and Questions**](https://secure.wvmi.org/QUESTIONS/Specifications/Mnemonics%20and%20Questions/fy2019q4/MnemonicQuestions4q19.xlsx) |
| **If dochospce = 1, go out of module; else go to dementdx2** |
|  |  | **Assessment of Cognitive Function** |  |  |
| 1 | dementdx2 | During the past year, does the record document a diagnosis of dementia/neurocognitive disorder as evidenced by one of the following ICD-10-CM diagnosis codes:**A8100, A8101, A8109, A812, A8182, A8189, A819, F0150, F0151, F0280, F0281, F0390, F0391, F1027, F1097, F1327, F1397, F1817, F1827, F1897, F1917, F1927, F1997, G231, G300, G301, G308, G309, G3101, G3109, G3183, G903**1. Yes2. No | 1,2If 2, go to modsevci  | **The problem list or health factors may be used to perform an initial search for the diagnosis of dementia or other condition associated with dementia; however, the documentation of the applicable ICD-10-CM code must be found in association with an inpatient or outpatient encounter during the past year.** **Each health factor should have an associated date that represents the date the health factor was recorded.** **For the purposes of this question, acceptable dementia diagnosis codes are included in the table on the next page.** Suggested data sources: Clinic/progress notes (e.g. primary care, neurology, geriatrics, psychiatry), history and physical, discharge summary, outpatient encounter diagnosis codes, admission/discharge codes |
| **ICD-10-CM Code Dementia/neurocognitive Disorder Code Table**

|  |  |  |  |
| --- | --- | --- | --- |
| **ICD-10-CM Code** | **ICD-10-CM Description** | **ICD-10-CM Code** | **ICD-10-CM Description** |
| A81.00 | Creutzfeldt-Jakob disease, unspecified | F13.97 | Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced persisting dementia |
| A81.01 | Variant Creutzfeldt-Jakob disease | F18.17 | Inhalant abuse with inhalant-induced dementia |
| A81.09 | Creutzfeldt-Jakob disease, other | F18.27 | Inhalant dependence with inhalant-induced dementia |
| A81.2 | Progressive multifocal leukoencephalopathy | F18.97 | Inhalant use, unspecified with inhalant-induced persisting dementia |
| A81.82 | Gerstmann-Straussler-Scheinker Syndrome | F19.17 | Other psychoactive substance use with psychoactive substance-induced persisting dementia |
| A81.89 | Other atypical virus infections of central nervous system [included for Prion disease of the CNS NEC] | F19.27 | Other psychoactive substance dependence with psychoactive substance-induced persisting dementia |
| A81.9 | Atypical virus infection of central nervous system, unspecified [Prion diseases of the central nervous system NOS] | F19.97 | Other psychoactive substance use, unspecified with psychoactive substance-induced persisting dementia |
| F01.50 | Vascular Dementia without Behavioral Disturbance | G23.1 | Progressive supranuclear palsy |
| F01.51 | Vascular Dementia with Behavioral Disturbance | G30.0 | Alzheimer's disease with early onset |
| F02.80  | Dementia in other diseases classified elsewhere without behavioral disturbance | G30.1 | Alzheimer's disease with late onset |
| F02.81  | Dementia in other diseases classified elsewhere with behavioral disturbance | G30.8 | Other Alzheimer's disease |
| F03.90 | Unspecified dementia without behavioral disturbance | G30.9 | Alzheimer's Disease, Unspecified |
| F03.91 | Unspecified dementia with behavioral disturbance | G31.01 | Pick's Disease |
| F10.27 | Alcohol dependence with alcohol-induced persisting dementia | G31.09 | Other Frontotemporal Dementia |
| F10.97 | Alcohol use, unspecified with alcohol-induced persisting dementia | G31.83 | Dementia with Lewy Bodies |
| F13.27 | Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced persisting dementia | G90.3 | Multi-system atrophy |

 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2 | demsev | Was the severity of dementia assessed during the past year using one of the following standardized tools?1. Clinical Dementia Rating Scale (CDR)
2. Functional Assessment Staging Tool (FAST)
3. Global Deterioration Scale (GDS)

99. Severity of dementia was not assessed during the past year using one of the specified tools | 1,2,3,99If 99, go to modsevci | **Clinical Dementia Rating Scale** (CDR) = 5-point scale used to characterize six domains of cognitive and functional performance (memory, orientation, judgment & problem-solving, community affairs, home & hobbies, personal care)**Functional Assessment Staging Tool (FAST)** = charts decline of patients with Alzheimer’s Disease and is broken down into 7 stages.**Global Deterioration Scale (GDS)** = provides an overview of the stages of cognitive function and is broken down into 7 stages. |
| 3 | cogscor2 | What was the outcome of the assessment of the severity of dementia assessment?4. Score indicated mild dementia5. Score indicated moderate to severe dementia6. Score indicated no dementia99. No score documented in the record or unable to determine outcome | 4,\*5,6,99If 4 or 6, go to scrnaudc**\*If 5, go out of module** **If 99, go to modsevci** | **Abstractor judgment may be used. The record must document the score of the assessment and the abstractor must be able to determine whether the score indicates no dementia, mild dementia, or moderate to severe dementia.** The scoring of the dementia assessment and therefore the outcome will be determined based upon which standardized tool was utilized. In order to answer “4” or “5,” the abstractor must be able to determine whether the score indicated mild dementia or moderate to severe dementia. For example, patient is assessed with CDR and documented score = 2, select “5.” **Clinical Dementia Rating Scale:** Score may range from 0 (normal) to 3 (severe dementia)**Functional Assessment Staging Tool (FAST):** Score may range from 1 (normal) to 7 (severe dementia)**Global Deterioration Scale (GDS)** : Score (stage) may range from 1 (no cognitive impairment) to 7 (very severe cognitive decline)For the above tools, scores indicating at least moderate degree of dementia are:* **FAST >= 5**
* **GDS >= 5**
* **CDR >= 2**

**If documentation of the outcome of the assessment or the score of the standardized tool does not indicate the severity of dementia, enter “99.”**  |
| 4 | modsevci | During the past year, did the clinician document in the record that the patient has moderate or severe cognitive impairment? 1. Yes
2. No

  | 1,2If 2, auto-fill cogimpdt as 99/99/9999 and go to scrnaudc | Clinician = physician, APN, PA, or psychologist**In order to answer “1,” there must be clinician documentation in the record that the patient has moderate, moderate to severe, or severe cognitive impairment OR a clinician notation that the patient is too cognitively impaired to be screened.** In addition, the Clinical Reminder for mental health screening allows providers to establish this exclusion by checking the box to indicate **“Unable to screen due to Moderate or Severe Cognitive Impairment.” This is acceptable documentation of moderate or severe cognitive impairment.** If the clinician documentation notes “mild cognitive impairment” or “cognitive impairment” without specifying severity, answer “2.”Although a diagnosis of major neurocognitive disorder may indicate dementia, it does not specify the severity of the dementia. If this is the only documentation related to cognitive impairment, answer “2”. Sources: Clinical Reminder for mental health screening, clinician notes. |
| 5 | cogimpdt | Enter the date of the most recent clinician documentation of moderate or severe cognitive impairment. | mm/dd/yyyy\*If modsevci = 1, go out of module

|  |
| --- |
| < = 1 year prior to or = stdybeg and < = stdyend  |

 | Enter the exact date. The use of 01 to indicate missing month or day is not acceptable. |
|  |  | **Screening for Alcohol Misuse** |  |  |
| 6 | scrnaudc | Within the past year, was the patient screened for alcohol misuse with the AUDIT-C?1. Yes2. No | 1,\*2\*If 2, go to deptxyr | **Screening for alcohol misuse = the patient was screened within the past year using AUDIT-C questions OR AUDIT-C question # 1 alone if answer was “never” (audc1=0).** **Screening for alcohol use by telephone is acceptable.** AUDIT-C:Question #1 = “How often did you have a drink containing alcohol in the past year?” Question #2 = “How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?”Question #3 = “How often did you have six or more drinks on one occasion in the past year?” |
| 7 | dtalscrn | Enter the most recent date of screening for alcohol misuse with the AUDIT-C.  | mm/dd/yyyy

|  |
| --- |
| < = 1 year prior to or = stdybeg and < = stdyend |

 | Most recent date patient was screened for alcohol misuse = the most recent date the AUDIT-C was documented in the record.Enter the exact date. The use of 01 to indicate missing month or day is not acceptable. |
| 8 | audc1 | Enter the score documented for AUDIT –C Question # 1 in the past year. “How often did you have a drink containing alcohol in the past year?1. Never
2. Monthly or less
3. Two to four times a month
4. Two to three times a week
5. Four or more times a week

99. Not documented | 0,1,2,3,4,99If 0, auto-fill audc2 and audc3 as 95 | AUDIT-C Question #1 = “How often did you have a drink containing alcohol in the past year?” Each answer is associated with the following scores:Never 🡪 0Monthly or less🡪 1Two to four times a month 🡪 2Two to three times a week 🡪 3Four or more times a week 🡪 4Not documented 🡪 99Answers to Question #1 of the AUDIT-C are scored as indicated. If the patient’s answers are documented in the record, the abstractor may assign the score in accordance with the patient’s response. If the score of Question #1 is documented without the question, the abstractor may enter that score. If neither the question response nor the score of the individual question is documented, enter 99. |
| 9 | audc2 | Enter the score documented for AUDIT-C Question #2 in the past year. “How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?”1. 0, 1 or 2 drinks
2. 3 or 4
3. 5 or 6
4. 7 to 9
5. 10 or more

95. Not applicable99. Not documented | 0,1,2,3,4,95,99Will be auto-filled as 95 if audc1 = 0 | AUDIT-C Question #2 = “How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?” Each answer is associated with the following scores:0 drinks 🡪 01 or 2 drinks 🡪 03 or 4 drinks 🡪 15 or 6 drinks 🡪 27 to 9 drinks 🡪 310 or more drinks 🡪 4Not documented 🡪 99Answers to Question #2 of the AUDIT-C are scored as indicated. If the patient’s answers are documented in the record, the abstractor may assign the score in accordance with the patient’s response. If the score of Question #2 is documented without the question, the abstractor may enter that score. If neither the question response nor the score of the individual question is documented, enter 99. |
| 10 | audc3 | Enter the score documented for AUDIT-C Question #3 in the past year. “How often did you have six or more drinks on one occasion in the past year?” 1. Never
2. Less than monthly
3. Monthly
4. Weekly
5. Daily or almost daily

95. Not applicable 99. Not documented | 0,1,2,3,4,95,99Will be auto-filled as 95 if audc1 = 0 | AUDIT-C Question #3 = “How often did you have six or more drinks on one occasion in the past year?” Each answer is associated with the following scores:Never 🡪 0Less than monthly 🡪 1Monthly 🡪 2Weekly 🡪 3Daily or almost daily 🡪 4 Not documented 🡪 99Answers to Question #3 of the AUDIT-C are scored as indicated. If the patient’s answers are documented in the record, the abstractor may assign the score in accordance with the patient’s response. If the score of Question #3 is documented without the question, the abstractor may enter that score. If neither the question response nor the score of the individual question is documented, enter 99. |
| 11 | alcscor | Enter the total AUDIT-C score documented within the past year in the medical record.  | \_\_ \_\_Abstractor may enter default zz if the total score of the AUDIT-C is not documented in the record.If scrnaudc = 1 valid values = 0-12. | The abstractor may not enter the total AUDIT-C score calculated from the questions if it is NOT documented in the record. If the total score is not documented in the record, enter default zz.If scrnaudc =2, the computer will auto-fill alcscor as zz. |
| 12 | outdoc | Was the outcome of the alcohol screen documented in the medical record?1. Outcome positive documented 2. Outcome negative documented 99. Outcome not documented | 1,2,99 | The interpretation of the score (positive or negative) must be documented in the record.  |
| 13 | alctxpy2 | Within the year prior to the most recent alcohol screening with AUDIT-C, did the patient participate in a recovery program for alcohol abuse or dependence?5. Yes, in VHA6. Yes, but not in VHA (includes AA)99. No or unable to determine  | 5,6, 99**If 99, auto-fill inrecvdt as 99/99/9999 and sudclin as 95, and go to alcbac as applicable** | Recovery program for alcohol abuse or dependence = VHA alcohol or addictions treatment programs (specified stop codes) or community-based treatment programs, including support groups such as Alcoholics Anonymous (AA). **The patient must have attended the program in the year prior to the most recent alcohol screening. Enrollment alone is not sufficient.**5 Yes, specialty addictions or alcohol recovery program in VHA 6 Yes, but not in VHA, and can include support groups, e.g. AA99 No documentation that the patient participated in a recovery program or unable to determine |
| 14 | inrecvdt | Enter the date of the patient’s most recent participation in a recovery program for alcohol abuse or dependence in the year prior to alcohol screening. | mm/dd/yyyyWill be auto-filled as 99/99/9999 if alctxpy2 = 99**If alctxpy2 = 5, and dtalscrn - inrecvdt <= 90 days, go to sudclin1, else go to alcbac as applicable****If unable to find month and year at a minimum, the abstractor may enter default 99/99/9999**

|  |
| --- |
| If scrnaudc = 1, < = 1 year prior to or = dtalscrn and < = dtalscrnIf scrnaudc = 2, < = 1 year prior to or = stdybeg and < = stdyend |

 | Question is limited only to those patients participating in an alcohol recovery program in the year prior to alcohol screening. If the patient participated in a series of group therapy meetings or a series of meetings with a counselor, use the date of the most recent encounter.If the patient is receiving SUD treatment outside the VHA, enter the date the provider notes that the SUD treatment was given. If the provider does not note the date the treatment was received, enter the date of the note where the provider documented the patient was receiving non-VHA SUD treatment. **If the exact date cannot be found, month and year must be entered at a minimum.****If participation occurred at another VAMC and even month and year cannot be found, the abstractor may enter default 99/99/9999. The default should be entered only after requesting help from the Liaison in locating the information from the VAMC where participation in an alcohol recovery program took place.**  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 15 | sudclin1sudclin2sudclin3sudclin4sudclin5sudclin6sudclin7sudclin8sudclin95sudclin99 | Within 90 days prior to the most recent alcohol screening with AUDIT-C, was the patient seen in any of the following VHA substance use disorders (SUD) clinics?**Indicate all that apply:**1. 513 SUD-Individual2. 514 SUD-Home3. 519 SUD-PTSD4. 547 Intensive-SUD Treatment5. 523 Opioid Substitution6. 560 SUD-Group7. 545 SUD-Telephone8. 548 Intensive-SUD-Individual95. Not applicable99. None of the above | 1,2,3,4,5,6,7,8,95,99Will be auto-filled as 95 if alctxpy2 = 99If sudclin99 = -1, go to alcbac as applicable; else go to deptxyr | Review the documentation within 90 days prior to the most recent alcohol screening with the AUDIT-C to determine if the patient was seen in any of the specified SUD clinics. Designation of the clinic by the title of the note is acceptable. Stop codes are included for reference, but may not be found in the record.  |
| **If alcscor or [sum of values in AUDC1 + AUDC2 + AUDC3 (excluding values of 95 and 99)] is >= 5, go to alcbac; else go to deptxyr** |
| 16 | alcbacalcbac3alba3dtalcbac6alba6dtalcbac7alba7dtalcbac8albc8dtalcba95alcba99 | During the timeframe from (Computer to enter DTALSCRN to DTALSCRN +14 days), does the record document any of the following components of brief alcohol counseling for past-year drinkers? **Indicate all that apply and the date counseling was noted in the record:**3. Advice to abstain6. Personalized counseling regarding relationship of alcohol to the patient’s specific health issues 7. General alcohol-related counseling (not linked to patient’s issues)8. Explicitly advised patient to drink within recommended limits95. Not applicable99.No alcohol counseling documented | 3,6,7,8,95,99alcbac3 -1 or <>mm/dd/yyyy alcbac6 -1 or <>mm/dd/yyyyalcbac7 -1 or <>mm/dd/yyyyalcbac8 -1 or <> mm/dd/yyyy

|  |
| --- |
| >= dtalscrn and < = dtalscrn + 14 days |

 | Assess the medical record for documentation of the following components of brief alcohol counseling. The counseling must have occurred within 14 days since the alcohol screening referenced in question SCRNAUDC.Alcbac3 - Advice to abstain from alcoholAlcbac6 - Personalized alcohol feedback: Patient counseled on relationship of alcohol use to his/her health. This can include the relation or interaction of alcohol use with any of the patient’s: (1) medical problems (hypertension, CHF, cirrhosis, hepatitis, etc.); (2) medications; (3) mental health diagnoses or concerns (for example depression or PTSD), (4) current life problems explicitly linked to alcohol use (e.g. a note that patient was counseled that alcohol use was impacting his relationship or legal problems), and/or (5) patient’s health worries/concerns: breast cancer, dementia, falls.Alcbac7- General counseling on the relationship of alcohol to health is documented without clear documentation that the counseling relates alcohol use to a specific problem that the patient has or is concerned about. This would be appropriate if CPRS notes indicated that a general handout was given or a nurse gave general information to a patient about alcohol and health that was given to all patients irrespective of the patient’s health problems. Alcbac8 - Patient must be explicitly advised to drink within specified recommended limits. Recommended limits are: < 14 drinks a week and < 4 drinks per occasion for men, and < 7 drinks a week and < 3 drinks per occasion for women. **Acceptable provider:** For a “provider” to be deemed acceptable to perform brief alcohol counseling, he/she must be a MD/DO, Licensed Psychologist (PhD/PsyD), LCSW, LCSW-C, LMSW, LISW, LMFT, LPMHC, APRN (NP/CNS), RN, PA, MS Level counselor, Addictions therapist, clinical pharmacist (RPH/PharmD), clinical pharmacy specialist, mental health pharmacist or rehabilitation counselor. A trainee with appropriate co-signature, or other allied health professional who by virtue of educational background AND approved credentialing, privileging, and/or scope of practice, has been determined by the facility to be capable of brief alcohol counseling, may perform the counseling. Telephone counseling is permitted if documented by a health care provider as defined immediately above. Enter the date of the progress note or encounter date. |
|  |  | **Depression**  |  |  |
| 17 | deptxyr | Within the past year, did the patient have at least one clinical encounter where depression was identified as a reason for the clinical encounter as evidenced by one of the following ICD-10-CM diagnosis codes: **F0151, F320 - F325, F328, F3281, F3289,** **F329- F333, F3342, F339, F341, F4321, F4323** 1. Yes2. No | 1,2If 2, auto-fill recdepdt as 99/99/9999, and go to bpdxyr | **Depression does not have to be listed as the only reason for the clinical encounter, but identified as one of the reasons for the clinical encounter as evidenced by any of the following ICD-10-CM diagnosis codes:** * **F0151, F320 - F325, F328, F3281, F3289, F329- F333, F3342, F339, F341, F4321, F4323**

The diagnosis of depression may have been made prior to the past year, but if the patient has at least one clinical encounter within the past year for depression as evidenced by documentation of one of the above ICD-10 diagnosis codes, answer “1.” Clinical encounter includes outpatient visits, ED visits, and inpatient admission.  |
| 18 | recdepdt | Enter the date within the past year of the most recent clinical encounter where depression was identified as a reason for the clinical encounter. | mm/dd/yyyyWill be auto-filled as 99/99/9999 if deptxyr = 2\*If deptxyr = 1, go to ptsdx

|  |
| --- |
| < = 1 year prior to or = stdybeg and < = stdyend |

 | Depression does not have to be listed as the only reason for the clinical encounter, but identified as one of the reasons for the clinical encounter as evidenced by documentation of the specified ICD-10 diagnosis code. Enter the most recent date within the past year documented in the record when the patient was seen for depression.If the most recent clinical encounter for depression within the past year was an inpatient admission, enter the date of discharge.Enter the exact date. The use of 01 to indicate missing month or day is not acceptable. |
| 19 | bpdxyr | Within the past year, did the patient have at least one clinical encounter where bipolar disorder was identified as a reason for the clinical encounter as evidenced by one of the following ICD-10-CM diagnosis codes:**F3010 – F3013, F302 – F304, F308 - F310, F3110 – F3113, F312, F3130 – F3132,** **F314, F315, F3160 – F3164, F3170 – F3178, F3181, F3189, F319**1. Yes2. No | 1,2 If 2, go to scrphqi9 | **Bipolar disorder does not have to be listed as the only reason for the clinical encounter, but identified as one of the reasons for the clinical encounter as evidenced by any of the following ICD-10-CM diagnosis codes:** * **F3010 – F3013, F302 – F304, F308 - F310,**

**F3110 – F3113, F312, F3130 – F3132, F314,** **F315, F3160 – F3164, F3170 – F3178,** **F3181, F3189, F319**The diagnosis of bipolar disorder may have been made prior to the past year, but if the patient has at least one clinical encounter within the past year for bipolar disorder as evidenced by documentation of one of the above ICD-10 diagnosis codes, answer “1.” Clinical encounter includes outpatient visits, ED visits, and inpatient admission.  |
| 20 | recbpdt | Enter the date within the past year of the most recent clinical encounter where bipolar disorder was identified as a reason for the clinical encounter. | mm/dd/yyyyIf bpdxyr = 1, go to ptsdx

|  |
| --- |
| < = 1 year prior to or = stdybeg and < = stdyend |

 | Bipolar disorder does not have to be listed as the only reason for the clinical encounter, but identified as one of the reasons for the clinical encounter as evidenced by one of the specified ICD-10 diagnosis codes. Enter the date within the past year of the most recent clinical encounter when the patient was seen for bipolar disorder. If the most recent clinical encounter for bipolar disorder within the past year was an inpatient admission, enter the date of discharge.Enter the exact date. The use of 01 to indicate missing month or day is not acceptable. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Depression Screening** |  |  |
| 21 | scrphqi9 | During the past year was the patient screened for depression by the **PHQ-2 + I9**?1. Yes2. No 98. Patient refused depression screening by the PHQ-2 + I9 | 1,2If 2 or 98, go to scrphq2 | **NOTE: For depression screening completed on or after 10/01/2018, the VHA will only accept screening completed with the PHQ-2 +I9.** **PHQ-2 +I9 = Patient Health Questionnaire (2 questions - scaled) plus item 9 of the PHQ-9**Question 1: “Over the past two weeks, have you often been bothered by little interest or pleasure in doing things?”Question 2: “Over the past two weeks, have you often been bothered by feeling down, depressed, or hopeless?”Documentation of the stem time frame (i.e., over the past 2 weeks) in the questions is not required at this time.**Item 9 question:** Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead, or of hurting yourself in some way?**Item 9 must be included as part of the PHQ-2 + I9 tool.** Answers to PHQ-2 +I9 are scaled, ranging from “not at all” to “nearly every day.”**Acceptable setting for depression screening:** outpatient encounter, screening by telephone, and televideo (real time) with face-to-face encounter between the provider and patient  |
| 22 | phqi9dt | Enter the date within the past year of the most recent screening for depression by the PHQ-2 +I9. | mm/dd/yyyy**If valid date, go to ph1scor**

|  |
| --- |
| < = 1 year prior to or = stdybeg and < = stdyend |

Warning if < 10/01/2018 | Enter the exact date. The date refers to the date of the signature on the encounter note. The use of 01 to indicate missing month or day is not acceptable. |
| 23 | scrphq2 | During the past year and prior to 10/01/2018, was the patient screened for depression by the PHQ-2? 1. Yes2. No | 1,2If 2, go to ptsdx | **NOTE: For depression screening completed on or after 10/01/2018, the VHA will only accept screening completed with the PHQ-2 +I9.** **For depression screening completed during the past year and prior to 10/01/2018, the PHQ-2 is acceptable.** **PHQ-2 = Patient Health Questionnaire (2 questions - scaled)** Question 1: “Over the past two weeks, have you often been bothered by little interest or pleasure in doing things?”Question 2: “Over the past two weeks, have you often been bothered by feeling down, depressed, or hopeless?”Answers to PHQ-2 are scaled, ranging from “not at all” to “nearly every day.”Documentation of the stem time frame (i.e., over the past 2 weeks) in the questions is not required at this time.**Acceptable setting for depression screening:** outpatient encounter, inpatient hospitalization, screening by telephone, and televideo (real time) with face-to-face encounter between the provider and patient  |
| 24 | phq2dt | Enter the date within the past year and prior to 10/01/2018 of the most recent screening for depression by the PHQ-2. | mm/dd/yyyy

|  |
| --- |
| < = 1 year prior to or = stdybeg and < = 9/30/2018 |

 | Enter the exact date. The date refers to the date of the signature on the encounter note. The use of 01 to indicate missing month or day is not acceptable. |
| 25 | ph1scor | Enter the score for PHQ-2 Question 1 documented in the record:Over the past 2 weeks, have you been bothered by little interest or pleasure in doing things?0. Not at all → 01. Several days → 12. More than half the days → 23. Nearly every day → 399. No answer documented | 0,1,2,3,99 | **Enter the response or score documented for the PHQ-2 question 1:** Over the past 2 weeks, have you been bothered by little interest or pleasure in doing things?Not at all → 0Several days → 1More than half the days → 2Nearly every day → 3* **If the patient’s answers are documented in the record, the abstractor may assign the score in accordance with the patient’s response.**
* **If the score of Question #1 is documented without the question, the abstractor may enter that score.**
* **If neither the question response nor the score of the individual question is documented, enter 99.**
 |
| 26 | ph2scor | Enter the score for PHQ-2 Question 2 documented in the record:Over the past 2 weeks, have you been bothered by feeling down, depressed, or hopeless?0. Not at all → 01. Several days → 12. More than half the days → 23. Nearly every day → 399. No answer documented | 0,1,2,3,99 | **Enter the response or score documented for the PHQ-2 question 2:** Over the past 2 weeks, have you been bothered by feeling down, depressed, or hopeless?Not at all → 0Several days → 1More than half the days → 2Nearly every day → 3* **If the patient’s answers are documented in the record, the abstractor may assign the score in accordance with the patient’s response.**
* **If the score of Question #2 is documented without the question, the abstractor may enter that score.**
* **If neither the question response nor the score of the individual question is documented, enter 99.**
 |
| 27 | phqtotal | Enter the total score for the **PHQ-2** documented in the medical record. | \_\_\_\_\_**Abstractor may enter default z if no PHQ-2 total score for either question is documented in the record****Valid values = 0-6, z** | **The total score for PHQ-2 questions 1 and 2 must be documented in the medical record.** **The abstractor may NOT enter the total score if it is not documented in the record, even if both questions have been answered and the total is evident.** **If there is a score for only one question, and it is called the “total,” enter that score.**If no total score is documented in the record, enter default z. |
| 28 | outcome3 | Enter the interpretation of the depression screen as documented in the medical record.1. Positive 2. Negative 99. No interpretation documented | 1,2,99If scrphqi9 = 1, go to ph9scor**\*If scrphq2 = 1 and** (phqtotal = > 3 OR ph1scor = 3 OR ph2scor = 3), OR[sum (exclude values >3) of ph1scor and ph2scor] = > 3, OR outcome3 = 1, go to deprisk; else go to ptsdx | **The interpretation of the depression screen score (positive or negative) must be documented in the record. If the record contains both a total score and an interpretation of positive or negative, enter “positive” or “negative” as documented in the record, even if the interpretation conflicts with the score.****If there was no interpretation of the screening outcome in the record, enter “99.”** |
| 29 | ph9scor | Enter the score for Primary Suicide Risk Screen (item 9/question #3 of the PHQ-2 + I9 screen) documented in the record:**Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead, or of hurting yourself in some way?**0. Not at all → 01. Several days → 12. More than half the days → 23. Nearly every day → 399. No answer documented | 0,1,2,3,99 | The answer key for the Primary Suicide Risk Screen (item 9/question #3 of the PHQ-2 + I9 screen) is as follows:Not at all → 0Several days → 1More than half the days → 2Nearly every day → 3* **If the patient’s answers are documented in the record, the abstractor may assign the score in accordance with the patient’s response.**
* **If the score of the Primary Suicide Risk Screen (item 9/question #3 of the PHQ-2 + I9 screen) is documented without the question, the abstractor may enter that score.**
* **If neither the question response nor the score of the individual question is documented, enter 99.**
 |
| 30 | outcomei9 | Enter the interpretation of the Primary Suicide Risk Screen (item 9/question #3 of the PHQ-2 +I9 screen) as documented in the medical record.1. Positive 2. Negative 99. No interpretation documented | 1,2,99If 1 or ph9scor = 1, 2, or 3, go to cssrsIf 2 or 99 AND [ph9scor = 0 or 99] AND [(ph1scor = 3 OR ph2scor = 3)], OR [sum (exclude values >3) of ph1scor and ph2scor] = > 3, OR (outcome3 = 1)], go to depeval; else go to ptsdx | **The interpretation (positive or negative) of** the Primary Suicide Risk Screen **(item9/question #3 of the PHQ2 +I9 screen) score must be documented in the record. If the record contains both a score and an interpretation of positive or negative, enter “positive” or “negative” as documented in the record, even if the interpretation conflicts with the score.****If there was no interpretation of the screening outcome of the Primary Suicide Risk Screen (item9/question #3 of the PHQ-2 +I9 screen), enter “99.”** |
| 31 | deprisk | On (computer to display phq2dt to phq2dt + one day), the day of or the day after the positive PHQ-2, did the provider document a suicide ideation/behavior evaluation?1. Yes2. No | 1,2If 2, auto-fill deprskdt as 99/99/9999, and go to ptsdx | During the past year and prior to 10/01/2018, if the patient has a positive PHQ-2 and a positive PC-PTSD screen on the same date, only one suicide ideation/behavior evaluation is required on that date. In this situation, the suicide ideation/behavior evaluation may precede either the depression screen or PTSD screen. A standardized instrument is NOT required for suicide risk evaluation.  Suicide evaluation includes an appraisal of the patient’s subjective experience (suicide ideation, wish, plan, and intent) and behaviors (warning signs). **Acceptable Provider Documentation of Suicide Risk Evaluation:**  * A clinical reminder is available from Patient Care Services (PCS) and is acceptable if all required elements (feelings of hopelessness, suicidal thoughts, suicide plans if having suicidal thoughts, and history of suicide attempts) of the reminder are completed by the provider and contained in the medical record; **OR**
* If the PCS Clinical Reminder is **NOT** used, there must be at a minimum, a notation by the provider that the suicide risk evaluation was completed.  The provider notation is an attestation that hopelessness, suicidal thoughts, suicide plan if having suicidal thoughts, and history of suicide attempts were addressed with the patient.
* **Completion of the Columbia-Suicide Severity Rating Scale (C-SSRS) Screener is acceptable. The acceptable provider asks questions 1 and 2:**

1) Have you wished you were dead or wished you could go to sleep and not wake up? 2) Have you had any actual thoughts of killing yourself?**If YES to 2, ask questions 3, 4, 5, and 7. If NO to 2, go directly to question 7.**3) Have you been thinking about how you might do this?e.g. “I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it.”4) Have you had these thoughts and had some intention of acting on them? as opposed to “I have the thoughts but I definitely will not do anything about them.”  |
|  |  |  |  | 5) Have you started to work out or worked out the details of how to kill yourself? **If YES, ask:**6) Do you intend to carry out this plan? 7) In your lifetime have you ever done anything, started to do anything, or prepared to do anything to end your life?* Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn’t swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn’t jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.
* If YES, ask:

8) Was this within the past 3 months?* Suicide ideation/behavior evaluation can beperformed face-to-face, by telemedicine, or by telephone as long as the provider – patient exchange is documented in the medical record and accurately reflects the encounter.
* **Acceptable Provider**: For a “provider” to be deemed acceptable for suicide risk evaluation he/she must be an MD, DO, Licensed Psychologist (PhD/PsyD), LCSW, LCSW-C, LMSW, LISW, LMFT, LPMHC, APRN (NP/CNS), PA, RN, clinical pharmacist (RPH/PharmD), clinical pharmacy specialist, mental health pharmacist, or rehabilitation counselor. Trainee in ANY of these categories may complete a suicide risk evaluation with appropriate co-signature.

**Suggested sources**: progress notes, ED notes, H&P, consultation, Clinical Reminder  |
| 32 | deprskdt | Enter the date the suicide ideation/behavior evaluation was completed. | mm/dd/yyyy

|  |
| --- |
| < = 1 day after or = phq2dt and < = 1 day after stdyend |

 **\*Go to ptsdx** | Enter the exact date. The date refers to the date of the signature on the encounter note. The use of 01 to indicate missing month or day is not acceptable. |
| 33 | cssrs | On (computer to display phqi9dt), the day of the positive Primary Suicide Risk Screen (item 9/question #3 of the PHQ-2 +I9 screen), did the acceptable provider complete the Columbia-Suicide Severity Rating Scale (C-SSRS) Screener? 1. Yes2. No98. Patient refused to complete the C-SSRS Screener | 1,2,98If 2 or 98, go to vacsra | **Note: The C-SSRS Screener must be completed on the same calendar date as the positive Primary Suicide Risk Screen (item 9/question #3 of the PHQ-2 +I9 screen).****The acceptable provider asks the patient questions 1 and 2 of the C-SSRS Screener:**1) Have you wished you were dead or wished you could go to sleep and not wake up? 2) Have you had any actual thoughts of killing yourself?**If YES to 2, acceptable provider asks questions 3, 4, 5, and 7. If NO to 2, go directly to question 7.**3) Have you been thinking about how you might do this? e.g. “I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it.”4) Have you had these thoughts and had some intention of acting on them? as opposed to “I have the thoughts but I definitely will not do anything about them.” 5) Have you started to work out or worked out the details of how to kill yourself**? If YES ask:**6) Do you intend to carry out this plan? 7) Have you ever done anything, started to do anything, or prepared to do anything to end your life?* Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn’t swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn’t jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.
* If YES, ask:

8) Was this within the past 3 months?* The C-SSRS Screener can be performed face-to-face, by telemedicine, or by telephone as long as the provider – patient exchange is documented in the medical record and accurately reflects the encounter.

 **Cont’d next page** |
|  |  |  |  | **CSSR-S cont’d*** **Acceptable Provider**: For a “provider” to be deemed acceptable to complete the C-SSRS Screener he/she must be an MD, DO, Licensed Psychologist (PhD/PsyD), LCSW, LCSW-C, LMSW, LISW, LMFT, LPMHC, APRN (NP/CNS), PA, RN, clinical pharmacist (RPH/PharmD), clinical pharmacy specialist, mental health pharmacist, psych tech (psychometrician), or rehabilitation counselor. Trainee in ANY of these categories may complete a C-SSRS Screener with appropriate co-signature.

**Suggested sources**: progress notes, ED notes, H&P, consultation, Clinical Reminder  |
| 34 | cssrscor1 | Enter the score for C-SSRS Screener Question 1 documented in the record: (Time period designated, e.g. Over the past month) Have you wished you were dead or wished you could go to sleep and not wake up? 1. Yes2. No99. Score not documented | 1,2,99 | The score for the C-SSRS Screener question 1 is “yes” or “no”. Enter the score as documented in the medical record. This item must be completed and cannot be left blank.If the C-SSRS Screener score for question 1 is not documented in the record, enter “99”. |
| 35 | cssrscor2 | Enter the score for C-SSRS Screener Question 2 documented in the record: (Time period designated, e.g. Over the past month) Have you had any actual thoughts of killing yourself?1. Yes2. No99. Score not documented | 1,2,99If 2, auto-fill cssrsccor3 as 95 and go to cssrscor7 | The score for the C-SSRS Screener question 2 is “yes” or “no”. Enter the score as documented in the medical record. This item must be completed and cannot be left blankIf the C-SSRS Screener score for question 2 is not documented in the record, enter “99”. |
| 36 | cssrscor3 | Enter the score for C-SSRS Screener Question 3 documented in the record: (Time period designated, e.g. Over the past month) Have you been thinking about how you might do this? 1. Yes2. No95. Not applicable99. Score not documented | 1,2,95,99Will be auto-filled as 95 if cssrscor2 = 2 | The score for the C-SSRS Screener question 3 is “yes” or “no”. Enter the score as documented in the medical record. If “yes” to question 2, this item must be completed. If "no” to question 2, this item DOES NOT have to be completed. If the C-SSRS Screener score for question 3 is not documented in the record, enter “99”. |
| 37 | cssrscor4 | Enter the score for C-SSRS Screener Question 4 documented in the record: (Time period designated e.g., Over the past month) Have you had these thoughts and had some intention of acting on them? 1. Yes2. No99. Score not documented | 1,2,99 | The score for the C-SSRS Screener question 4 is “yes” or “no”. Enter the score as documented in the medical record. If “yes” to question 2, this item must be completed. If “no” to question 2, this item DOES NOT have to be completed. If the C-SSRS Screener score for question 4 is not documented in the record, enter “99”. |
| 38 | cssrscor5 | Enter the score for C-SSRS Screener Question 5 documented in the record: (Time period designated e.g., Over the past month) Have you started to work out or worked out the details of how to kill yourself? 1. Yes2 .No99. Score not documented | 1,2,99If 2, auto-fill cssrscor6 as 95 and go to cssrscor7 | The score for the C-SSRS Screener question 5 is “yes” or “no”. Enter the score as documented in the medical record. If “yes” to question 2, this item must be completed. If “no” to question 2, this item DOES NOT have to be completed. If the C-SSRS Screener score for question 5 is not documented in the record, enter “99”. |
| 39 | cssrscor6 | Enter the score for C-SSRS Screener Question 6 documented in the record: Do you intend to carry out this plan?1. Yes2. No95. Not applicable99. Score not documented | 1,2,95,99Will be auto-filled as 95 if cssrscor5 = 2 | The score for the C-SSRS Screener question 6 is “yes” or “no”. Enter the score as documented in the medical record. If “yes” to question 5, this item must be completed. If “no” to question 2 or 5, this item does not have to be completed.If the C-SSRS Screener score for question 6 is not documented in the record, enter “99”. |
| 40 | cssrscor7 | Enter the score for C-SSRS Screener Question 7 documented in the record: In your lifetime, have you ever done anything, started to do anything, or prepared to do anything to end your life?1. Yes2. No99. Score not documented | 1,2,99If 2 or 99, auto-fill cssrscor8 as 95 and go to outcome4 as applicable | The score for the C-SSRS Screener question 7 is “yes” or “no”. Enter the score as documented in the medical record. This item must be completed and cannot be left blank.If the C-SSRS Screener score for question 7 is not documented in the record, enter “99”. |
| 41 | cssrscor8 | Enter the score for C-SSRS Screener Question 8 documented in the medical record: Was this within the past 3 months?1. Yes2. No95. Not applicable99. Score not documented | 1,2,95,99Will be auto-filled as 95 if cssrscor7 = 2 or 99 | The score for the C-SSRS Screener question 8 is “yes” or “no”. Enter the score as documented in the medical record. If “yes” to question 7, this item must be completed. If “no” to question 7, this item does not have to be completed.If the C-SSRS Screener score for question 8 is not documented in the record, enter “99”. |
| **If (cssrscor3, cssrscor4, cssrscor5, or cssrscor8 = 1), auto-fill outcome4=1 and go to vacsra OR if ((cssrscor2 = 2 or (cssrscor3 = 2 and cssrscor4 = 2 and cssrscor5 = 2)) and (cssrscor7 = 2 or cssrscor8 = 2)), autofill outcome4 = 2 and go to ptsdx; else go to outcome4** |
| 42 | outcome4 | Enter the interpretation of the C-SSRS Screener as documented in the medical record. 1. Positive 2. Negative 99. No interpretation documented | 1,2,99If 1, go to vacsra; else go to ptsdxWill be auto-filled as 1 if cssrscor3, cssrscor4,cssrscor5, orcssrscor8 = 1Will be auto-filled as 2 if ((cssrscor2 = 2 or (cssrscor3, cssrscor4, andcssrscor5 = 2)) and (cssrscor7 = 2 or cssrscor8 = 2)) | **NOTE**: Due to an issue with the outcome being passed from the Clinical Reminder to the note, a positive or negative outcome will be auto-filled based on the answers to the questions above.**If there was no interpretation of the screening outcome of the C-SSRS Screener, enter “99.”**Any of the following would result in a positive Columbia Screen: * YES to Question 3: Have you been thinking about how you might do this? (Time period over the past month) OR
* YES to Question 4: Have you had these thoughts and had some intention of acting on them? (Time period over the past month) OR
* YES to Question 5: Have you started to work out or worked out the details of how to kill yourself? (Time period over the past month) OR
* YES to Question 8: Was this within the past 3 months?
 |
| 43 | vacsra | On (computer to display phqi9dt), the same calendar day as the positive C-SSRS and/or positive Primary Suicide Risk Screen (item 9/question #3 of the PHQ-2 +I9 screen), is there evidence of a signed Comprehensive Suicide Risk Evaluation (CSRE) in the record? 1. Yes2. No98. Patient refused to complete CSRE  | 1,2,98If 1, go to vacsraacu\*If 2, go to ptsdx | **The CSRE must be completed on the same calendar date as the positive C-SSRS Screener and the positive Primary Suicide Risk Screen** (item 9/question #3 of the PHQ-2 +I9 screen)**.** The CSRE must be completed by an acceptable provider and signed on the same calendar day as the positive Primary Suicide Risk Screen(item 9/question #3 of the PHQ-2 +I9 screen). The note title for the CSRE may be labeled Suicide Risk Evaluation-Comprehensive.* CSRE can be performed face-to-face, by telemedicine, or by telephone as long as the acceptable provider – patient exchange is documented in the medical record and accurately reflects the encounter.
* **Acceptable Provider**: For a “provider” to be deemed acceptable to complete the CSRE he/she must be an MD, DO, Licensed Psychologist (PhD/PsyD), LCSW, LCSW-C, LMSW, LISW, LMFT, LPMHC, APRN (NP/CNS), PA, clinical pharmacist (RPH/PharmD), clinical pharmacy specialist, or mental health pharmacist. Trainee in ANY of these categories may complete a CSRE with appropriate co-signature.

**Note:** RNs are *not* an acceptable provider. Nor is LPN, Addiction Therapist, Peer Support Specialist or Unlicensed Assistive Personnel, including Health Tech, Medical Assistant, and Nursing Assistant. |
| 44 | refcsre | Was there documentation by the acceptable provider that the validity of the information contained within the CSRE was in question?1. Yes, due to Veteran being under the influence (e.g., drugs, alcohol, etc.)
2. Yes, due to Veteran’s medical condition (e.g., dementia, etc.)
3. Yes, due to Other (e.g., refusal)
4. No (no checkbox indicates validity of the CSRE information was not in question)

99. No documentation whether the validity of the CSRE information was or was not in question | 1,2, 3,4, 99\*If 99, go to ptsdx | **Note: The CSRE does not contain a refusal option. If there is documentation by the acceptable provider that the patient refused to participate in completion of the CSRE, the documentation below is required.**(REQUIRED) The validity of the information contained within this evaluation is in question (select all that apply): 🞎 No🞎 Yes, due to Veteran being under the influence (e.g., drugs, alcohol, etc.). Optional comment may be noted.🞎 Yes, due to Veteran’s medical condition (e.g., dementia, etc.). Optional comment may be noted.🞎 Yes, due to Other (e.g., refusal) If “no” is checked (or documented no reason to question validity of CSRE information, enter “4”.If none of the above is documented, enter “99”. |
| 45 | vacsraacu | Enter the Clinical Impression of Acute Risk as documented in the medical record:1. High Risk - (as evidenced by):2. Intermediate Risk – (as evidenced by):3. Low Risk – (as evidenced by):99. Acute risk not documented | 1,2,3,99If 99, go to vacsrachr | Only one risk level is selected by the acceptable provider and an explanation is provided in the “as evidenced by section” for that risk level.Note: This item must be completed and cannot be left blank. |
| 46 | csracutext | Enter the evidence of Acute Risk documented by the acceptable provider.

|  |
| --- |
|  |

 | Free text entry | Enter the explanation of Acute Risk as documented in the record by the acceptable provider. |
| 47 | vacsrachr | Enter the Clinical Impression of Chronic Risk as documented in the medical record:1. High Risk - (as evidenced by):2. Intermediate Risk – (as evidenced by):3. Low Risk – (as evidenced by):99. Chronic risk not documented | 1,2,3,99If 99, go to vacsraint1 | Only one risk level is selected by the acceptable provider and an explanation is provided in the as evidenced by section for that risk level.Note: This item must be completed and cannot be left blank. |
| 48 | csrachrtext | Enter the evidence of Chronic Risk documented by the acceptable provider.

|  |
| --- |
|  |

 | Free text entry | Enter the explanation of Chronic Risk as documented in the record by the acceptable provider. |
| 49 | vacsraint1vacsraint2vacsraint3vacsraint4vacsraint5vacsraint6vacsraint7vacsraint8vacsraint9vacsraint10vacsraint11vacsraint12vacsraint13vacsraint14vacsraint15vacsraint16vacsraint17vacsraint18vacsraint19vacsraint20vacsraint21vacsraint22vacsraint23vacsraint24vacsraint25vacsraint26vacsraint27vacsraint28vacsraint29vacsraint30vacsraint31vacsraint32vacsraint33vacsraint34vacsraint35vacsraint99 | **Please enter the course of action documented in the record from the following list of interventions** **(Select all that apply).** **General Strategies for Managing Risk in any setting (The provider may add additional comment/interventions as needed.):** 1. Initiate 9-1-1/ Rescue
2. Involuntary Hospitalization
3. Voluntary Hospitalization
4. Initiate one-on-one observation
5. Initiate Health and Welfare Check
6. Initiate a Hospital Transportation Plan
7. Alert Suicide Prevention Coordinator for consideration of a Patient Record Flag Category I High Risk for Suicide
8. Complete or Update Veteran’s Safety Plan
9. Increase frequency of outpatient contacts
10. Provide Lethal Means Safety Counseling (e.g., provision of gun locks)
11. Obtain additional information from collateral sources [Optional: comment]
12. Address barriers to treatment engagement by: [text box]
13. Address psychosocial needs by: [text box]
14. Address medical conditions by: [text box]
15. Consult/Referral to additional services and support: [text box for user to enter a name]
16. Consult submitted to: [text box for user to enter a name]
17. Discussion with Veteran to continue to see assigned Primary Care Provider for medical care
18. Discussion with Veteran regarding enhancement of a sense of purpose and meaning

**Cont’d next page** | 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,99If vacsraint12,vacsraint13, and/orvacsraint14 = -1, enable and go to csratext12,csratext13, and/orcsratext14 as applicableIf vacsraint12,vacsraint13, andvacsraint14 <> -1, go to ptsdx | **Please select all interventions documented by the acceptable provider in the CSRE template.**The wording in the option does not have to exactly match the intervention in the record; however, the intent must be the same. For example, option 8, provider may document “Updated Veteran’s safety plan.”The provider may add additional comment/interventions as needed as indicated by [text box].If the provider does not have any documentation in the text box for the applicable options, do not select that option as an intervention. * **Acceptable Provider**: For a “provider” to be deemed acceptable to complete the CSRE, he/she must be an MD, DO, Licensed Psychologist (PhD/PsyD), LCSW, LCSW-C, LMSW, LISW, LMFT, LPMHC, APRN (NP/CNS), PA, clinical pharmacist (RPH/PharmD), clinical pharmacy specialist, or mental health pharmacist.. Trainee in ANY of these categories may complete a CSRE with appropriate co-signature.

**Note:** RNs are *not* an acceptable provider. Nor is LPN, Addiction Therapist, Peer Support Specialist, or Unlicensed Assistive Personnel, including Health Tech, Medical Assistant and Nursing Assistant. |
|  |  | **Interventions cont’d**1. Educate Veteran on smartphone VA applications (e.g. Virtual Hope Box, PTSD Coach)
2. Educate Veteran on emergency services
3. Schedule for follow-up appointments: [Optional: Comment/Date]
4. Referral to evidence based psychotherapy
5. Involve family/support system in Veteran’s care
6. For prescribers only: Medication reconciliation
7. For prescribers only: Review of prescribed medications for risk for self-harm and/or new pharmacotherapy intervention to reduce suicide risk
8. Provide Veteran with phone number for Veteran's Crisis Line: 1-800-273-8255 (press 1)
9. Referral to Chaplaincy/pastoral care
10. Other/Comments: [text box]
11. Referral to psychiatry/medication assessment or management
12. Referral to vocational rehabilitation/occupational rehabilitation services
13. Referral to Psychosocial Rehabilitation and Recovery Center (PRRC) and/or Intensive Community Mental Health Recovery (ICMHR) services
14. Referral to residential mental health services
15. Provide resources/contacts for benefits information
16. For home based care: Increase frequency of home visits
17. Obtain consultation from Suicide Risk Management Consultation Program on ways to address Veteran’s risk by sending a request for consultation by email to: SRMconsult@va.gov

99. No interventions documented by the provider |  |  |
| 50 | csratext12csratext13csratext14 | Enter the additional comment/interventions documented by the acceptable provider for the following questions as applicable.

|  |  |
| --- | --- |
| **Intervention** | **Free Text Entry**Applicable question(s) will be enabled if vacsraint12, vacsraint13, and/or vacsraint14 = -1\*Go to ptsdx as applicable |
| 12. Address barriers to treatment engagement by: |  |
| 13. Address psychosocial needs by: |  |
| 14. Address medical conditions by: |  |

 | The acceptable provider may add additional comment/interventions as needed as indicated by [text box]. Enter the comment/intervention as documented by the provider in the medical record. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Depression Disposition |  |  |
| 51 | depeval | On (computer to display phq2dt or phqi9dt), did the provider document the patient needed further intervention for the positive depression screen? 1. Yes, documented further intervention needed2. Documented no further intervention needed98. Documented patient refused further intervention for positive depression screen99. No documentation regarding further intervention | 1,2,98,99If 2, 98 or 99, go to ptsdx | **Acceptable Provider:** MD, DO, Licensed Psychologist (PhD/PsyD), LCSW, LCSW-C, LMSW, LISW, LMFT, LPMHC, APRN (NP/CNS), PA, or Clinical Pharmacist (RPH/PharmD), clinical pharmacy specialist, mental health pharmacist, or rehabilitation counselor. Trainee in any of these categories with appropriate co-signature is acceptable.If the provider documented that the patient needed further intervention for depression, select “1.” For example, provider documents, “PHQ-2 positive. Patient reports having difficulty sleeping and getting up to go to work. Needs mental health evaluation.” Select “1.”If the provider documented that no further intervention was needed for depression, select “2.” For example, clinician documents, “PHQ-2 positive, but no problems with day-to-day functioning reported by patient No further intervention necessary.” Select “2.”If there is no documentation by the provider regarding whether the patient needed further intervention, select “99.” |
| 52 | depfolint1depfolint2depfolint3depfolint4depfolint5depfolint6depfolint7depfolint99 | On (computer to display phq2dt or phqi9dt), select the further intervention(s) documented by the provider as follow-up to the positive depression screen:**Indicate all that apply:**1. Documented the patient is already receiving treatment for depression2. Documented the patient is receiving care for depression outside VHA3. Documented referral/consult for stat/emergent mental evaluation was placed4. Documented referral/consult for routine/non-emergent mental health evaluation was placed/will be placed5. Documented the patient’s depression will be managed in Primary Care6. Documented provider contact information was provided to the patient7. Documented emergency contact information was provided to the patient99. None of the above documented | 1,2,3,4,5,6,7.99Cannot enter 99 with any other number

|  |
| --- |
| Warning if 99 |

 | On the same date as the positive depression screen, please indicate all further interventions documented by the provider.**Acceptable Provider:** MD, DO, Licensed Psychologist (PhD/PsyD), LCSW, LCSW-C, LMSW, LISW, LMFT, LPMHC, APRN (NP/CNS), PA, Clinical Pharmacist (RPH/PharmD), clinical pharmacy specialist, mental health pharmacist or rehabilitation counselor. Trainee in any of these categories with appropriate co-signature is acceptable.If none of the interventions are documented, enter 99. |
|  |  | Screening for PTSD |  |  |
| 53 | ptsdx | Within the past year, did the patient have at least one clinical encounter where PTSD was identified as a reason for the clinical encounter as evidenced by one of the following ICD-10-CM diagnosis codes: F431, F4310 - F4312 1. Yes2. No | 1,2**If 2, go to leavduty** | PTSD does not have to be listed as the only reason for the clinical encounter, but identified as one of the reasons for the clinical encounter as evidenced by one of the following ICD-10-CM diagnosis codes: * + **F431, F4310 - F4312**

The diagnosis of PTSD may have been made prior to the past year, but if the patient has at least one clinical encounter within the past year for PTSD as evidenced by documentation of the specified ICD-10 diagnosis code, answer “1.” Clinical encounter includes outpatient visits, ED visits, and inpatient admission.  |
| 54 | recptsdt | Enter the date within the past year of the most recent clinical encounter where PTSD was identified as a reason for the clinical encounter.  | mm/dd/yyyy**\*If ptsdx = 1, go to end**

|  |
| --- |
| < = 1 year prior to or = stdybeg and < = stdyend |

 | Enter the date of the most recent clinical encounter within the past year where PTSD was identified as a reason for the clinical encounter by evidence of the specified ICD-10 diagnosis code. If the most recent clinical encounter for PTSD within the past year was an inpatient admission, enter the date of discharge.Enter the exact date. The use of 01 to indicate missing month or day is not acceptable. |
| 55 | leavduty | Enter the patient’s most recent date of separation from active military duty.   | mm/dd/yyyy**Abstractor can enter 99/99/9999 if no date of separation can be found**

|  |
| --- |
| > = 01/01/1930 and < = stdyend  |

 | If the facility has installed the latest clinical reminder, the date should come forward from the administration files.  If you click on the reminder from the cover sheet or on the clinical maintenance button, it will show the most recent last service separation date. This date is critical in determining the frequency of PTSD screening. **If the veteran has more than one tour of duty, enter the most recent date of separation (only the most recently entered last service separation date shows).****Annual screening is required if no separation date is found; therefore, it is critical that the date of separation be located. Ask the Liaison to retrieve the date from the administrative file if it is not present in the Clinical Reminder.** As a last resort, if no date can be found, the abstractor can enter default 99/99/9999 |
| 56 | scrptsd5i9 | During the past year was the patient screened for PTSD using the Primary Care PTSD5 +I9?1. Yes2. No98. Patient refused screening by the PC-PTSD5 +I9  | 1,2, 98If 2 or 98, go to ptsrnpc | **The PC-PTSD5 +I9 is a five item screen plus item 9 of the PHQ-9. NOTE: For PTSD screening completed on or after 10/01/2018, the VHA will only accept screening completed with the** **PC-PTSD5 + I9.** **The PC-PTSD5 +I9 screen begins with an item to assess whether the veteran has had any exposure to traumatic events:** Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:* + a serious accident or fire
	+ a physical or sexual assault or abuse
	+ an earthquake or flood
	+ a war
	+ seeing someone be killed or seriously injured
	+ having a loved one die through homicide or suicide.
* **Have you ever experienced this kind of event? Yes/No**

**If the veteran denies exposure, the PC-PTSD5 is complete with a score of 0.** **If the veteran indicates he/she has experienced a traumatic event in the past, five additional yes/no questions will be asked.****In the past month, have you:**1. Had nightmares about the event(s) or thought about the event(s) when you did not want to?2. Tried hard not to think about the event(s) or went out of your way to avoid situations that remind you of the event(s)? 3. Been constantly on guard, watchful, or easily startled? 4. Felt numb or detached from people, activities, or your surroundings?5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?**“Item 9” or question #6 of this instrument:** Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead, or of hurting yourself in some way?Answers to Item 9 (or question 6) are scaled, ranging from “not at all” to “nearly every day.”Cont’d next page |
|  |  |  |  | PC-PTSD5 +I9 screen cont’d**Item 9 (or question 6) must be included as part of the PC-PTSD5 + I9 tool.** **The PC-PTSD5 + I9 screen must be documented in a clinic/progress note.****Acceptable setting for PTSD screening:** outpatient encounter, screening by telephone, and televideo (real time) with face-to-face encounter between the provider and patient |
| 57 | pcptsd5dt | Enter the date within the past year of the most recent screen for PTSD using the PC-PTSD5+ I9. | mm/dd/yyyy

|  |
| --- |
| < = 1 year prior or = stdybeg and < = stdyend |

Warning if < 10/01/2018 | Enter the exact date. The date refers to the date of the signature on the encounter note. The use of 01 to indicate missing month or day is not acceptable. |
| 58 | traumevt | Enter the response documented in the record for PC-PTSD5 +I9 exposure to traumatic event(s).**Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:*** a serious accident or fire
* a physical or sexual assault or abuse
* an earthquake or flood
* a war
* seeing someone be killed or seriously injured
* having a loved one die through homicide or suicide.

**Have you ever experienced this kind of event?** 1. Yes2. No99. Response not documented | 1,2,99If 2, go to ptsdi9scor | **The PC-PTSD5 +I9 screen must be documented in a clinic/progress note.****The PC-PTSD5 +I9 is a five item screen. The screen begins with an item to assess whether the veteran has had any exposure to traumatic events:** Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:* a serious accident or fire
* a physical or sexual assault or abuse
* an earthquake or flood
* a war
* seeing someone be killed or seriously injured
* having a loved one die through homicide or suicide.

**Have you ever experienced this kind of event? Yes/No****If the veteran denies exposure, the PC-PTSD5 +I9 is complete with a score of 0.** **Documentation of examples of traumatic events is not required.****If no response is documented, enter “99”.** |
| 59 | scrptsd1scrptsd2scrptsd3scrptsd4scrptsd5 | Enter the patient’s answers to each of the PC-PTSD5 +I9 Screen questions:**In the past month, have you:**1. Had nightmares about the event(s) or thought about the event(s) when you did not want to?2. Tried hard not to think about the event(s) or went out of your way to avoid situations that remind you of the event(s)? 3. Been constantly on guard, watchful, or easily startled? 4. Felt numb or detached from people, activities, or your surroundings?5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?1. Yes2. No99. Response not documented | 1,2,99 | **The PC-PTSD5 +I9 screen must be documented in a clinic/progress note.****For each question, enter the veteran’s “yes” or “no” answer to the question.** **If the question was not asked or the answer not recorded, enter “99.”**  |
| 60 | scorptsd5 | Enter the total score for the PTSD screen documented in the record. | \_\_\_**Abstractor can enter default z if no total score is documented**

|  |
| --- |
| Whole numbers 0 – 5 |

 | **The total score must be documented in a clinic note. The abstractor may NOT enter total score if it is not documented in the record, even if all the questions have been answered and the total is evident.** **If more than one PTSD screen was performed on the date of the most recent screening AND any PTSD screen was positive, enter the total score for the positive PTSD screen.****A positive PTSD screen is a score of 4 or greater. The I9 score is captured separately.**If the total score is NOT documented in the record, enter default z. |
| 61 | ptsd5out | Enter the interpretation of the PTSD screen as documented in the medical record.1. Positive 2. Negative 99. No interpretation documented | 1,2,99 | **The interpretation of the PTSD screen score (positive or negative) must be documented in the record. If the record contains both a total score and an interpretation of positive or negative, enter “positive” or “negative” as documented in the record, even if the interpretation conflicts with the score.****If there was no interpretation of the screening outcome, enter “99.”** |
| 62 | ptsdi9scor | Enter the score for the Primary Suicide Risk Screen (item 9/question #6 of the PC-PTSD5 + I9 screen) documented in the record:**Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead, or of hurting yourself in some way?**0. Not at all → 01. Several days → 12. More than half the days → 23. Nearly every day → 399. No answer documented | 0,1,2,3,99 | The answer key for the Primary Suicide Risk Screen (item 9 question #6 of thePC-PTSD5 + I9 screen) is as follows:Not at all → 0Several days → 1More than half the days → 2Nearly every day → 3* **If the patient’s answers are documented in the record, the abstractor may assign the score in accordance with the patient’s response.**
* **If the score of** the Primary Suicide Risk Screen (**item 9/question #6** of the PC-PTSD5 + I9 screen) **is documented without the question, the abstractor may enter that score.**
* **If neither the question response nor the score of the individual question is documented, enter 99.**
 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 63 | ptsdi9out | Enter the interpretation of the Primary Suicide Risk Screen (item 9/question #6 of the PC-PTSD5- +I9 screen) as documented in the medical record.1. Positive 2. Negative 99. No interpretation documented | 1,2,99If 1 or ptsdi9scor =1, 2, or 3, go to ptsdcssrsIf  2 or 99 AND [ptsdi9scor =0 or 99] AND (scorptsd5 > 4) or[sum (exclude values > 1) of scrptsd1,scrptsd2, scrptsd3,  scrptsd4, and scrptsd5  > 4, OR ptsd5out =1], go to ptsdeval; else go to end  | **The interpretation of the Primary Suicide Risk Screen (item 9/question #6 of the PC-PTSD5 +I9 screen) score (positive or negative) must be documented in the record. If the record contains both a score and an interpretation of positive or negative, enter “positive” or “negative” as documented in the record, even if the interpretation conflicts with the score.**If there was no interpretation of the screening outcome of the Primary Suicide Risk Screen (item 9/question #6 of the PC-PTSD5 +I9 screen), enter “99.” |
| 64 | ptsrnpc | Within the past five years and prior to 10/01/2018, was the patient screened for PTSD using the Primary Care PTSD Screen (PC-PTSD)? 1. Yes2. No | 1,\*2**\*If 2, go to end** | **NOTE: For PTSD screening completed on or after 10/01/2018, the VHA will only accept screening completed with the PC-PTSD5 +I9.** The **Primary Care PTSD Screen** is a standardized tool consisting of four questions. **In order to answer “1”, the abstractor must see the exact wording of questions 1 through 4 below.** Documentation of the stem question (text prior to question #1) is not required. Have you ever had any experience that was so frightening, horrible, or upsetting that, **IN THE PAST MONTH**, you:1. Have had any nightmares about it or thought about it when you did not want to?
2. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?
3. Were constantly on guard, watchful, or easily startled?
4. Felt numb or detached from others, activities, or your surroundings?

**Acceptable setting for PTSD screening:** outpatient encounter, inpatient hospitalization, screening by telephone, and televideo (real time) with face-to-face encounter between the provider and patient  |
| 65 | pcptsdt | Enter the date of the most recent screen for PTSD using the PC-PTSD. | mm/dd/yyyy

|  |
| --- |
| < = 5 years prior or = stdybeg and < = 9/30/2018 |

 | Enter the exact date. The date refers to the date of the signature on the encounter note. The use of 01 to indicate missing month or day is not acceptable. |
| 66 | pcptsdpcptsd1pcptsd2pcptsd3pcptsd4 | Enter the patient’s answers to each of the Primary Care PTSD Screen questions:Have you ever had any experience that was so frightening, horrible, or upsetting that, **IN THE PAST MONTH**, you:1. Have had any nightmares about it or thought about it when you did not want to?2. Tried hard not to think about it or went out of your way to avoid situations that remind you of it? 3. Were constantly on guard, watchful, or easily startled? 4. Felt numb or detached from others, activities, or your surroundings?1. Yes2. No 99. No answer documented | 1,2,99 | **If more than one PC-PTSD screen was performed on the date of the most recent screening AND any PC-PTSD screen was positive, enter the responses for the positive PC-PTSD screen.**A positive Primary Care PTSD screen is a score of 3 or greater.**The PC-PTSD screen must be documented in a clinic note.****For each question, enter the veteran’s “yes” or “no” answer to the question. If the question was not asked or the answer not recorded, enter “99.”**  |
| 67 | ptsdscor | Enter the total score for the PC-PTSD screen documented in the record. | \_\_\_**Abstractor can enter default z if no total score is documented**

|  |
| --- |
| Whole numbers 0 – 4 |

 | **If more than one PC-PTSD screen was performed on the date of the most recent screening AND any PC-PTSD screen was positive, enter the total score for the positive PC-PTSD screen.**A positive Primary Care PTSD screen is a score of 3 or greater.**The total score must be documented in a clinic note. The abstractor may NOT enter total score if it is not documented in the record, even if all the questions have been answered and the total is evident.** **If the total score is NOT documented in the record, enter default z.** |
| 68 | scorintrp | Enter the interpretation of the PC-PTSD score, as documented in the medical record.1. Positive2. Negative99. No interpretation documented | 1,2, 99\*If (pcptsdt <= 1 year prior to stdybeg and <= stdyend) AND (ptsdscor > 3) or[sum (exclude values > 1) of pcptsd1 andpcptsd2 and pcptsd3 and pcptsd4 > 3] or (scorintrp = 1), go to ptsdrisk; else go to end

|  |
| --- |
| Warning window if ptsrnpc = 1, ptsdscor 3 or > and scorintrp = 2; or if ptsrnpc = 1, ptsdscor < 3 and scorintrp = 1 |

 | **If more than one PC-PTSD screen was performed on the date of the most recent screening AND any PC-PTSD screen was positive, enter the outcome for the positive PC-PTSD screen.****If the record contains both a total score and an interpretation of positive or negative, enter “positive” or “negative” as documented in the record, even if the interpretation conflicts with the score.****If there was no interpretation of the screening outcome, enter “99.”** |
| 69 | ptsdrisk | On (computer to display pcptsdt to pcptsdt + 1 day), the day of or the day after the positive PC-PTSD screen, did the provider document a suicide ideation/behavior evaluation?1. Yes2. No | 1,2If 2, go to end | During the past year and prior to 10/01/2018, if the patient has a positive PC-PTSD screen or positive PHQ-2 completed on the same date, only one suicide ideation/behavior evaluation is required on that date. In this situation, the suicide ideation/behavior evaluation may precede either the PTSD screen or the depression screen. A standardized instrument is NOT required for suicide risk evaluation.  Suicide evaluation includes an appraisal of the patient’s subjective experience (suicide ideation, wish, plan, and intent) and behaviors (warning signs). **Acceptable Provider Documentation of Suicide Risk Evaluation:**  * A clinical reminder is available from Patient Care Services (PCS) and is acceptable if all required elements (feelings of hopelessness, suicidal thoughts, suicide plans if having suicidal thoughts, and history of suicide attempts) of the reminder are completed by the provider and contained in the medical record; **OR**
* If the PCS Clinical Reminder is **NOT** used, there must be at a minimum, a notation by the provider that the suicide risk evaluation was completed.  The provider notation is an attestation that hopelessness, suicidal thoughts, suicide plan if having suicidal thoughts, and history of suicide attempts were addressed with the patient.
* **Completion of the Columbia-Suicide Severity Rating Scale (C-SSRS) is acceptable. The acceptable provider asks questions 1 and 2:**

1) Have you wished you were dead or wished you could go to sleep and not wake up? 2) Have you had any actual thoughts of killing yourself?**If YES to 2, ask questions 3, 4, 5, and 7. If NO to 2, go directly to question 7.**3) Have you been thinking about how you might do this?e.g. “I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it.”4) Have you had these thoughts and had some intention of acting on them? as opposed to “I have the thoughts but I definitely will not do anything about them.” |
|  |  |  |  | 5) Have you started to work out or worked out the details of how to kill yourself? **If YES ask:**6) Do you intend to carry out this plan?7) Have you ever done anything, started to do anything, or prepared to do anything to end your life?* Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn’t swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn’t jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.
1. If YES, ask: Was this within the past 3 months?
* Suicide ideation/behavior evaluation can be performed face-to-face, by telemedicine, or by telephone as long as the provider – patient exchange is documented in the medical record and accurately reflects the encounter.
* **Acceptable Provider**: For a “provider” to be deemed acceptable for suicide risk evaluation he/she must be an MD, DO, Licensed Psychologist (PhD/PsyD), LCSW, LCSW-C, LMSW, LISW, LMFT, LPMHC, APRN (NP/CNS), PA, RN, clinical pharmacist (RPH/PharmD), clinical pharmacy specialist, mental health pharmacist, or rehabilitation counselor. Trainee in ANY of these categories may complete a suicide risk evaluation with appropriate co-signature.

**Suggested sources**: progress notes, ED notes, H&P, consultation, Clinical Reminder  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 70 | rskptsdt | Enter the date the suicide ideation/behavior evaluation was completed. | mm/dd/yyyyIf valid date, go to end

|  |
| --- |
| < = 1 day after or = pcptsdt and < = 1 day after stdyend |

 | Enter the exact date. The date refers to the date of the signature on the encounter note. The use of 01 to indicate missing month or day is not acceptable. |
| 71 | ptsdcssrs | On (computer to display pcptsd5dt), the day of the positive Primary Suicide Risk Screen (item 9/question #6 of the PC-PTSD5- +I9 screen), did the acceptable provider complete the Columbia-Suicide Severity Rating Scale (C-SSRS) Screener? 1. Yes2. No98. Patient refused to complete the C-SSRS Screener | 1,2,98If 2 or 98, go to ptsdvacsra

|  |
| --- |
| Hard Edit: If phqi9dt = pcptsd5dt, then ptsdcssrs must = cssrs |

 | **Note: The C-SSRS Screener must be completed on the same calendar date as the positive Primary Suicide Risk Screen (item 9/question #6 of the PC-PTSD5 + I9 screen).****The acceptable provider asks the patient questions 1 and 2 of the C-SSRS Screener:**1) Have you wished you were dead or wished you could go to sleep and not wake up? 2) Have you had any actual thoughts of killing yourself?If YES to 2, provider asks questions 3, 4, 5, and 7. If NO to 2, go directly to question 7.3) Have you been thinking about how you might do this? e.g. “I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it.”4) Have you had these thoughts and had some intention of acting on them? as opposed to “I have the thoughts but I definitely will not do anything about them.” 5) Have you started to work out or worked out the details of how to kill yourself? **If YES, ask:**6) Do you intend to carry out this plan? 7) Have you ever done anything, started to do anything, or prepared to do anything to end your life?* Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn’t swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn’t jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.
* If YES, ask:

8) Was this within the past 3 months?* The C-SSRS Screener can be performed face-to-face, by telemedicine, or by telephone as long as the provider – patient exchange is documented in the medical record and accurately reflects the encounter.

**Cont’d next page** |
|  |  |  |  | **CSSR-S cont’d*** **Acceptable Provider**: For a “provider” to be deemed acceptable to complete the C-SSRS Screener he/she must be an MD, DO, Licensed Psychologist (PhD/PsyD), LCSW, LCSW-C, LMSW, LISW, LMFT, LPMHC, APRN (NP/CNS), PA, RN, clinical pharmacist (RPH/PharmD), clinical pharmacy specialist, mental health pharmacist, psych tech (psychometrician), or rehabilitation counselor. Trainee in ANY of these categories may complete a C-SSRS Screener with appropriate co-signature.

Suggested sources: progress notes, ED notes, H&P, consultation, Clinical Reminder  |
| 72 | ptscsrscor1 | Enter the score for C-SSRS Screener Question 1 documented in the record: (Time period designated, e.g. Over the past month) Have you wished you were dead or wished you could go to sleep and not wake up? 1. Yes2. No99. Score not documented | 1,2,99 | The score for the C-SSRS Screener question 1 is “yes” or “no”. Enter the score as documented in the medical record. This item must be completed and cannot be left blank.If the C-SSRS Screener score for question 1 is not documented in the record, enter “99”. |
| 73 | ptscsrscor2 | Enter the score for C-SSRS Screener Question 2 documented in the record: (Time period designated, e.g. Over the past month) Have you had any actual thoughts of killing yourself?1. Yes2. No99. Score not documented | 1,2,99If 2, auto-fill ptscsrscor3 as 95 and go to ptscsrscor7 | The score for the C-SSRS Screener question 2 is “yes” or “no”. Enter the score as documented in the medical record. This item must be completed and cannot be left blank.If the C-SSRS Screener score for question 2 is not documented in the record, enter “99”. |
| 74 | ptscsrscor3 | Enter the score for C-SSRS Screener Question 3 documented in the record: (Time period designated, e.g. Over the past month) Have you been thinking about how you might do this? 1. Yes2. No95. Not applicable99. Score not documented | 1,2,95,99Will be auto-filled as 95 if ptscsrscor2 = 2 | The score for the C-SSRS Screener question 3 is “yes” or “no”. Enter the score as documented in the medical record. If “yes” to question 2, this item must be completed. If “no” to question 2, this item DOES NOT have to be completed. If the C-SSRS Screener score for question 3 is not documented in the record, enter “99”. |
| 75 | ptscsrscor4 | Enter the score for C-SSRS Screener Question 4 documented in the record: (Time period designated e.g., Over the past month) Have you had these thoughts and had some intention of acting on them? 1. Yes2. No99. Score not documented | 1,2,99 | The score for the C-SSRS Screener question 4 is “yes” or “no”. Enter the score as documented in the medical record. If “yes” to question 2, this item must be completed. If “no” to question 2, this item DOES NOT have to be completed. If the C-SSRS Screener score for question 4 is not documented in the record, enter “99”. |
| 76 | ptscsrscor5 | Enter the score for C-SSRS Screener Question 5 documented in the record: (Time period designated e.g., Over the past month) Have you started to work out or worked out the details of how to kill yourself? 1.Yes2.No99. Score not documented | 1,2,99If 2, auto-fill ptscsrscor6 as 95 and go to ptscsrscor7 | The score for the C-SSRS Screener question 5 is “yes” or “no”. Enter the score as documented in the medical record. If “yes” to question 2, this item must be completed. If “no” to question 2, this item DOES NOT have to be completed. If the C-SSRS Screener score for question 5 is not documented in the record, enter “99”. |
| 77 | ptscsrscor6 | Enter the score for C-SSRS Screener Question 6 documented in the record: Do you intend to carry out this plan?1. Yes2. No95. Not applicable99. Score not documented | 1,2,95,99Will be auto-filled as 95 if ptscsrscor5 = 2 | The score for the C-SSRS Screener question 6 is “yes” or “no”. Enter the score as documented in the medical record. If “yes” to question 5, this item must be completed. If “no” to question 2 or 5, this item does not have to be completed.If the C-SSRS Screener score for question 6 is not documented in the record, enter “99”. |
| 78 | ptscsrscor7 | Enter the score for C-SSRS Screener Question 7 documented in the record: In your lifetime, have you ever done anything, started to do anything, or prepared to do anything to end your life?1. Yes2. No99. Score not documented | 1,2,99If 2 or 99, auto-fill ptscsrscor8 as 95 and go to outcome5 as applicable  | The score for the C-SSRS Screener question 7 is “yes” or “no”. Enter the score as documented in the medical record. This item must be completed and cannot be left blank.If the C-SSRS Screener score for question 7 is not documented in the record, enter “99”. |
| 79 | ptscsrscor8 | Enter the score for C-SSRS Screener Question 8 documented in the medical record: Was this within the past 3 months?1. Yes2. No95. Not applicable99. Score not documented | 1,2,95,99Will be auto-filled as 95 if ptscsrscor7 = 2 or 99 | The score for the C-SSRS Screener question 8 is “yes” or “no”. Enter the score as documented in the medical record. If “yes” to question 7, this item must be completed. If “no” to question 7, this item does not have to be completed.If the C-SSRS Screener score for question 8 is not documented in the record, enter “99”. |
| **If (ptscsrscor3, ptscsrscor4, ptscsrscor5, or ptscsrscor8 = 1), auto-fill outcome5=1 and go to ptsvacsra OR if ((ptscsrscor2 = 2 or (ptscsrscor3 = 2 and ptscsrscor4 = 2 and ptscsrscor5 = 2)) and (ptscsrscor7 = 2 or ptscsrscor8 = 2)), autofill outcome5 = 2 and go to end; else go to outcome5** |
| 80 | outcome5 | Enter the interpretation of the C-SSRS Screener as documented in the medical record. 1. Positive 2. Negative 99. No interpretation documented | 1,2,99If 1, go to ptsvacsra, else go to endWill be auto-filled as 1 if ptscsrscor3, ptscsrscor4, ptscsrscor5, or ptscsrscor8 = 1Will be auto-filled as 2 if ((ptscsrscor2 = 2) or (ptscsrscor3, ptscsrscor4, andptscsrscor5 = 2) and ((ptscsrscor7 = 2 or ptscsrscor8 = 2)) | **NOTE**: Due to an issue with the outcome being passed from the Clinical Reminder to the note, a positive or negative outcome will be auto-filled based on the answers to any of the questions above.If there was no interpretation of the screening outcome of the C-SSRS Screener, enter “99.”Any of the following would result in a positive Columbia Screen: * YES to Question 3: Have you been thinking about how you might do this? (Time period over the past month) OR
* YES to Question 4: Have you had these thoughts and had some intention of acting on them? (Time period over the past month) OR
* YES to Question 5: Have you started to work out or worked out the details of how to kill yourself? (Time period over the past month) OR
* YES to Question 8: Was this within the past 3 months?
 |
| 81 | ptsvacsra | On (computer to display pcptsd5dt), the same calendar day as the positive C-SSRS Screener and/or positive Primary Suicide Risk Screen (item 9/question #6 of the PC-PTSD5- +I9 screen), is there evidence of a signed Comprehensive Suicide Risk Evaluation (CSRE) in the record? 1. Yes2. No98. Patient refused to complete CSRE  | 1,2,98If 1, go to ptsdcsraacuIf 2, go to end

|  |
| --- |
| Hard Edit: If phqi9dt = pcptsd5dt, then ptsvacsra must = vacsra except when vacsra = null |

 | **The CSRE must be completed on the same calendar date as the positive C-SSRS Screener and the positive Primary Suicide Risk Screen (item 9/question #6 of the PC-PTSD5 +I9 screen).** The CSRE must be completed by an acceptable provider and signed on the same calendar day as the positive I9. The note title for the CSRE may be labeled Suicide Risk Evaluation-Comprehensive.* CSRE can be performed face-to-face, by telemedicine, or by telephone as long as the acceptable provider – patient exchange is documented in the medical record and accurately reflects the encounter.
* **Acceptable Provider:** For a “provider” to be deemed acceptable to complete the CSRE he/she must be an MD, DO, Licensed Psychologist (PhD/PsyD), LCSW, LCSW-C, LMSW, LISW, LMFT, LPMHC, APRN (NP/CNS), PA, clinical pharmacist (RPH/PharmD), clinical pharmacy specialist, mental health pharmacist. Trainee in ANY of these categories may complete a CSRE with appropriate co-signature.

**Note:** RNs are not an acceptable provider. Nor is LPN, Addiction Therapist, Peer Support Specialist, or Unlicensed Assistive Personnel, including Health Tech, Medical Assistant and Nursing Assistant. |
| 82 | refcsre2 | Was there documentation by the acceptable provider that the validity of the information contained within the CSRE was in question?1. Yes, due to Veteran being under the influence (e.g., drugs, alcohol, etc.)
2. Yes, due to Veteran’s medical condition (e.g., dementia, etc.)
3. Yes, due to Other (e.g., refusal)
4. No (no checkbox indicates validity of the CSRE information was not in question)

99. No documentation whether the validity of the CSRE information was or was not in question | 1,2,3,4,99\*If 99, go to end | **Note: The CSRE does not contain a refusal option. If there is documentation by the acceptable provider that the patient refused to participate in completion of the CSRE, the additional documentation below is required.**(REQUIRED) The validity of the information contained within this evaluation is in question (select all that apply): 🞎 No🞎 Yes, due to Veteran being under the influence (e.g., drugs, alcohol, etc.). Optional comment may be noted.🞎 Yes, due to Veteran’s medical condition (e.g., dementia, etc.). Optional comment may be noted.🞎 Yes, due to Other (e.g., refusal)If “no” is checked (or documented no reason to question validity of CSRE information, enter “4”.If none of the above is documented, enter “99”. |
| 83 | ptsdcsraacu | Enter the Clinical Impression of Acute Risk as documented in the medical record:1. High Risk - (as evidenced by):2. Intermediate Risk – (as evidenced by):3. Low Risk – (as evidenced by):99. Acute risk not documented | 1,2,3,99If 99, go to ptsdcsrachr | Only one risk level is selected by the acceptable provider and an explanation is provided in the “as evidenced by section” for that risk level.Note: This item must be completed and cannot be left blank. |
| 84 | ptsracutex | Enter the evidence of Acute Risk documented by the acceptable provider.

|  |
| --- |
|  |

 | Free text entry | Enter the explanation of Acute Risk as documented in the record by the acceptable provider. |
| 85 | ptsdcsrachr | Enter the Clinical Impression of Chronic Risk as documented in the medical record:1. High Risk - (as evidenced by):2. Intermediate Risk – (as evidenced by):3. Low Risk – (as evidenced by):99. Chronic risk not documented | 1,2,3,99If 99, go to ptcsraint1 | Only one risk level is selected by the acceptable provider and an explanation is provided in the as evidenced by section for that risk level.Note: This item must be completed and cannot be left blank. |
| 86 | ptsrachrtex | Enter the evidence of Chronic Risk documented by the acceptable provider.

|  |
| --- |
|  |

 | Free text entry | Enter the explanation of Chronic Risk as documented in the record by the acceptable provider. |
| 87 | ptcsraint1ptcsraint2ptcsraint3ptcsraint4ptcsraint5ptcsraint6ptcsraint7ptcsraint8ptcsraint9ptcsraint10ptcsraint11ptcsraint12ptcsraint13ptcsraint14ptcsraint15ptcsraint16ptcsraint17ptcsraint18ptcsraint19ptcsraint20ptcsraint21ptcsraint22ptcsraint23ptcsraint24ptcsraint25ptcsraint26ptcsraint27ptcsraint28ptcsraint29ptcsraint30ptcsraint31ptcsraint32ptcsraint33ptcsraint34ptcsraint35ptcsraint99 | Please enter the course of action documented in the record from the following list of interventions (Select all that apply). General Strategies for Managing Risk in any setting (The provider may add additional comment/interventions as needed): Initiate 9-1-1/ Rescue1. Involuntary Hospitalization
2. Voluntary Hospitalization
3. Initiate one-on-one observation
4. Initiate Health and Welfare Check
5. Initiate a Hospital Transportation Plan
6. Alert Suicide Prevention Coordinator for consideration of a Patient Record Flag Category I High Risk for Suicide
7. Complete or Update Veteran’s Safety Plan
8. Increase frequency of outpatient contacts
9. Provide Lethal Means Safety Counseling (e.g., provision of gun locks)
10. Obtain additional information from collateral sources (Optional: comment)
11. Address barriers to treatment engagement by: [text box]
12. Address psychosocial needs by: [text box]
13. Address medical conditions by: [text box]
14. Consult/Referral to additional services and support: [text box for user to enter a name]
15. Consult submitted to: [text box for user to enter a name]
16. Discussion with Veteran to continue to see assigned Primary Care Provider for medical care
17. Discussion with Veteran regarding enhancement of a sense of purpose and meaning

**Cont’d next page** | 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,99If ptcsraint12, ptcsraint13, and/or ptcsraint14, = -1, enable and go to pcsratext12,pcsratext13, and/orpcsratext14, as applicableIf ptcsraint12, ptcsraint13, and ptcsraint14 <> -1, go to end | **Please select all interventions documented by the acceptable provider in the CSRE template.**The wording in the option does not have to exactly match the intervention in the record; however, the intent must be the same. For example, option 8, provider may document “Updated Veteran’s safety plan.”The provider may add additional comment/interventions as needed as indicated by [text box].If the provider does not have any documentation in the text box for the applicable options, do not select that option as an intervention. * **Acceptable Provider**: For a “provider” to be deemed acceptable to complete the CSRE, he/she must be an MD, DO, Licensed Psychologist (PhD/PsyD), LCSW, LCSW-C, LMSW, LISW, LMFT, LPMHC, APRN (NP/CNS), PA, clinical pharmacist (RPH/PharmD), clinical pharmacy specialist, mental health pharmacist. Trainee in ANY of these categories may complete a CSRE with appropriate co-signature.

**Note:** RNs are *not* an acceptable provider. Nor is LPN, Addiction Therapist, Peer Support Specialist, or Unlicensed Assistive Personnel, including Health Tech, Medical Assistant and Nursing Assistant. |
|  |  | Interventions cont’d1. Educate Veteran on smartphone VA applications (e.g. Virtual Hope Box, PTSD Coach)
2. Educate Veteran on emergency services
3. Schedule for follow-up appointments: [Optional: Comment/Date]
4. Referral to evidence based psychotherapy
5. Involve family/support system in Veteran’s care
6. For prescribers only: Medication reconciliation
7. For prescribers only: Review of prescribed medications for risk for self-harm and/or new pharmacotherapy intervention to reduce suicide risk
8. Provide Veteran with phone number for Veteran's Crisis Line: 1-800-273-8255 (press 1)
9. Referral to Chaplaincy/pastoral care
10. Other/Comments: [text box]
11. Referral to psychiatry/medication assessment or management
12. Referral to vocational rehabilitation/occupational rehabilitation services
13. Referral to Psychosocial Rehabilitation and Recovery Center (PRRC) and/or Intensive Community Mental Health Recovery (ICMHR) services
14. Referral to residential mental health services
15. Provide resources/contacts for benefits information
16. For home based care: Increase frequency of home visits
17. Obtain consultation from Suicide Risk Management Consultation Program on ways to address Veteran’s risk by sending a request for consultation by email to : SRMconsult@va.gov

99. No interventions documented by the provider |  |  |
| 88 | pcsratext12pcsratext13pcsratext14 | Enter the additional comment/interventions documented by the acceptable provider for the following questions as applicable.

|  |  |
| --- | --- |
| **Intervention** | **Free Text Entry**Applicable question(s) will be enabled if ptcsraint12, ptcsraint13, and/or ptcsraint14 = -1\*Go to end |
| 12. Address barriers to treatment engagement by: |  |
| 13. Address psychosocial needs by: |  |
| 14. Address medical conditions by: |  |

 | The acceptable provider may add additional comment/interventions as needed as indicated by [text box]. Enter the comment/intervention as documented by the provider in the medical record. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | PTSD Disposition |  |  |
| 89 | ptsdeval | On (computer to display pcptsdt or pcptsd5dt) did the provider document the patient needed further intervention for the positive PTSD screen? 1. Yes, documented further intervention needed2. Documented no further intervention needed98. Documented patient refused further intervention for positive PTSD screen99. No documentation regarding further intervention | 1,2,98,99If 2, 98 or 99, go to end | **Acceptable Provider:** MD, DO, Licensed Psychologist (PhD/PsyD), LCSW, LCSW-C, LMSW, LISW, LMFT, LPMHC, APRN (NP/CNS), PA, Clinical Pharmacist (RPH/PharmD), clinical pharmacy specialist, mental health pharmacist, or rehabilitation counselor. Trainee in any of these categories with appropriate co-signature is acceptable.If the provider documented that the patient needed further intervention for depression, select “1.” For example, provider documents, “PC-PTSD screen positive. Patient reports having difficulty sleeping and is very anxious. Needs mental health evaluation.” Select “1.”If the provider documented that no further intervention was needed for PTSD, select “2.” For example, clinician documents, “PC-PTSD positive, but no problems with day-to-day functioning reported by patient No further intervention necessary.” Select “2.”If there is no documentation by the provider regarding whether the patient needed further intervention, select “99.” |
| 90 | ptsfolint1 ptsfolint2ptsfolint3ptsfolint4 ptsfolint5 ptsfolint6 ptsfolint7 ptsfolint99  | On (computer to display pcptsdt or pcptsd5dt), select the further intervention(s) documented by the provider as follow-up to the positive PTSD screen:Indicate all that apply:1. Documented the patient is already receiving treatment for PTSD2. Documented the patient is receiving care for PTSD outside VHA3. Documented referral/consult for stat/emergent mental evaluation was placed4. Documented referral/consult for routine/non-emergent mental health evaluation was placed/will be placed5. Documented the patient’s PTSD will be managed in Primary Care6. Documented provider contact information was provided to the patient7. Documented emergency contact information was provided to the patient99. None of the above documented | 1,2,3,4,5,6,7.99Cannot enter 99 with any other number

|  |
| --- |
| Warning if 99 |

 | On the same date as the positive PTSD screen, please indicate all further interventions documented by the provider.Acceptable Provider: MD, DO, Licensed Psychologist (PhD/PsyD) , LCSW, LCSW-C, LMSW, LISW, LMFT, LPMHC, APRN (NP/CNS), PA, Clinical Pharmacist (RPH/PharmD), clinical pharmacy specialist, mental health pharmacist, or rehabilitation counselor. Trainee in any of these categories with appropriate co-signature is acceptable.If none of the interventions are documented, enter 99. |