

Consult Toolbox
Software Version 1.9.0004
User Guide



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Revision History

NOTE: The revision history cycle begins once changes or enhancements are requested after the document has been baselined.

Date	Revision	Description	Author
5/07/2019	9.4	Release of version 1.9.0004. Updates include: <ul style="list-style-type: none"> • Updated screen captures to reflect version number 1.9.0004 • Added CAN Score note. • Updated SEOC from optional to mandatory. • Removed Care Coordination from Community Care Functions • Updated SAR tab to Secondary Authorization Request (SAR)/Request for Service (RFS). • Added Launch DST section. • Added additional SEOC warning message. 	AbleVets
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Date	Revision	Description	Author
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Artifact Rationale

Per the Veteran-focused Integrated Process (VIP) Guide, the User's Guide is required to be completed prior to Critical Decision Point #2 (CD2), with the expectation that it will be updated as needed. A User Guide is a technical communication document intended to give assistance to people using a particular system, such as VistA end users. It is usually written by a technical writer, although it can also be written by programmers, product or project managers, or other technical staff. Most user guides contain both a written guide and the associated images. In the case of computer applications, it is usual to include screenshots of the human-machine interfaces, and hardware manuals often include clear, simplified diagrams. The language used is matched to the intended audience, with jargon kept to a minimum or explained thoroughly. The User Guide is a mandatory, build-level document, and should be updated to reflect the contents of the most recently deployed build. The sections documented herein are required if applicable to your product.

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1. Introduction

The Consult Toolbox software was created by the Atlanta VA Medical Center (VAMC) in response to a need to manage the process of consult management. During the life of a consult, there are steps of actions to be taken, and there is a need to be able to track these steps at an individual patient level. Additionally, there is a need to be able to understand the overall status of consult management at a macro level, and identify specific services needing attention or resources. Without opening and reading a patient medical record, it is difficult to identify which Veterans have had which scheduling steps completed.

This software does several things. First, it makes it very easy for staff to document actions completed quickly and consistently. Second, it uses consistent verbiage to document these steps. Third, it eliminates the need to take a second action or make a separate entry to track scheduling steps. Fourth, this consistent verbiage allows software analysis of records without needing to have software changes to Veterans Health Information Systems and Technology Architecture (VistA) or Computerized Patient Record System (CPRS).

A separate process using Corporate Data Warehouse (CDW) queries and reports allows creation of views showing such things as Veterans who have not had first call, second call, scheduling letter sent or how much time has passed between these events.

Together, these allow tracking and managing consults without the need to keep a separate list or other workflow to know which consults need attention.

1.1. Purpose

The purpose of this document is to provide instruction for utilizing the Consult Toolbox to standardize and streamline consult management for Community Care.

1.2. Document Orientation

The *One Consult Toolbox v1.9.0004 User Guide* will provide explanations of each screen and of all user interface options within the context of an easy to understand demonstration data scenario.

This document is also designed to provide the user with screen-by-screen “how to” information on the usage of Consult Toolbox.

1.2.1. Organization of the Manual

Section 1: Introduction

The Introduction section provides the purpose of this manual, an overview of the Consult Toolbox software, an overview of the software used, project references, contact information for the user to seek additional information, and an acronyms and abbreviations list for this manual.

Section 2: System Summary

The System Summary section provides a graphical representation of the equipment, communication, and networks used by the system, user access levels, how the software will be accessed, and contingencies and alternative modes of operation.

Section 3: Getting Started

Information for the Getting Started section provides a general walk-through of the system from initiation through exit, enabling the user to understand the sequence and flow of the system.

Section 4: Using the Software

This section gives the user the “how to” information to use Consult Toolbox, including many step-by-step procedures.

Section 5: Troubleshooting

This section provides troubleshooting for the Consult Toolbox user.

Section 6: Acronyms and Abbreviations

This section provides a list of acronyms and abbreviations found in this document.

1.2.2. Assumptions

The user must have login credentials for CPRS.

1.2.3. Coordination

N/A

1.2.4. Disclaimers

1.2.4.1. Software Disclaimer

This software was developed at the Department of Veterans Affairs (VA) by employees of the Federal Government in the course of their official duties. Pursuant to title 17 Section 105 of the United States Code this software is not subject to copyright protection and is in the public domain. VA assumes no responsibility whatsoever for its use by other parties, and makes no guarantees, expressed or implied, about its quality, reliability, or any other characteristic. We would appreciate acknowledgement if the software is used. This software can be redistributed and/or modified freely provided that any derivative works bear some notice that they are derived from it, and any modified versions bear some notice that they have been modified.


1.2.4.2. Documentation Disclaimer

The appearance of external hyperlink references in this manual does not constitute endorsement by the Department of Veterans Affairs (VA) of this Web site or the information, products, or services contained therein. The VA does not exercise any editorial control over the information you may find at these locations. Such links are provided and are consistent with the stated purpose of the VA.

1.2.5. Documentation Conventions

This manual uses several methods to highlight different aspects of the material.

Table 1. Documentation Symbols and Descriptions

Symbol	Description
	CAUTION: Used to caution the reader to take special notice of critical information.

NOTE: Notes are used to inform the reader of general information including references to additional reading material.

1.2.6. References and Resources

Readers who wish to learn more about CPRS and Consult Toolbox should consult the following:

- CPRS: Consult/Request Tracking in the VDL:
<https://www.va.gov/vdl/application.asp?appid=62>
- <http://www.vehu.va.gov/vehu/Resources.cfm>

1.3. National Service Desk and Organizational Contacts

For issues related to the Consult Toolbox that cannot be resolved by this manual or the site administrator, please contact the National Service Desk at 855-NSD-HELP (673-4357).

2. System Summary

2.1. System Configuration

The Consult Toolbox software installs at the Windows level and resides in the system tray. It watches keyboard and mouse activity and comes to life when certain conditions occur. The first is it only activates when the currently active windows title **Add Comment to Consult, Forward Consult, Discontinue Consult, Administratively Complete, Receive Consult, Update Significant Findings**, or WIN+V. Otherwise it does nothing.

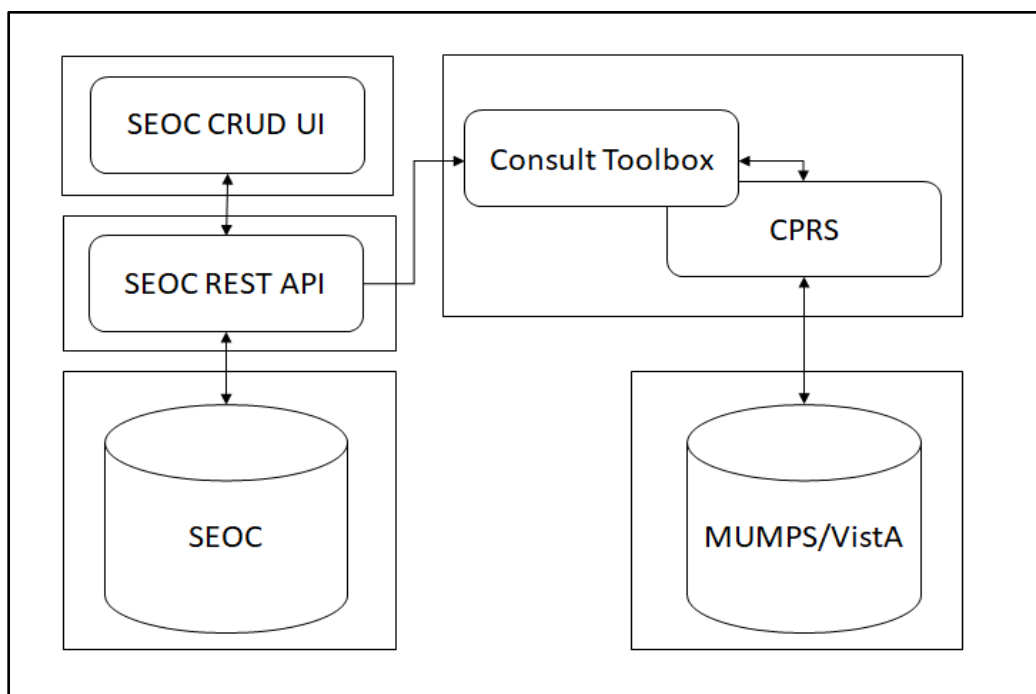
The second is when the user initiates a trigger event when either of these windows have the focus, then depending on the open window a menu appears for the user to select the appropriate action, then the software inserts the appropriate text into the comment box.

The defined trigger is a right mouse click in the supported CPRS consult actions.

2.2. Data Flows

The figure below displays the Consult Toolbox data flow between CPRS and SEOC.

Figure 1: Consult Toolbox Data Flow



2.3. User Access Levels

The User must have access to CPRS to access Consult Toolbox.

2.4. Continuity of Operation

Consult Toolbox falls under the VistA Continuity of Operations Plan.

3. Getting Started

This section provides a general walkthrough of Consult Toolbox from initiation through exit.

3.1. Accessing Consult Toolbox

NOTE: *If you are unable to access/use Consult Toolbox, see the Troubleshooting section in this document or contact the National Service Desk at 855-NSD-HELP (673-4357).*

3.1.1. Enabling Consult Toolbox

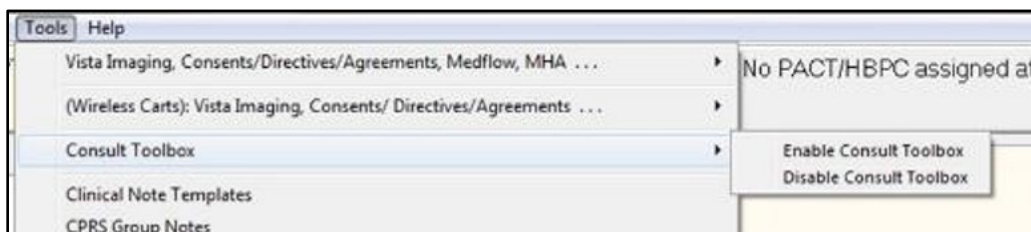
NOTE: *Before enabling Consult Toolbox in CPRS, you will need to run the ConsultToolbox.exe file. The file can be found in the following location: <C:\Program Files\ConsultToolBox\ConsultToolbox.exe>.*

Consult Toolbox is part of the CPRS system which requires both a user name and password. On the first use, Consult Toolbox will be disabled until you enable through the CPRS Tools menu. Once enabled, you'll want to set your preferences.

The Consult Toolbox should be enabled on the applicable computer (this only needs to be done once on a given computer for each person).

When installed on the PC, it will be installed on the workstation as an installed program, but it will need to be enabled. This should be set up on the CPRS Tools menu. Below is an example of how it might, look, but depending on how the station Clinical Application Coordinators (CAC) set-up the tool, the enable link may be in some other location on the tool bar, so each station may look different.

Figure 2: Enable Consult Toolbox Menu Option

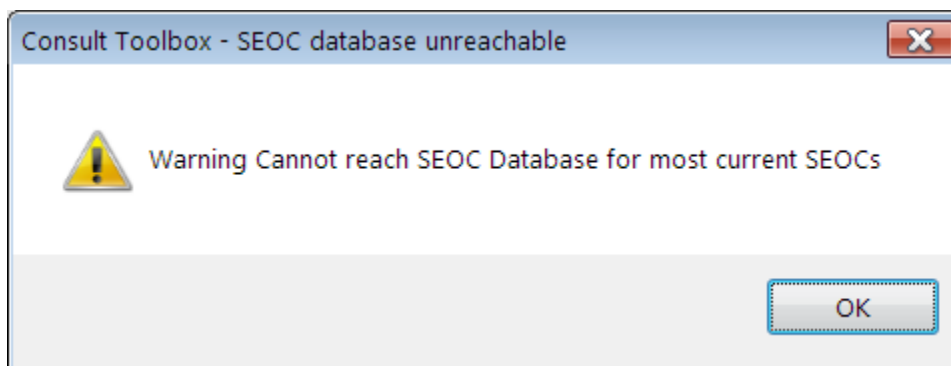


Selecting **Enable Consult Toolbox** will activate the Toolbox so it will open automatically each time Windows is opened. It only needs to be done once for a given PC and enabled; the Consult Toolbox will be active each time you log into this computer.

When changing computers, the user will need to enable it on the new computer. It will remain enabled from then on, until it is disabled. In the event the Consult Toolbox seems to not be working correctly, enable it again and it will reset.

NOTE: *If SEOC database is unavailable the following warning displays. SEOCs previously downloaded will still be available on the **Authorization** tab. Contact the NSD if no SEOCs are available.*

Figure 3: SEOC Database Unreachable Message



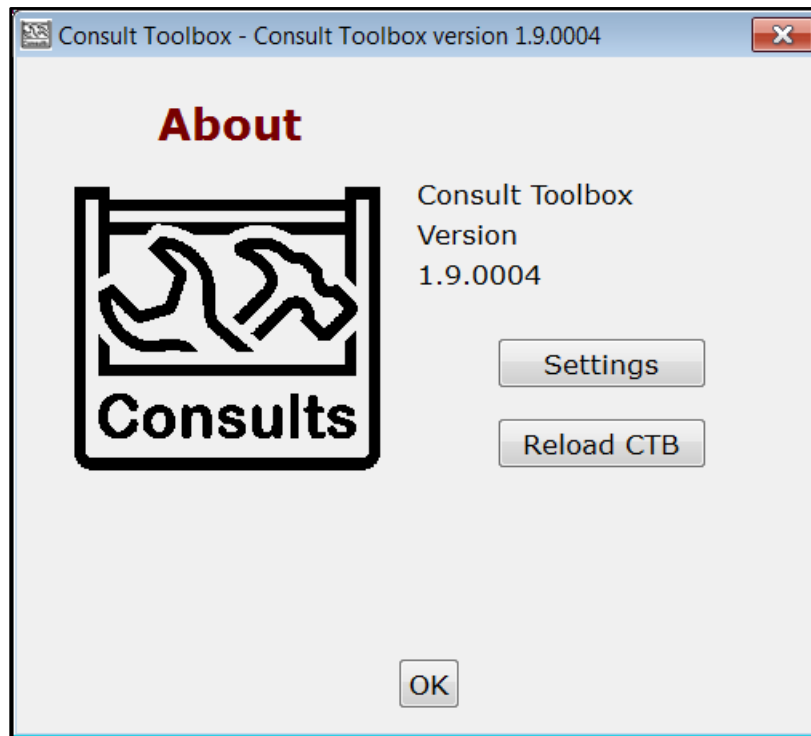
3.1.2. Setting Consult Toolbox Preferences

The Settings functionality within the Consult Toolbox provides any user the ability to select their default features upon opening the Toolbox based on their roles and responsibilities.

To update your Consult Toolbox settings, follow the steps listed below:

1. Press the Windows + V key. Once these keys are pressed, the **About Consult Toolbox** dialog box opens.

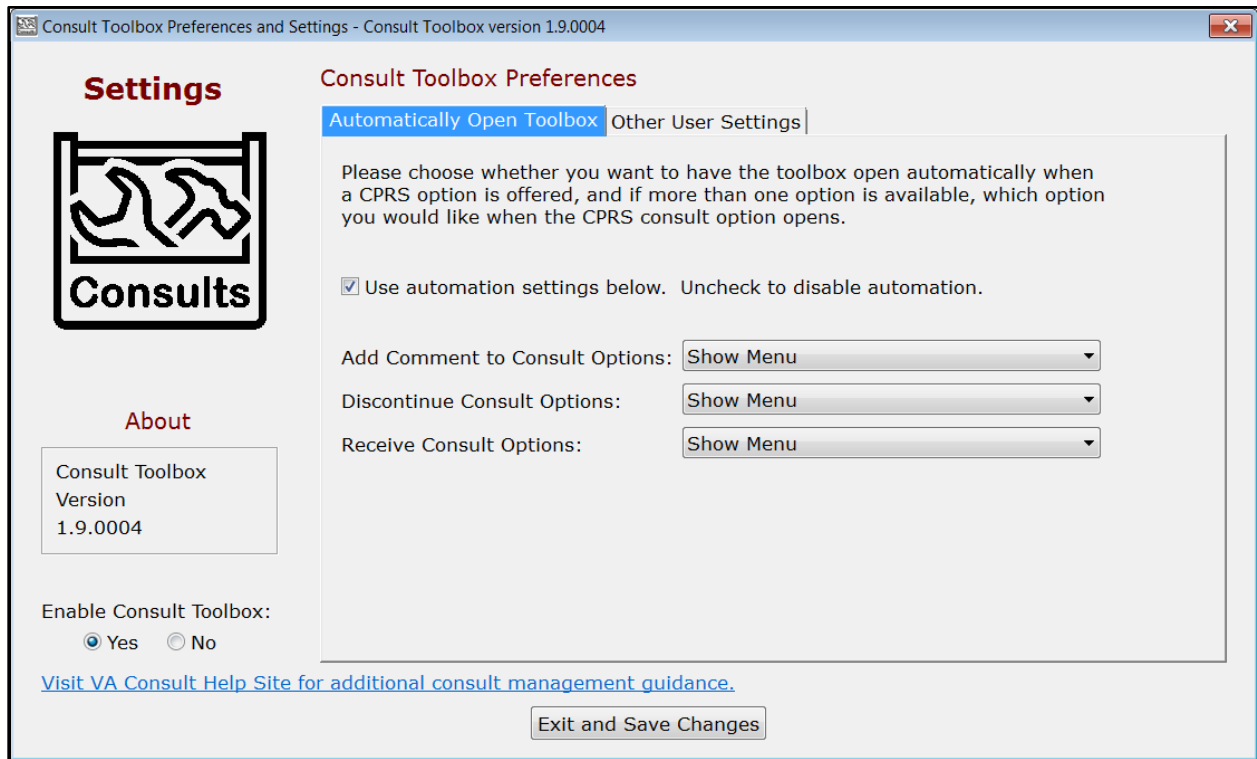
Figure 4: About Consult Toolbox



2. Click **Settings** to set the preferences. The **Consult Toolbox Preferences and Settings** window opens.

NOTE: Clicking **OK** will close the dialog box and otherwise do nothing. The **Reload CTB** resets the Consult Toolbox and can also be used to recover from a technical glitch.

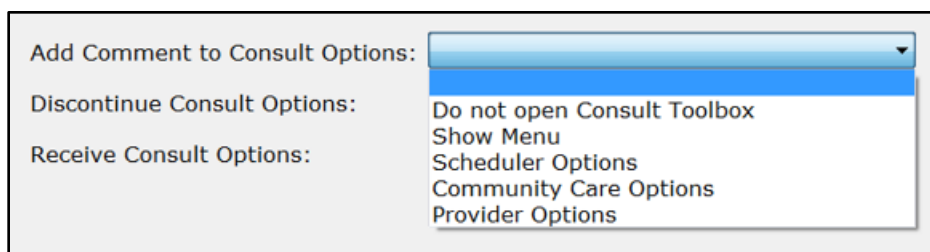
Figure 5: Consult Toolbox Preferences and Settings



NOTE: *The Consult Toolbox Preferences and Settings window also displays the Consult Toolbox Version number.*

3. Select the **Automatically Open Toolbox** tab.
4. From the **Enable Consult Toolbox** section, select **Yes** or **No**.
 - **Yes** – this makes the Consult Toolbox function. By enabling it, a link to the Consult Toolbox is placed in the Windows Start Up folder, so the consult toolbox is active each time you log into this PC.
 - **No** – this removes any link from the Startup Menu and turns off the Consult Toolbox. After selecting this option, the Consult Toolbox will no longer function. It will need to be enabled once again from the CPRS Tools menu.
5. Select the **Use automation settings below**. check box to automate settings, otherwise the automation functionality will be disabled.
6. From the **Add Comment to Consult Options:** drop-down menu, select the preferred add comment to consult option.

Figure 6: Add Comment to Consult Options

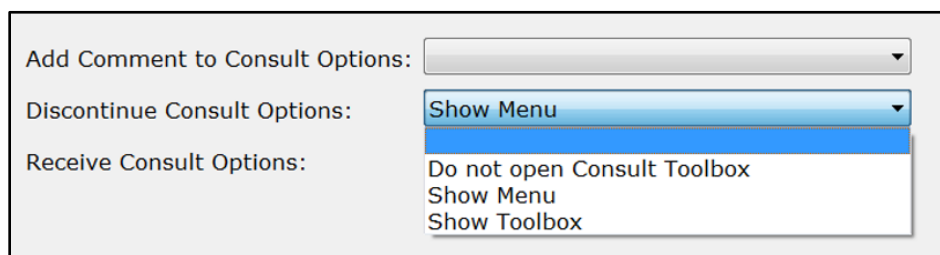


- **Do not open Consult Toolbox:** Nothing will happen when the CPRS add comment box opens.
- **Show menu:** As soon as the Add Comment to Consult box opens, the shortcut menu will show itself for the user to select. The user may select an option, or doing something else, including clicking in the white space of the box, will cause the shortcut menu to disappear.
- **Scheduler Options:** As soon as the Add Comment to Consult pop-up box appears, the Consult Toolbox screen for in-house VA schedulers will also appear.
- **Community Care Options:** As soon as the Add Comment to Consult pop-up box appears, the Community Care screen for the Consult Toolbox will also appear. This is the same screen that appears under Community Care Options on the **Receive Consult** CPRS box.
- **Provider Options:** As soon as the Add Comment to Consult dialog box opens, the provider review screen will appear.

NOTE: For VA in-house consult schedulers, the recommended setting is **Scheduler Options**. For Community Care staff (clinical and administrative), the recommended setting is **Community Care Options** and for in-house clinicians, the recommended setting is **Provider Options**.

7. From the **Discontinue Consult Options:** drop-down menu, select the preferred discontinue consult option.

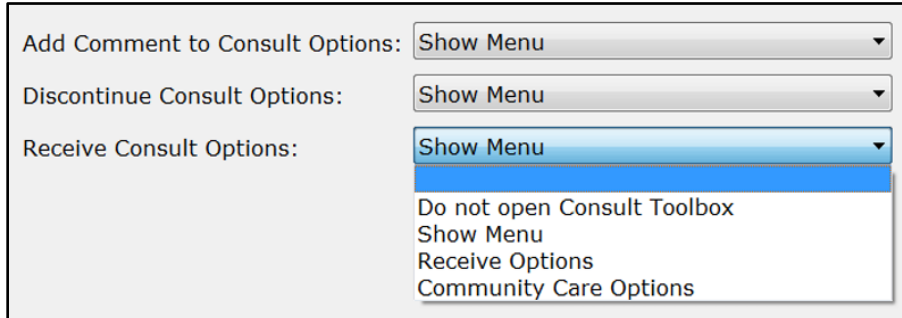
Figure 7: Discontinue Consult Options



- **Do not open Consult Toolbox:** Nothing will happen when the CPRS discontinue box opens.
- **Show menu:** As soon as the **Discontinue Consult** window opens, the shortcut menu will show itself for the user to select. The user may select an option, or doing something else, including clicking in the white space of the box, will cause the shortcut menu to disappear.

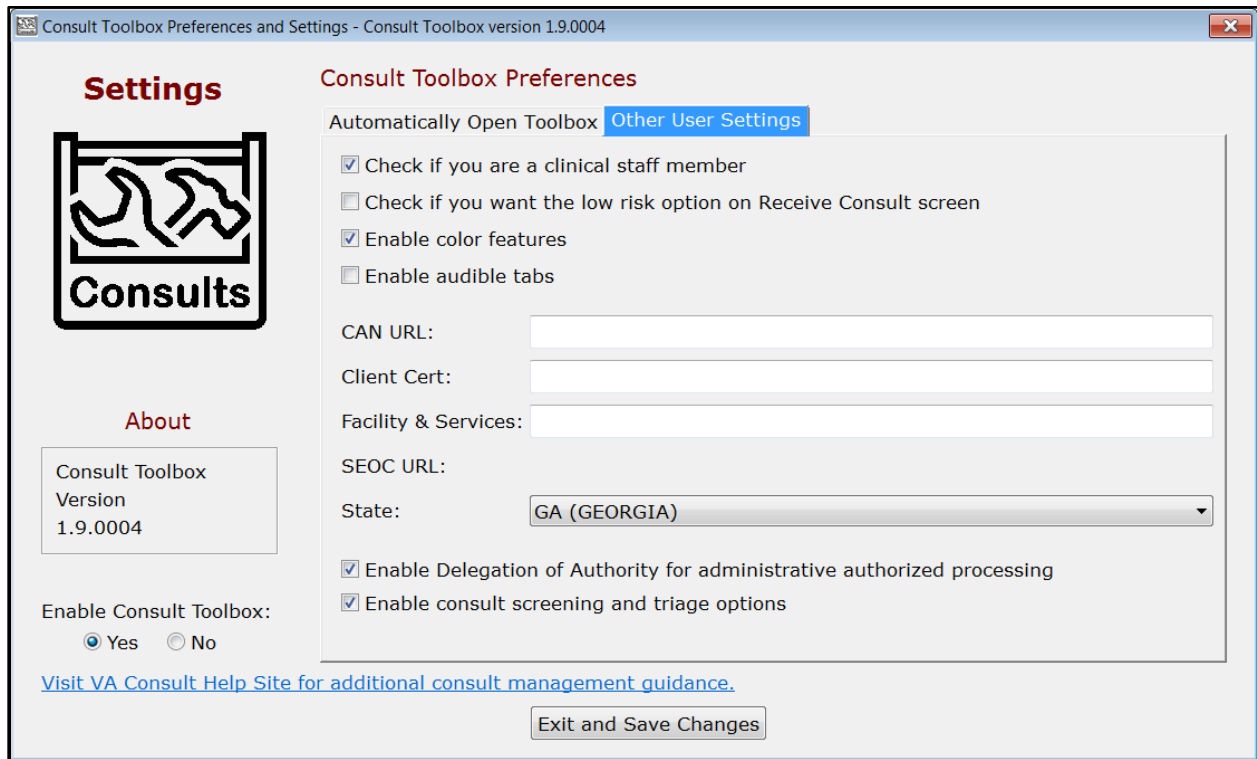
- **Show Toolbox:** As soon **Discontinue Consult** window opens, the **Consult Toolbox** discontinue consult screen also appears.
8. From the **Receive Consult Options:** drop-down menu, select the preferred receive consult option.

Figure 8: Receive Consult Options



- **Do not open Consult Toolbox:** Nothing will happen when the receive consult box opens.
 - **Show menu:** As soon as the Receive Consult box opens, the shortcut menu will show itself for the user to select. The user may select Receive Consult or select something else. Clicking in the white space of the box, will cause the shortcut menu to disappear.
 - **Receive Consult:** As soon as the Receive Consult box appears, the Receive Consult screen for the Consult Toolbox will also appear.
 - **Community Care Options:** As soon as the Receive Consult box appears, the Community Care screen for the Consult Toolbox will also appear. Note, this is the same screen appears under Community Care Options on the **Add Comment to Consult CPRS** box.
9. Select the **Other User Settings** tab.

Figure 9: Other User Settings Tab



10. Select the check boxes for the preferred settings.

- **Check if you are a clinical staff member** – This is pertinent only under the Community Care screen. If the user can make clinical assessments or decisions in the management of community care, select yes for this option. Staff selecting yes are typically nurses and licensed practitioners.
- **Check if you want the low risk option on Receive Consult screen** – Veterans Health Administration (VHA) has defined low risk clinics nationally to include: physical therapy, occupational therapy, kinesiotherapy, acupuncture, smoking clinic, MOVE clinic, massage therapy, chiropractic care and erectile dysfunction clinic. A full list of low risk clinics can be found in the [VHA Consult SOP](#). As soon as the Receive Consult box appears, the Receive Consult screen for the Consult Toolbox for low risk clinics will also appear. Note that to use this option, a clinic must be approved as a low risk clinic by the facility consult management (Committee or Chief of Staff (COS) designee).
- **Enable color features** – If checked, certain screens will have some headings and selected tabs with color highlights instead of being in black, white and grey. The screen image above shows how the tabs look with color highlight off.
- **Enable audible tabs** – Reads aloud the community care comments panel tab name.
- **CAN URL:** - The Preferred Care Assessment Need (CAN) Universal Record Location (URL) should only be changed if directed by support personnel. The URL and certificate name can be changed by support to suit the execution environment.

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- **Client Cert:** The name of the internet browser certificate that will be used to contact the CAN score server online.
- **Facility & Services:**
- **SEOC URL:** - The Preferred SEOC URL should only be changed if directed by support personnel. The URL and certificate name can be changed by support to suit the execution environment.
- **State:** Enter the state you typically use for community care providers. This will be the default setting any time you look up a provider for community care. You can always change it.
- **Enable Delegation of Authority for administrative authorized processing –** The Delegation of Authority is an action taken by the Chief of Staff to delegate clinical review authority for services that are requested through a community care consult. If this process was implemented in your facility, check this box.
- **Enable consult screening and triage options –** At the time of this version, local community care staff will have the ability to assign care coordination levels based on a Veterans complexity of needs. Check this box to begin using this functionality.

11. Click **Exit and Save Changes** to save the selected settings for future work sessions.

3.2. System Menu

3.2.1. Receive

Figure 10: Receive Routine Consult Options Window

Receive Routine Consult Options

Accept consult, schedule routine appointment

Accept consult, schedule within 1 month, ok to overbook

Accept consult, schedule within 2 weeks, ok to overbook

Accept consult, schedule within 1 week, ok to overbook

Accept consult, schedule on , ok to overbook

Accept consult, see scheduling order for scheduling instructions

Established pt., please schedule then discontinue consult

If no appt. slot is available within 30 days:

Additional comments and instructions

This consult may be D/C'd after mandated scheduling effort

Scheduling plans discussed with ordering provider

Consults may be marked "High Risk" for tracking and extra scheduling effort

High Risk Consult--Extra scheduling effort warranted

Extra scheduling effort

For Schedulers who Receive Consults

First Call to Veteran (unsuccessful scheduling)

Unable to Contact Letter sent to Veteran

Letter Sent by Certified Mail

[Visit VA Consult Help Site for additional consult management guidance.](#)

- **Receive Routine Consult Options** section
 - **Accept consult, schedule routine appointment** – Accept consult, schedule within one month, ok to overbook—the reviewing provider has determined that the Veteran’s medical condition warrants them being seen within one month and should be overbooked if needed to accomplish that effect.

- **Accept consult, schedule within 1 month (OK to overbook)** – Accept consult schedule within two weeks, ok to overbook—the reviewing provider has determined that the Veteran’s medical condition warrants them being seen within two weeks and should be overbooked if needed to accomplish that effect.
- **Accept consult, schedule within 2 weeks, (OK to overbook)** – Accept consult schedule within one week ok to overbook—the reviewing provider has determined that the Veteran’s medical condition warrants them being seen within one week and should be overbooked if needed to accomplish that effect. If less than one week or immediate, the provider may add additional instructions, or speak directly with the scheduler if truly urgent.
- **Accept consult, schedule within 1 week, (OK to overbook)** – Accept consult schedule on a specific date—this allows the provider to specify the date to see the Veteran.
- **Accept consult, schedule on MM/DD/YYYY, (OK to overbook)** – Accept consult see scheduling order for scheduling instructions—this selection applies if the clinic or service provider prefers to convey scheduling instructions via a CPRS order.
- **Accept consult; see scheduling order for scheduling instructions** – this selection applies if the clinic or service provider prefers to convey scheduling instructions via CPRS order.
- **Established pt., please schedule then discontinue consult** – this selection applies if a consult is received for an established patient. Once the consult is received, it is sent to the scheduler to make the appointment. Once the appointment is made, the consult can be discontinued.
- **If no appt. slot is available within 30 days:**
 - **Forward to Community Care Office**
 - **Discuss with clinical staff**
- **Additional comments and instructions section**
 - **This consult may be D/C’d after mandated scheduling effort**—this option allows the reviewing provider to determine at the time of acceptance that if the staff is unable to get the appointment scheduled, or if the Veteran cancels or no-shows twice, then the consult can be discontinued by the scheduler without having another clinical review. The consult is returned to the ordering provider to take whatever action deemed appropriate.

NOTE: *The **This consult may be discontinued d/c’d after 1 missed appointment (approved low risk clinic)** check box described below is only visible when enabled in the Consult Toolbox Settings.*

- **This consult may be discontinued d/c’d after 1 missed appointment (approved low risk clinic)** – An additional option for low risk clinics exists for discontinuation after one missed appointment. This screen auto populates from settings described above.

Figure 11: Low Risk Clinics Options

Additional comments and instructions

- This consult may be D/C'd after mandated scheduling effort
- This consult may be d/c'd after 1 missed appointment (approved low risk clinic)
Low risk clinics must have approval by facility to use 1 missed appt option
- Scheduling plans discussed with ordering provider

- **Scheduling plans discussed with ordering provider**—this selection is simply for the convenience of the reviewing provider to document the instance where they have discussed the case with the ordering provider. This allows them to easily document that conversation took place. It doesn't have any significant ramifications with respect to consult processing.
- **Consults should be marked “High Risk” for track and extra scheduling effort section**
 - **High Risk Consult-Extra scheduling effort warranted** – this will flag this consult as having a medically high-risk condition that warrants additional calls to the Veteran beyond the mandated minimum necessary effort. It also allows the receiving service to flag certain consults for closer follow up when the Veteran fails to keep appointments. Each service may define what high risk means to them. This is simply a way of segregating higher risk consults from the rest and notifying the staff to expend additional effort.
 - **Extra scheduling effort** – allows the reviewer to specify what additional effort they would like. In addition to the selection of options, the user may type in other instructions.

Figure 12: Extra Scheduling Effort Options

1 additional call
2 additional calls
call repeatedly while waiting on response from letter
1 additional letter

- **For Schedulers Who Receives Consults section,**
 - **First call to Veteran (unsuccessful scheduling)** – This option supports recording calls to Veteran that were successful.
 - **Unable to Contact letter sent to Veteran** – use this selection when a letter is sent to the Veteran indicating that the clinic has tried to reach the Veteran to schedule an appointment. This comment may be used each time a letter is sent, if sent more than once.
 - **Letter Sent by Certified Mail** – in the case of high risk consults, business rules for the clinic or upon suggestion of the provider, it may be appropriate to send the Veteran a certified letter indicating that they have a potentially serious condition, and that the VA has been unsuccessful reaching them to provide care.

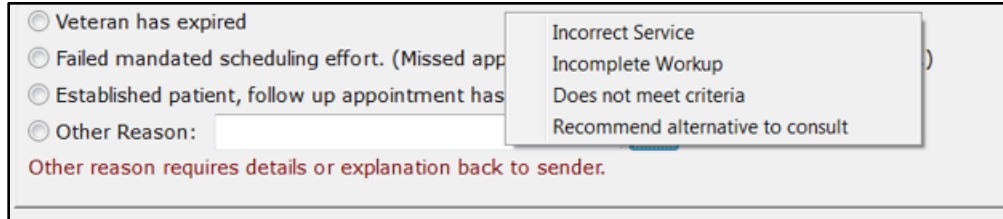
3.2.2. Discontinue

Figure 13: General Discontinuation Comments Tab

- Discontinue consult requires one of the following reasons section
 - **Duplicate Request**
 - **Veteran declined/refused-does not want the appointment**
 - **Care is no longer needed**
 - **Veteran does not meet eligibility requirements** – This is to be used where VA benefits or the Veteran’s clinical situation do not allow them to receive this service from the VA. An example would be routine dental care for a Veteran not eligible for dental care.
 - **Veteran has expired** – Use if Veteran is deceased.
 - **Failed mandated scheduling effort (Missed appointments or no response to attempts to schedule.)** – use when Veteran has missed two or more appointments or fails to respond to mandated minimum number of calls, letter(s), and adequate time to respond.
 - **Established patient, follow up appointment has been scheduled** – this indicates that the established Veteran has been scheduled with a follow up appointment, and the consult is no longer needed.
 - **Entered/Requested in error** –

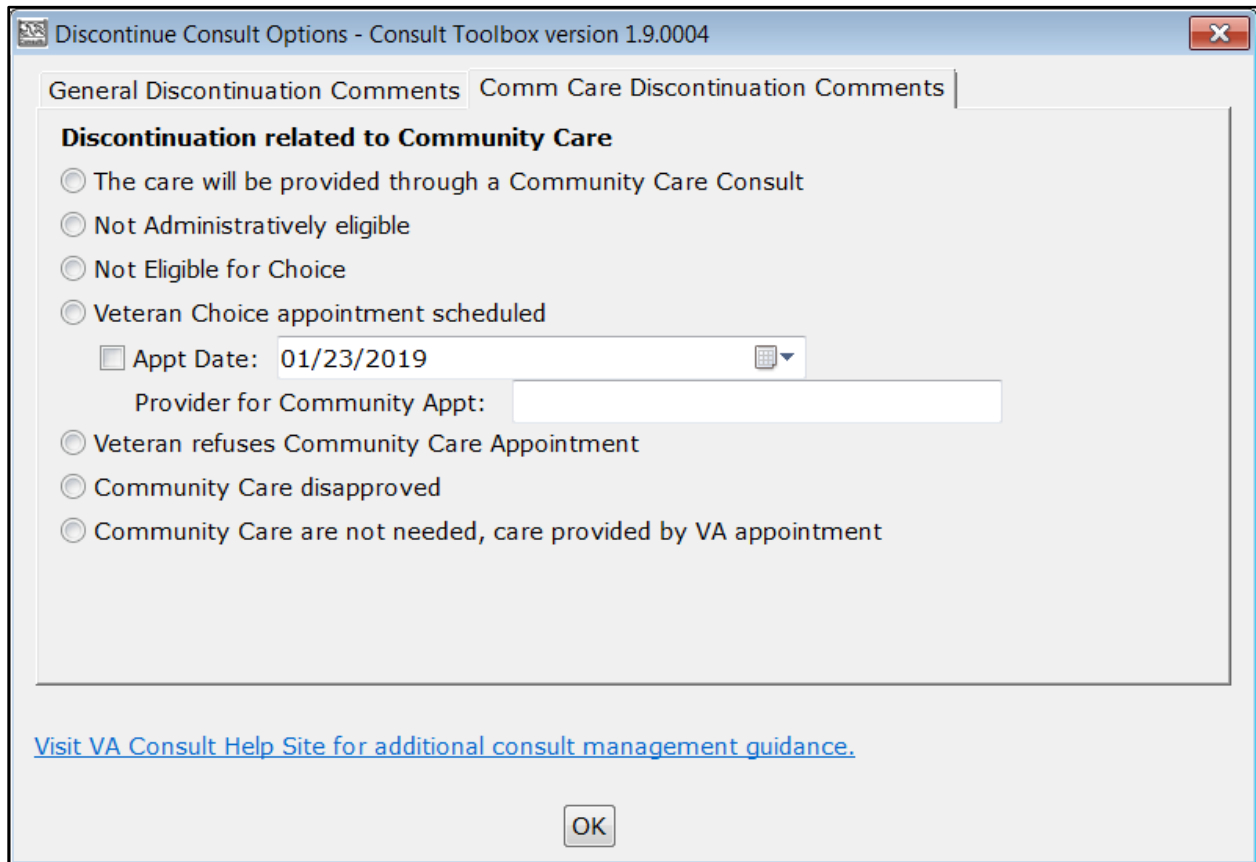
- **Other Reason:** - Other reason requires details or explanation back to sender. Enter a reason in the field or select an option from the **Opt** menu. In addition, selection of this option will prompt for an explanation. This option is used primarily when there is some defect in the request, so feedback to the ordering clinician is appropriate.

Figure 14: Other Reason Options



- **Incorrect Service**
- **Incomplete Workup**
- **Does not meet criteria**
- **Recommend alternative to consult**

Figure 15: Comm Care Discontinuation Comments Tab



- **Discontinuation related to Community Care section**
 - **The care will be provided through a Community Care Consult** – Care will be provided by Non-VA Care. USE WITH CAUTION. This is saying that this

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consult is being discontinued and a Non-VA Care consult will be issued for this service. Typically, a consult should only be discontinued when a non-VA care appointment has been scheduled (See next option).

NOTE: *This option would be selected when, for example, an Interfacility Consult is sent from Site A to Site B, enabling Choice. The consult would then be discontinued by staff at Site B with instructions to order a Community Care consult at site A.*

- **Not Administratively eligible** – Veteran is not eligible.
- **Not Eligible for Choice** – Veteran is not eligible for Choice.
- **Veteran Choice appointment scheduled** – This is used when the TPA has confirmed that an appointment has been scheduled for the Veteran.
 - **Appt Date:** - Additionally, the date of the appointment can be recorded. Note that the calendar widget contains a default date, so you must check the box to indicate that the date in the box is the appointment date for it to be recorded.
 - **Provider for Community Appt:** - If the name of the provider is known, that should be added as well. If the provider name field is filled in, that is also added to the consult comment.
- **Veteran refuses Non-VA Care Appointment** – used when the Veteran refuses non-VA appointment.
- **Community Care disapproved** – used when the request for non-VA care is disapproved or does not meet requirements.
- **Community Care not needed, care provided by another VA appointment** – use when, apart from this consult, the Veteran’s needs were met by care already received at another appointment. Consider using a duplicate request if more appropriate.

3.2.3. Forward

Figure 16: Forward to Community Care Options Tab

Forward to Community Care Options

Veteran Opt-IN for Community Care (Reason required)

Appointment greater than wait time standards

Procedure scheduled greater than 30 days from PID

VA facility does not provide the required service

Unusual or Excessive travel burden: (type and explanation of UEXB required)

Geographical challenges

Environmental factors

Medical condition

Nature or simplicity of service (UEXB)

Explain UEXB:

Veteran instructed Contractor/Community Care will call them for scheduling

Veteran provided Community Care Fact Sheet

[Visit VA Consult Help Site for additional consult management guidance.](#)

OK

Forward to Community Care Options section

- **Veteran Opt-IN for Choice (Reason required)**
 - Appointment greater than wait time standards
 - Procedure scheduled greater than 30 days from PID
 - VA facility does not provide the required service
 - Unusual or Excessive travel burden (type an explanation of UEXB required)
 - Geographical challenges
 - Environmental factors
 - Medical condition
 - Nature or simplicity of service (UEXB)
 - Explain UEXB:
- **Veteran instructed Contractor/Community Care will call them for scheduling**
- **Veteran provided Community Care Fact Sheet**

3.2.4. Add Comment: Scheduler Functions

Figure 17: Calls and Letters Tab

Scheduler Options - Consult Toolbox version 1.9.0004

Calls and Letters | Sched/Rescheduling Efforts | Community Care Eligibility

Consult Management for IN HOUSE Schedulers

Unsuccessful attempts to schedule Veteran. [] Opt

- First Call to Veteran - unsuccessful scheduling
- Second Call to Veteran - unsuccessful scheduling
- Third or additional call to Veteran - unsuccessful scheduling
- Unable to Contact Letter sent to Veteran
 - Letter Sent by Certified Mail

Additional results from scheduling attempt

- Spoke with veteran/care giver
- Veteran declined/refused-going to private provider outside VA care
- Veteran declined/refused-does not want care
- Veteran wants to call back to schedule
- Phone numbers disconnected or wrong number - All listed numbers must be bad for this selection to apply
- No address on file, unable to send letter

A failed scheduling effort occurs when calls and letters per VA policy have failed to result in a completed patient appointment or patient has exceeded the number of missed appointments allowed.

Refer to clinical reviewer for disposition after unsuccessful scheduling effort

[Visit VA Consult Help Site for additional consult management guidance.](#) View Consult History

OK

- **Unsuccessful attempts to schedule Veteran** Opt menu, select the best option.
 - **No Answer**—used when you attempt to call the Veteran but there is no voice mail to leave a message.
 - **Left message on voicemail**—used when you leave a message on the Veteran’s voice mail to call back. You should not provide any details that might violate PHI restrictions, but your number to return the call would be appropriate.
 - **Left message with family member**—used when you speak to a family member, but they are unable to commit to an appointment on behalf of the Veteran.
 - **Unable to leave message**—used when you speak to a family member, but they are not able to take a message. You should not provide any details that might violate PHI restrictions, but your number to return the call would be appropriate.
- **Unsuccessful attempts to schedule Veteran**
 - Select first, second, or third call to Veteran as appropriate. If the Veteran has no-showed or cancelled, then you need to start over with a new scheduling effort and first, second, and possibly third or additional calls. If you make more than three calls, use the 3rd call for all subsequent calls.

- **Unable to Contact letter sent to Veteran**—use this selection when a letter is sent to the Veteran indicating that the clinic has been trying to reach the Veteran to schedule an appointment. This comment may be used each time a letter is sent, if sent more than once.
 - **Letter Sent by Certified Mail**—in the case of high risk consults, business rules for the clinic or upon suggestion of the provider, it may be appropriate to send the Veteran a certified letter indicating that they have a potentially serious condition, and that the VA has been unsuccessful reaching them to provide care.
- **Additional results from scheduling attempt**
 - **Spoke with veteran/care giver**—this documents that you did in fact talk to the Veteran or their care giver.
 - **Veteran declined/refused – going to private provider outside VA Care** – the Veteran has indicated that they would rather use their private insurance and arrange care outside the VA at his/her own expense.
 - **Veteran declined/refused – does not want care** – this selection is used if the Veteran tells the scheduler they do not want to schedule the appointment. Depending on the business rules for the clinic, they may very well require review by a licensed practitioner before discontinuation.
 - **Veteran wants to call back to schedule**—this is when you do speak to the Veteran/care giver, but they don't want to make the appointment at that time, but indicate they'll call back to schedule. This is an example of a case where the Veteran was reached, but this would count as an unsuccessful attempt to schedule.
 - **Phone numbers disconnected or wrong number**—used when all the numbers listed for the Veteran are wrong (disconnected or you reach someone who doesn't know the Veteran). This should not be used unless you've confirmed that all numbers in the record are bad.
 - **No address on file, unable to send letter**—this would apply in the instance where a letter sent is returned by the post office, or in the case of homeless Veterans. The latter case may require extra effort with the Homeless Veterans Program to try to reach the Veteran.

Figure 18: Sched/Rescheduling Efforts Tab

Scheduler Options - Consult Toolbox version 1.9.0004

Calls and Letters | Sched/Rescheduling Efforts | Community Care Eligibility

Missed appointments (properly linked appointments in VistA will document no shows and cancellations)

(First cancel-by-patient or no-show counts as the first missed appointment. Subsequent cancel-by-patient or no-show counts as the second [or third+] missed appointment).

First Missed appointment (No Show)

First Missed appointment (Cancelled by patient)

Second missed appointment (If Veteran previously no-showed or cancelled)

Second Missed appointment (No Show)

Second Missed appointment (Cancelled by patient)

Third or more missed appointment (cancel by patient or no-show)

A failed scheduling effort occurs when calls and letters per VA policy have failed to result in a completed patient appointment or patient has exceeded the number of missed appointments allowed.

Refer to clinical reviewer for disposition after unsuccessful scheduling effort

[Visit VA Consult Help Site for additional consult management guidance.](#) View Consult History

OK

- **Missed appointments**
 - **First Missed appointment (No Show)** — missed appointment. It is important to track the missed appointment, as a Veteran who fails to keep appointments may be depriving other Veterans an opportunity to receive care.
 - **First Missed appointment (Cancelled by patient)**—this is cancelled-by-Veteran. It is important to track this missed appointment, as a Veteran who fails to keep appointments may be depriving other Veterans an opportunity to receive care.
- **Second missed appointment**
 - **Second Missed appointment (No Show)**—missed appointment. This should be recorded, and in addition, if the appointment has been pre-reviewed for discontinuation after two missed appointments, the consult should be discontinued in an additional step. If not pre-reviewed, then it should be referred to the provider for disposition.
 - **Second Missed appointment (Cancelled by patient)**—missed appointment. This should be recorded, and in addition, if the appointment has been pre-reviewed for discontinuation after two missed appointments, the consult should be discontinued in an additional step. If not pre-reviewed, then it should be referred to the provider for disposition.

- **Third or more missed appointment (cancel by patient or no-show)**—appointments that are missed either by cancel by Veteran or no-show are tracked here, without distinction.
- **Refer to clinical reviewer for disposition after unsuccessful scheduling effort**

Figure 19: Community Care Eligibility Tab

Scheduler Options - Consult Toolbox version 1.9.0004

Calls and Letters | Sched/Rescheduling Efforts | **Community Care Eligibility**

Spoke with veteran/care giver

Veteran Opt-OUT for Community Care

Veteran Opt-IN for Community Care (Reason required)

○ Service Not Available: VA facility does not provide the required service

○ Wait Time: VA appointment is greater than 30 days from CID

○ Distance: Veteran lives more than 40 miles from any VA facility with a FT PCP

○ Air, Boat, or Ferry

Unusual or excessive travel burden - type and explanation of UEXB required:

○ aa. Geographical challenges: explain

○ bb. Environmental factors: explain

○ cc. Medical condition that impacts the ability to travel: explain

○ dd. Other factors: explain

Explain:

Veteran instructed Contractor/Community Care will call them for scheduling

Veteran provided Community Care Fact Sheet

EWL Follow up

Follow up call made to veteran while on wait list to confirm wait list status

Veteran still desires care

[Visit VA Consult Help Site for additional consult management guidance.](#)

- **Spoke with veteran/ or care giver**—this documents that you did in fact talk to the Veteran or their care giver. Business rules do require speaking to the Veteran before placing them on the EWL or VCL.
- **Veteran Opt-OUT for Choice**—this documents that the Veteran opts out for Choice.
- **Veteran Opt-IN for Choice (Reason required)**—this documents that the Veteran opts in for Choice and the applicable reason(s).
 - **Service Not Available: VA facility does not provide the required service**
 - **Wait Time: VA appointment is greater than 30 days CID**
 - **Distance: Veteran lives more than 40 miles from any VA facility with a FT PCP**
 - **Air, Boat, or Ferry**
- **Unusual or Excessive travel burden (type and explanation of UEXB required):**
 - **aa. Geographical challenges: explain**
 - **bb. Environmental factors: explain**

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- cc. Medical condition that impacts the ability to travel: explain
- dd. Other factors: explain
- Explain:
- Veteran instructed Contractor/Community Care will call them for scheduling –
- Veteran provided Community Care Fact Sheet
- EWL Follow up section
 - Follow up call made to veteran while on wait list to confirm wait list status
 - Veteran still desires care

3.2.5. Add Comment: Community Care Functions

Figure 20: MSA Elig. Verification Tab

Community Care Comments - Consult Toolbox version 1.9.0004

MSA Elig. Verification | Consult Review | Authorization | DoD | MSA Pt Contacts | Appt Tracking | SAR/RFS | Consult Completion

Specific Eligibility Verified:

Presumed eligible, HEC Update Pending

Unable to Verify Eligibility

Staff must contact local enrollment and eligibility office before proceeding

Delegation of Authority Medical Services List Reviewed

Clinical review required Does not require clinical review

Document Administrative Screening

Previous Admin Care Coordination Level: not done
 Previous Clinical Care Coordination Level: not done
 Most Recent Assessment: none
 Clinical Triage: Need Undetermined

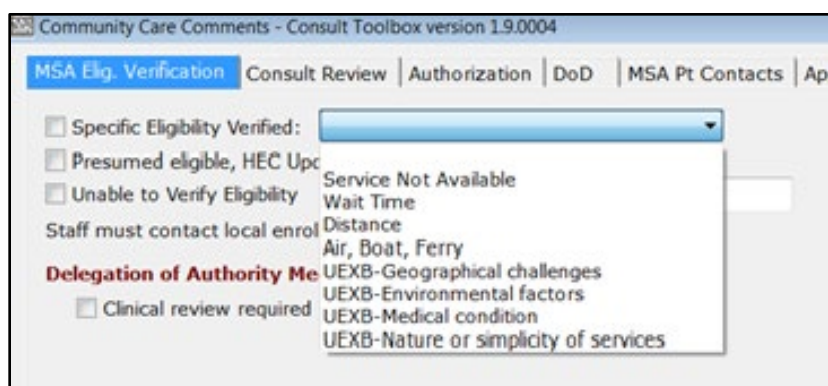
Admin Screening Care Coordination: Basic
 Clinical Triage: Not Required

[Visit VA Consult Help Site for additional consult management guidance.](#)

OK

- **Specific Eligibility Verified**—allows staff to further signify that the Veteran is eligible under one of the administrative eligibilities. This option allows the user to identify Choice eligibility. The drop-down offers the following options:

Figure 21: Specific Eligibility Verified Menu Options



- **Service Not Available**
- **Wait Time** – VA appointment is greater than 30 days Clinically Indicated Date (CID).
- **Distance** – Veteran lives more than 40 miles from any VA facility with a FT Primary Care Physician (PCP).
- **Air, Boat, Ferry**
- **UEXB — Geographical challenges**
- **UEXB — Environmental factors**
- **UEXB — Medical condition**
- **UEXB — Nature or simplicity of services**
- **Presumed eligible, HEC Update Pending** — This is typically appropriate when a new Veteran is being registered and all evidence indicates (e.g. a DD 214 form) that the person is indeed a Veteran, but the eligibility cannot be verified by the Health Eligibility Center’s (HEC) systems. This is an indication that the record requires action by the HEC before the consult can move forward.
- **Unable to Verify Eligibility** — Staff member should take steps to verify eligibility. Staff is unable to verify the person’s eligibility for VA care or Community Care. This allows documentation of that fact and alerts the staff to refer the case to the appropriate person for resolution. A comment is available for further clarification but is not mandatory.
- **Delegation of Authority Medical Services List Reviewed** section. — This allows staff to select if clinical review is required, by checking a box.
 - **Clinical review required**
 - **Does not require clinical review**
- **Document Administrative Screening**

Figure 22: Administrative Screening

Administrative Screening (for use by community care staff only)

Administrative Screening for Care Coordination and Case Management
Note, this is not for authorization.

Previous Care Coordination Level: Not determined

Are you a clinical staff member: No Yes

Urgency: is appointment needed within 48 hours: Yes No

If within 48 hrs, specify CAN score and forward for clinical triage.

Does the consult specify any of the following complex conditions or services?
None of the above

Does the consult specify any of the following basic services?
None of the above

CAN Score: 0 to 74 No CAN Score Available
 75 to 90 Over 90

CAN Score for: ZZDUMPTY,HUMPTY JR DOB: Jan 01,1945 XXX-XX-1111

CAN Score: Not found Risk Assessment Date: unavailable

Current Coord Level Assessment: Basic

Send for Scheduling

Clinical Triage: Not Required

Scheduling staff member you will alert:
 (you must remember to send CPRS alert to indicated staff)

Remember staff person for next referral

OK

Administrative Screening for Care Coordination and Case Management section:

- **Are you a clinical staff member: Yes or No**—the first question asks if you are a clinical staff member. This box will screen to see if clinical staff needs to review an alert, which wouldn't be needed if the user is a clinical staff person.
- **Urgency: is appointment needed within 48 hours**—if urgent care coordination is required, this should be forwarded immediately for clinical triage. (If within 48 hours, skip remaining questions and forward for clinical triage.)

- **Does the consult specify any of the following complex conditions or services?** — if the consult specifies any complex conditions or services, select one of the following options from the drop-down menu.
 - **New Cancer Diagnosis**
 - **Outpatient Surgery**
 - **Coronary Artery Bypass (CABG)**
 - **Chronic Heart Failure**
 - **Chronic Obstructive Pulmonary Disease/Pneumonia**
 - **Inpatient Hospitalization (any cause)**
 - **None of the above**

- **Does the consult specify any of the following basic services** — if the consult specifies basic services, select the applicable service from the drop-down menu.
 - **Routine Follow-up Therapeutics (Pre-scheduled services Dialysis, OT, PT, RT)**
 - **Routine Mammography**
 - **Cervical Ca Screening (PAP Test)**
 - **Complimentary and integrated medicine**
 - **Direct Scheduling**
 - **Routine Screening Colonoscopy**
 - **None of the above**

- **CAN Score** — CAN scores serve as an important component to the Screening/Triage process providing a standardized evidence-based measure of Veteran risk. CAN scores measure the probability of inpatient admission or death within a specified time period (1 year) in percentage form. To access a Veteran’s CAN score, the staff will be required to access VSSC. If CAN (Care Assessment Needs) Score is known, make the appropriate selection, or if not available, select **No CAN Score Available** from the following choices:
 - **0 to 74**
 - **75 to 90**
 - **Over 90**
 - **No CAN Score Available**

NOTE: *The 1.9.00x release of Toolbox will have the capability to automate the retrieval of a CAN Score for a patient from the CDW via the CAN Score service. If the CAN Score service is unavailable, manual entry of the CAN Score is enabled.*

- **Can Score for:** - Name of Veteran.
- **DOB:** - Veteran’s date of birth.
- **SSN:** - Veteran’s social security number.
- **Can Score:** - Veteran’s CAN Score.

- **Current Coord Level Assessment:** - If this is not **Basic**, a box will open to input the name of the clinical staff member responsible for completing the clinical triage portion of the tool. This is not shown for clinical staff.

NOTE: *This does not send the actual alert, the user is responsible for sending the alert using the **Send additional alerts** button on the comment screen:*

- **Clinical Triage:** - If the level of care coordination determined in the administrative screening section is not basic, the administrative staff member will alert a clinical care coordinator to complete the clinical triage section below. The clinical section consists of questions regarding the Veteran’s comorbidities, social factors, and need for assistance with Activities of Daily Living (ADLs). There is also a drop-down menu which the clinical care coordinator may fill out to override the results of the tool using clinical evidence-based judgment.

NOTE: *If clinical triage has already been performed, it will show. Also, if care coordination has already been assigned by Administrative screening (as in the example below) that will also show.*

- **Scheduling staff member you will alert:** - Name of the scheduling staff member.
- **Remember staff person for next referral:** - option that tells the Consult Toolbox to remember the selected scheduling staff person for the next referral.

Figure 23: Clinical Triage for Care Coordination

Clinical Triage for Care Coordination

Clinical Care Coordination Assignment
Current Admin Coordination Level: Basic

Veteran Comorbidities:
Based on your review of Veteran information and clinical judgment, will the Veteran require additional care coordination/support during this episode due to two or more comorbidities?
 No Yes

Psychosocial Factors:
Based on your review of Veteran information and clinical judgment, will the Veteran require additional care coordination/support during this episode due to any psychosocial factors? (e.g. Dementia, Depression, Homelessness, Lack of Caregiver Support)
 No Yes

Activities of Daily Life, or ADL support:
Based on your review of Veteran information and clinical judgment, does the Veteran require ADL support?
 No Yes

New Clinical Triage Coordination Level: Complex
Based on review of Veteran information and clinical judgment, the level of care coordination should be manually adjusted to:
Moderate

Reasons for manual adjustment of care coordination level:
No Family or Care Giver available
(enter a clinical reason for manually changing care coordination level)

Final Clinical Triage Coordination Level: Moderate

Name of scheduling staff member:
Scheduling Staff Member

Remember staff person for next referral

OK

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Clinical Care Coordination Assignment

The Screening/Triage tool will recommend a care coordination level once the following items are populated:

- **Veteran Comorbidities**—select yes or no if based on your review of Veteran information and clinical judgement if the Veteran will require additional care coordination/support during this episode of care due to two or more comorbidities.
- **Psychosocial Factors**—select yes or no if based on your review of the Veteran information and clinical judgement, if the Veteran will require additional care coordination/support during this episode of care due to any psychosocial factors (e.g. Dementia, Depression, Homelessness, Lack of Caregiver Support).
- **Activities of Daily Life, or ADL support:** —select yes or no if based on your review of Veteran information and clinical judgement, if the Veteran will require ADL support.
- **New Clinical Triage Coordination Level** — the tool will calculate a level of care coordination based on the answers in the administrative screening and clinical triage sections as displayed below:
- **Based on review of Veteran information and clinical judgement, the level of care coordination should be manually adjusted to:** - Based on clinical judgment, the clinical care coordinator may override the automated result. If manual adjustment is required for the level of care coordination, select the revised level in the drop-down menu along with the reason for adjustment in the textbox below.
 - **Basic**
 - **Moderate**
 - **Complex**
 - **Urgent**
- **Reasons for manual adjustment of care coordination level** — enter a clinical reason for manually changing care coordination level.
- **Final Clinical Triage Coordination Level:** - auto-populates based on the completion of clinical triage questions or manual override.
- **Name of scheduling staff member:** - Name of the scheduling staff member.
- **Remember staff person for next referral** – option that tells the Consult Toolbox to remember the selected staff person for the next referral.

Figure 24: Consult Review Tab

- **Community Care Clinical Review (for use by community care staff only)**
 - **Request Approved (Select CC Program)**— Optional field. Various Community Care programs can be selected but must be one of the listed in the drop-down menu.

Figure 25: Request Approved Options

NOTE: *If you are located in Alaska, Tribal will be an additional option in the **Request Approved (Select CC Program)** drop-down menu.*

- **Comment:**
- **Request disapproved (reason)** —reason request disapproved, enter other reason in the field or select an option from the **Opt** menu.

Figure 26: Request Disapproved Options

Community Care Clinical Review (for use by community care staff only)

Request Approved (Select CC Program):

Request Disapproved (reason):

Guideline Review Method:

Provider may authorize discontinuation after failure

- Not Medically Necessary
- Duplicate Consult
- Service available at the VA
- Other VA Providing Care
- Incomplete Information
- Not a Covered Service

- **Not Medically Necessary**
- **Duplicate Consult**
- **Service available at the VA**
- **Other VA Providing Care**
- **Incomplete Information**
- **Not a Covered Service**
- **Guideline Review Method:** various methods can be selected from the list, and an additional comment field is available.

Figure 27: Guideline Review Method Menu Options

Guideline Review Method:

Provider may authorize

May discontinue if Veteran

- MCG Guidelines
- InterQual Guidelines
- Chief of Staff approved Protocol

- **MCG Guidelines**
- **InterQual Guidelines**
- **Chief of Staff approved Protocol**
- **May discontinue if Veteran cancels/no-shows or fails to respond to mandated scheduling effort** — If the Provider authorizes discontinuation after failure of mandated scheduling effort without further clinical review.
 - **twice**
 - **once**
- **Scheduling to be performed by**
 - **VA Staff** — Scheduling to be performed by.
 - **TriWest** — Scheduling to be performed by.
 - **Community Care Contractor**— Scheduling to be performed by.
- **Document Clinical Triage**

Figure 28: Authorization Tab

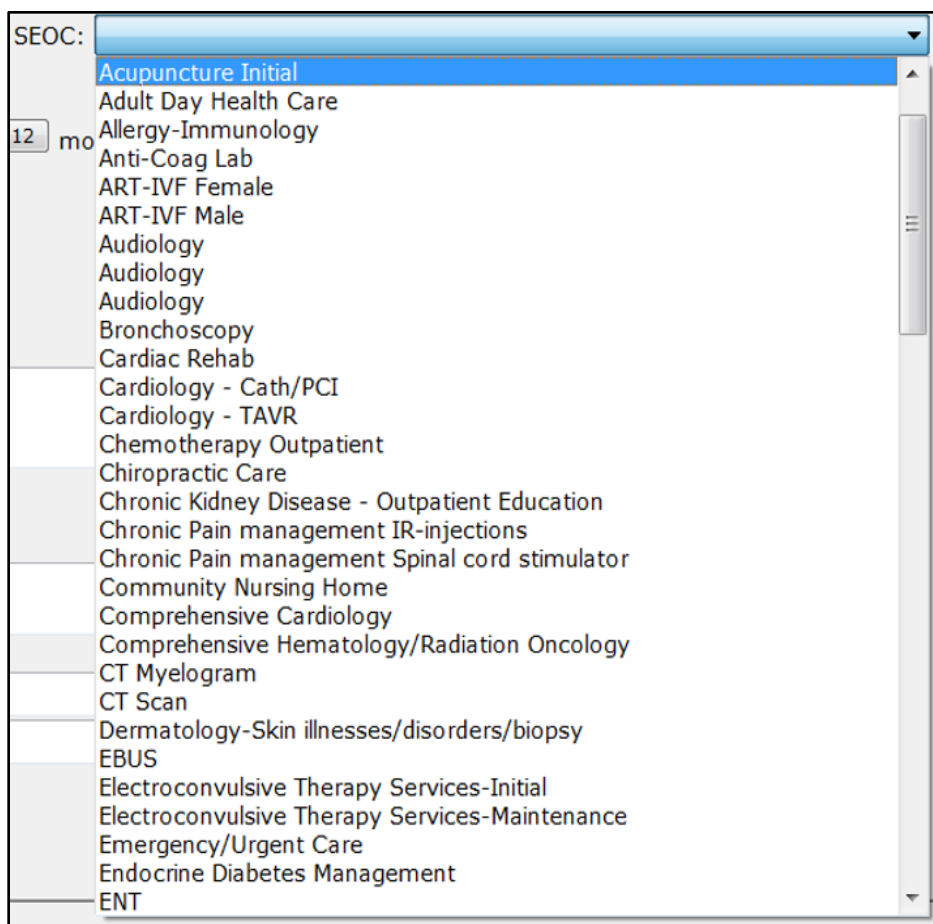
- **Service Line** – Group of Standardized Episode(s) of Care (SEOCs).

Figure 29: Service Line Menu Options

- **SEOC** — is a mandatory field, which can be used if necessary to select a SEOC for the Veteran from the active SEOCs in the SEOC database. To select a SEOC, the request must be approved on the **CC Consult Review** tab.

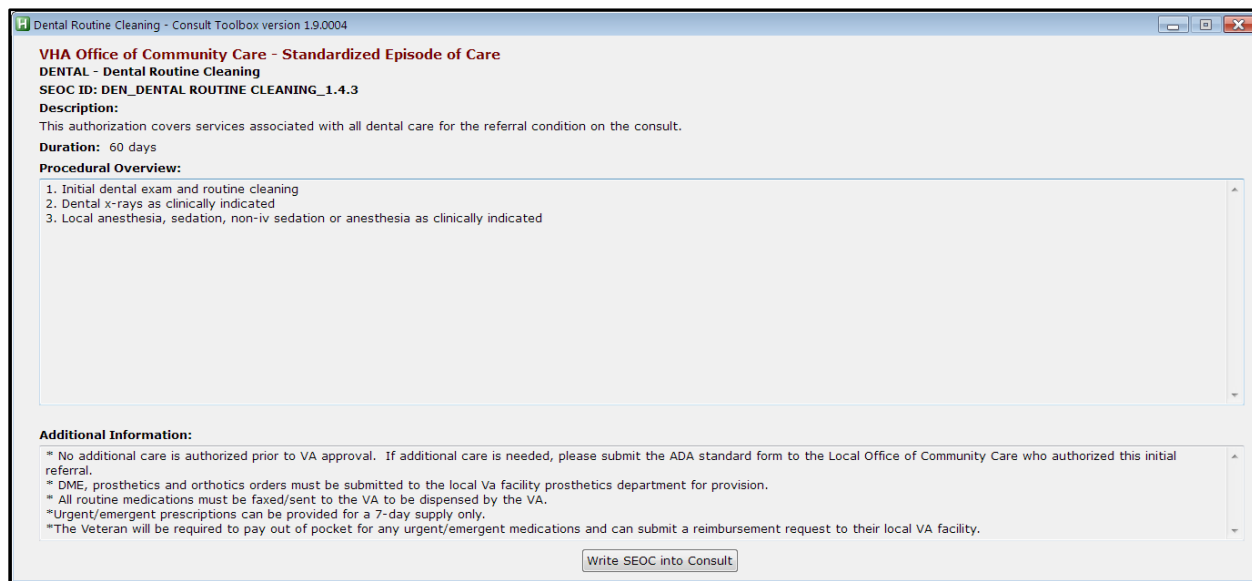
NOTE: *If SEOC database is unavailable the SEOC Database Unreachable Message displays. SEOCs previously downloaded will still be available on the **Authorization** tab. Contact the NSD if no SEOCs are available.*

Figure 30: SEOC Menu Options



- **Display SEOC** – Option that allows you to view the details of the selected SEOC.

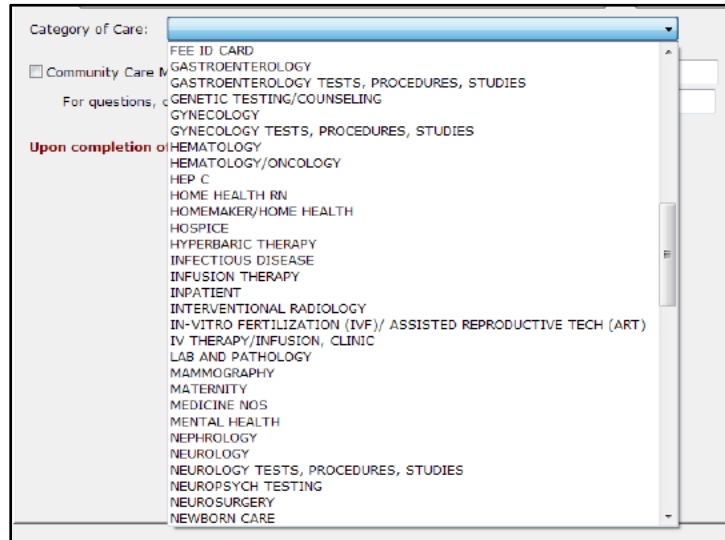
Figure 31: Display SEOC



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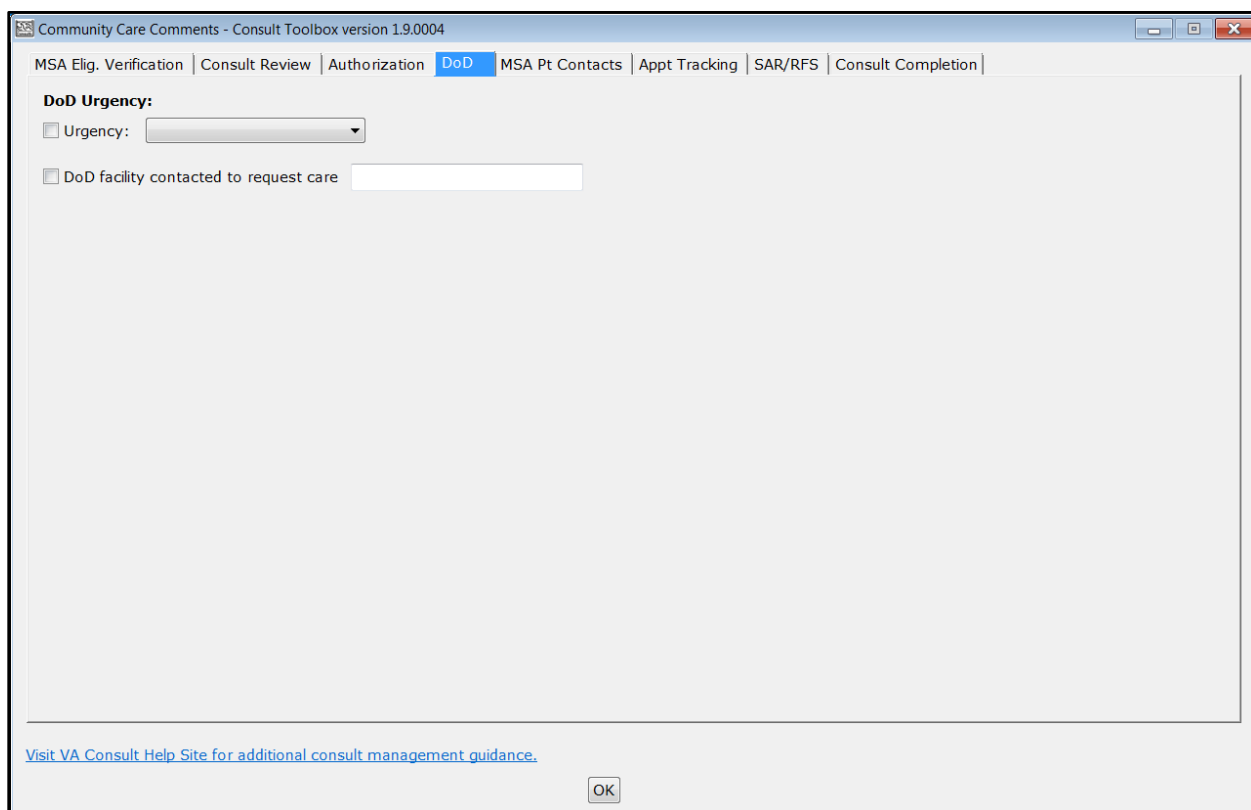
- **Category of Care** – drop-down menu. Select a Category of Care to associate it with the SEOC for cost estimation.

Figure 32: Category of Care Menu Options



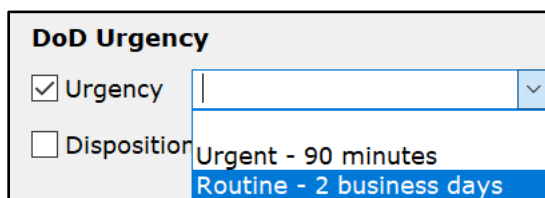
- **Community Care Manager** — typically referrals need to include the name of the Community Care manager, and a contact number. These can be inserted here. You must check the checkbox for this to be included.
 - **For questions, contact this number:** - Community Care manager contact phone number.
- **Upon completion of this section** — send to HSRM for referral.

Figure 33: DoD Tab



- **DoD Urgency** – Department of Defense Urgency
 - **Urgency**

Figure 34: DoD Urgency Menu Options



- **Urgent – 90 minutes**
- **Routine – 2 business days**
- **DoD facility contacted to request care** – Name of DoD facility contacted to request care.

Figure 35: MSA Pt Contacts

- **Unsuccessful attempts to schedule Veteran** — this allows recording first, second, and additional calls made to the Veteran to arrange care. Optionally, an annotation like “No Answer” can be added. Enter information regarding the attempt in the field or select an option from the **Opt** menu: **Mail**, **Left Voice Mail**, or **Left Message with Family**.
 - **First call to Veteran**
 - **Second call to Veteran**
 - **Third or additional call to Veteran**
 - **Unable to Contact letter sent to Veteran** — use this selection when a letter is sent to the Veteran indicating that the clinic has been trying to reach him/her to schedule an appointment. This comment may be used each time a letter is sent, if sent more than once.
 - **Letter Sent by Certified Mail**—this is an additional indication that the letter above was sent by certified mail. Note that the certified mail indicator should be used in conjunction with the unable to contact letter.
- **Additional Results from Attempt**
 - **All listed phone numbers disconnected or wrong number**—used when all the numbers listed for the Veteran are wrong (disconnected or you reach someone who doesn’t know the Veteran). This should not be used unless you have confirmed that all numbers in the record are bad.
 - **Address bad or No address on file, unable to contact by letter**—this would apply in the instance where a letter sent has been returned by the post office or in

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the case of homeless Veterans. The latter case may require extra effort with the Homeless Veterans' Program to try to reach the Veteran.

- **Veteran Contacted**
 - **Veteran Informed of eligibility, referral and approval**—this simply documents that the Veteran has been informed of choice eligibility.
- **Veteran's Participation Preference**
 - **Opt-In for Community Care**—documents Veteran has opted-in.
 - **Opt-Out for Community Care**—documents Veteran has opted-out for choice.
- **Mailing Address Confirmed**—indicates that the mailing address on file is correct. If not correct, MSA should correct the address, and then confirm that it is correct.
- **Verified Best Contact Number**—documents best number to contact this Veteran. In addition to the actual number, user may also note whether cell, home, or other number. Also, options to confirm existing numbers on file as the best number are provided. Enter the best contact number in the field or select an option from the **Opt** menu: **home number on file, cell number on file, or work number on file.**
- **OK to leave appt. details on voice mail**—documents that Veteran gives permission to leave appointment details on his/her voice mail.
- **OK to leave appt. details with:** —documents that Veteran gives permission to leave details of the appointment with another individual. Anything may be entered, or several options are provided if a specific family member is preferred. Enter the name of individual that the Veteran gives permission to leave details of the appointment with in the field or select an option from the **Opt** menu: **Spouse, Daughter, Son, Caregiver, or Family.**
- **Veteran contacted Community Care office**
 - **Contact Notes**
- **Provider Preference:**
 - **Pref. referral package Method:**
 - **Fax**
 - **HSRM Portal**
 - **Mail**
 - **Secure Email**
 - **Virtru Pro**
- **Veteran's Preferred Provider Information** — if the Veteran has a provider they would like to see, that can be recorded here. Use the lookup tool so the correct provider information (including NPI number) can be part of the record. This pulls data from the Department of Health and Human Services database, which is updated daily
 - **Veteran has a Preferred Provider:** Finding the preferred provider can be conducted using the **Lookup a Provider** option.

Figure 36: Search by Provider Tab

Veteran's Preferred Provider

Search by Provider Search by Institution

Provider Last Name, First Name, Specialty, City, State, or NPI may be used for NPI Searching

Prov. Last Name:

Prov. First Name:

Degree:

Provider Phone:

Provider Specialty:

Provider Street:

Provider City:

Provider State:

Provider Zip:

NPI ([look up](#)):

Suppress Provider Address (recommended)

(NPI database often doesn't contain address of care location)

Search NPI Database Clear/Start Over Accept Provider

- **Prov. Last Name:** - This field may be used for NPI searching.
- **Prov. First Name:** - This field may be used for NPI searching.
- **Degree:**
- **Provider Phone:**
- **Provider Specialty:** - This field may be used for NPI searching.
- **Provider Street:**
- **Provider City:** - This field may be used for NPI searching.
- **Provider State:** - This field may be used for NPI searching.
- **Provider Zip:**
- **NPI (look up):** - This field may be used for NPI searching.
- **Suppress Provider Address (recommended)**

Figure 37: Search by Institution Tab

Veteran's Preferred Provider

Search by Provider | Search by Institution

Institution Name, City, State, or NPI may be used for NPI Searching

Institution Name:

Institution Phone:

Institution Street:

Institution City:

Institution State: GA (GEORGIA) ▼

Institution Zip:

NPI (look up):

Suppress Institution Address

(NPI database often doesn't contain address of care location)

Search NPI Database | Clear/Start Over | Accept Provider

- **Institution Name:** - This field may be used for NPI searching.
- **Institution Phone:**
- **Institution Street:**
- **Institution City:** - This field may be used for NPI searching.
- **Institution State:** - This field may be used for NPI searching.
- **Institution Zip:**
- **NPI (look up):** - This field may be used for NPI searching.
- **Suppress Institution Address**
 - **Update record with above information**
 - **Veteran OK to see other than Pref. Provider** — if the Veteran has indicated a preferred provider, this documents whether they are willing so see someone else if there is no opportunity to see their preferred provider (provider not available or not willing to take Veteran).
- **Veteran's appt time preference:** this is an optional field that allows documentation of time of day preference. It can be "Any," "Morning," "Afternoon," or anything else you'd like to enter.
- **Veteran's day/date preference:** documents day of week or date Veteran would prefer the appointment. This is a free text field, though a CAL button is available to pick a specific date.

- **Veteran prefers to self schedule**
- **Pref. appt. Notification Method:** documents how the Veteran would like to be notified of appointment when scheduled. Options are
 - **Mail**
 - **Phone**
 - **Both by phone and mail**
 - **MHV Secure Message**
- **Willing to travel up to (miles):** documents Veteran’s willingness to travel said number of miles to see a provider.
- **Refer to clinical reviewer for disposition after unsuccessful scheduling effort** — after failing to schedule an appointment by making two calls, sending a letter, and waiting two weeks, this option refers the consult to a clinician to review and disposition. Business rules for certain low-risk consults may allow the scheduler to discontinue without clinician review, or in the case the provider previously reviewed the consult and determined that it may be discontinued after a failure to schedule after mandated effort, or multiple missed appointments.

Figure 38: Appt Tracking Tab

- **Provider requires records to review prior to scheduling** — records a situation where the potential Community Care provider requires records to be reviewed prior to accepting the referral.
- **Document Uploaded to TPA Portal** — allows Community Care staff to record when documentation for a Community Care referral has been uploaded to the TPA’s portal. Note, during the document upload process, the unique ID will also be included.

- **Follow up call made to provider/vendor to check on status**—documents a follow up call to vendor to check on referral status, such as in the case where records review was required.
- **Time sensitive appointment, NLT**—documents a no later than date for the appointment to be scheduled.
- **Community Care apt has been—scheduled or unscheduled.** This allows Community Care staff to flag the consult as having an appointment under Community Care.
 - **Appointment Date:** Records the appointment date. This is not required if a shadow appointment has been scheduled in VistA Scheduling. This is a free text entry field; however, a calendar widget is provided for easy date and time entry.

Figure 39: Appointment Date Calendar View

The screenshot shows a user interface for selecting an appointment date and time. At the top, there are fields for 'Appointment Date:' and 'Appointment Time:'. The time is set to 10:00 AM. Below this is a calendar view showing months from December 2017 to February 2018. The date 19 in December 2017 is highlighted in blue. Below the calendar, it says 'Today: 12/19/2017' and there is an 'OK' button.

- **Comment –**
- **Actual/Approved Provider Information** — The name of the actual provider with whom the Veteran has an appointment should be selected using the **Lookup a Provider** button, which works the exact same as the one on the MSA Pt Contacts tab. It may be different from the one the Veteran preferred if, for instance, the provider was unable to see Veteran, or was not participating as a VA community provider.
 - **Update record with above information**
 - **Available Community Care Facility & Provider Locator**
- **Veteran informed of scheduled appt. by**—Enter the method of notification for the scheduled appointment in the field or select an option from the **Opt** menu: **mail, phone, phone and mail, or MyHealthVet.**
- **Referral Authorization Packet Mailed to Veteran**—referral authorization packet mailed to Veteran
- **Returned from Community Care Provider:** — These data fields are used to indicate when a referral has been returned from Community Care Provider with the corresponding rationale.
 - **Referral Issues (select specific issue)**
 - **Duplicate**
 - **Non Covered Service** — Veteran referred to community provider for services that are not part of benefits package.

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- **Missing VA Data/Forms** — Missing or incomplete documentation required to appoint.
- **VA requested return of referral** — VA contacts contractor and requests return of referral.
- **Unable to review within contract standards** — Contractor was not able to review within the contract standard.
- **Non-Disclosure of OHI by Veteran** — Veteran acknowledges having OHI and fails to provide.
- **Unable to contact Veteran during Out Bound Call Process** — Could not appoint due to no contact from Veteran via call or letter.
- **Network Issues (select specific issue)**
 - **No Network Provider Available** — No network provider available for requested service(s). This does not include a Veteran requesting a specific provider.
 - **VA Requested Providers Outside of Network** — Non-contracted provider.
 - **Veteran Requested Specific Provider** — Veteran requested a specific provider for care that is not available on the PC3 network or by Choice provider agreement.
 - **Appointed with Incorrect Provider/Type of Care** — Appointed with incorrect provider or incorrect type of care.
 - **Already Appointed** — Care has been previously scheduled by the Veteran, VA or the Contractor.
- **Veteran Declined (select specific reason)**
 - **Veteran Declined Distance — Inside Commute Standard** — Network provider is in contractors' network and within the commute standards.
 - **Veteran Declined Distance — Outside Commute Standard** — Network provider is in contractors' network but provider is NOT within the commute standards.
 - **Veteran Declined Appt Time** — Veteran declined time for scheduled appointment.
 - **Veteran Declined Does Not Want Care** — Veteran declined request for care.
 - **Veteran Declined Use of PC3/Choice** — Veteran no longer wants to participate in the program.
- **Appointment Issues (select specific issue)**
 - **Veteran No-Show** — Veteran did not show up for scheduled appointment.
 - **Contractor Return – Unable to schedule within contract terms** — Care not scheduled within the contractual time and VA is requesting back due to time lapse.

- **VA Request Return – Care Already Scheduled by Contractor** — VA requested the authorization after Contractor scheduled care.
 - **Unable to contact Veteran Out Bound Call Process** — Could not appoint due to no contact from Veteran via call or letter.
 - **CCN Return Reasons (select specific issue)**
 - **No CCN Provider Available to Schedule Within Timeliness Standard**
 - **No CCN Providers Available to Schedule Within Drive Time Standard**
 - **Veteran Prefers CCN Provider Outside of Drive Time Standard**
 - **Veteran Willing to Accept CCN Provider Outside of Drive-Time Standard**
 - **Veteran Willing to Accept CCN Provider Outside of Timeliness Standard**
 - **Veteran Prefers Non-CCN Provider**
 - **Veteran Self-Schedules**
 - **Service Not Provided in CCN**
 - **Veteran Deceased or Incapacitated** — Authorization returned due Veteran deceased or incapacitated.
- **Disposition of returned referral:** - document the status of the referral
 - **Scheduled using Provider Agreement**
 - **In-house VA Appointment arranged**
 - **Forwarded to in-house service**
 - **Resubmitted new referral authorization to vendor**
 - **Scheduled using traditional Non-VA Care**
- **Missed Community Care Appointment, care still Active/Pending:** - document the reason for the missed appointment.
 - **Veteran was No-Show for community care appointment**
 - **Veteran Cancelled community care appointment (Cancel by Veteran)**
 - **Community Care Provider cancelled appointment (Cancel by clinic)**
- **Veteran declined/refused – using alternate source of payment**
- **Veteran declined/refused community care**
- **Refer to clinical reviewer for disposition after unsuccessful scheduling effort** — after failing to schedule an appointment by making two calls, sending a letter, and waiting two weeks, this option refers the consult to a clinician to review and disposition. Business rules for certain low-risk consults may allow the scheduler to discontinue without clinician review, or in the case the provider previously reviewed the consult and determined that it may be discontinued after a failure to schedule after mandated effort, or multiple missed appointments.

Figure 40: SAR/RFS Tab

Community Care Comments - Consult Toolbox version 1.9.0004

MSA Elig. Verification | Consult Review | Authorization | DoD | MSA Pt Contacts | Appt Tracking | **SAR/RFS** | Consult Completion

Secondary Authorization Request (SAR)/Request For Service (RFS)

SAR/RFS Urgency: **Opt**

SAR/RFS was entered into VistA Imaging

SAR/RFS Details of what was Requested:

Actions Taken

Request is Clinically Appropriate Additional Time: Additional Services Approved as req. above
 Service Available at VA

Details:

Request is not Clinically Appropriate Not a covered benefit Missing Documentation Reassessment by VA Provider Required
 Other reason Request is not Clinically Appropriate

Denial
Details:

[Visit VA Consult Help Site for additional consult management guidance.](#)

OK

- **Secondary Authorization Request (SAR)/Request for Service (RFS) section**
 - **SAR/RFS Urgency** — Insert the urgency for the secondary authorization request/request for service field or select an option from the **Opt** menu: **Routine**, **w/in 48 hours**, **w/in 1 week**, or **w/in 1 month**.
- **SAR/RFS was entered into VistA Imaging**
 - **Yes**
 - **No**
- **SAR/RFS Details of what was Requested:** - comment related to the SAR.
- **Actions Taken**
 - **Request is Clinically Appropriate** – note reasons by check boxes, or with detailed description.
 - **Additional Time:**
 - **Additional Services**
 - **Approved as req. above**
 - **Details**
 - **Request is not Clinically Appropriate** — note reasons by check boxes, or with detailed description.
 - **Not a covered benefit**
 - **Missing Documentation**

- **Reassessment by VA Provider Required**
- **Other reason**
- **Not Clinically Appropriate**
- **Denial Details:**

Figure 41: Consult Completion Tab

- **Completion Efforts**
 - **(1st) First attempt to get records** — documents first request for records for Community Care (this is a CBO required notation for all three attempts to get records).
 - **(2nd) Second attempt to get records** — documents second request for records for Community Care.
 - **(3rd) Third attempt to get records** — documents third request for records for Community Care.
 - **Records Received** — documents receipt of records pertinent to this consult. This is particularly useful in the case that those records cannot be uploaded to VistA Imaging immediately.

Figure 42: Records Received Menu Options

Completion Efforts

(1st) First attempt to get records

(2nd) Second attempt to get records

(3rd) Third attempt to get records

Records Received

No records after 3 a

Community Care appo

Refer to Clinical Care

- Paper Fax
- eFax
- Comm. Care Portal
- VHIE/VLER
- Virtru Pro Secure Email
- Other Secure Email
- US Mail
- EDI Claim Attachment
- Other

- **Paper Fax**
 - **eFax**
 - **Comm. Care Portal**
 - **VHIE/VLER**
 - **Virtru Pro Secure Email**
 - **Other Secure Email**
 - **US Mail**
 - **EDI Claim Attachment**
 - **Other**
- **No records after 3 attempts.** — documents that three attempts have been made to receive records. This makes the consult a candidate for administrative closure.
 - **Community Care appointment occurred (waiting for records)** – Enter information in the field or select an option from the **Opt** menu: **Per Veteran, awaiting records/confirmation, Per TPA Portal, awaiting records, or Per Provider, awaiting records.**
 - **Refer to Clinical Care Coordinator** — clinical review determines next steps after care when there are no records.

3.2.6. Add Comment: Clinical Review Options

Figure 43: Clinical Review Options

The screenshot shows a software window titled "Provider Options - Consult Toolbox version 1.9.0004". The main heading is "Clinical Review Options". Below this, there are several sections of options:

- Instructions for scheduling or rescheduling** (with a checkbox for "No Show Notation"):
 - Schedule/Reschedule Routine Appointment
 - Schedule/Reschedule w/in 1 mo (overbook OK)
 - Schedule/Reschedule w/in 2 wks (overbook OK)
 - Schedule/Reschedule w/in 1 wk (overbook OK)
 - Schedule/Reschedule, schedule on (overbook OK)
 - Schedule/Reschedule, see scheduling order for scheduling instructions
 - Established pt., please schedule then discontinue consult
- Urgent requests booked > 7 days require chart review and attestation that non-urgent scheduling is appropriate**
 - Currently scheduled appointment appropriate
- Additional comments and instructions**
 - This consult may be D/C'd after mandated scheduling effort
 - Scheduling plans discussed with ordering provider
- Consults may be marked "High Risk" for tracking and extra scheduling effort**
 - High Risk Consult--Extra scheduling effort warranted

At the bottom, there is a blue hyperlink: [Visit VA Consult Help Site for additional consult management guidance.](#) To the right of the link is a button labeled "View Consult History". At the very bottom center is an "OK" button.

- **Instructions for scheduling or rescheduling** — Providers reviewing consults need to comment when they review incomplete consults (this is different from when they review a consult to accept or receive it). This can occur after a no show, or if a consult has languished, or as the result of failed scheduling efforts. An urgent consult that isn't seen urgently must be reviewed to assure that either it wasn't urgent medically, or the delay is the fault of the Veteran. The workflow here is that a routine appointment follows the normal scheduling protocols. If the provider indicates the appointment should be scheduled within a certain time frame, then an overbook may be required. For the scheduler, he or she should first look for an open appointment within the designated time frame, using an available appointment if one is available. Only overbook if no appointment is available. For example, if the provider says within two weeks, and there is

an open appointment in 10 days, it would be inappropriate to overbook in six days when there is an open appointment available.

- **No Show Notation**
- **Schedule/Reschedule Routine Appointment**—this option is available here, but more likely would be used in the “Receive Consult” box described in more detail below.
- **Schedule/Reschedule w/in 1 mo (overbook OK)** —
- **Schedule/Reschedule w/in 2 wks (overbook OK)** —
- **Schedule/Reschedule w/in 1 wk (overbook OK)** —
- **Schedule/Reschedule, schedule on date (overbook OK)** —
- **Schedule/Reschedule, see scheduling order for scheduling instructions** —
- **Established pt., please schedule then discontinue consult** — the work flow here is important. It could be that something new has happened with the Veteran and the referring provider felt that an appointment was needed, or it could be that the referring provider didn’t realize the Veteran was already active with the clinic. If there is indeed something new going on with the Veteran, it would not be inappropriate to complete the consult as an e-consult, but in either case, the consult should result in a follow-up appointment. Typically, you’d select scheduling instructions above, and then instruct the scheduler to discontinue the consult once the follow up appointment has been scheduled.
- **Urgent requests booked > 7 days require chart review and attestation that non-urgent scheduling is appropriate.**
 - **Currently scheduled appointment appropriate**—this option is for STAT consults that are scheduled more than 7 days from the create date, but after clinical review, are felt to be appropriately timed. This step is extremely important for both STAT consults and those consults stop codes identified as Level 1 (“Important and Acute”) such as cardiology, radiology, oncology, etc. The VA is wanting to make sure that Veterans with high risk conditions receive timely care. Many consults in those high-risk specialties are for low risk problems, and this is how that is documented.
- **Additional comments and instructions**
 - **This consult may be D/C’d after mandated scheduling effort**—*this option would NOT typically be used*, as this is a comment, asking someone else to discontinue the consult in a separate step. It could be useful in the instance where a reviewer doesn’t have access to discontinue a consult.
 - **Scheduling plans discussed with ordering provider** – this selection is simply for the convenience of the reviewing provider to document the instance where they have discussed the case with the ordering provider. This allows them to easily document that conversation took place. It doesn’t have any significant ramifications with respect to consult processing.
- **Consults may be marked “High Risk” for tracking and extra scheduling effort**
 - **High Risk Consult –Extra scheduling effort warranted** — Consults may be flagged as high risk by the service line. Each service line should define what this

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means. There will be reportable separately, so they may be tracked with a higher level of scrutiny. Also, after a letter has been sent to Veteran, staff may continue to attempt to reach the Veteran by phone during the 14 days after the letter was sent. Document of additional attempts is required.

3.2.7. Significant Findings: Community Care Action Required

Figure 44: Significant Findings Update

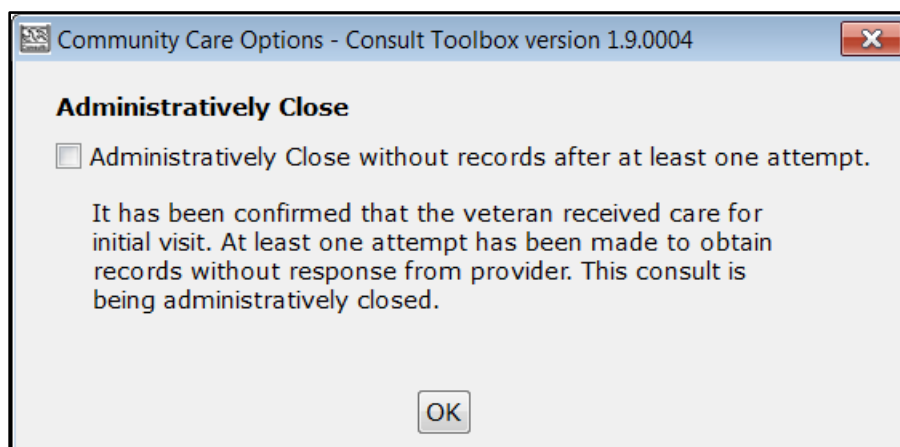
- **Significant Findings Update Notation**
 - **Records Received**
 - **Paper Fax**
 - **eFax**
 - **Comm. Care Portal**
 - **VHIE/VLER**
 - **Virtru Pro Secure Email**

- **Other Secure Email**
 - **US Mail**
 - **EDI Claim Attachment**
 - **Other**
- **Date of Appointment/Visit**
- **Provider Name**
- **Site/Facility Name**
- **Episode of Care for:**
 - **Diagnosis**
 - **Specialty:**
 - **Services Req.**
 - **Surgery/procedure complete?**
 - **N/A**
 - **Yes**
 - **No**
- **Follow up Actions required by referring provider:**
- **Is there an associated Secondary Authorization Request (SAR)?**
 - **Yes**
 - **No**
 - **Reason for SAR**
- **Providers: please review and complete, medical documentation in VistA Imaging.**
 - **Warm Handoff was discussed with:**

3.2.8. Administrative Closure

After one attempt to obtain records, a consult may be administratively closed. This will record that the consult was closed without records, which may be tracked.

Figure 45: Administratively Close



Administratively Close without records after at least one attempt. — It has been confirmed that the Veteran received care for initial visit. One attempt has been made to obtain records without response from provider. This consult is being administratively closed.

4. Using the Software

The Consult Toolbox provides user functionality in the following consult windows:

- **Receiving Consult Activities** — this can be configured to open automatically.
- **Discontinuing Consult** — this can be configured to open automatically.
- **Forwarding Consult to Community Care** – right-click in comment required, only for forwarding to community care.
- **Adding Comment to Consult** — this can be configured to open automatically.
- **Significant Findings** – right-click required, may be used when needing to convey a message to the ordering provider, though a progress note should also be present with more detail.
- **Administratively Close Consult** — right-click in comment required, only for instances where community care was completed, but records are unavailable.

NOTE: *For a list of Health Factors that are used in Consult Toolbox, please refer to Appendix A: Consult Factor Types and Definitions within this document.*

4.1. Receiving Consult Activities

Clinicians and/or delegated administrative staff receive View Alert in CPRS/ of VA order/consult notification. When a provider receives a pending consult, review should include determination of whether the consult is appropriate to be scheduled, and optionally, additional direction can be given to the scheduler.

The Receiving Consult Activities tab is used by any clinic in the VA facility that receives a consult. This clinic may be an internal VA clinic or a community care clinic.

To receive consult, follow the steps listed below:

1. From the **Action** menu, select **Consult Tracking...**, and then select **Receive**. The **Receive Routine Consult Options** window opens.

Figure 46: Receive Routine Consult Options Window

Receive Routine Consult Options

Accept consult, schedule routine appointment

Accept consult, schedule within 1 month, ok to overbook

Accept consult, schedule within 2 weeks, ok to overbook

Accept consult, schedule within 1 week, ok to overbook

Accept consult, schedule on , ok to overbook

Accept consult, see scheduling order for scheduling instructions

Established pt., please schedule then discontinue consult

If no appt. slot is available within 30 days:

Additional comments and instructions

This consult may be D/C'd after mandated scheduling effort

Scheduling plans discussed with ordering provider

Consults may be marked "High Risk" for tracking and extra scheduling effort

High Risk Consult--Extra scheduling effort warranted

Extra scheduling effort

For Schedulers who Receive Consults

First Call to Veteran (unsuccessful scheduling)

Unable to Contact Letter sent to Veteran

Letter Sent by Certified Mail

[Visit VA Consult Help Site for additional consult management guidance.](#)

- From the **Receive Routine Consult Options** section, select the consult option. **Accept consult, schedule routine appointment** is the default process. The appointment will be scheduled according to routine scheduling instructions. Routine scheduling means that the Veteran will be given the next open appointment. If that appointment is over 30 days, Veteran's Choice Program (VCP) will be an option available to the Veteran.

NOTE: *Subsequent radio buttons under the receive consult options provide guidance to keep the Veteran in-house and overbook.*

3. If the Veteran is an established patient, then select the **Established pt., please schedule then discontinue consult** check box.
4. If an appointment is not available for the Veteran within 30 days, select **Forward to Community Care Office** or **Discuss with clinical staff** from the **If no appt. slot is available within 30 days:** drop-down menu.
5. From the **Additional comments and instructions** section, select the options that best apply to this consult.
6. If the consult is high risk and needs to be tracked and extra scheduling efforts, select the **High Risk Consult-Extra scheduling effort warranted** check box from the **Consults should be marked “High Risk” for track and extra scheduling effort** section.
7. If the consult is high risk, from the **Extra scheduling effort** select the option that to specify what additional effort you would like. In addition to the selection of options, you may type in other instructions.
8. From the **For Schedulers Who Receives Consults:** section, select if a call was made to the Veteran or if a letter was sent was sent to the Veteran.
9. Select the **Letter Sent by Certified Mail** check box if a certified letter was sent to the Veteran.
10. Click **OK**.

4.2. Discontinuing Consult

When discontinuing a consult, a reason that meets central office criteria must be entered to document the reason for discontinuation. Right clicking the text area will bring up the list of approved reasons. Additional comments may be made as well. There are two tabs, one relates to in-house consults, and one for Community Care consults.

4.2.1. Discontinuing In-house Consult

1. From the **Action** menu, select **Consult Tracking...**, and then select **Discontinue**. The **Discontinue Consult Options** window opens.

Figure 47: Discontinue Consult Options

Discontinue Consult Options - Consult Toolbox version 1.9.0004

General Discontinuation Comments | Comm Care Discontinuation Comments

Discontinue consult requires one of the following reasons.

- Duplicate Request
- Veteran declined/refused-does not want the appointment
- Care is no longer needed
- Veteran does not meet eligibility requirements
- Veteran has expired
- Failed mandated scheduling effort. (Missed appts or no response to attempts to schedule.)
- Established patient, follow up appointment has been scheduled
- Entered/Requested in error
- Other Reason:

Other reason requires details or explanation back to sender.

[Visit VA Consult Help Site for additional consult management guidance.](#)

2. Select the **General Discontinuation Comments** tab.
3. From the **Discontinue consult requires one of the following reasons** section, select the reason why the consult is being discontinued.
4. Click **OK**.

4.2.2. Discontinuing Community Care Consult

1. From the **Action** menu, select **Consult Tracking...**, and then select **Discontinue**. The **Discontinue Consult Options** window opens.
2. Select the **Comm Care Discontinuation Comments** tab.

Figure 48: Comm Care Discontinuation Comments Tab

3. From the **Discontinuation related to Community Care** section, select the Community Care discontinuation reason.

	<p>CAUTION: <i>The care will be provided through a Community Care Consult option should be used with CAUTION. This is saying that this consult is being discontinued and a Community Care consult will be issued for this service. Typically, a consult should only be discontinued when a non-VA care appointment has been scheduled (See next option).</i></p>
--	--

NOTE: *This **The care will be provided through a Community Care Consult** option would be selected when an Interfacility Consult is sent from Site A to Site B, enabling Choice. The consult would then be discontinued by staff at Site B with instructions to order a Community Care consult at site A.*

NOTE: *The calendar widget contains a default date, so you must check the box to indicate that the date in the box is the appointment date for it to be recorded.*

4. Click **OK**.

4.3. Forwarding Consult

At present forwarding only supports forwarding to Community Care.

NOTE: *This tab will be used by staff in internal VA clinics if the Veteran has opted in to receive care in the community.*

To forward consult, follow the steps listed below:

1. From the **Action** menu, select **Consult Tracking...**, and then select **Forward**. The **Forward to Community Care Options** window opens.

Figure 49: Forward to Community Care Options Window

Forward to Community Care Options - Consult Toolbox version 1.9.0004

Forward to Community Care Options

Veteran Opt-IN for Community Care (Reason required)

Appointment greater than wait time standards

Procedure scheduled greater than 30 days from PID

VA facility does not provide the required service

Unusual or Excessive travel burden: (type and explanation of UEXB required)

Geographical challenges

Environmental factors

Medical condition

Nature or simplicity of service (UEXB)

Explain UEXB:

Veteran instructed Contractor/Community Care will call them for scheduling

Veteran provided Community Care Fact Sheet

[Visit VA Consult Help Site for additional consult management guidance.](#)

OK

2. From the **Forward to Community Care Options** section, select the appropriate Community Care options.
3. Click **OK**.

4.4. Adding Comment to Consult

There are many activities that can take place that should be documented in the medical record, as this is the official Veteran record, and needs to be tracked. The Consult Toolbox makes this quick and easy. The activities are divided into four user groups, and then from the group, specific activities can be documented. The four groups are:

- Scheduler Functions
- Community Care Functions
- Clinical Review Options
- Launch DST

4.4.1. Scheduling Functions

The Scheduler Options window documents Consult Management for In-House Schedulers. The In-House Schedulers can document activity in three tabs:

- Calls and Letters
- Sched/Rescheduling Efforts
- Community Care Eligibility

4.4.1.1. Scheduling Calls and Letters

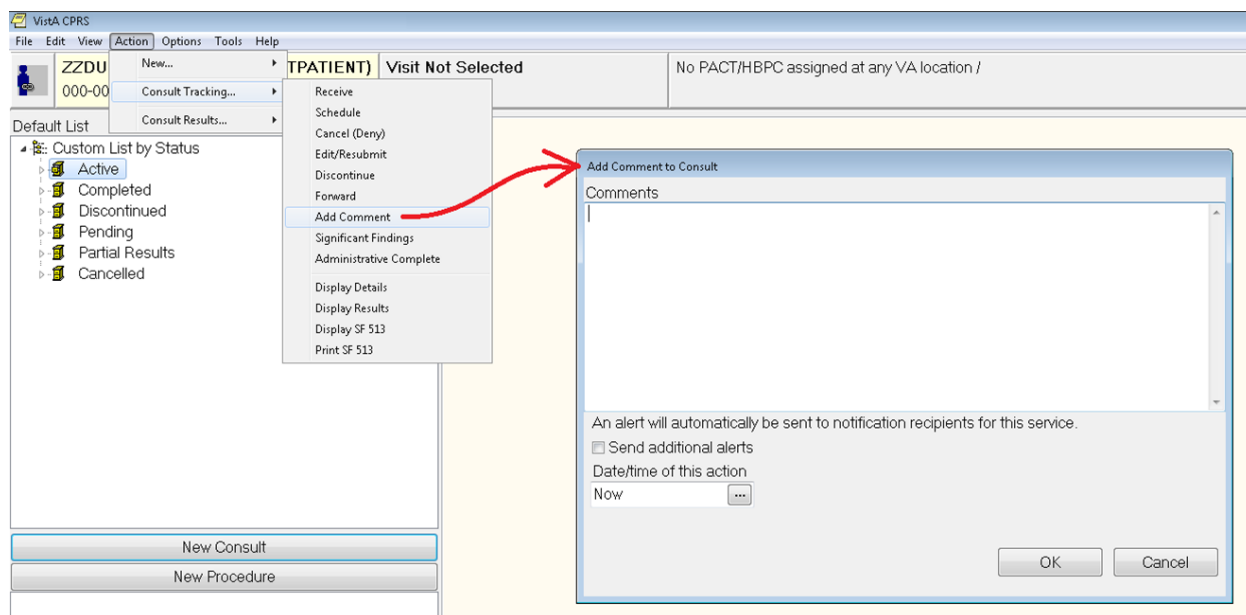
It is important to note that if a call results in a successfully scheduled appointment, these comments are not required. When an appointment is scheduled, it should be linked to the consult which will, in turn, annotate the consult and change the status to “Scheduled.”

The comments are intended for documentation of scheduling effort when there has not been an appointment scheduled, so that unsuccessful calls to the Veteran may be documented. In those cases, it should be recorded that the Veteran was called, and the attempt was unsuccessful. This includes the case where the Veteran is contacted, but they didn’t want to schedule the appointment at that time.

To schedule calls and letters, follow the steps listed below:

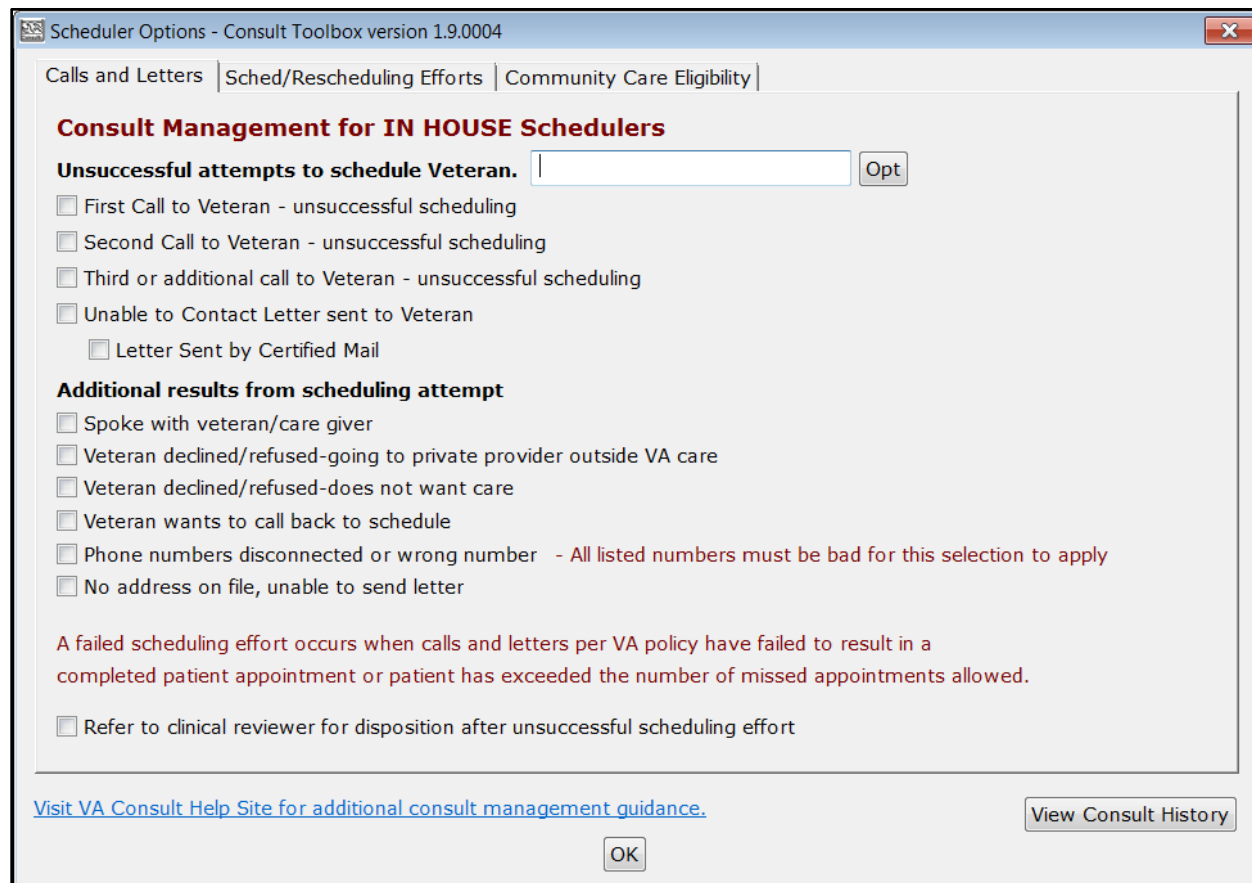
1. From the **Action** menu, select **Add Comment**. The **Add Comment to Consult** dialog box displays.

Figure 50: Add Comment to Consult Dialog Box



2. In the **Comments** field, right-click and then select **Scheduler Functions**. The **Scheduler Options** window opens with the **Calls and Letters** tab displayed.

Figure 51: Calls and Letters Tab



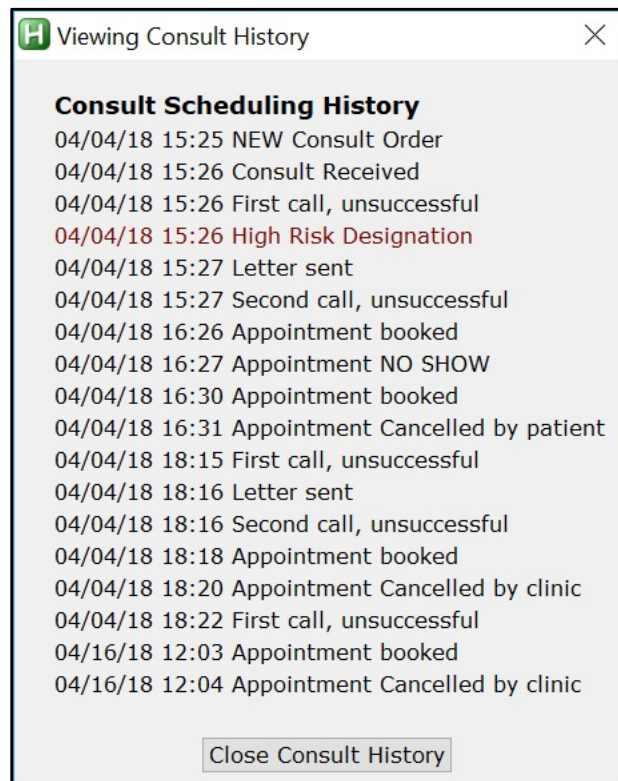
Authorized Use Only

3. In the **Unsuccessful attempts to schedule Veteran** field enter the information or select the best option from the **Opt** menu.
4. From the **Unsuccessful attempts to schedule Veteran** section, select if a first, second, or subsequent call to Veteran check box.
5. Select the **Unable to Contact Letter sent to Veteran** check box if you were unable to reach the Veteran and sent a letter.
6. Select the **Letter Sent by Certified Mail** check box if you sent a certified letter.
7. From the **Additional results from scheduling attempt**, select the options you may wish to record to better document efforts. Not all clinics will have a need for all options.
8. If a scheduling effort fails after attempting to schedule an appointment by making two calls, sending a letter, and waiting two weeks, select the **Refer to clinical reviewer for disposition after unsuccessful scheduling effort** check box.

NOTE: *Business rules for certain low-risk consults may allow the scheduler to discontinue without clinician review, or in the case the provider previously reviewed the consult and determined that it may be discontinued after a failure to schedule after mandated effort or multiple missed appointments.*

9. Click **View Consult History**. The **Viewing Consult History** dialog box displays.

Figure 52: Viewing Consult History



10. Click **Close Consult History**.
11. Click **OK**.

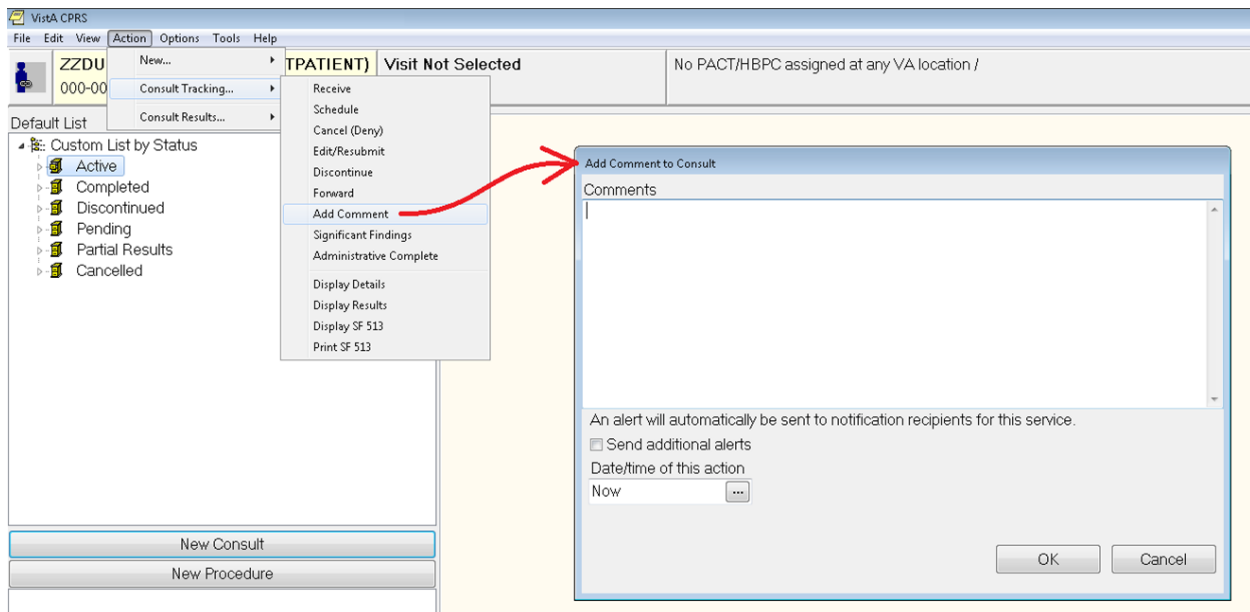
4.4.1.2. Scheduling and Rescheduling Efforts

Within this tab, these data fields track the number of missed appointments and/or the reason Veteran did not want appointment to be scheduled. It is important for in-house Schedulers to document these data fields to eliminate wait lists and decrease wait times for Veterans in need of care. Additionally, by documenting Veteran's usage of private insurance and preference to seek care outside of the VA at their own expense, VA staff can track the utilization of VA benefits. **IMPORTANT:** appointments scheduled in VistA Scheduling and properly linked to an appointment will automatically update the consult, with both scheduling appointments and also when appointments are cancelled or the Veteran no-shows. **In those cases, there is no need to document missed appointments with the Toolbox.** First cancel-by-Veteran or no-show counts as a first missed appointment. Subsequent cancel-by Veteran or no-show counts as the second (or third+) missed appointment.

To schedule and rescheduling efforts, follow the steps listed below:

1. From the **Action** menu, select **Add Comment**. The **Add Comment to Consult** dialog box displays.

Figure 53: Add Comment to Consult Dialog Box



2. In the **Comments** field, right-click and then select **Scheduler Functions**. The **Scheduler Options** window opens with the **Calls and Letters** tab displayed.

Figure 54: Calls and Letters Tab

Scheduler Options - Consult Toolbox version 1.9.0004

Calls and Letters | Sched/Rescheduling Efforts | Community Care Eligibility

Consult Management for IN HOUSE Schedulers

Unsuccessful attempts to schedule Veteran. Opt

- First Call to Veteran - unsuccessful scheduling
- Second Call to Veteran - unsuccessful scheduling
- Third or additional call to Veteran - unsuccessful scheduling
- Unable to Contact Letter sent to Veteran
 - Letter Sent by Certified Mail

Additional results from scheduling attempt

- Spoke with veteran/care giver
- Veteran declined/refused-going to private provider outside VA care
- Veteran declined/refused-does not want care
- Veteran wants to call back to schedule
- Phone numbers disconnected or wrong number - All listed numbers must be bad for this selection to apply
- No address on file, unable to send letter

A failed scheduling effort occurs when calls and letters per VA policy have failed to result in a completed patient appointment or patient has exceeded the number of missed appointments allowed.

- Refer to clinical reviewer for disposition after unsuccessful scheduling effort

[Visit VA Consult Help Site for additional consult management guidance.](#) View Consult History

OK

3. Select the **Sched/Rescheduling Efforts** tab.

Figure 55: Sched/Rescheduling Efforts Tab

Scheduler Options - Consult Toolbox version 1.9.0004

Calls and Letters | Sched/Rescheduling Efforts | Community Care Eligibility

Missed appointments (properly linked appointments in VistA will document no shows and cancellations)
(First cancel-by-patient or no-show counts as the first missed appointment. Subsequent cancel-by-patient or no-show counts as the second [or third+] missed appointment).

First Missed appointment (No Show)
 First Missed appointment (Cancelled by patient)

Second missed appointment (If Veteran previously no-showed or cancelled)

Second Missed appointment (No Show)
 Second Missed appointment (Cancelled by patient)
 Third or more missed appointment (cancel by patient or no-show)

A failed scheduling effort occurs when calls and letters per VA policy have failed to result in a completed patient appointment or patient has exceeded the number of missed appointments allowed.

Refer to clinical reviewer for disposition after unsuccessful scheduling effort

[Visit VA Consult Help Site for additional consult management guidance.](#) View Consult History

OK

4. From the **Missed appointments (properly linked appointments in VistA will document no shows and cancellations)** section, select the best option.
5. From the **Second missed appointment (If Veteran previously no-showed or cancelled)** section, select the best option.
6. If a scheduling effort fails after attempting to schedule an appointment by making two calls, sending a letter, and waiting two weeks, select the **Refer to clinical reviewer for disposition after unsuccessful scheduling effort** checkbox.

NOTE: *Business rules for certain low-risk consults may allow the scheduler to discontinue without clinician review, or in the case the provider previously reviewed the consult and determined that it may be discontinued after a failure to schedule after mandated effort or multiple missed appointments.*

7. Click **OK**.

4.4.1.3. Community Care Eligibility

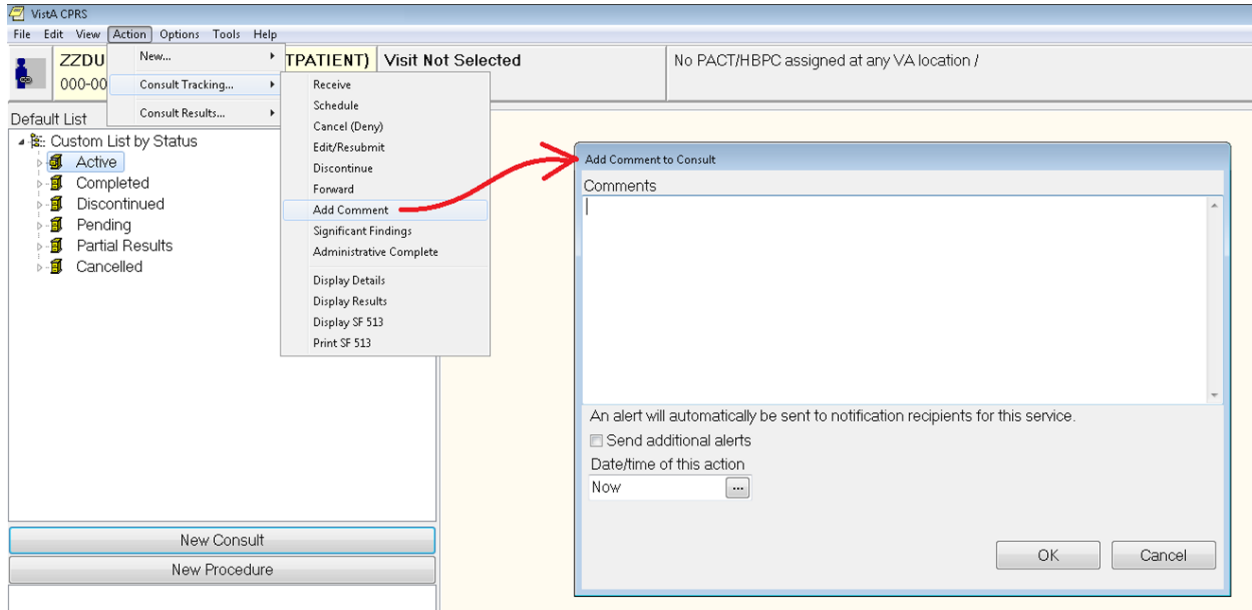
This data field documents a Veteran's decision to opt-in or out of the Veteran's Choice Program (VCP) if there is insufficient access within a VA clinic.

NOTE: *With the transition to single booking business processes, a Veteran will be added to the COMMUNITY CARE only when he or she opts in to the VCP. Refer to Scheduling Directive.*

To schedule and rescheduling efforts, follow the steps listed below:

1. From the **Action** menu, select **Add Comment**. The **Add Comment to Consult** dialog box displays.

Figure 56: Add Comment to Consult Dialog Box



2. In the **Comments** field, right-click and then select **Scheduler Functions**. The **Scheduler Options** window opens with the **Calls and Letters** tab displayed.

Figure 57: Calls and Letters Tab

Scheduler Options - Consult Toolbox version 1.9.0004

Calls and Letters | Sched/Rescheduling Efforts | Community Care Eligibility

Consult Management for IN HOUSE Schedulers

Unsuccessful attempts to schedule Veteran. Opt

- First Call to Veteran - unsuccessful scheduling
- Second Call to Veteran - unsuccessful scheduling
- Third or additional call to Veteran - unsuccessful scheduling
- Unable to Contact Letter sent to Veteran
 - Letter Sent by Certified Mail

Additional results from scheduling attempt

- Spoke with veteran/care giver
- Veteran declined/refused-going to private provider outside VA care
- Veteran declined/refused-does not want care
- Veteran wants to call back to schedule
- Phone numbers disconnected or wrong number - All listed numbers must be bad for this selection to apply
- No address on file, unable to send letter

A failed scheduling effort occurs when calls and letters per VA policy have failed to result in a completed patient appointment or patient has exceeded the number of missed appointments allowed.

- Refer to clinical reviewer for disposition after unsuccessful scheduling effort

[Visit VA Consult Help Site for additional consult management guidance.](#) View Consult History

OK

3. Select the **Community Care Eligibility** tab.

Figure 58: Community Care Eligibility Tab

Scheduler Options - Consult Toolbox version 1.9.0004

Calls and Letters | Sched/Rescheduling Efforts | **Community Care Eligibility**

Spoke with veteran/care giver

Veteran Opt-OUT for Community Care

Veteran Opt-IN for Community Care (Reason required)

Service Not Available: VA facility does not provide the required service

Wait Time: VA appointment is greater than 30 days from CID

Distance: Veteran lives more than 40 miles from any VA facility with a FT PCP

Air, Boat, or Ferry

Unusual or excessive travel burden - type and explanation of UEXB required:

aa. Geographical challenges: explain

bb. Environmental factors: explain

cc. Medical condition that impacts the ability to travel: explain

dd. Other factors: explain

Explain:

Veteran instructed Contractor/Community Care will call them for scheduling

Veteran provided Community Care Fact Sheet

EWL Follow up

Follow up call made to veteran while on wait list to confirm wait list status

Veteran still desires care

[Visit VA Consult Help Site for additional consult management guidance.](#)

4. Select the **Spoke with veteran/care giver**, **Veteran Opt-OUT for Community Care**, **Veteran Opt-IN for Community Care (Reason required)**, **Veteran instructed Contractor/Community Care will call them for scheduling**, or **Veteran provided Community Care Fact Sheet** check box.
5. If the Veteran opted in for Community Care, select the reason from the options listed.
6. If the Veteran faces an unusual or excessive travel burden, select the option from the list and enter an explanation in the **Explain:** field.
7. From the **EWL Follow up** section, select the options to document a follow-up to a Veteran while on the wait list.
8. Click **OK**.

4.4.2. Community Care Functions

Community Care functions document activities that have taken place with the Veterans Choice or other Community Care programs that are provided by the VA.

When compiling pertinent medical documentation for upload to the TPA Portal, it is highly recommended that the Referral Documentation Tool (REFDOC) be used. REFDOC is an innovative solution that extracts from the Veteran's electronic medical record and records into PDF format for exchange with community care providers. REFDOC improves the timeliness of medical record transfers by allowing VA staff to quickly extract Veterans' health information

from Veterans Health Information Systems and Technology Architecture (VistA), Computerized Patient Record System (CPRS), and Corporate Data Warehouse (CDW) and compile it into a PDF package that can be easily shared with community providers.

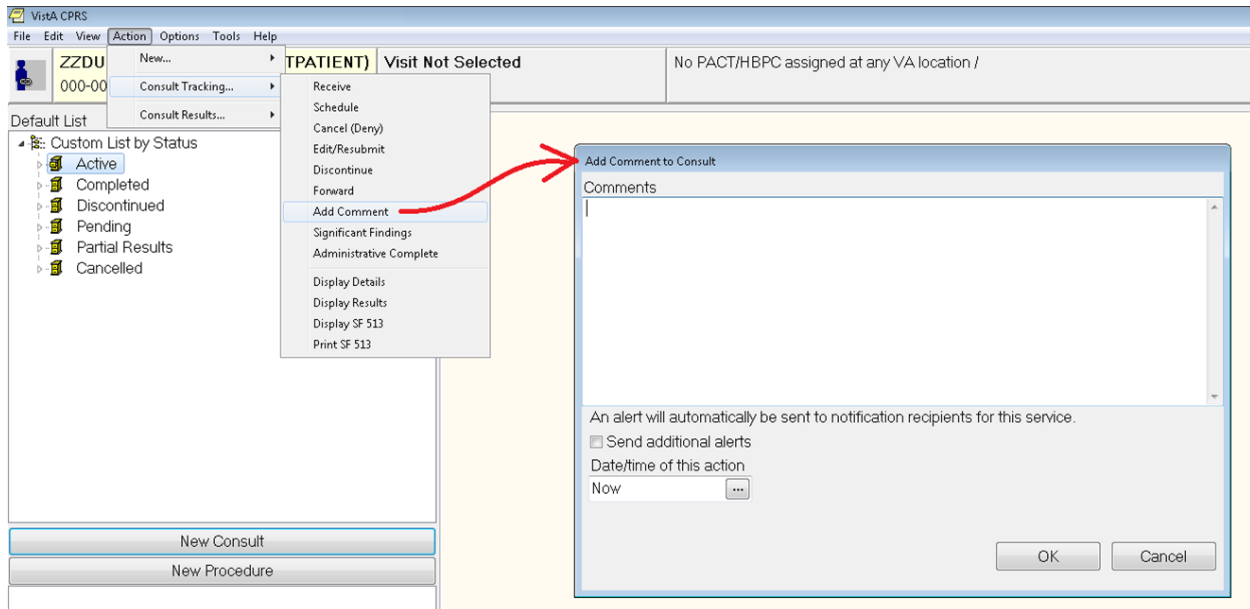
When sending medical documents directly to the community provider, the use of Virtru Pro is recommended. Virtru Pro is an innovative solution that provides VA a secure method of exchanging information with community providers using encrypted e-mail. It is one of many innovative solutions VA is implementing to enhance care coordination for Veterans and to become a better partner for community providers. For more information on REFDOC and Virtru Pro, visit the [VHA CC Solutions Site](#).

4.4.2.1. MSA Eligibility Verification

To set the Community Care MSA Eligibility Verification options, follow the steps listed below:

1. From the **Action** menu, select **Add Comment**. The **Add Comment to Consult** dialog box displays.


Figure 59: Add Comment to Consult Dialog Box



2. In the **Comments** field, right-click and then select **Community Care Functions**. The **Community Care Functions** window opens with the **MSA Elig. Verification** tab displayed.

Figure 60: MSA Elig. Verification Tab

3. Select the **Specific Eligibility Verified**, **Presumed eligible, HEC Update Pending**, or **Unable to Verify Eligibility** check box that best describes the Community Care MSA eligibility verification.

	<p>CAUTION: Staff must contact local enrollment and eligibility office before proceeding.</p>
---	--

4. Once you have contacted local enrollment and eligibility, select the best option from the **Delegation of Authority Medical Services List Reviewed** section.

NOTE: Information under Document Administrative Screening is populated and provides care coordination information about this Veteran. Additional details are in Community Care Document Administrative Screening and Clinical Triage tool section.

5. Click **OK**.

4.4.2.1.1. Community Care (CC) Document Administrative Screening

The Screening/Triage tool enables staff to assess the Veteran’s care coordination needs in the community. The tool consists of an administrative screening and clinical triage sections. While the administrative section may be completed by any integrated team staff member (MSA/PSA, Social Worker, RN), the clinical section may be only completed by clinical staff. The administrative section consists of questions about the urgency of the Veteran’s care request, the requested services in the consult, and the corresponding Veteran CAN (Care Assessment Need)

score, accessible through VHA Support Service Center (VSSC). Based on the answers in this section, the tool will determine whether a clinical assessment will be necessary. If so, the tool will prompt the user to input the name of the RN responsible for completing the clinical section and send an alert.

Figure 61: MSA Elig. Verification Tab: Document Administrative Screening Section

Community Care Comments - Consult Toolbox version 1.9.0004

MSA Elig. Verification | Consult Review | Authorization | DoD | MSA Pt Contacts | Appt Tracking | SAR/RFS | Consult Completion

Specific Eligibility Verified:

Presumed eligible, HEC Update Pending

Unable to Verify Eligibility

Staff must contact local enrollment and eligibility office before proceeding

Delegation of Authority Medical Services List Reviewed

Clinical review required Does not require clinical review

Document Administrative Screening

Previous Admin Care Coordination Level: not done
Previous Clinical Care Coordination Level: not done
Most Recent Assessment: none
Clinical Triage: Need Undetermined

Admin Screening Care Coordination: Basic
Clinical Triage: Not Required

[Visit VA Consult Help Site for additional consult management guidance.](#)

OK

1. From the **MSA Elig. Verification** tab, click **Document Administrative Screening**. The **Administrative Screening (for use by community care staff only)** window opens.

Figure 62: Administrative Screening (for use by community care staff only) Window

Administrative Screening for Care Coordination and Case Management
Note, this is not for authorization.

Previous Care Coordination Level: Not determined

Are you a clinical staff member: No Yes

Urgency: is appointment needed within 48 hours: Yes No

If within 48 hrs, specify CAN score and forward for clinical triage.

Does the consult specify any of the following complex conditions or services?
None of the above

Does the consult specify any of the following basic services?
None of the above

CAN Score: 0 to 74 No CAN Score Available
 75 to 90 Over 90

CAN Score for: ZZDUMPTY,HUMPTY JR DOB: Jan 01,1945 XXX-XX-1111

CAN Score: Not found Risk Assessment Date: unavailable

Current Coord Level Assessment: Basic

Send for Scheduling

Clinical Triage: Not Required

Scheduling staff member you will alert:
 (you must remember to send CPRS alert to indicated staff)

Remember staff person for next referral

OK

NOTE: *If clinical review has already been performed, it will show. If administrative screening has been performed on this consult previously, it will be indicated as such in the administrative screening section.*

2. Select the **Yes** or **No** radio button for the **From the Are you a clinical staff member** question.
3. Select the **Yes** or **No** radio button if there is an urgency to have an appointment in the next 48 hours.

4. From the **Does the consult specify any of the following complex conditions or services?** drop-down menu, select if the consult specifies any complex conditions or services.

NOTE: *Either a complex or basic service may be selected from the drop-down menus but not both, if both are selected the first selection will be reset to “None of the above”.*

5. From the **Does the consult specify any of the following basic services?** drop-down menu, select the applicable service.
6. From the **CAN Score** section, select appropriate selection with regards to the CAN Score.
7. If the **Current Coord Level Assessment** is not **Basic**, input the name of the clinical staff member responsible for completing the clinical triage portion of the tool in the **Name of scheduling staff member you will alert:** field. This is not shown for clinical staff.

Figure 63: Scheduling staff member you will alert: Field

Send for Scheduling
Clinical Triage: Not Required

Scheduling staff member you will alert:
 (you must remember to send CPRS alert to indicated staff)

Remember staff person for next referral

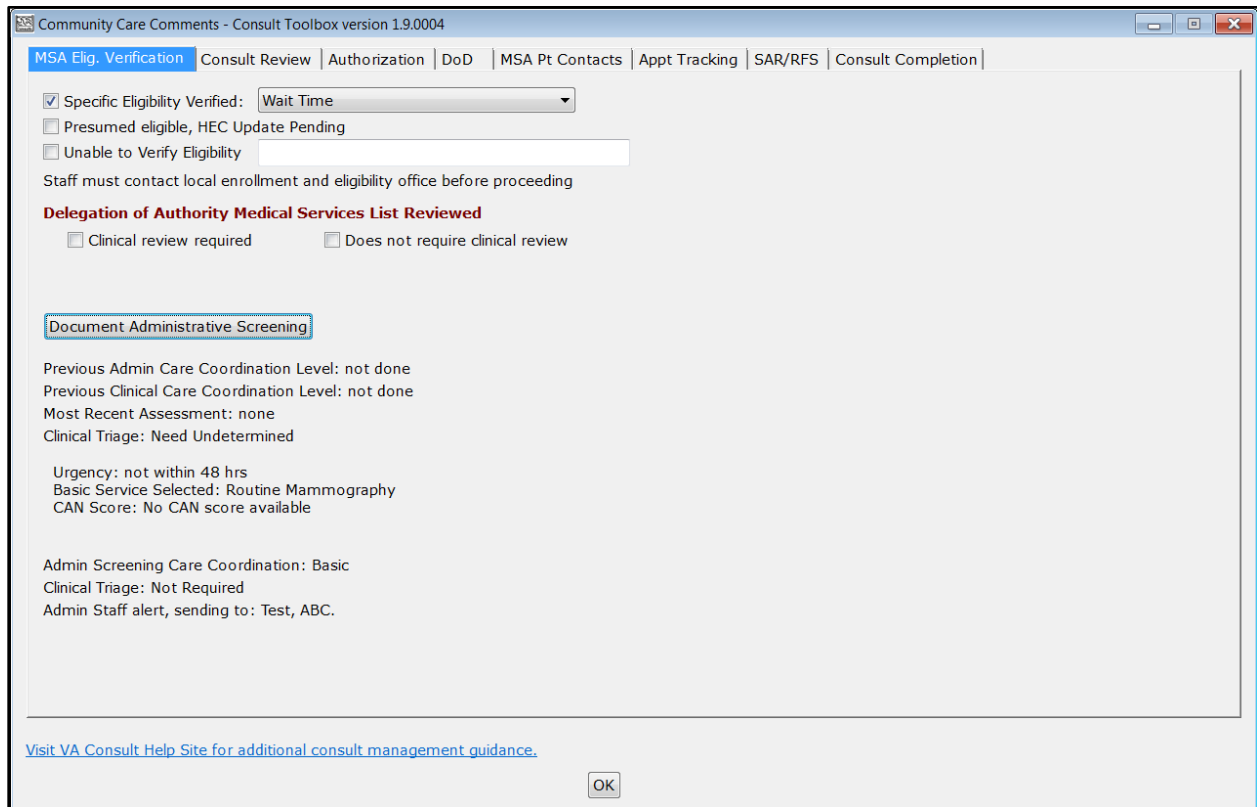
OK

8. Select the **Remember staff person for next referral** check box if you would like Consult Toolbox to remember your selection for the next referral.

NOTE: *This does not send the actual alert, the user is responsible for sending the alert using the **Send additional alerts** button on the comment screen:*

9. Click **OK**. The Document Administrative Screening information will populate on the **MSA Elig. Verification** tab.

Figure 64: Document Administrative Screening Populated

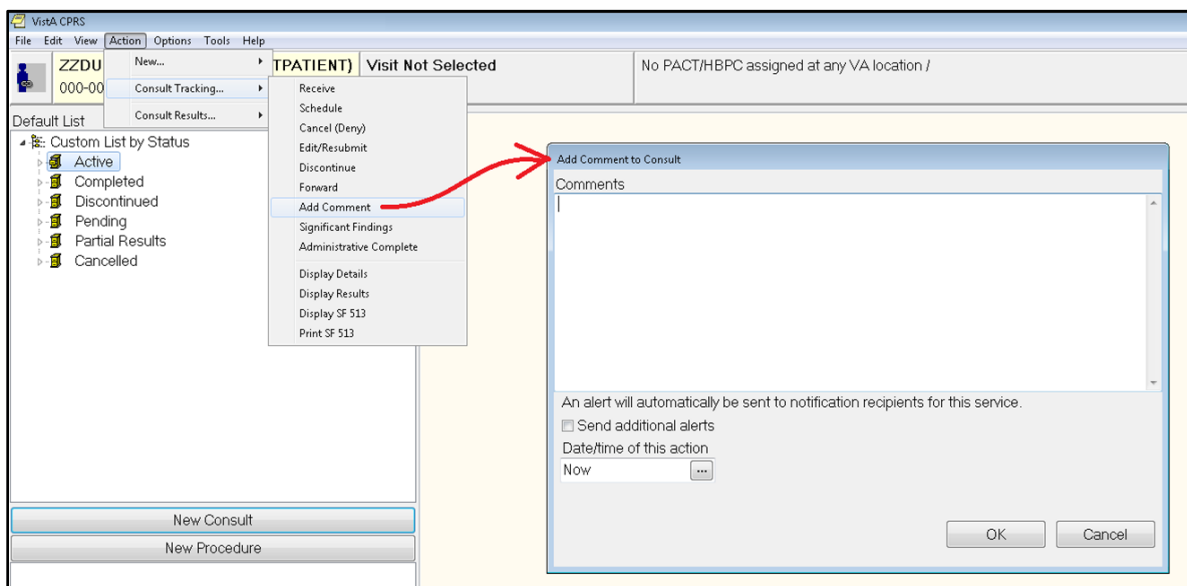


4.4.2.2. Consult Review

To set the CC Consult Review options, follow the steps listed below:

1. From the **Action** menu, select **Add Comment**. The **Add Comment to Consult** dialog box displays.

Figure 65: Add Comment to Consult Dialog Box



Authorized Use Only

2. In the **Comments** field, right-click and then select **Community Care Functions**. The **Community Care Functions** window opens.
3. Select the **Consult Review** tab.

Figure 66: Consult Review Tab

Community Care Comments - Consult Toolbox version 1.9.0004

MSA Elig. Verification | **Consult Review** | Authorization | DoD | MSA Pt Contacts | Appt Tracking | SAR/RFS | Consult Completion

Community Care Clinical Review (for use by community care staff only)

Request Approved (Select CC Program): Comment:

Request Disapproved (reason):

Guideline Review Method:

Provider may authorize discontinuation after failure of mandated scheduling effort without further clinical review

May discontinue if Veteran cancels/no-shows or fails to respond to mandated scheduling effort

Scheduling to be performed by:

Previous AdminCare Coordination Level: Not determined
Most Recent Assessment:
Clinical Triage:

[Visit VA Consult Help Site for additional consult management guidance.](#)

4. From the **Community Care Clinical Review** section, select if the request was approved or disapproved. If the request was approved, you will need to select the CC Program from the drop-down. If the request was not approved, you will need to select the reason from the **Opt** menu.
5. If the Provider authorizes discontinuation after failure of mandated scheduling effort without further clinical review, select **May discontinue if Veteran cancels/no-shows or fails to respond to mandated scheduling effort** check box and select the number of times from the drop-down menu.
6. From the **Scheduling to be performed by** section, select if the scheduling will be done by either **VA Staff**, **TriWest**, or **Community Care Contractor**.
7. Click **OK**.

4.4.2.2.1. Clinical Triage

If the level of care coordination determined in the administrative screening section is not basic, the administrative staff member will alert a clinical care coordinator to complete the clinical triage section below. The clinical section consists of questions regarding the Veteran's comorbidities, social factors, and need for assistance with Activities of Daily Living (ADLs). There is also a drop-down menu which the clinical care coordinator may fill out to override the results of the tool using clinical evidence-based judgment.

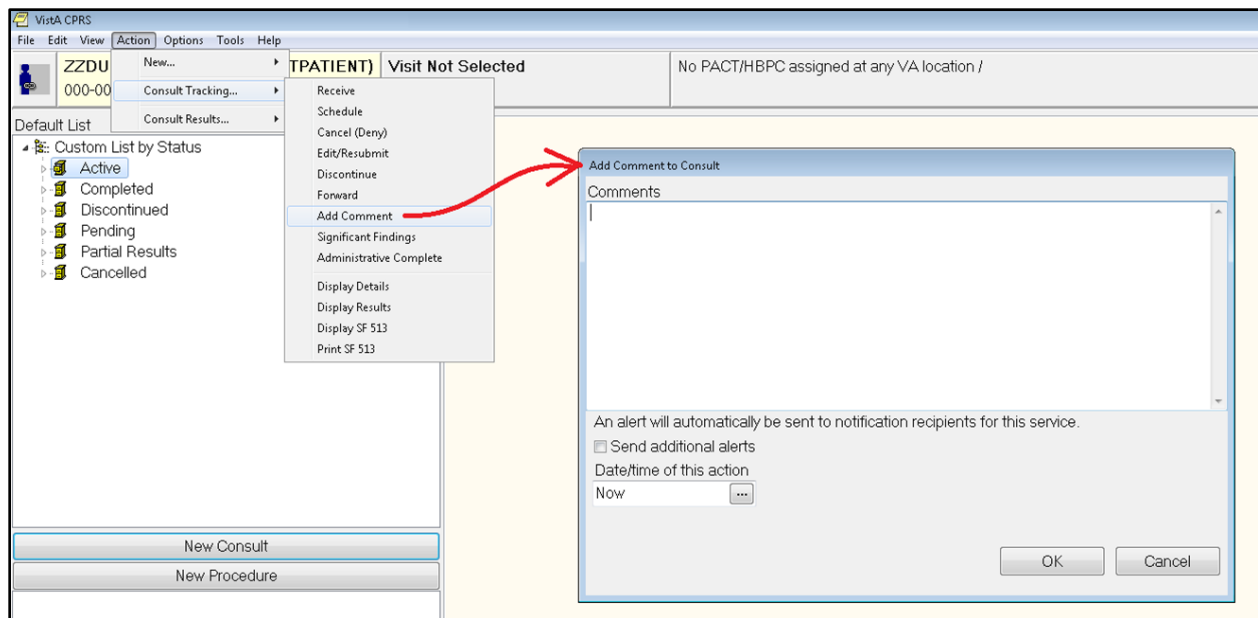
Authorized Use Only

NOTE: *If clinical triage has already been performed, it will show. Also, if care coordination has already been assigned by Administrative screening that will also show.*

To complete the clinical triage, follow the steps listed below:

1. From the **Action** menu, select **Add Comment**. The **Add Comment to Consult** dialog box displays.

Figure 67: Add Comment to Consult Dialog Box



2. In the **Comments** field, right-click and then select **Community Care Functions**. The **Community Care Functions** window opens.
3. Select the **CC Consult Review** tab.

Figure 68: Consult Review Tab

Community Care Comments - Consult Toolbox version 1.9.0004

MSA Elig. Verification | **Consult Review** | Authorization | DoD | MSA Pt Contacts | Appt Tracking | SAR/RFS | Consult Completion

Community Care Clinical Review (for use by community care staff only)

Request Approved (Select CC Program): [dropdown] Comment: [text box]

Request Disapproved (reason): [text box] [Opt]

Guideline Review Method: [dropdown]

Provider may authorize discontinuation after failure of mandated scheduling effort without further clinical review

May discontinue if Veteran cancels/no-shows [twice] or fails to respond to mandated scheduling effort

Scheduling to be performed by: [dropdown]

[Document Clinical Triage]

Previous AdminCare Coordination Level: Not determined
Most Recent Assessment:
Clinical Triage:

[Visit VA Consult Help Site for additional consult management guidance.](#)

[OK]

4. Click the **Document Clinical Triage** button. The **Clinical Triage for Care Coordination** window opens.

Figure 69: Clinical Triage for Care Coordination

Clinical Care Coordination Assignment

Current Admin Coordination Level: Basic

Veteran Comorbidities:
Based on your review of Veteran information and clinical judgment, will the Veteran require additional care coordination/support during this episode due to two or more comorbidities?
 No Yes

Psychosocial Factors:
Based on your review of Veteran information and clinical judgment, will the Veteran require additional care coordination/support during this episode due to any psychosocial factors? (e.g. Dementia, Depression, Homelessness, Lack of Caregiver Support)
 No Yes

Activities of Daily Life, or ADL support:
Based on your review of Veteran information and clinical judgment, does the Veteran require ADL support?
 No Yes

New Clinical Triage Coordination Level: Complex
Based on review of Veteran information and clinical judgment, the level of care coordination should be manually adjusted to:
Moderate

Reasons for manual adjustment of care coordination level:
No Family or Care Giver available
(enter a clinical reason for manually changing care coordination level)

Final Clinical Triage Coordination Level: Moderate

Name of scheduling staff member:
Scheduling Staff Member

Remember staff person for next referral

OK

NOTE: *The Clinical Triage tool will recommend a care coordination level once the following items are populated.*

5. From the **Veteran Comorbidities:** section, select **No** or **Yes** if the Veteran will require additional care coordination/support during this episode of care due to two or more comorbidities.
6. From the **Psychosocial Factors:** section, select **No** or **Yes** if the if the Veteran will require additional care coordination/support during this episode of care due to any psychosocial factors (e.g. Dementia, Depression, Homelessness, Lack of Caregiver Support).
7. From the **Activities of Daily Life, or ADL support:** section, select **No** or **Yes** if the Veteran will require ADL support.
8. The tool will automatically calculate a level of care coordination based on the answers in the steps above. The coordination level displays in the **New Clinical Triage Coordination Level** section.

Figure 70: New Clinical Triage Coordination Level

Clinical Care Coordination Assignment
Current Admin Coordination Level: Basic

Veteran Comorbidities:
Based on your review of Veteran information and clinical judgment, will the Veteran require additional care coordination/support during this episode due to two or more comorbidities?
 No Yes

Psychosocial Factors:
Based on your review of Veteran information and clinical judgment, will the Veteran require additional care coordination/support during this episode due to any psychosocial factors? (e.g. Dementia, Depression, Homelessness, Lack of Caregiver Support)
 No Yes

Activities of Daily Life, or ADL support:
Based on your review of Veteran information and clinical judgment, does the Veteran require ADL support?
 No Yes

New Clinical Triage Coordination Level: Complex
Based on review of Veteran information and clinical judgment, the level of care coordination should be manually adjusted to:
Moderate

Reasons for manual adjustment of care coordination level:
No Family or Care Giver available
(enter a clinical reason for manually changing care coordination level)

Final Clinical Triage Coordination Level: Moderate

Name of scheduling staff member:
Scheduling Staff Member

Remember staff person for next referral

OK

NOTE: *Based on clinical judgment, the clinical care coordinator may override the automated result. If manual adjustment is required for the level of care coordination, select the revised level in the drop-down menu along with the reason for adjustment in the text box.*

9. In the **Reasons for manual adjustment of care coordination level:** field, enter a clinical reason for manually changing care coordination level.
10. The **Final Clinical Triage Coordination Level:** auto-populates based on the completion of clinical triage questions or manual override.
11. In the **Name of scheduling staff member:** field, enter the name of the staff member.
12. Select the **Remember staff person for next referral** check box if you want Consult Toolbox to remember the staff person.
13. Click **OK**. The screening/triage tool will populate a comment in the body of the consult detailing the level of care coordination, directions for proceeding with care coordination, and a list of potential care coordination services required by the Veteran. The comment will also provide guidance on the frequency of contact and need for warm handoff.

Figure 71: Comment Added to Consult

```
Admin Screening for Care Coordination
SCD-Screening Code: 014-67-TC-M
  urgency: not within 48 hrs
  CAN Score: Over 90
Admin Screening=Complex
Clinical Screening for Care Coordination
TCD-Clinical Triage Code: 01A-67-TC-M
  Significant Comorbidities: yes
  Significant Psychosocial Issues: yes
  ADL Support Needed: no
Care Coordination Level manually set.
  Reason: Doctor's Orders

Clinical Triage Care coordination: complex
Clinical Triage: Complete

After the appointment has been scheduled, the integrated team should proceed to coordinate care based
on the Veteran's needs.
Complex care coordination may include:
-assistance with navigation
-scheduling
-post-appointment follow-up
-monitoring and coordination of preventative services
-case management
-disease management

warm handoff may be required for complex and urgent veterans. Direct communication should be performed
with the ordering provider and/or interdisciplinary team (as applicable).

Recommended frequency of contact: weekly to monthly

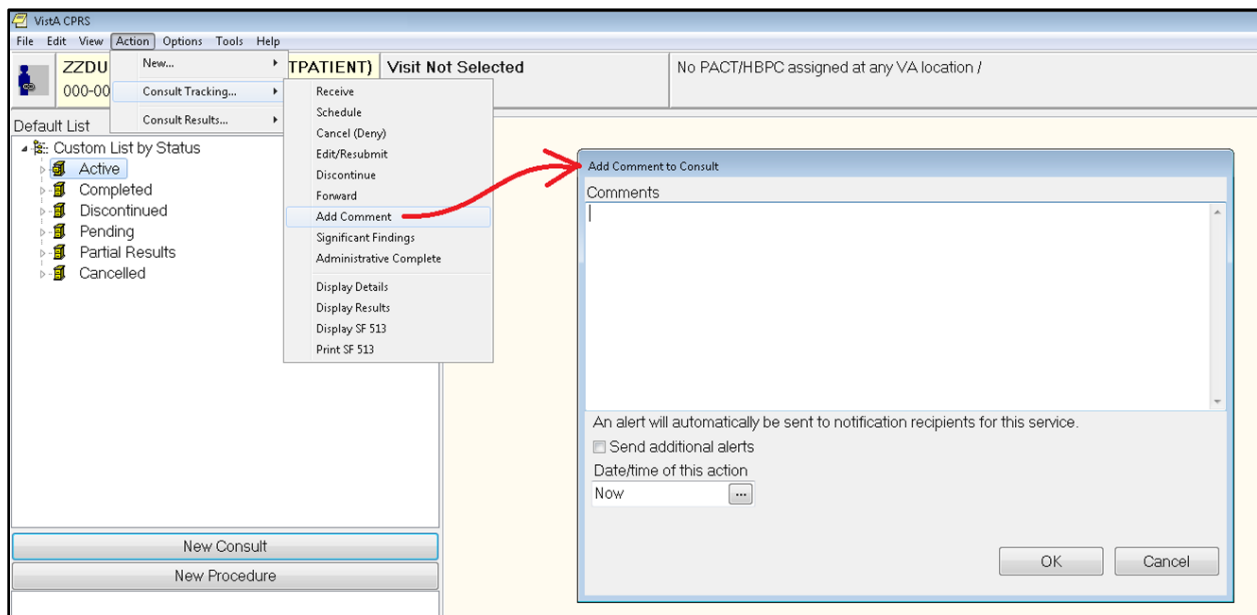
Admin Staff alert, sending to: Jane Smith
```

4.4.2.3. Authorization

This information documented within the Authorization tab populates from data contained in the consult if present, but will not be added to the consult again unless changes and the checkbox is checked shown and described below. **Authorization instructions to be included with Referral.**

1. From the **Action** menu, select **Add Comment**. The **Add Comment to Consult** dialog box displays.

Figure 72: Add Comment to Consult Dialog Box



Authorized Use Only

2. In the **Comments** field, right-click and then select **Community Care Functions**. The **Community Care Functions** window opens.
3. Select the **Authorization** tab.

Figure 73: Authorization Tab

NOTE: *The Speciality section of the window will populate from data contained in the consult if present, but will not be added to the consult again unless changes and the check box is checked.*

4. From the **SEOC** drop-down menu, select one of the authorized service listed.
5. Select the **Include Standard Authorization Language** check box to insert the language that displays in the box.
6. Select the **Add the following to authorization** check box to allow for additional pertinent information.

NOTE: *Any additional treatments, procedures or referrals must have a Secondary Authorization Request submitted.*

7. Select the **Community Care Manager** check box to include the name of the Community Care manager, and add a contact number.
8. Once the referral is ready for Authorization Form, select the **Send to HSRM for Referral** check box from the **Upon completion of this section:**.
9. Click **OK**.

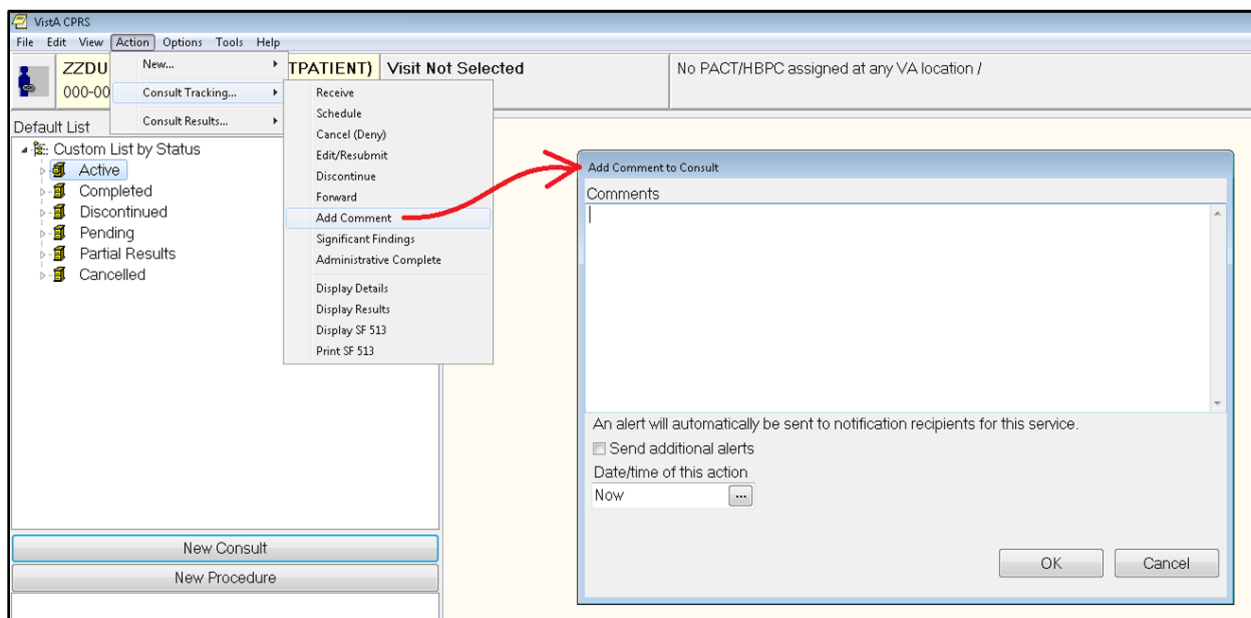
Authorized Use Only

4.4.2.4. DoD

This information documented within the Authorization tab populates from data contained in the consult if present, but will not be added to the consult again unless changes and the checkbox is checked shown and described below. **Authorization instructions to be included with Referral.**

1. From the **Action** menu, select **Add Comment**. The **Add Comment to Consult** dialog box displays.

Figure 74: Add Comment to Consult Dialog Box



2. In the **Comments** field, right-click and then select **Community Care Functions**. The **Community Care Functions** window opens.
3. Select the **DoD** tab. The **DoD** tab displays.

Figure 75: DoD Tab

Community Care Comments - Consult Toolbox version 1.9.0004

MSA Elig. Verification | Consult Review | Authorization | **DoD** | MSA Pt Contacts | Appt Tracking | SAR/RFS | Consult Completion

DoD Urgency:

Urgency:

DoD facility contacted to request care

[Visit VA Consult Help Site for additional consult management guidance.](#)

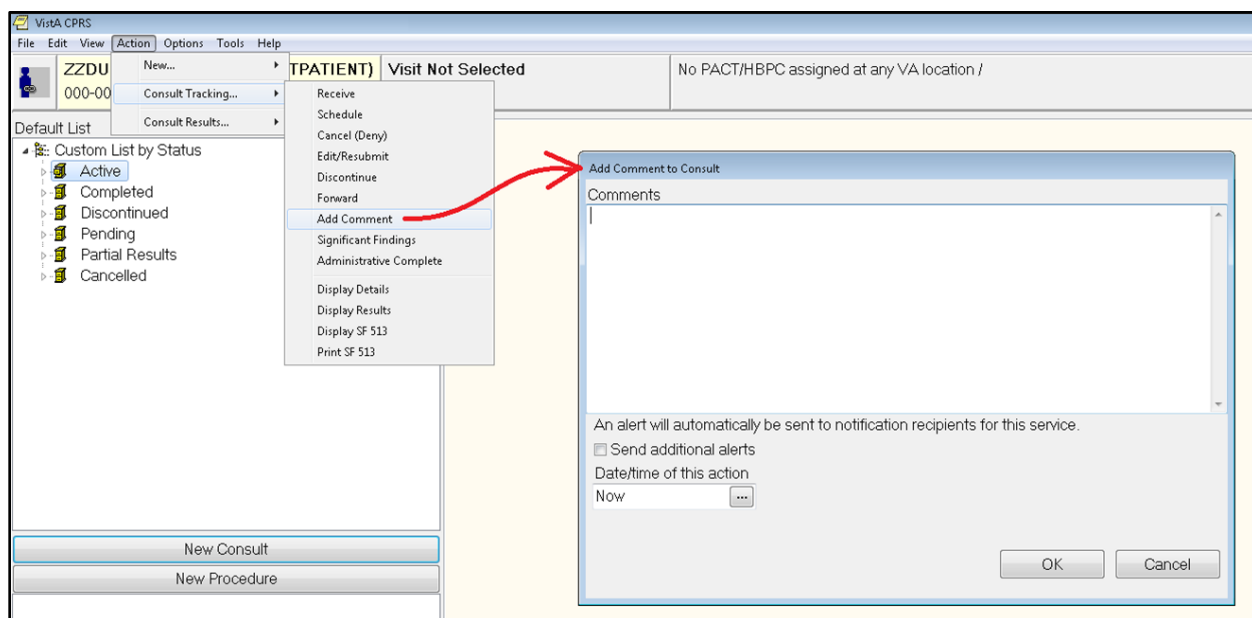
OK

4. From the **DoD Urgency** section, select the best option for **Urgency** and **Disposition**.
5. From the **Exceptions List Determination** section, select the best option for **DoD Consult present** and **DOS Outside of Approved EOC timeframe**.
6. Click **OK**.

4.4.2.5. MSA Pt Contacts

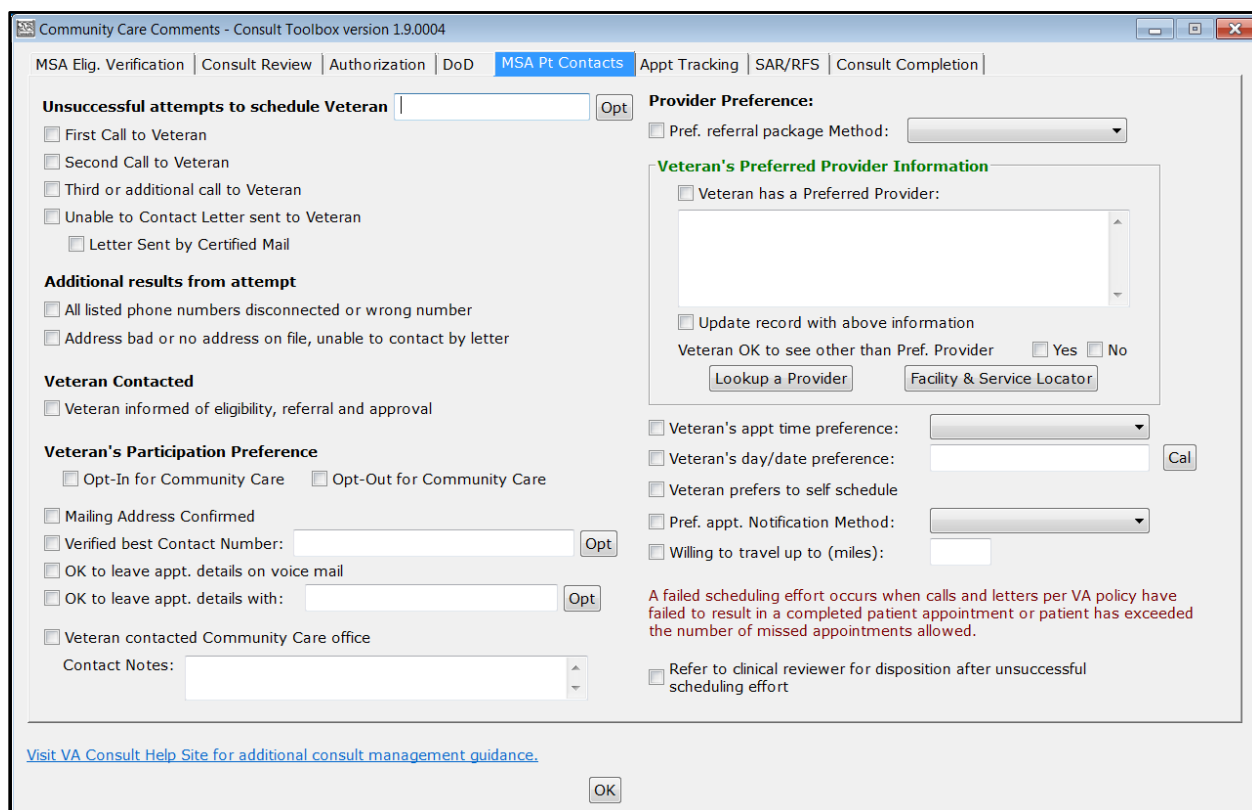
1. From the **Action** menu, select **Add Comment**. The **Add Comment to Consult** dialog box displays.

Figure 76: Add Comment to Consult Dialog Box



2. In the **Comments** field, right-click and then select **Community Care Functions**. The **Community Care Functions** window opens.
3. Select the **MSA Pt Contacts** tab.

Figure 77: MSA Pt Contacts Tab



4. From the **Unsuccessful Attempts to Schedule Veteran** section, select the best option.

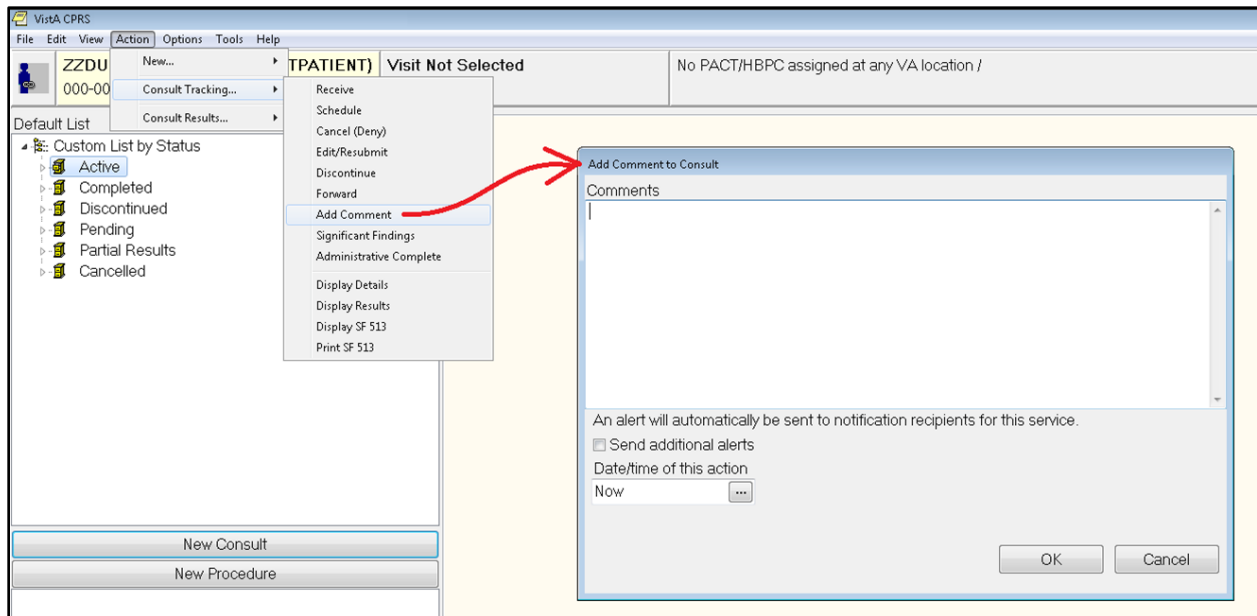
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5. From the **Additional Results from Attempt** section, select the best options.
6. From the **Veteran Contacted** section, select the best options.
7. From the **Veteran's Choice Participation Preference** section, select the best options.
8. From the **Veteran's Preferred Provider Information** section, select the best options.
9. From the **Provider Preference** section, select the best options.
10. Select the **Refer to clinical reviewer for disposition after unsuccessful scheduling effort** check box if after failing to schedule an appointment by making two calls, sending a letter, and waiting two weeks, this option refers the consult to a clinician to review and disposition.
11. Click **OK**.

4.4.2.6. Appt Tracking

1. From the **Action** menu, select **Add Comment**. The **Add Comment to Consult** dialog box displays.

Figure 78: Add Comment to Consult Dialog Box



2. In the **Comments** field, right-click and then select **Community Care Functions**. The **Community Care Functions** window opens.
3. Select the **Appt Tracking** tab.

Figure 79: Appt Tracking Tab

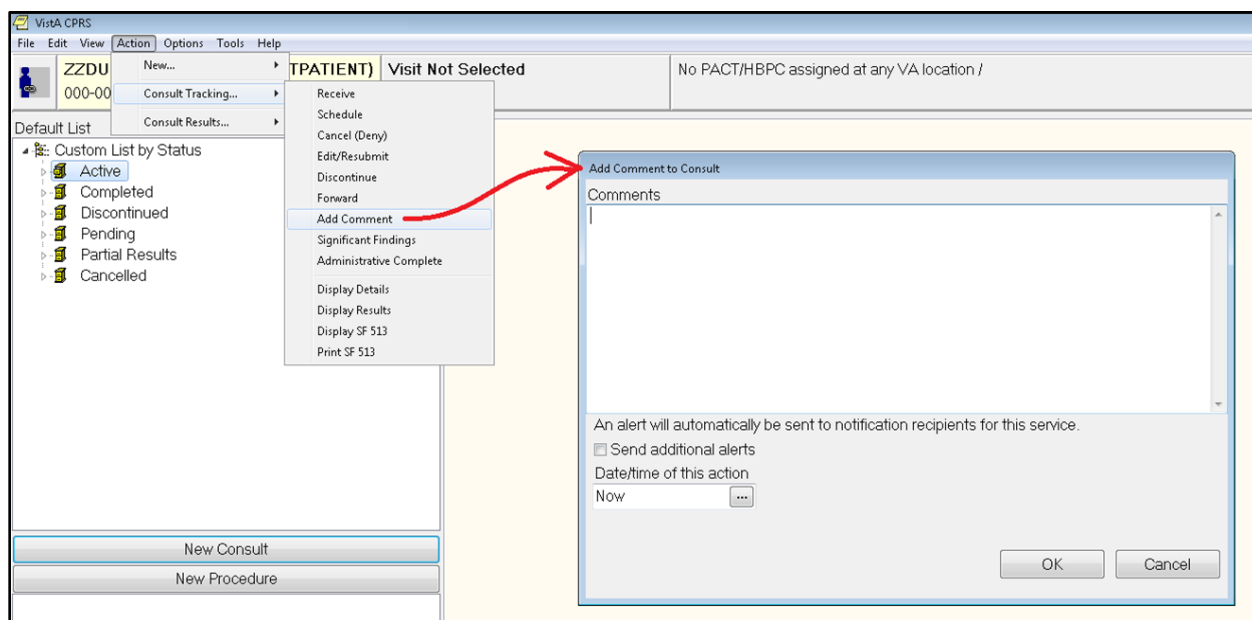
4. Select the best option for appointment tracking.
5. From the **Actual/Approved Provider Information** section, enter the name of the actual provider with whom the Veteran has an appointment.
6. In the **Veteran informed of scheduled appt by:** field, enter the method used to inform the Veteran of the schedule appointment or select an option from the **Opt** menu.
7. Select the **Referral Authorization Packet Mailed to Veteran** if a packet was mailed to the Veteran.
8. From the **Returned from Community Care Provider:** section, select the reason why the referral was returned from the Community Care Provider with the corresponding rationale.
9. From the **Disposition of returned referral** drop-down menu, select the status of the referral.
10. From the **Missed Community Care Appointment care still Active/Pending** drop-down menu, select the reason for the missed appointment.
11. If the records were received, select the **Records Received** check box and select the option from the drop-down menu.
12. If the Veteran is using an alternate source of payment, select the **Veteran declined/refused – using alternate source of payment** check box.
13. If the Veteran does not want to use Community Care, select the **Veteran declined/refused community care** check box.
14. Click **OK**.

4.4.2.7. Secondary Authorization Request (SAR)/Request for Service (RFS)

1. From the **Action** menu, select **Add Comment**. The **Add Comment to Consult** dialog box displays.

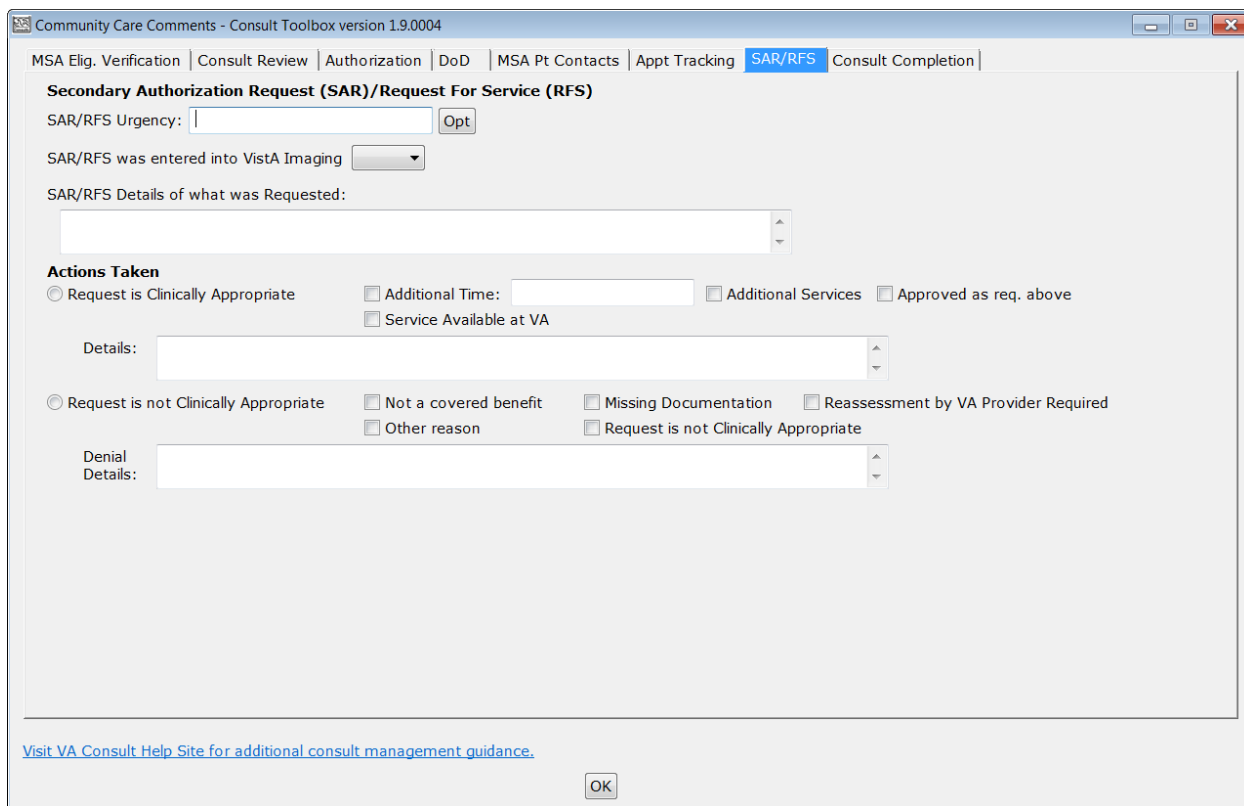
Authorized Use Only

Figure 80: Add Comment to Consult Dialog Box



2. In the **Comments** field, right-click and then select **Community Care Functions**. The **Community Care Functions** window opens.
3. Select the **SAR/RFS** tab.

Figure 81: SAR/RFS Tab

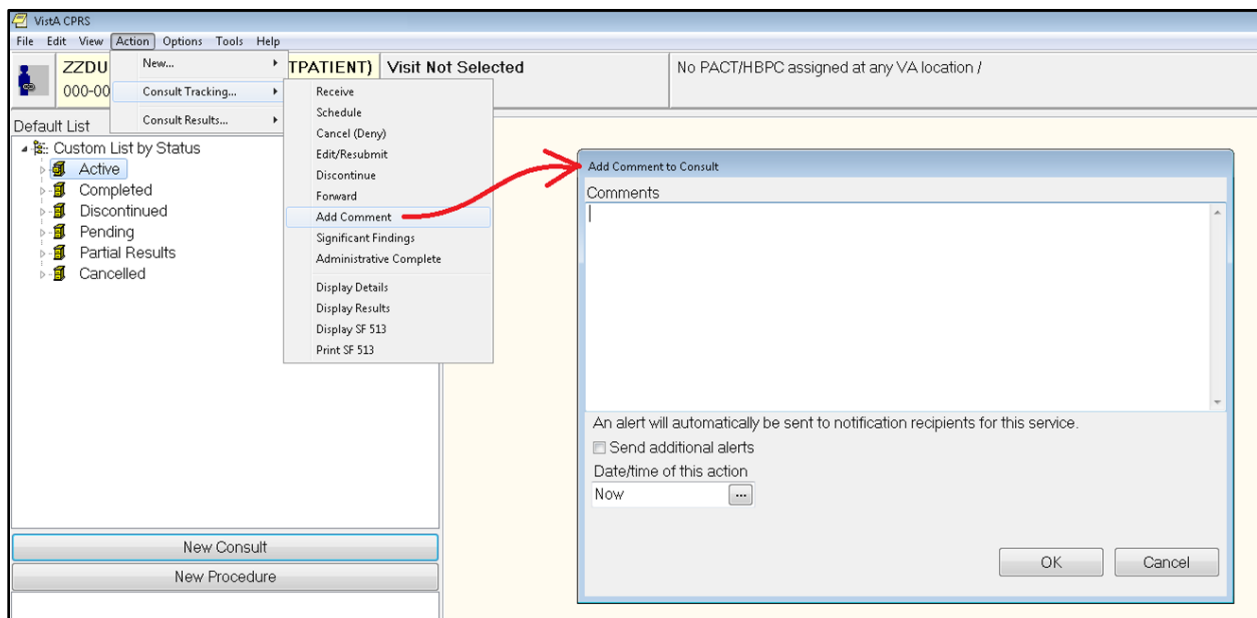


4. From the **Secondary Authorization Request (SAR) / Request for Service (RFS)** section, enter the SAR/RFS urgency in the field or select an option from the **Opt** menu.
5. From the **SAR/RFS was entered into VistA Imaging** drop-down menu, select **Yes** or **No**.
6. In the **SAR/RFS Details of what was Requested** field, enter the details.
7. From the **Actions Taken** section, select if the SAR/RFS was clinically appropriate or not.
8. Click **OK**.

4.4.2.8. Consult Completion

1. From the **Action** menu, select **Add Comment**. The **Add Comment to Consult** dialog box displays.

Figure 82: Add Comment to Consult Dialog Box



2. In the **Comments** field, right-click and then select **Community Care Functions**. The **Community Care Functions** window opens.
3. Select the **Consult Completion** tab.

Figure 83: Consult Completion Tab

Community Care Comments - Consult Toolbox version 1.9.0004

MSA Elig. Verification | Consult Review | Authorization | DoD | MSA Pt Contacts | Appt Tracking | SAR/RFS | **Consult Completion**

Completion Efforts

(1st) First attempt to get records

(2nd) Second attempt to get records

(3rd) Third attempt to get records

Records Received

No records after 3 attempts

Community Care appointment occurred (waiting for records)

Refer to Clinical Care Coordinator

[Visit VA Consult Help Site for additional consult management guidance.](#)

4. From the **Completion Efforts** section, select the options for completion.
5. In the **Community Care appointment occurred (waiting for records)** field, enter the information or select an option from the **Opt** menu.
6. Click **OK**.

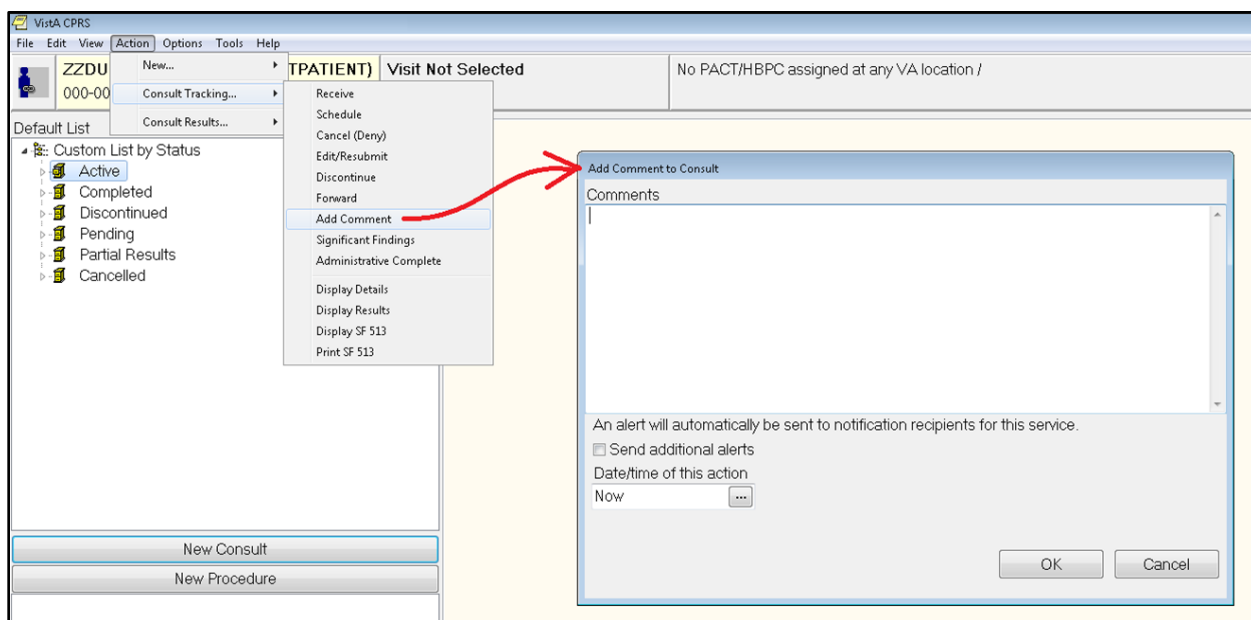
4.4.3. Setting Clinical Review Options

Provider functions allow providers reviewing records to document the results of their review or other actions that need to be documented.

To document the results of your review or other actions that need to be documented, follow the steps listed below:

1. From the **Action** menu, select **Add Comment**. The **Add Comment to Consult** dialog box displays.

Figure 84: Add Comment to Consult Dialog Box



2. In the **Comments** field, right-click and then select **Clinical Review Options**. The **Clinical Review Options** window opens.

Figure 85: Clinical Review Options

The screenshot shows a software window titled "Provider Options - Consult Toolbox version 1.9.0004". The main heading is "Clinical Review Options". Below this, there are several sections of options:

- Instructions for scheduling or rescheduling**: Includes a "No Show Notation" checkbox and seven radio button options: "Schedule/Reschedule Routine Appointment", "Schedule/Reschedule w/in 1 mo (overbook OK)", "Schedule/Reschedule w/in 2 wks (overbook OK)", "Schedule/Reschedule w/in 1 wk (overbook OK)", "Schedule/Reschedule, schedule on 1/24/2019 (overbook OK)", "Schedule/Reschedule, see scheduling order for scheduling instructions", and "Established pt., please schedule then discontinue consult".
- Urgent requests booked > 7 days require chart review and attestation that non-urgent scheduling is appropriate**: Includes a checkbox for "Currently scheduled appointment appropriate".
- Additional comments and instructions**: Includes two checkboxes: "This consult may be D/C'd after mandated scheduling effort" and "Scheduling plans discussed with ordering provider".
- Consults may be marked "High Risk" for tracking and extra scheduling effort**: Includes a checkbox for "High Risk Consult--Extra scheduling effort warranted".

At the bottom, there is a blue hyperlink: "Visit VA Consult Help Site for additional consult management guidance." To the right is a "View Consult History" button. At the very bottom center is an "OK" button.

3. From the **Instructions for scheduling or rescheduling** section, select the instruction for consult.
4. From the **Urgent requests booked > 7 days require chart review and attestation that non-urgent scheduling is appropriate** section, select the **Currently scheduled appointment clinically appropriate** check box for STAT consults that are scheduled more than seven days from the create date, but after clinical review, are felt to be appropriately timed.
5. From the **Additional comments and instructions** section, select the appropriate option(s).
6. From the **Consults may be marked "High Risk" for tracking and extra scheduling effort** section, select the **High Risk Consult—Extra scheduling effort warranted** check box if the consult needs extra scheduling.

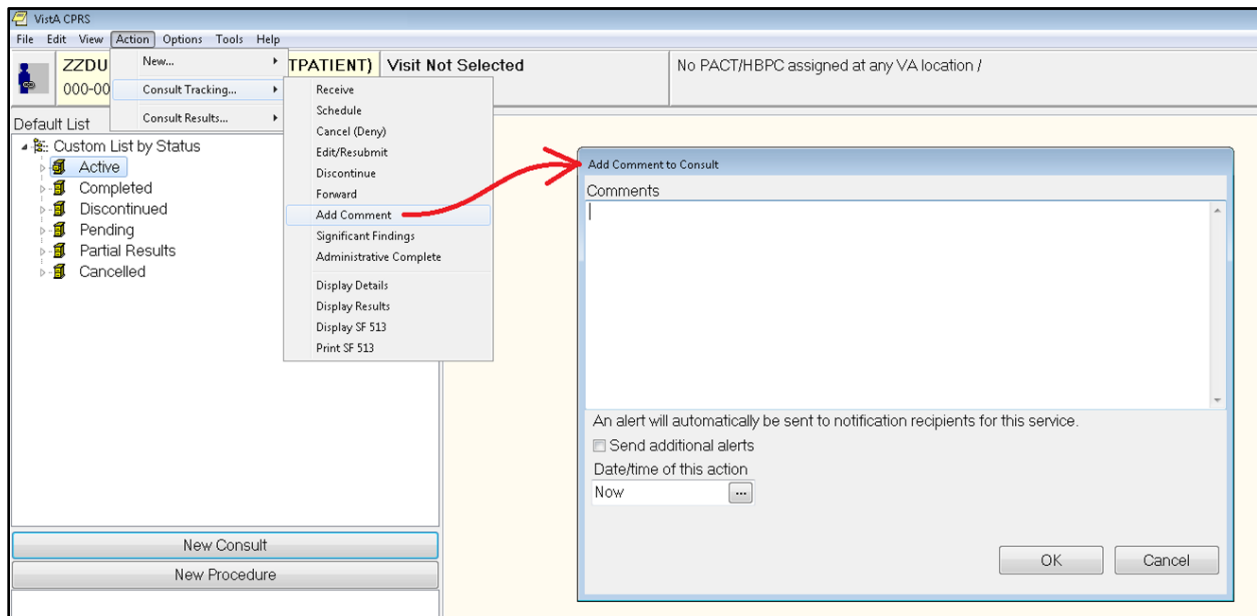
7. Click **OK**.

4.4.4. Launch DST

To launch Decision Support Tool (DST) from CTB, follow the steps listed below:

1. From the **Action** menu, select **Add Comment**. The **Add Comment to Consult** dialog box displays.

Figure 86: Add Comment to Consult Dialog Box



2. In the **Comments** field, right-click and then select **Launch DST**. The **Decision Support Tool** window opens.

Figure 87: Decision Support Tool Window

The screenshot shows a web browser window titled "Decision Support Tool (DST)". The main content is divided into two panels: "Consult" and "Community Care".

Consult Panel:

- Name:** [Redacted]
- Residential Address:** [Redacted]
- Date of Birth:** Invalid date ()
- SSN:** ***-**-****
- Clinical Service ():** [Enter a consult clinical service...]
- Urgency:** Routine Stat Special Instructions
- Drive Time Std:** ????
- Wait Time Std:** ????
- CID/No Earlier Than Date:** 01/01/2019
- No Later Than Date:** 01/02/2019

Community Care Panel:

- Accessing Remote Data:**
 - Master Veteran Identity (MVI)
 - Veteran Address & Eligibility (ES)
 - VA Facility Information (PPMS)
 - Average Wait Times (CDW)

VA Facilities: [Link: JFC Dashboard]

Facility Name	Average Drive Time	Average Wait Time
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NOTE: For additional information regarding Decision Support Tool, please refer to the Care Coordination Decision Support Tool (DST) User Guide.

4.5. Significant Findings – Community Care Action Needed Notation

Use this feature to flag significant findings for the ordering provider (e.g., test results are available). This box is used with the significant findings CPRS comment to alert the ordering provider of results received especially in the case where a follow up action is needed on the part of the VA provider.

To update significant findings for the ordering provider, follow the steps listed below:

1. From the **Action** menu, select **Consult Tracking...**, and then select **Significant Findings**. The **Significant Findings Update** window displays.

Figure 88: Significant Findings Update

Significant Findings Update - Consult Toolbox version 1.9.0004

Significant Findings Update Notation

Records Received:

Date of Appointment/Visit: 1/24/2019

Provider Name:

Site/Facility Name:

Episode of Care for:

Diagnosis:

Specialty:

Services Req.:

Surgery/procedure complete? N/A Yes No

Follow up Actions required by referring provider:

Is there an associated Secondary Authorization Request? Yes No

Reason for SAR:

Providers: please review and complete, medical documentation in Vista Imaging.

Warm Handoff was discussed with:

[Visit VA Consult Help Site for additional consult management guidance.](#)

OK

2. If the records were received, select the .
3. In the **Episode of Care for:** section, enter the diagnosis, specialty, services required, and if the surgery/procedure is complete.
4. In the **Follow up Actions required by referring provider:** section, enter the required actions.
5. Select if a Secondary Authorization Request is needed. If a Secondary Authorization Request is needed, enter the reason in the **Reason for SAR** field.
6. Enter the name of the individual that the warm handoff was discussed with in the **Warm Handoff discussed with:** field.
7. Click **OK**.

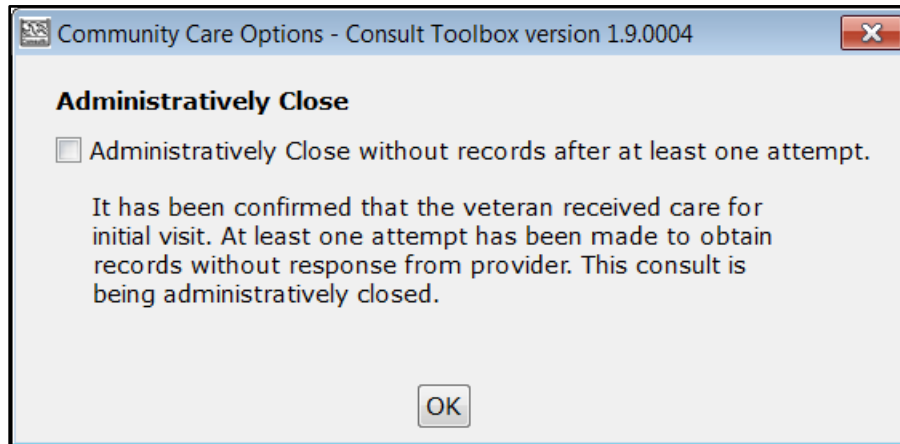
4.6. Administratively Close Consult

After the attempts to obtain records, a consult may be administratively closed. This will record that the consult was closed without records, which may be tracked.

To administratively close a consult, follow the steps listed below:

1. From the **Action** menu, select **Consult Tracking...**, and then select **Administrative Complete**. The **Administratively Close** dialog box displays.

Figure 89: Administratively Close Dialog Box



2. Select the **Administratively Close without records after at least one attempt**. Check box to administratively close the consult. Selecting this check box confirms that that the Veteran received care for initial visit. One attempt has been made to obtain records without response from provider.
3. Click **OK**.

5. Troubleshooting

- If Consult Toolbox is not running in CPRS, the user will need to verify that Consult Toolbox is running in the system tray.
- If SEOC database is unavailable, a warning message will display notifying you that the SEOC Database cannot be reached for the most current SEOCs. SEOCs previously downloaded will still be available on the **Authorization** tab. Contact the NSD if no SEOCs are available.

5.1. National Service Desk and Organizational Contacts

For issues related to the Consult Toolbox that cannot be resolved by this manual or the site administrator, please contact the National Service Desk at 855-NSD-HELP (673-4357).

6. Acronyms and Abbreviations

Acronym	Definition
CAC	Clinical Application Coordinators
CAN	Care Assessment Need
CCAD	Community Care Agile Development
CDW	Corporate Data Warehouse
CID	Clinically Indicated Date
COS	Chief of Staff
CPRS	Computerized Patient Record System
CTB	Consult Toolbox
DoD	Department of Defense
DST	Decision Support Tool
HEC	Health Eligibility Center
NSD	National Service Desk
OI&T	Office of Information and Technology
Opt	Option
PCP	Primary Care Physician
RFS	Request for Service
SAR	Secondary Authorization Request
SEOC	Standardized Episode of Care
SOP	Standard Operating Procedure
URL	Universal Record Location
VA	Department of Veterans Affairs

Acronym	Definition
VAMC	VA Medical Center
VDL	VA Software Document Library
VHA	Veterans Health Administration
VistA	Veterans Health Information Systems and Technology Architecture

A. Appendix A: Consult Factor Types and Definitions

Consult Factor Type	Consult Factor Text
A1-	Accept consult, schedule within 1 week, (OK to overbook).
A1M-	Accept consult, schedule within 1 month (OK to overbook).
A2-	Accept consult, schedule within 2 weeks, (OK to overbook).
AAR-	Approved as Requested (SAR)
AB-	Address bad or no address on file, unable to send letter.
AC-	Accept consult, schedule routine appointment.
ACC-	Admin Screening Care Coordination
ACF-	Community care approved under Choice First.
ACN-	Administratively closed without records
ADT-	Accept Consult, schedule on specific date, ok to overbook
AEV-	Administrative Eligibility verified.
AFU-	AFU-Total Authorized Units/Visits:
ALR-	Alert Sent to: name of person
ANV-	Community care approved under NVCC.
APP-	DoD Consult Approved
AS-	Accept consult, see scheduling order for scheduling instructions.
C1-	First call to veteran, unable to schedule.
C1C-	Comm Care First Call to Veteran
C2-	Second call to veteran, unable to schedule.
C2C-	Comm Care Second Call to Veteran
C3-	Third or additional call to veteran, unable to schedule.
C3C-	Comm Care Third or subseq. Call to Veteran
CA-	Clinically Appropriate to wait for the scheduled appointment.
CAD-	Vista cancellation for Administrative reason
CAN-	Administratively closed without records
CAP-	Community care approved for specified program.
CB-	Patient contacted but pt will call back to schedule later.
CBD-	CBD-Care authorization expires on
CCA-	A community care appt has been scheduled.
CCC-	Community care appointment was cancelled by patient.

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Consult Factor Type	Consult Factor Text
CCD-	Community Care Appointment Date:
CCH-	Community Care Appt Scheduling to be handled by:
CCM-	Care Coordination was manually Set
CCO-	Care Coordination Time Spent:
CCP-	Community Care Cancelled by Clinic
CCP-	Community care appointment was cancelled by provider.
CCR-	Community Care Provider:
CCS-	Community Care Appointment has been Scheduled
CEV-	Choice Eligibility Verified.
CHD-	Contractor Not Used: Community Provider declines Choice Network participation.
CHN-	Network Provider not accepting Choice patients
CHN-	Contractor Not Used: Network Provider not accepting Choice, patients.
CHU-	Contractor Not Used: Choice Provider unable to schedule within CID (Urgency)
CHU-	Choice Provider unable to schedule within CID (Urgency)
CHV-	Contractor Not Used: Veteran declined appointment due to date/time/distance.
CLA-	Admin Screening Care Coordination:
CLC-	Clinical Triage Care Coordination:
CLV-	Care Coordination Level
CNS-	Community Care Veteran No Show for Appt
CNS-	Community care appointment was no-show.
COC-	Community care appointment occurred, per patient (awaiting confirmation).
COI-	Veteran OPT-IN for choice.
COO-	Veteran OPT-OUT for choice.
COR-	Community care appointment occurred, records received.
COT-	Community care appointment occurred, per TPA portal, awaiting records.
CP1-	Cancelled by patient, first missed appointment.
CP2-	Cancelled by patient, second missed appointment.
CPP-	Consult ready for CPP Referral

Authorized Use Only

Consult Factor Type	Consult Factor Text
CTC-	Clinical Triage: Complete
CTN-	Clinical Triage: Not Required
CTR-	Clinical Triage: Required
CU-	Patient states that they have an appointment scheduled through the Veterans Choice program, however there is no documentation to this effect in the consult.
DCP-	DoD Consult Present
DDO-	DoD Date of Svc Outside of Approved EOC
DEC-	Patient declines/refuses-does not want appointment. Please submit new consult if patient agrees to care.
DIS-	Disapprove Reason
DLA-	Delegation of Auth.: Administrative
DLC-	Delegation of Auth.: Clinical
DNC-	Non DoD consult present
DNP-	DoD Consult Not Present
DNY-	Request for community care is disapproved.
DOK-	OK to leave appt. details with
DP-	Scheduling plans discussed with ordering provider.
DSF-	Documents sent via fax to community care provider.
DSO-	Disassociate Report
DTE-	DTE-Veteran's Day/Date Preference:
DU-	Document Uploaded to TPA Portal.
DUP-	Duplicate Request.
E90-	No appointment within 90 days
EDC-	Established patient, follow-up appointment has been scheduled.
EEF-	Extra Scheduling Effort requested
ENV-	Environmental factors:
EST-	Established patient, please schedule appt. then DC consult.
EWL-	On EWL or awaiting CHOICE. Pt added to Electronic Wait List, no available appt w/in 90 days.
EXP-	Patient has expired.
FDX-	FDX-Veteran has an active Third Party Release on file.
FSE-	Failed mandated scheduling effort (multiple missed/cancelled appts. or patient did not respond to mandated scheduling effort). Consult discontinued, per VA consult management policy. Please submit a

Authorized Use Only

Consult Factor Type	Consult Factor Text
	new request if care is still desired and patient agrees to receiving care.
FUV-	Follow up call made to provider/vendor to check on status.
G30-	Appointment is greater than 30 days from PID
GEO-	Geographical challenges:
GVM-	Guideline Method used for approval
HEC-	Presumed eligible, HEC Update Pending.
HR-	High risk consult, please continue to attempt scheduling even after mandatory scheduling effort.
HSR-	Consult ready for HSRM Referral
INF--	Veteran informed of eligibility, referral and approval.
L1-	Unable to schedule letter sent by mail to Veteran.
L1-	Letter sent to patient.
L1C-	Community Care unable to contact letter sent by Mail.
L1C-	Community Care scheduling letter sent by regular US Mail.
LC-	Certified letter sent to patient regarding scheduling.
LCC-	Above letter sent by Certified Mail.
LM-	Left message on voice mail.
LMF-	Left message with family member.
MA3-	Third or more missed appointments.
MAT-	Approval for maternity care
ME-	May discontinue if patient cancels/no-shows twice or fails to respond to mandated scheduling effort.
MED-	Medical condition:
MFU-	Follow up call made to veteran while on wait list to confirm wait list status.
MLS-	Willing to travel up to (miles):
MOK-	Mailing Address Confirmed
MOK-	MOK-OK to leave appt. details on voice mail.
NAE-	Not administratively eligible.
NAP-	DoD Consult Not Approved
NEL-	Patient does not meet eligibility requirements.
NN-	Care is no longer needed.
NOS-	VA facility does not provide the required service

Authorized Use Only

Consult Factor Type	Consult Factor Text
NR-	No records received after three attempts.
NS1-	No Show, first missed appointment.
NS2-	No Show, second missed appointment.
NVA-	The care will be provided through a Community Care Consult.
NVD-	Community Care disapproved.
NVN-	Community Care not needed, care provided by VA appointment.
NVN-	Non-VA care not needed, care provided by VA appointment.
NXC-	Not eligible for Choice.
ODC-	Other discontinuation reason:
OTP-	OTP-Veteran OK to see other than Preferred Provider
P30-	Procedure scheduled greater than 30 days from PID
PB-	Phone contact number bad/incorrect or disconnected.
PFP-	PFP-Veteran's Preferred Provider
PKT-	Referral Packet mailed to veteran.
PRA-	Community Care Provider has accepted referral
PRC-	Procedure(s) Approved for Community Care
PRD-	Procedure Requested
PRF-	Preferred notification method:
PRQ-	Provider requires records to review prior to scheduling.
PVT-	Patient declines/refuses-going to private provider outside VA care.
R1-	First attempt to get records from community care.
R1-	First attempt to get records from community care.
R2-	Second attempt to get records from community care.
R3-	Third attempt to get records from community care.
R3-	3rd attempt to get records from community care
R3-	3rd attempt to get records from community care.
RAC-	Refer to clinical reviewer for administrative completion.
REF-	Veteran declined/refused-does not want appointment.
REF-	Veteran refuses Community Care appointment.
REF-	Patient refuses non-VA appointment.
RFC-	Patient declined/refused community care.
RFV-	Referral returned from community care vendor.

Consult Factor Type	Consult Factor Text
RP-	Referred to provider for disposition after unsuccessful scheduling effort.
RR-	Records from community care provider received.
RRH-	Records Received via:
S1M-	Schedule/reschedule within 1 month, ok to overbook.
S1W-	Schedule/reschedule within 1 week, ok to overbook.
S2W-	Schedule/reschedule within 2 weeks, ok to overbook.
SCC-	This Referral is for a Service Connected Condition.
SCD-	Administrative Care Coordination Screening
SCR-	Service/Care Approved for Community Care
SDC-	Patient still desires care.
SDT-	Accept Consult, schedule on specific date, ok to overbook
SDX-	SDX-Veteran has dx requiring 7332 ROI.
SEV-	Specific Choice Eligibility:
SIM-	Nature or simplicity of service (UEXB):
SOR-	Schedule/reschedule-see Scheduling Order for instructions.
SPA-	This referral is for Special Authority.
SPC-	Specialty Approved for Community Care
SR-	Schedule/reschedule routine appointment.
SSC-	SSC-Veteran prefers to self schedule appointment.
SSP-	Subspecialty Approved for Community Care
SUR-	SAR Urgency:
SV-	Spoke with veteran/care giver.
SVC-	Services requested.
TCC-	Clinical Triage Care Coordination
TCD-	Clinical Care Coordination Triage
TFR-	Timeframe for Episode of Care Approved
TIM-	TIM-Veteran's Time Preference: Any
TOS-	Type of service
UNV-	Unable to Verify Eligibility
UXB-	Unusual or Excessive travel burden
VCL-	On EWL or awaiting CHOICE. Pt added to VCL.
VCL-	Veteran placed on VCL

Authorized Use Only

Consult Factor Type	Consult Factor Text
VDS-	Returned Referral Disposition
VTC-	VTC-Veteran contacted Community Care.
WHO-	This consult was discussed with and handed off to