### **Frequently Asked Questions**

Q: What happens if an eligible Veteran has an additional suicidal crisis?

A: A new and separate 30/90 day period for providing medical and mental health care begins with each new suicidal crisis.

#### Q: What happens if an eligible Veteran continues to require care beyond the 30/90 days?

A: Either period of care can be extended for one period of 30 days by the local VA medical center.

# Q: Can a Veteran appeal decisions made regarding COMPACT Act Care?

A: Clinical administrative appeals by the Veteran will follow the policy outlined in Directive 1041 (Appeal of Veterans Health Administration Clinical Decisions). Please refer Veterans to the local VA medical center patient advocate to file an appeal related to COMPACT Act.

# Q: How long does a community provider have to submit COMPACT Act claims to the VA?

A: Community providers have 180 days to submit Veteran claims under the COMPACT Act. It is recommended to notify the VA upon the Veteran's ED admission to 1-844-724-7842



# VA Finger Lakes Healthcare System

#### **Locations and Phone Numbers:**

**Bath VA Medical Center** 76 Veterans Ave Bath, NY 14810 (607)664-4000

Canandaigua VA medical Center 400 Fort Hill Ave. Canandaigua NY 14424 585-393-7100

Rochester Calkins VA Clinic 260 Calkins Rd Rochester, NY 14623 585-463-2600

Suicide Prevention is everyone's business. #REACHOUT

# www.veteranscrisisline.net Veterans Crisis Line DIAL 988 then PRESS Or TEXT 838255



Veterans Comprehensive Prevention, Access to Care, and Treatment (COMPACT) Act

Information for Community Providers





U.S. Department of Veterans Affairs



### What is COMPACT Act?

VA will provide, pay for, and reimburse for emergent suicide care for eligible individuals who are experiencing an acute suicidal crisis at any VA medical facilities and non-VA facilities

## What is an Acute Suicidal Crisis?

When an individual has been determined to be at imminent risk of selfharm by a trained crisis responder or healthcare provider.

## What is Emergent Suicidal Care?

Crisis Stabilization care provided to an individual who is experiencing an episode of an acute suicidal crisis which has been determined by a licensed health care provider or trained crisis responder.

#### What Services are Available?

- Up to 30 days of inpatient or crisis residential care related to the acute suicidal crisis.
- Up to 90 days of outpatient care related to the acute suicidal crisis.
- Covers the cost of prescription medications related to the acute suicidal crisis
- Covers the cost of emergency suicide care and associated emergency transportation
- VA will determine eligibility for additional services and benefits
- VA will refer eligible individuals to

#### Who is Eligible?

COMPACT Act is available to Veterans whether or not they are enrolled at VA. Eligible individuals are:

- Former members of the Armed Forces who are honorably discharged or released from active duty after 24 months of active service.
- A former member of the Armed Forces, including Reserves, who served for more than 100 cumulative days and was deployed in a theater of combat operations.

OR

• A Former member of the Armed forces who was a victim of sexual assault or sexual harassment (must have 24 months or more of continuous active service or a service connection of 10% or greater)

#### **How it Works**

In the event of a mental health crisis, Veterans and their loved ones should do the following:

- Call 911 for all emergencies
- Present to their nearest VA or non-VA emergency room;
- Call the Veterans Crisis Line at 988 option 1, text 838255, or start a confidential chat at https://www.veteranscrisisline.net/gethelp-now/chat

# **VA Notification**

Community providers have up to 180 days to submit COMPACT Act related care claims to the VA.

Providers should report claims to the VA's Emergency Care Centralized Notification Center using two options:

VA's Emergency Care Reporting Portal at

https://EmergencyCareReporting.CommunityCare.va.gov

call 1-844-72HRVHA (1-844-724-7842)

#### **Notification Requirements:**

- Name
- Gender
- Social Security Number
- Date of Birth
- Address
- Date presenting and date of discharge
- Chief complaint/admission diagnosis and/or discharge diagnosis
- Originating address Mode of arrival
- Other health insurance
- Facility NPI, name, address, point of contact information