



INFORMATION FOR INTERDISCIPLINARY CLINIC (IDC) APPLICANTS

Veterans Affairs Canada (VAC) registers clinics that provide interdisciplinary care to eligible Veterans based on need and as recommended by primary treatment providers.

The basis for the assessment of interdisciplinary clinic applications and recommendations regarding VAC registration is in how clinics demonstrate use of an interdisciplinary approach to assessment, treatment and follow-up.

An interdisciplinary approach brings together a team of VAC approved health professionals from a variety of disciplines to provide coordinated interventions to maximize a Veteran's ability to achieve positive health outcomes and/or rehabilitation goals. Registration will include clinics providing outpatient services and/or inpatient mental health/concurrent disorders programs.

Please note that clinics must provide treatment based on an evidence-based / clinical practice approach.

The following information will assist you in your application to become a VAC Interdisciplinary Clinic.

A checklist is provided to ensure that you include all necessary information. If any of the information on the checklist is missing, your application will be denied.

**To facilitate processing of your application, please submit this information directly to
Medavie Blue Cross**

Electronically by visiting www.medaviebc.ca/en/health-professionals/register

By email: Provider@medavie.bluecross.ca

By mail: Corporate Provider Services

644 Main Street, PO Box 220, Moncton, NB E1C 8L3

For inquiries: Tel.: 1-888-261-4033 / Fax: 506-869-9673

Thank You

Checklist

The following information must be included with your application:

- Proof of valid liability insurance
- List of professionals comprising interdisciplinary team, including:
 - Provider name
 - Specialty
 - License number
 - Regulatory body/association and province
 - Services provided, and for each, indicate if service is provided onsite and/or offsite
- Professionals comprising the interdisciplinary team are in good standing with their regulatory bodies in the province / territory in which they practice
- Professionals comprising the interdisciplinary team represent at least three different VAC approved disciplines
- A copy of inpatient facility license (in provinces /territories where a license is required)
- A copy of your accreditation certificate, if applicable. The certificate must indicate the name of the accreditation body, the effective date and the expiry date
- Full program schedule (e.g. daily/weekly activities; agenda) that lists all treatments and activities that the Veteran will engage in
- Intake/admission assessment form(s)
- Treatment plan template
- Medication management protocol
- Progress note form
- Discharge report /aftercare recommendations form
- Completed VAC Interdisciplinary Clinic application



Veterans Affairs Canada Interdisciplinary Clinic (IDC) Application

1 Clinic Identifying Information

Part A - Identification Information

Legal business name		Website	
Identify the type of organizational structure (<i>check one</i>)			
<input type="checkbox"/> Sole proprietorship		<input type="checkbox"/> Partnership	
<input type="checkbox"/> Corporation		<input type="checkbox"/> Co-operative	
Clinic Manager		Designation (<i>if applicable</i>)	
Telephone no.		Fax no.	E-mail
Address		City	Province
Proof of insurance is attached <input type="checkbox"/> Yes <input type="checkbox"/> No			Postal code
Type of service available (<i>please check all that apply and describe in section 2</i>)			
<input type="checkbox"/> Inpatient / residential		<input type="checkbox"/> Intensive outpatient*	
<input type="checkbox"/> Medically monitored detox		<input type="checkbox"/> Non-medically monitored detox	
<input type="checkbox"/> Other (<i>please specify</i>) _____		<input type="checkbox"/> Weekly/bi-weekly outpatient	
<input type="checkbox"/> Aftercare program			
Specify: _____			
*Intensive outpatient is defined as a program offering a minimum of 9 hours of comprehensive treatment per week for one to several weeks.			
If applicable, please specify which addiction(s) treatment is provided (<i>please check all that apply</i>)			
<input type="checkbox"/> Alcohol		<input type="checkbox"/> Drugs (<i>specify in section 5</i>)	
<input type="checkbox"/> Gambling		<input type="checkbox"/> Other (<i>please specify</i>) _____	
Specify: _____			
Other disorders treated (<i>please check all that apply</i>)			
<input type="checkbox"/> Post traumatic stress disorder		<input type="checkbox"/> Eating disorders	
<input type="checkbox"/> Personality disorders		<input type="checkbox"/> Psychotic disorders	
<input type="checkbox"/> Other (<i>please specify</i>) _____		<input type="checkbox"/> Depression	
		<input type="checkbox"/> Traumatic brain injury	
		<input type="checkbox"/> Anxiety	
		<input type="checkbox"/> Chronic Pain	
Specify: _____			
Population served (<i>check one</i>)			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> All sexes			
Gender: <input type="checkbox"/> Men <input type="checkbox"/> Women <input type="checkbox"/> Another gender (<i>please specify</i>) _____ <input type="checkbox"/> All genders			
Are there any practices in place for collecting information on those who identify neither as a man or a woman?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide a brief description: _____			
Do you have protocols for collecting the above information and for addressing non-binary clients? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Accommodations (<i>please check all that apply</i>)			
<input type="checkbox"/> Number of beds: _____			
<input type="checkbox"/> Rooms separated by gender identity			
<input type="checkbox"/> Rooms separated by sex			
<input type="checkbox"/> Private rooms			
<input type="checkbox"/> Shared rooms (<i>number of beds per room, please specify</i>) _____			
How do you accommodate non-binary clients both in terms of rooms and washrooms?			

Access for special needs (*please check all that apply*)

- Barrier-free access
- Service dogs
- Other (*please specify*)

Specify: _____

Language of service (*check one*)

- English only
- Bilingual
- French only
- Other (*Please specify*): _____

Part B – Type of clinic (*Please check all that apply*)

- Private for-profit clinic
- Private not-for-profit clinic
- Provincially funded facility
- Hospital-addiction rehabilitation and treatment
- Other: (*please specify*)

Specify: _____

Part C – Accreditation

Is this clinic accredited? Yes No If yes, please enclose a copy of your accreditation certificate.

2 Service Providers and Programs

A. Please attach a list of the health professionals on your interdisciplinary team, including:

- Provider name
- Specialty
- License number
- Regulatory body/Association
- Services provided and for each service, if it's provided onsite and/or offsite

B. Name and designation of primary professional responsible for patient's overall care (*for clinics with no detox component*).

C. Name and designation of Medical Director responsible for patient's care (*for inpatient care with detox component*).

D. Program description

Describe the theoretical base or treatment philosophy of your program(s).

Provide a detailed description of your program structure (*e.g. Key program components and treatment modalities; case management; aftercare; day/evening schedule; specific treatments provided, by whom and at what frequency; size of any treatment groups; any unique program attributes*).

Describe in detail the role of each provider and how interdisciplinary care is assured.

Describe the frequency of interdisciplinary team meetings for the purpose of reviewing client-specific case plans; who is involved in these meetings and how/by whom is progress documented.

Can the Veteran and family request to participate in interdisciplinary team meetings and if so, how does this happen?

Does your facility assign a facility Case Manager to each Veteran? Yes No

List evidence-based treatment modalities and per each, indicate number of hours offered per week to client.

List second line / complementary treatment used as an adjunct ONLY (e.g. *mindfulness, art therapy, music therapy, etc.*) and rationale for use
Per each, indicate number of hours offered per week to client.

Please describe types of virtual care provided, if any.

Describe or enclose current protocols in the event of a medical emergency, including how VAC is notified.

3 Admission

***Please enclose a copy of your admission intake/ assessment form(s).**

Describe the referral process to the clinic.

Provide details on the intake / admission and assessment process and identify professionals who provide diagnostic services.

Describe the inclusion and exclusion criteria.

What is your policy on tobacco use?

What is your policy on cannabis use?

4 Substance Misuse Programs

Is a medical detox program provided onsite? Yes No

If there is no medical detox program provided, is there a period of abstinence required prior to admission? Yes No
If YES, please provide details

What are the abstinence criteria?

Can the clinic accommodate a patient immediately after discharge from a withdrawal / detox facility? Yes No

5 Program Cost

***Please enclose a copy of your cost breakdown (e.g. initial assessment, progress reports, discharge summary, rates for all services provided, and any other fees included in program cost).**

6 Outcome Measurement

Please describe how / when you measure outcomes?

What process do you have in place to ensure that documents (*initial assessment, treatment plan, mid-point progress report and end of treatment summary*) are provided to the VAC Case Manager in a timely manner?

7 Discharge Planning

Provide information on the discharge process (*e.g. communication to referring body, discharge plan, safety plan, medication, follow-up*).

Describe in detail your aftercare program.

If a Veteran decides to leave the program prematurely, how is that handled and what is the process for notifying VAC?

What steps are in place to assist the Veteran in the event of a relapse?

Describe strategies used to help participants maintain skills learned during the IDC program and the process for follow-up.

8 Medication Management Provided by the Clinic (to be completed by inpatient clinics only)
Are patient medications reconciled at admission and discharge? Yes No

Who at the facility is responsible for medication administration?

Does your facility support the use of anti-craving medication? Yes No

Provide information on medication management (e.g. safety). If you have a protocol in place, please attach a copy with your application.