

**TRANSITION ASSISTANCE AND CASE MANAGEMENT OF OPERATION IRAQI
FREEDOM (OIF) AND OPERATION ENDURING FREEDOM (OEF) VETERANS**

1. REASON FOR ISSUE. This Veterans Health Administration (VHA) Directive establishes procedures in the transition of care, coordination of services, care and case management of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) active duty service members and veterans by VHA and Veterans Benefit Administration (VBA) staff.

2. SUMMARY OF CHANGES: This revised Handbook now includes the responsibilities of Veterans Benefit Administration (VBA) staff, besides:

a. Describing the partnership between the Department of Veterans Affairs (VA) and the Department of Defense (DOD) to seamlessly transition the health care of injured and ill returning combat service members and veterans from DOD to the VA health care system. *NOTE: The requirement for transition of care applies to active duty service members and veterans directly referred from Military Treatment Facilities (MTFs) and outpatient active duty service members and veterans who present to VHA facilities seeking health care.*

b. Establishing nurse or social worker OIF-OEF Program Manager positions at VA medical Centers and Transition Patient Advocate positions distributed to each Veterans Integrated Service Network (VISN) for placement in VA medical centers; and describing the functions of these positions, as well as nurse and social worker VA Liaisons assigned to MTFs.

3. RELATED ISSUES. VHA Directive 1010 (to be published).

4. FOLLOW-UP RESPONSIBILITY: The Director, Office of Social Work Service (11CCSW) is responsible for the contents of this Handbook. Questions are to be referred to (202) 273-8549.

5. RESCISSION. VHA Handbook 1010.01, dated March 23, 2007, is rescinded.

6. RECERTIFICATION. This VHA Handbook is scheduled for recertification on or before May 31, 2012.

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TRANSITION ASSISTANCE AND CASE MANAGEMENT OF OPERATION IRAQI FREEDOM (OIF) AND OPERATION ENDURING FREEDOM (OEF) VETERANS

1. PURPOSE

This Veterans Health Administration (VHA) Directive establishes procedures in the transition of care, coordination of services, care and case management of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) active duty service members and veterans by VHA and Veterans Benefit Administration (VBA) staff. It describes the partnership between the Department of Veterans Affairs (VA) and the Department of Defense (DOD) to seamlessly transition the health care of injured and ill returning combat service members and veterans from DOD to the VA health care system. *NOTE: The requirement for transition of care applies to active duty service members and veterans directly referred from Military Treatment Facilities (MTFs) and outpatient active duty service members and veterans who present to VHA facilities seeking health care.* It establishes nurse or social worker OIF-OEF Program Manager positions at VA medical Centers and Transition Patient Advocate positions distributed to each Veterans Integrated Service Network (VISN) for placement in VA medical centers; as well as describing the functions of these positions and that of the nurse and social worker VA Liaisons assigned to MTFs.

2. BACKGROUND

a. Since 2003, VA has collaborated with DOD and MTFs to seamlessly transition the health care of injured or ill combat veterans and active duty service members from MTFs to VHA facilities by assigning VHA social worker Liaisons at major MTFs (see App. A) to assist with transfers and to provide information to active duty patients and families about VHA health care services. In addition, VHA facility Points of Contact (POC) have worked closely with the VA Liaisons to arrange outpatient appointments and inpatient beds. While this initiative pertains primarily to military personnel returning from Iraq and Afghanistan who served in OIF and OEF, it includes active duty military personnel returning from other combat theater assignments. It does not currently include active duty military personnel who are serving in non-combat theaters of operation (see App. B for guidance on eligibility).

b. In January 2005, the VA established the Office of Seamless Transition to coordinate efforts between DOD MTFs and VHA facilities to promote and optimize transition assistance for service members transitioning to VA.

c. As the number of OIF and OEF service members and veterans seeking VHA health care increased, VHA facilities have been challenged with ensuring that they receive necessary health and mental health services. Many of these service members and veterans suffer from multiple complex health and mental health problems, including traumatic brain injury (TBI), amputations, burns, combat stress and post-traumatic stress disorder (PTSD). Therefore, it is critical for each VHA facility to have a process in place to ensure that the care of all OIF and OEF service members and veterans is well-coordinated and that those who are severely-injured and/or ill receive case management services from a nurse or social worker case manager.

3. SCOPE

It is VHA policy that injured and/or ill OIF and OEF active duty service members are transitioned seamlessly from MTFs to VHA facilities; that the care of all OIF and OEF service members and veterans treated at VHA facilities is coordinated, monitored, and tracked; that all OIF and OEF service members and veterans are screened for the need for case management services; and that severely-ill or injured OIF and OEF patients are case managed.

a. **Seamless Transition.** VHA will continue the process of seamlessly transitioning the care of OIF and OEF active duty service members from MTFs to VHA facilities. In collaboration with MTFs, VHA will assign nurse and/or social worker VA Liaisons to major MTFs, as warranted and as requested by the Office of Seamless Transition in VA Central Office. The Liaison positions will be funded nationally by VA Central Office.

b. **Care of Active Duty Service Members.** VHA facilities must provide health care services to active duty service members as follows:

(1) **Urgent or Emergent Care.** Facilities will provide urgent or emergent medical care for active duty service members presenting at their facility. As soon as possible but without delaying care, the facility must notify the MTF, the Service Point of Contact (SPOC), or the regional TRICARE contractor that urgent or emergent care was provided and must seek authorization to provide the care.

(2) **Non-urgent or Non-emergent Care.** If the active duty service member lacks authorization for routine care, facilities must contact the MTF, the SPOC, or the regional TRICARE contractor prior to providing non-urgent or non-emergent treatment. If the MTF, SPOC or TRICARE Contractor declines authorization, the facility is not to provide treatment. *NOTE: Fee Basis is not to be used.*

(3) For active duty patients referred by the MTF as part of seamless transition, the facility OIF-OEF Program Manager (see subpar. 3c(1)) must ensure that arrangements for the requested inpatient or outpatient care are completed. This includes arranging for outpatient treatment for service members at home on convalescent leave when requested by the MTF.

(4) For active duty patients not referred by the MTF, the facility must request authorization from the MTF, the SPOC, or the regional TRICARE contractor prior to providing services.

c. **Care of OIF and/or OEF Veterans.** VHA facilities must provide appropriate health and mental health care services to veterans who served in OIF and/or OEF (see App. K for diagram of Reporting Structure). Coordination of those services is to be ensured by the:

(1) **OIF-OEF Program Manager.** Each VA medical center and independent outpatient clinic must designate a nurse or social worker to serve as the OIF-OEF Program Manager to coordinate care provided to OIF and/or OEF service members and veterans. This position functions as the facility's POC for the VA liaisons at the MTF's. These positions are funded by VA Central Office.

(2) **OIF-OEF Case Managers.** Each VHA facility must have nurse and social worker OIF-OEF case managers for those who are severely-injured or ill and for those otherwise in need of case management services. These positions are funded locally.

(3) **Transition Patient Advocates.** Each VISN must have between three and eight Transition Patient Advocates for OIF and OEF service members and veterans. Although the positions are distributed to the VISN offices, the duty stations for the incumbents will be at complexity level 1 and 2 medical centers within the VISN. These positions are funded by VA Central Office.

4. RESPONSIBILITY OF THE UNDER SECRETARY FOR HEALTH

In collaboration with DOD, the Under Secretary for Health, or designee, is responsible for ensuring that full-time master's prepared social workers and nurses are appointed as VA Liaisons (see App. C and App. D for required functions) to major MTFs to:

- a. Assist with the transition of care to VHA facilities, and
- b. Educate active duty OIF and OEF service members and their families about health care services.

***NOTE:** Although the VA Liaisons report administratively to the VHA facility closest to the MTF, they must report programmatically to the VHA Office of Seamless Transition (10D1). The number of VA Liaison positions at each MTF will be based on workload.*

5. RESPONSIBILITY OF THE VISN DIRECTOR

VISN Director is responsible for ensuring that:

a. Transition Patient Advocate positions are distributed to VA medical centers within the VISN, based on the number of OIF and OEF veterans treated by that medical center (see App. E for required functions). Their duties are overseen by the VISN. The Transition Patient Advocate must:

- (1) Be an employee of the medical center;
- (2) Report to the VISN Office through the medical center's OIF-OEF Program Manager;
- (3) Be assigned to begin working with the severely-injured OIF and OEF active duty service member, as requested by the VA Liaison at the MTF, at the point when the active duty service member is ready to transition from the MTF to a VHA facility;
- (4) Serve as that service member's advocate across episodes and sites of care; and
- (5) Have a caseload of no more than thirty OIF and OEF service members or veterans.

b. A VISN POC is designated within the VISN office to oversee seamless transition services at the VISN facilities and to provide guidance to facility OIF-OEF Program Managers.

(1) VISN POCs are responsible for attending monthly conference calls moderated by the Office of Seamless Transition in VA Central Office

(2) VISN POCs must update the Office of Seamless Transition on changes in facility OIF-OEF Program Managers and OIF-OEF Case Managers.

c. An OIF-OEF Program Manager at one of the medical centers in the VISN must be designated as the VISN Lead. The VISN Lead OIF-OEF Program Manager is responsible for:

(1) Moderating weekly conference calls with all other OIF-OEF Program Managers at facilities within the VISN;

(2) Reporting administratively to both the Medical Center and VISN Director; and

(3) Reporting programmatically to the Office of Seamless Transition, which includes attending monthly VISN Lead OIF-OEF Program Manager conference calls moderated by the Office of Seamless Transition

d. Scheduling discussion groups, at least quarterly, with OIF and OEF veterans and their family members at facilities in the VISN to identify issues and concerns.

(1) The discussion groups are to be coordinated with the facility Director.

(2) Reports regarding the discussion group meeting (including action plans, if any) must be submitted to the office of the Deputy Under Secretary for Health for Operations and Management (10N) within 1 week of the meeting.

6. RESPONSIBILITY OF THE FACILITY DIRECTOR

The facility Director is responsible for:

a. Providing health care services to OIF and OEF active duty service members as described in subparagraph 3c.

b. Ensuring that health and mental health care services are provided to OIF and OEF active duty service members and veterans when requested and in a timely manner by:

(1) Appointing a social worker or nurse to serve as the facility OIF-OEF Program Manager (see App. F and App. G for required functions). The position reports directly to the facility Director, or designee. The OIF-OEF Program Manager must:

(a) Serve as the facility's OIF-OEF POC and oversee all facility seamless transition activities and all services provided to OIF and OEF service members and veterans;

(b) Oversee the tracking and monitoring of OIF and OEF veterans and service members seen at the facility, including performance measures and monitors and required reports to VA Central Office;

(c) Ensure that all OIF and OEF service members and veterans are screened to determine need for nurse and/or social worker case management services; and

(d) Ensure that all severely-injured or ill OIF and OEF veterans and other OIF and OEF veterans in need of case management are assigned to a nurse or social worker case manager;

(e) Oversee, or work closely with, facility case management teams, including:

1. Nurse and social worker case managers;
2. The Visual Impairment Services Team (VIST) Coordinator;
3. The Spinal Cord Injury (SCI) Coordinator;
4. The Polytrauma Case Manager;
5. The Women Veterans Program Manager;
6. The Chief, Prosthetic Service; and
7. Facility patient advocates.

NOTE: *OIF-OEF Program Managers must be full-time at Complexity Level 1 and 2 facilities and may be part-time at Complexity Level 3 facilities, based on the number of OIF and OEF veterans treated at the facility and the number of OIF and/or OEF veterans in the catchment area.*

(2) Designating someone to serve as alternate OIF-OEF POC as back-up to the facility OIF-OEF Program Manager.

(3) Appointing nurse and social worker OIF-OEF case managers for severely-injured or ill OIF and OEF service members and veterans and others in need of case management services (see App. H, App. I, and App. J for required functions). The caseload for nurse and social worker case managers will typically be no more than twenty-five to thirty patients per case manager. **NOTE:** *Ideally, a nurse case manager and social worker case manager will function as a team to ensure the medical, mental health, emotional and psychosocial needs of OIF and OEF veterans are addressed.*

(4) Supporting the Transition Patient Advocate positions assigned to the facility by the VISN.

(5) If located in close proximity to a major MTF, assigning nurses and/or social workers to serve as VA Liaisons for seamless transition, as directed by the Office of Seamless Transition.

7. KEY PROVISIONS OF VBA POLICY

a. It is VBA policy that severely injured OIF-OEF claims are case managed, whether the seriously-injured service member is transitioning from the military to civilian life or remains on active duty. There is no higher priority for any VBA employee, whether serving in the field or in Central Office, than ensuring the needs of those seriously injured in OIF-OEF are met in a timely and appropriate manner. The success of this policy requires the full attention of every employee and vigilant oversight by leaders and managers throughout the organization.

b. Key provisions of VBA's case management procedures, as described in various directives previously issued by the Under Secretary for Benefits are:

(1) VBA counselors at key MTFs or VA medical facilities must meet with every injured OIF-OEF service members when medically appropriate. The service members are to be made aware of all potential VA benefits and services, as well as other benefits and services available through other sources. They are to be assisted in completing their claims and gathering supporting evidence. While service members are hospitalized, they are to be routinely informed about the status of their pending claims. Service members are to be given a business card that contains the VBA counselor's name and contact information.

(2) All discussions with disabled OIF-OEF service members, including their families, are documented.

(3) When service members are being transferred to another medical facility, released to home, or awaiting discharge or retirement orders, they must be given VA contact information for the new RO Coordinator or Case Manager. *NOTE: The reverse of the coordinator's business card may be used for this purpose.*

(4) It is imperative for VBA staff to maintain control over the veteran's claims file, whether it is being transferred from a military treatment facility to a Regional Office (RO) or between regional offices.

(5) Compensation claims taken for the seriously-disabled are expedited to the appropriate RO with the VA Form 21-0773, Operation Iraqi Freedom/Operation Enduring Freedom Seriously Injured/Ill Service Member/Veteran Worksheet, and a clear indication that they are for an OIF-OEF seriously-disabled claimant.

8. RESPONSIBILITY OF THE REGIONAL OFFICE (RO) DIRECTOR

a. ROs must ensure that all returning disabled service members receive all possible assistance from VBA. *NOTE: All personnel need to cooperate and coordinate with those from other divisions or offices who are directly involved in providing benefits and services, including medical care, for these service members.* In addition, all regional offices must continue to:

(1) Work closely with Reserve and National Guard Units, as stated in the Memorandum of Agreement between the National Guard Bureau and VA, to schedule benefits briefings for units being activated and/or demobilized as part of OIF-OEF;

(2) Establish liaison with local MTFs to ensure the timely notification of casualty arrivals and processes for scheduling ward visits;

(3) Coordinate outreach efforts with VA health care facilities; and

(4) Expeditiously case manage claims for seriously-disabled service members.

b. The RO Director, or designee, is responsible for ensuring:

(1) Points of contact (POCs) are established with military and VA medical facilities, and other military installations in the RO's jurisdiction for outreach and coordination for seriously-disabled OIF-OEF service members.

(2) Benefits education and delivery are coordinated and case managed for seriously-disabled OIF-OEF service members.

(3) Meetings are scheduled locally with VHA and DOD officials to share information in order to facilitate outreach

(4) Outreach efforts are coordinated with the local region's Office of Public Affairs (OPA), and OPA's expertise is used when interacting with the news media.

(5) Each returning seriously-disabled service member is called when the service member first arrives in the RO's jurisdiction, to welcome the service member home and to advise that the service member will be contacted by the VBA OIF-OEF Coordinator or a VBA Case Manager.

9. RESPONSIBILITY OF THE VBA VETERANS SERVICE CENTER (VSC) MANAGER

The VSC Manager is responsible for ensuring:

(1) A VBA OIF-OEF Coordinator and an alternate are designated; that VBA Central Office is provided with those names, titles, and telephone numbers; and that VBA Central Office is immediately notified of any changes to the preceding information using e-mail to VAVBAWAS/CO/OUTREACH.

(2) An outreach letter, providing an overview of VA benefits and services and offering assistance, is sent to each seriously-disabled service member arriving in the RO's jurisdiction. The letter must include all appropriate benefit application forms for which a claim has not been received and a copy of VA Pamphlet 21-01-1, A Summary of VA Benefits.

(3) All compensation claims received for seriously-disabled service members are entered into an OIF-OEF log for control, case management, and reporting purposes. Information for the OIF-OEF log is to be updated routinely.

(4) Each claim is placed under control immediately upon receipt.

(5) The status of all pending claims is reviewed on a weekly basis, and appropriate action taken when necessary in order to expedite processing.

(6) All VBA VSC staff members, who conduct personal and telephone interviews, receive training on interacting with seriously-disabled service members.

(7) All VBA VSC staff members who counsel these service members and their families are fully-knowledgeable and conversant on VA benefits and services, as well as those administered by other Federal agencies, such as: the Soldiers' and Sailors' Civil Relief Act of 1940, as amended, Combat Related Special Compensation, etc.

(8) Claims development, including any exam request, is initiated the same day or the day after receiving the claims folder.

10. DUTIES OF THE VBA OIF-OEF COORDINATOR

a. Each VBA OIF-OEF Coordinator and alternate must ensure completion of the following services:

(1) Liaison is established with military and VA medical facility staff, in particular the discharge planners, in order for VBA outreach efforts and coordination to be effective, so that VBA has access to admission and discharge information as seriously-disabled service members are admitted, transferred to another medical facility, and finally released.

(2) Weekly status reports are submitted to the RO with case information on service provided to seriously-disabled service members.

(3) With each transfer, the sending station's OIF-OEF Coordinator must e-mail the receiving station's OIF-OEF Coordinator, with courtesy copies to both Directors' mailboxes, alerting them of the transfer. Additionally, the receiving station must acknowledge receipt of the notification by responding to the e-mail.

(4) If a compensation claim is being processed locally or compensation has been awarded, the releasing RO is alerted by e-mail about the patient transfer in order to effect transfer of the claims file and VA Form 21-0773. The receiving RO must acknowledge receipt of the notification by responding to the e-mail. *NOTE: The receiving RO must acknowledge receipt of the notification by responding to the e-mail; if there is no acknowledgement the VBA OIF-OEF Coordinator is to follow-up, as appropriate.*

b. VBA OIF-OEF Coordinator and alternate are responsible for the duties of the case manager if one has not been assigned.

11. DUTIES OF VBA CASE MANAGERS

a. The VBA Case Manager is the primary VBA point-of-contact for claims processing; however, the VBA Counselors at the MTF may continue to be involved if the service member is still a patient at the MTF. In those cases, coordination between the VBA Counselor and Case Manager is essential.

b. Each VBA Case Manager must ensure that:

(1) The claimant is communicated with directly regarding the development and status of their compensation claim. **NOTE:** *For claimants who are still inpatients, communications are coordinated with the VBA Coordinator or other employee servicing the medical facility.*

(2) All assigned compensation claims are tightly controlled and expeditiously processed.

(3) Service members are assisted with claims for other VA and non-VA benefits and services.

(4) The VA Insurance Center Outreach Team receives a copy of all rating information for veterans who served in OIF-OEF and who received service-connected disability ratings for the following conditions: **NOTE:** *The rating information is to be sent electronically to VAVBAPHI/IC/29/29A.*

(a) The permanent loss or loss of use of both feet, both hands, or both eyes;

(b) The permanent loss or loss of use of one foot and one hand, one foot and one eye, or one hand and one eye;

(c) The total loss of hearing of both ears; or

(d) The organic loss of speech.

NOTE: *These veterans are eligible for various VA insurance benefits.*

(5) Claimants are routinely informed about the status of all their pending claims.

(6) VA Form 21-0773 is maintained with the claims file and updated through final case disposition.

(7) The receiving RO is alerted to claimants who move to their jurisdiction.

(8) The claims file and original VA Form 21-0773 are expedited to the receiving RO with a clear indication that they are for an OIF-OEF seriously-disabled claimant.

(9) The VHA POC for the claimant's new area is alerted about the transfer whether or not the claimant is an inpatient at that VHA facility.

(10) An outreach letter is sent to each new seriously-disabled service member arriving in the RO's jurisdiction that provides an overview of VA benefits and services and offers assistance. The letter must include all appropriate benefit application forms for which a claim has not been received; and VA Pamphlet 21-01-1, A Summary of VA Benefits.

(11) Follow-up calls are made to ensure that any claim, or other VA issue(s), is addressed for severely-injured veterans. Communications and follow-up contacts must continue, even after the disability award has been finalized, to ensure the severely-injured veterans are:

- (a) Fully-informed regarding other benefit programs, and
- (b) Assisted in taking advantage of these programs at the appropriate times.

12. DUTIES OF VBA STAFF AT MTFs

A critical part of the seamless transition process for both VBA and VHA is having VBA Counselors and VHA Social Worker Liaisons at the MTFs. VBA Staff at MTFs must carry out the following duties: **NOTE:** *When there is no VBA staff assigned to a MTF, the RO OIF-OEF Coordinator assumes these duties.*

a. Service members in military or VA medical facilities are visited when medically feasible. They are:

(1) Made aware of all potential VA benefits and services as well as other benefits and services available through other sources.

(2) Assisted in completing their claims and gathering supporting evidence.

b. Service members who have statutory injuries are provided with applications for Service-Disabled Veterans' Insurance (29-4364) and Servicemembers' Group Life Insurance Disability Extension (SGLV – 8715) and told that both programs of insurance are free to them.

c. Service members potentially eligible for the Traumatic Servicemembers' Group Life Insurance (TSGLI) benefit are provided assistance in applying for the benefit.

d. Service members, while hospitalized, are routinely informed about the status of all of their pending claims.

e. Service members' family are, as necessary, informed regarding benefits and services, and their assistance is solicited when necessary.

f. Service members are given a business card that contains the VBA staff member's name and contact information, such as a telephone number.

g. For each service member, patient status is routinely confirmed (i.e., medical condition, treatment phase, anticipated date of hospital discharge, duty status, etc.).

h. A VA Form 21-0773, is generated and updated for each seriously-disabled patient. Each case is diared for necessary follow-up interview or other action, and the VA Form 21-0773 is updated accordingly.

i. Weekly status reports are submitted to the RO with case information on the service(s) provided to each seriously-disabled service member.

j. Compensation claims taken for the seriously-disabled service members are expedited to the appropriate RO with the VA Form 21-0773, and a clear indication that they are for an OIF-OEF seriously disabled claimant. The releasing RO OIF-OEF Coordinator retains a copy of the form.

i. The appropriate RO Coordinator is alerted about actual or imminent transfer of seriously-disabled patients to a military or VA medical facility within the RO's jurisdiction. The original VA Form 21-0773 is expedited to the receiving Coordinator by the releasing Coordinator. If the original was previously submitted to an RO with a claim, a copy of the releasing coordinator's VA Form 21-0773 is sent to the receiving Coordinator. The receiving RO must acknowledge receipt of the notification by responding to the e-mail.

(1) Service members are given VA contact information for the new RO's Coordinator or Case Manager when they are being transferred to another medical facility, released to return home, or awaiting discharge or retirement orders. The reverse of the Coordinator's business card may be used for that purpose.

(2) The VHA POC for those patients' new area is alerted about the transfer whether or not the receiving facility is military or VA.

**MILITARY TREATMENT FACILITIES WITH DEPARTMENT OF VETERANS
AFFAIRS (VA) LIAISONS STATIONED ON-SITE**

1. Walter Reed Army Medical Center (Washington, DC).
2. National Naval Medical Center (Bethesda, MD).
3. Brooke Army Medical Center, Fort Sam Houston (San Antonio, TX).
4. Darnall Army Community Hospital (Ft. Hood, TX).
5. Madigan Army Medical Center, Fort Lewis (Tacoma, WA).
6. Eisenhower Army Medical Center, Fort Gordon (Augusta, GA).
7. Evans Army Community Hospital (Ft. Carson, CO).
8. Naval Medical Center (San Diego, CA).
9. Naval Hospital, Camp Pendleton (Oceanside, CA).
10. Womack Army Medical Center (Ft. Bragg, NC).

NOTE: *The Social Work Program Manager for the Office of Seamless Transition (10D1) serves as the Veterans Health Administration (VHA) Liaison for the remaining MTFs.*

**ELIGIBILITY FOR HEALTH CARE SERVICES FOR OPERATION IRAQI FREEDOM
(OIF)/OPERATION ENDURING FREEDOM (OEF)**

1. Veterans who have served on active duty in a theater of combat operations (as determined by the Secretary of Veterans Affairs in consultation with the Department of Defense (DOD)) during a period of war after the Persian Gulf War, or in combat against a hostile force during periods of hostility after November 11, 1998, are eligible for hospital care and medical service for any illness potentially related to their service in the combat theater for a 2-year period following separation from military service. During this 2-year post-discharge period, they are not subject to medical care and medication co-payments when their physical or mental condition is determined by their health care provider to be potentially related to their exposure or military experience, regardless of income (known as enhanced combat veteran benefits). Those veterans who did not serve in a combat theater are subject to the same eligibility requirements as all other veterans. *NOTE: Reference current Veterans Health Administration policy for further details.*

2. Members of the Reserve Component (National Guard and Reserve) are eligible for Department of Veterans Affairs (VA) health care if they were called or ordered to active duty by a Federal declaration, served the period to which they were called and have separated from active military service under other than dishonorable conditions. National Guard and Reserve members who were mobilized to active duty, served in a combat theater, and separated from active duty receive a DD 214, Certificate of Release or Discharge from Active Duty; they are eligible for VA health care and benefits including the enhanced combat veteran benefits.

**FUNCTIONAL STATEMENT FOR DEPARTMENT OF VETERANS (VA) LIAISON
REGISTERED NURSE TO MILITARY TREATMENT FACILITIES (MTFS)
(NURSE III)**

A. Qualifications

The Department of Veterans Affairs (VA) Liaison is a graduate from a program accredited by the National League for Nursing Accrediting Commission (NLNAC), or the Commission on Collegiate Nursing Education (CCNE), and has met registered nurse (RN) licensure requirements for practice in accordance with VA Handbook 5005, Part II, Appendix G. The VA Liaisons are stationed at major Military Treatment Facilities (MTFs) nationwide.

B. Education and Experience Requirements

1. Master's Degree in Nursing.
2. 3-5 years of clinical nursing experience, preferably in care of patients with Polytrauma injuries, as well as returning service members with both severe and non-severe combat injuries.
3. Knowledge of Discharge Planning.
4. Demonstration of clinical competencies specified for the Veterans Health Administration (VHA) liaison role.

C. Scope of Practice

1. The VA Liaison is seen as the VHA representative to the military installation, as designated by the Under Secretary for Health, and must represent the VA in all aspects of the patient care, patient transfer, and patient outreach. The primary role of the VA Liaison is to ensure the smooth transition of patients and families, both inpatient and outpatient, from the MTF to the appropriate VHA facility. The VA Liaisons must work on site at the MTF with clinical and administrative staff, service member(s), families, and veterans to ensure priority access to needed health care services and education regarding VHA benefits is met. The service members or veterans are primarily returning from Iraq and Afghanistan and may have severe and complex injuries, minor injuries, and/or mental health needs. Although the liaisons must report administratively to the VHA facility closest to the MTF, they must report programmatically to the VHA Office of Seamless Transition (10D1).

2. Additionally, the VA Liaison develops a high level of clinical practice, leadership and skills to improve and coordinate patient care. The practice of each VA Liaison is based on knowledge, experience, and research, and is expected to impact patient outcomes and improve care coordination and continuity for patients with both severe and non-severe combat injuries. The VA Liaison executes position responsibilities that demonstrate leadership, experience, and creative approaches in the management of complex care of severely-injured patients.

D. Responsibilities

1. The VA Liaison is responsible to the VA medical center clinical executive team (Chief of Staff and/or Chief Nurse Executive) with matrix responsibility to the Nurse Executive at the MTF. Programmatic oversight of activities of all VA Liaisons is provided by the VHA Liaison Program Manager in the VA Central Office, Office of Seamless Transition. The VA Liaison possesses the knowledge and skills to effectively apply all aspects of the nursing process and care management principles within a collaborative, interdisciplinary practice setting. The VA Liaison will demonstrate knowledge and skills necessary to provide a smooth transition for the patient with both severe and non-severe combat injuries and the patient's family and/or significant other to VHA. This includes understanding specific age-related competencies that pertain to the principles of growth and development relevant to the adult and young adult population.

2. The responsibilities of the VA Liaison include:

(a) As an independent clinical practitioner, working closely with the MTF treatment team using advanced practice skills and expertise to provide ongoing consultation regarding complex discharge planning issues, VHA health care benefits, resources, and facilities. This will require an intimate knowledge of VHA programs and services nationwide, and the ability to match veterans' needs with appropriate resources.

(b) Developing relationships and collaborations with the VA and MTF social workers(SW), nurses, RN and SW case managers, managed care staff, and discharge planners to identify patients ready for discharge to the VHA, and to obtain clear referral information and authorization for the VHA to treat those still on active duty. This referral needs to:

1. Include appropriate sections and documentation from the MTF Medical Records, VA Referral Form (entitled *MTF Referral Form To VHA Liaison*), Admission Sheet, and Clinical/Consult Orders, or other authorization for VHA to provide services and bill TRICARE or other appropriate entity such as through a VA-Department of Defense (DOD) Sharing Agreement.

2. Clearly identifying the patient's health care and psychosocial needs and requests for VHA health care services to ensure that Clinical/Consult Orders, or authorizations, specifying which services are authorized for VHA to provide are completed prior to the transfer of any patients to VHA facilities.

(c) Meeting with the service member and/or family to provide education and an overview of VHA health benefits and resources to address current medical and psychosocial issues identified as part of the service member's treatment plan. In collaboration with the MTF treatment team and military case manager, the VA Liaison must use advanced clinical skills to assess the patient and/or family's psychosocial situation, their ability to comprehend and comply with VA treatment plan that has been determined by the MTF staff, and any special needs of the patient and/or family that may impact reaching optimal physical and mental functional status.

NOTE: Regular onsite collaboration and coordination is crucial to provide effective consultative services with the referral, linkage, education, and assessment functions. The provision of direct services may be necessary to enhance the communication and relationship with service members and their families.

(d) Coordinating with the liaison's home VHA facility enrollment coordinator and case manager to initially register active duty Operation Iraqi Freedom (OIF) and/or Operation Enduring Freedom (OEF) service members or enroll OIF and/or OEF veterans at their facility utilizing the referral information.

(e) Collaborating with MTF social workers, nurses and case managers in identifying the VHA facility where care will be transferred and an accepting physician at that facility. To ensure ease of registration or enrollment procedures, information must be transmitted using PDX or Network Health Exchange (NHE) from the liaison's facility to the identified receiving VHA facility.

(f) Identifying and communicating with the OIF-OEF Program Manager and RN or SW Case Managers at the receiving VHA facility to initiate and process referrals and linkages for transfer of care.

(g) Documenting all liaison activity in the Computerized Patient Record System (CPRS) in the nationally standardized template entitled *Seamless Transition VA/DOD Liaison Note* and in the MTF2VA tracking system or its equivalent.

(h) To facilitate the seamless transition of care, communicating the transfer plans to the patient and family while determining any unique patient or family needs requiring attention.

(i) Communicating ongoing needs of the patient and family to the receiving VA medical center OIF-OEF Program Manager to further facilitate the seamless transition of care.

(j) Maintaining contact with the facility OIF-OEF Program Manager at the accepting VHA facility and with MTF staff, coordinating the transfer of care upon discharge from the MTF. Assists in identifying and obtaining additional information needed from the MTF staff to optimize the transfer of care to the case manager at the VHA facility.

(k) Providing patient level referral and outcome information on all transfers of care from the MTF to the VHA Liaison Program Manager to VA Central Office, Office of Seamless Transition, on a monthly basis through use of a spreadsheet, inputting summary information into an automated intranet workload report on a weekly basis, and attending a bi-monthly conference call.

(l) Collaborating programmatically and communicating pertinent patient referral information with Veterans Benefits Administration Staff who are also located at the MTF.

(m) Collaborates and communicates with various agencies and departments at the national, state and local level in ensuring the seamless transition of healthcare.

(n) Preparing reports, briefs, and/or presentations for VA staff at all levels, DOD staff, Congressional Staff, community organizations, etc. regarding the Seamless Transition process and specific mechanics of their program.

(o) Managing the day-to-day operations of the liaison initiative and provides accountability to program effectiveness and modifications of service patterns to enhance customer service. Identify gaps in the transition system and collaborate with MTF and DOD Staff and other departments to enhance the seamless transition process.

(p) Protecting printed and electronic files containing protected health information and sensitive data in accordance with the Privacy Act of 1974 and other applicable laws, Federal regulations, VA statutes and policies. Protecting the data from unauthorized release or from loss, alteration, or unauthorized deletion. Following applicable regulations, the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security procedures and instructions regarding access to computerized files, releases of access codes, etc.

(q) Using word processing software to execute office automation functions such as storing and retrieving electronic documents and files; activating printer, inserting and deleting text, formatting letters, reports and memoranda; and transmitting and receiving email. Competent in Microsoft Office programs to include, but not limited to, Word, Excel, and Power Point as well as the intranet and internet to access resources and utilize web based tracking systems. Uses the Veterans health Information and Technology Architecture (VistA) and CPRS to document Liaison activities appropriately.

E. Professional Nursing Practice

The VA Liaison meets all mandatory requirements for assigned area and performs activities that reflect the educational, experiential and competency requirements outlined in the following nine dimensions of Nursing Practice:

1. Practice: Provides programmatic leadership in the application of the nursing process to client care, organizational processes and/or systems, improving outcomes at the program or service level.

a. Using discharge planning concepts, provides holistic assessments of patients and family relating to the transition of care. Integrates bio-psychosocial concepts, cognitive skills, and cultural and age-specific patient characteristics to coordinate improved holistic outcome-based health care services.

b. Demonstrated advanced knowledge and skills necessary to provide customer service appropriate to the age of the patient population, including the ability to obtain and interpret information to identify patient and/or family concerns to resolve issues to the patient and/or family's satisfaction when at all possible.

c. Uses sound clinical judgment in assessing, planning, implementing, documenting and evaluation patient and/or family concerns at the program and/or service level.

d. Collaborates and/or consults with patient and multidisciplinary staff at DOD and VHA to effect plan of care.

e. Articulates differences in responses to illness and therapies considering individual's cultural, ethnic, socioeconomic, linguistic, religious and lifestyle preferences.

f. Utilizes a repertoire of strategies to coordinate advance care planning and address responses to care planning decisions in order to effect the smooth transition of care. Ensures continuity during the transition of care.

2. Quality of Care: Initiates interdisciplinary projects to improve organizational performance and outcomes.

a. Assesses nursing implications and accountabilities to promote patient safety throughout the transition process. Ensures that all required health care information and data is documented, complete, and included in the patient care record prior to transfer.

b. Collaborates with the interdisciplinary teams, patients, and families to establish satisfactory outcomes and goals for patient and/or family concerns

c. Continually evaluates the achievement of the VHA Liaison program goals and objectives.

3. Performance: Uses professional standards of care and practice to evaluate programs and service activities.

a. Assumes responsibility and accountability for processes and systems for the coordination of care at the program level.

b. Initiates and leads interdisciplinary team meetings to mediate or resolve identified patient and/or family issues.

c. Works effectively with patient, families, significant others, as well as with professionals and support personnel.

4. Education and/or Career Development: Implements an educational plan to meet changing program or service needs for self and others. Maintains knowledge of current techniques, trends, and professional issues.

a. Applies nursing standards and guidelines to clinical practice and care of Polytrauma patients.

b. Keeps self and staff equipped with current knowledge and skills to meet changing program and service needs. Recommends valuable programs to colleagues and staff.

c. Develops and provides ongoing in-service to staff to facilitate and increase sensitivity and understanding about patient perceptions and satisfaction.

d. Contributes to the achievement of applicable performance measures.

5. Collegiality: Serves as a preceptor and/or mentor. Coaches colleagues in team building. Makes sustained contributions to health care by sharing expertise within the medical center, or external to it.

a. Serves as a resource to both VA and DOD.

b. Facilitates team efforts to achieve positive patient outcomes of program and/or service goals.

c. Shares clinical expertise with other professionals within or outside the facility.

6. Ethics: Provides leadership in identifying and addressing ethical issues that impact client and staff, including initiating and participating in ethics consultations. Supports and enhances client self-determination.

a. Demonstrates sensitivity to the cultural values and belief of patients and staff, identifies ethical issues and advocates for patient and/or family rights related to all facets of care.

b. Supports the American Nurses' Association Code of Ethics.

c. Safeguards patient privacy and maintains confidentiality of patient information.

d. Promotes VHA and DOD mission, vision and values;

7. Collaboration: Uses group process to identify, analyze, and resolve care problems.

a. Interacts with patients, family, significant others, and members of VA and DOD interdisciplinary teams, consistently demonstrating skilled communication techniques.

b. Works collaboratively with all members of the healthcare team at both VA and DOD settings to review and discuss any practices which appear to infringe on patient rights or may cause unnecessary discomfort or embarrassment to patient and/or families.

c. Initiates and conducts interdisciplinary team conferences to mediate and/or resolve identified patient and/or family issues and improve quality of care

d. Serves as a mentor and/or preceptor to nurses in VA and/or DOD facilities.

e. Demonstrates ability to work effectively with Polytrauma patients, professional and supportive personnel in both VA and DOD.

8. Research: Collaborates with others in research activities to improve care. Uses a body of research to validate and/or change work group practice.

- a. Conducts and/or participates in studies, surveys, and activities to improve patient outcomes and satisfaction with health care.
- b. Applies current concepts and accepted findings from research studies to practice and when making recommendations for change.
- c. Uses evidence as a foundation for practice and changes in practice.

9. Resource Utilization: Manages program resources (financial, human, material, or informational) to facilitate safe, effective, and efficient care.

- a. Integrates care provided by all health care providers at DOD and VHA facilities to facilitate discharge or transfer appropriate to the needs of Polytrauma patients.
- b. Promotes practices that both reduce transfer and discharge delays and enhance cost effective use of resources.
- c. Explores alternative solutions to problems and selects the most appropriate, efficient and effective approach to problem solving.
- d. Initiates and maintains compatible working relationships with VA and DOD staff in order to obtain cooperative sharing of resources.

**POSITION DESCRIPTION FOR DEPARTMENT OF VETERANS AFFAIRS (VA)
LIAISON (SOCIAL WORKER) TO MILITARY TREATMENT FACILITY (MTF)**

Title: VA Liaison (Social Worker) to MTF

Series and Grade: GS-01085-12

1. INTRODUCTION

a. Seamless Transition is a nationally recognized initiative to seamlessly transition the health care of injured and ill returning combat service members and veterans from Department of Defense (DOD) to the Department of Veterans Affairs (VA) health care system. The initiative is led by the VA Central Office, Office of Seamless Transition (10D1). The VA Liaison is seen as the Veterans Health Administration (VHA) representative to the military installation and must represent the VA in all aspects of patient care, transfer, and outreach. The primary role of the VA Liaison is to ensure the transfer of health care, both inpatient and outpatient, from the Military Treatment Facility (MTF) to the appropriate VHA facility. The VA Liaisons must work on site at the MTF with staff, service member(s), families, and veterans to ensure priority access to needed health care services and education regarding VHA benefits. The service members and/or veterans are primarily returning from Iraq and Afghanistan and may have severe and complex injuries, minor injuries, and/or mental health needs. Although the liaisons must report administratively to the VHA facility closest to the MTF, they must report programmatically to the VHA Office of Seamless Transition.

b. The practice of each Liaison is based on knowledge, experience, and research, and is expected to impact patient outcomes and improve care coordination and continuity for Polytrauma patients as well as returning service members with both severe and non-severe combat injuries.

2. PRINCIPAL DUTIES AND RESPONSIBILITIES

a. The VA Liaison is responsible to the VA medical center clinical executive team (Chief of Staff and/or Chief Nurse Executive) with matrix responsibility to the Chief of Social Work at the MTF, or designee. The VA Liaisons are stationed at major MTFs nationwide. Other sites may be added as needs warrant and are identified by the Office of Seamless Transition in VA Central Office.

b. The responsibilities of the VA Liaison to the MTF include:

(1) Working closely with the MTF treatment team, as an independent practitioner, using advanced practice skills and expertise to provide ongoing consultation regarding complex discharge planning issues, VHA health care benefits, resources, and facilities. This requires an intimate knowledge of VHA programs and services nationwide, and the ability to match veterans' needs with appropriate resources.

(2) Developing relationships and collaborating with the MTF social workers, nurses, case managers, managed care staff, and discharge planners to identify patients ready for discharge to VHA, and to obtain clear referral information and authorization for VHA to treat those still on active duty. This referral needs to:

(a) Include the MTF Medical Records, VA Referral Form (entitled *MTF Referral Form to VA/DOD Liaison*), Admission Sheet, and Clinical/Consult Orders, or other authorization for VHA to provide services and bill TRICARE or other appropriate entity such as through a VA-DOD Sharing Agreement.

(b) Clearly identifying the patient's health care and psychosocial needs and requests for VHA health care services to ensure that Clinical/Consult Orders or authorizations, specifying which services are authorized for VHA to provide are completed prior to the transfer of any patients to VHA facilities.

(3) Meeting with the service member and/or family to provide education and an overview of VHA health benefits and resources to address current medical and psychosocial issues identified as part of the service member's treatment plan. In collaboration with the MTF treatment team, the liaison must use advanced clinical skills to assess the patient and/or family's psychosocial situation, their ability to comprehend and comply with VA treatment plan that has been determined by the MTF staff and any special needs of the patient and/or family that may impact reaching optimal psychosocial functioning.

NOTE: Regular onsite collaboration and coordination is crucial to provide effective consultative services with the referral, linkage, education, and assessment functions. The provision of direct services may be necessary to enhance the communication and relationship with service members and their families.

(4) Coordinating with the liaison's home VHA facility enrollment coordinator to initially register active duty Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) service members or enroll OIF and/or OEF veterans at their facility utilizing the referral information. Registering active duty service members in the VA computer system to ease transfer of care to the VHA treatment facility.

(5) Collaborating with MTF social workers, nurses and case managers in identifying the VHA facility where care will be transferred and an accepting physician at that facility. To ensure ease of registration or enrollment procedures, information must be transmitted using PDX or Network Health Exchange (NHE) from the liaison's facility to the identified receiving VHA facility.

(6) Identifying and communicating with the OIF-OEF Program Manager at the receiving VHA facility to initiate and process referrals and linkages for transfers of care.

(7) Documenting all liaison activity in the Computerized Patient Record System (CPRS) in the nationally standardized template entitled *Seamless Transition VA/DOD Liaison Note* and in the MTF2VA tracking system or its equivalent.

(8) Communicating the transfer plans to the patient and family while determining any unique patient or family needs requiring attention. Communicating ongoing needs of the patient and family to the receiving VA medical center OIF-OEF Program Manager to further facilitate the seamless transition of care.

(9) Maintaining contact with the OIF-OEF Program Manager and with MTF staff, coordinating the transfer of care upon discharge from the MTF; and assisting in identifying and obtaining additional information needed from the MTF staff to optimize the transfer of care.

(10) Providing patient level referral and outcome information on all transfers of care from the MTF to the VHA Liaison Program Manager to VA Central Office, Office of Seamless Transition, on a monthly basis through use of a spreadsheet, inputting summary information into an automated intranet workload report on a weekly basis, and attending a bi-monthly conference call.

(11) Collaborating and communicating pertinent patient referral information with Veterans Benefits Administration (VBA) Staff who are also located at the MTF.

(12) Collaborating and communicating with various agencies and departments at the national, state and local level in ensuring the seamless transition of healthcare.

(13) Preparing reports, briefs, and/or presentations for VA staff at all levels, DOD staff, Congressional Staff, Community Organizations, etc. regarding the Seamless Transition process and specific mechanics of their program.

(14) Managing the day-to-day operations of the Liaison initiative and provides accountability to program effectiveness and modifications of service patterns to enhance customer service. Identifies gaps in the transition system and collaborates with MTF and DOD Staff and other departments to enhance the seamless transition process.

(15) Demonstrating knowledge and skills necessary to provide a smooth transition for patients with severe and non-severe injuries and the patient's family and/or significant other to VHA.

(16) Taking into consideration age-related difference of the various veterans populations served:

(a) Young Adult-hood (20-40). Persons in general have normal physical functions and lifestyles. Persons establish relationships with significant others, are competent to relate to others, may begin to expand their family with children. This population is the most frequently served by the incumbent; however, injuries may have impaired or altered the "normal physical functioning" and "competency," which will affect their psychosocial needs.

(b) Middle Age (40-65). Persons may have physical problems and may have changes in lifestyle because of children leaving the home or occupational goals. Persons may have been injured and now face employment and lifestyle changes that affect the family and all aspects of life. Persons may be family relatives of a patient that is directly impacted by injury to relative.

(c) Older Adulthood (65-75). Persons may be adapting to retirement and changes in physical abilities. Chronic illness may also develop.

(d) Middle Old (75-80). Persons may be adapting to decline in physical functioning to include movement, reaction time and sensory abilities. May also have an increase in dependency on others.

(e) Old (85 and over). Increasing physical problems may develop and/or increased dependency on others.

(17) Protecting printed and electronic files containing protected health information and sensitive data in accordance with the Privacy Act of 1974 and other applicable laws, Federal regulations, VA statutes and policies. Protecting the data from unauthorized release or from loss, alteration, or unauthorized deletion. Following applicable regulations, Health Information Portability and Accountability Act (HIPAA) Privacy and Security procedures, and instructions regarding access to computerized files, releases of access codes, etc.

(18) Uses word processing software to execute office automation functions such as storing and retrieving electronic documents and files; activating printer, inserting and deleting text, formatting letters, reports and memoranda; and transmitting and receiving email. Competent in Microsoft Office programs to include, but not limited to: Word, Excel, and Power Point, as well as the intranet and internet to access resources and utilize web based tracking systems.

(19) Uses the Veterans Health Information and Technology Architecture (VistA) and CPRS to document Liaison activities appropriately.

3. KNOWLEDGE REQUIRED

a. The incumbent is an experienced social worker, recognized to be an independent practitioner who can demonstrate the ability to manage and evaluate programs and policies. Knowledgeable about the principles and theories in Social Work Practice. Possesses professional judgment, including knowledge of normal and abnormal behavior, which is an inherent competency applied in daily interactions with service members and/or veterans. Highly developed professional, clinical and advanced practice skills are routinely used in the transition service members and/or veterans with complex problems, brought about by combat related psychiatric and medical disabilities.

b. Detailed knowledge of mission, goals, objectives, organization, and programs of VHA health care service and delivery systems and an awareness of Veterans Benefits Administration (VBA) benefits delivery systems. Comprehensive knowledge of management techniques and

practices, especially related to patient care activities and how they relate to the complex and evolving health care environment. A master's degree in social work from a school fully accredited by the Council on Social Work Education and a valid state license at the independent practice level are required. Clinical and administrative experience is also required.

c. Projects are of a specialized nature and therefore require a person with knowledge, experience and expertise in VHA facility operations and clinical management. Requires comprehensive knowledge of VA and VHA policies, issues, clinical and political complexities essential to the management of a complex system-wide health care delivery system.

d. The incumbent must possess excellent communication skills, both oral and written, in order to transmit information regarding seamless transition services to professional and other staff both within and outside VA. The incumbent must be able to interact effectively with a wide variety of health care professionals and VBA professionals.

4. SUPERVISORY CONTROLS

The incumbent will report administratively to the VA Medical Center closest to the incumbent's designated MTF. Programmatically, the incumbent will report to the Liaison Program Manager in the Office of Seamless Transition, VA Central Office. The incumbent works with substantial independence, works on the incumbent's own initiative, is expected to identify additional necessary functions, and employ well developed problem solving approaches. The program management responsibilities of this position are such that the incumbent must exercise individual initiative in planning and implementing program policies and procedures. Work is evaluated on the basis of results achieved and overall quality of reports and analysis.

5. GUIDELINES

a. Guidelines consist of VHA general administrative and clinical management policies, directives, and handbooks and nationwide patient care initiatives. These require judgment and interpretation by the incumbent. Other guidelines are VA and VBA policies and procedures, Public Law, Federal Regulations, the Joint Commission on Accreditation of Healthcare Organization (JCAHO) and Commission on Accreditation of Rehabilitation Facilities (CARF) standards, and other program-specific guidelines. The incumbent has comprehensive professional expertise in policy development, performance standards and strategic planning initiatives.

b. In utilizing the above guidelines, the incumbent must exercise considerable judgment in designing, writing, developing, coordinating, and implementing plans, data collection, reporting requirements, and evaluation of seamless transition services provided by VHA staff. The incumbent is recognized as an expert in the development and interpretation of guidance for seamless transition.

6. COMPLEXITY

a. This position involves multiple clinical activities and collaboration with many VA, VHA, and VBA offices, including field staff. The work assignments require an interdisciplinary, integrated approach and collaboration with other Federal agencies and departments, including DOD. The issues are interrelated, as the work involves planning and policies affecting the VA national health care system as well as the administration and application of organizational policies and procedures related to other VA Central Office program offices. The work may also require partnerships, collaborations and reporting to the following VA-DOD groups: Joint Executive Committee, the Health Executive Committee, and the Benefits Executive committee.

b. Changes in policies and procedures, program resources and functions, and new legislation add to the complex coordination and implementation of seamless transition activities. Also, changes in mission, objectives and proposed initiatives (from DOD, Office of Management and Budget (OMB), etc.) must be considered in reviewing and analyzing reports and studies for the Seamless Transition Liaison Program Manager. In many instances, new data may need to be developed or gathered and applied in order to successfully plan for and implement program goals and projections.

7. SCOPE AND EFFECT

a. The purpose of the work is to assist in developing and implementing seamless transition policies and programs that are of vital significance and interest to the top management of VHA, VA, DOD, Veterans Service Organizations, and Congress. Incumbent provides administrative, technical, professional and managerial support to VA Central Office, Veterans Integrated Service Network (VISN) offices, and VHA facilities regarding interpretation and implementation of policies, directives and national program monitoring and review.

b. The purpose of the work is to assess and improve the quality of services provided by VHA staff assigned to seamless transition activities. Work affects many clinical programs and all sites of health care delivery in VHA, as well as national assessment of the quality of care provided.

8. PERSONAL CONTACTS

Contacts are with managers, supervisors and staff throughout VA, VBA, and VHA, including VISN offices, VHA facilities, VA Central Office programs, and DOD. Contacts are also with representatives of Veterans Service Organizations, other Federal agencies, professional organizations, accrediting bodies, the general public, and VA offices external to VHA, including General Counsel, Office of Human Resources Management, Office of Acquisition and Materiel Management, and Congressional Affairs.

9. PURPOSE OF CONTACTS

The purpose of contacts is to coordinate patient care referrals, ensure compliance with policies and objectives, and to serve as the VA representative while at the MTF, exchanging relevant and functional information regarding policies and data. Contacts may also involve members of various work groups and task forces which the incumbent may lead. In these situations, the purpose of the contacts is to build consensus for ideas and recommendations, to persuade others to adopt particular points of view, and to produce final reports.

10. PHYSICAL DEMANDS

A high level of physical energy is required as the incumbent is expected to meet with many people in many different locations in the course of a work day. There may be some field travel involved with this position.

11. WORK ENVIRONMENT

Work is normally performed in an office environment with adequate lighting, heating, and ventilation.

**POSITION DESCRIPTION FOR TRANSITION PATIENT ADVOCATE
PATIENT REPRESENTATIVE, GS-0301-11****1. Organizational Location**

This position is a Transition Patient Advocate. The position is assigned to the Veterans Integrated Service Network (VISN) office and is directly supervised by the facility level Program Manager for Operation Iraqi Freedom (OIF) and/or Operation Enduring Freedom (OEF) patients. The Program manager also has VISN responsibility. The position is directly linked to the Office of the VISN Director as concerns addressed by the advocate may require the involvement of multiple services, crossing broad organizational lines typically associated with a Medical Center.

2. Primary Purpose

a. The incumbent serves as the VISN Director's liaison between the medical centers, the patients, employees of the medical centers and the community regarding patients' rights and advocacy. As the liaison the patient advocate acts as a communicator, facilitator and problem solver. Administrative, organizational and educational skills will be utilized. Activities will cross all lines of authority and responsibility and encompass all medical centers, services within a medical center and throughout the VISN. Participation in related community activities will also be required. The Transition Patient Advocate will serve as the point of contact to assist transitioning OIF and/or OEF veterans and their families. As many of these veterans suffer from multiple complex health and mental health problems, including traumatic brain injury (TBI), amputations, burns, combat stress and post-traumatic stress disorder (PTSD) and this position is dedicated to ensuring severely injured service members and veterans have a personal advocate as they move through the Department of Veterans Affairs (VA) system.

b. Incumbent will travel to Department of Defense (DOD) medical treatment facilities to introduce himself/herself to the injured/ill service member and family. At times, the incumbent will personally escort the service member to a VA Medical Center when the patient is being transferred. Incumbent provides coordination of care, advisory and technical assistance to OIF and/or OEF veterans seeking medical care. Incumbent is responsible to provide advice on eligibility in the VA system and assist with facilitating all aspects of care required and/o requested by the OIF and/or OEF veterans in collaboration with Social Work and Nursing Case Managers.

c. Incumbent independently handles a wide range of difficult contacts and complex situations, including eligibility determination on all types of patients. As directed by the OIF-OEF Program Manager, contacts the gaining or appropriate nationwide VA medical center facility for the given patient and transfers enrollment and clinical records as part of the transition assistant. Incumbent utilizes Appointment Management in the Veterans Health Information and Technology Architecture (VistA) and the Computerized Patient Record System (CPRS) on a routine basis to monitor appointment timeliness and ensure care is not lost to follow-up. The

Patient Advocate is to act on behalf of the patient and on the family's behalf on a variety of questions and issues involving problem resolution and patient advocacy.

d. Transition Patient Advocates must use the VA computerized Patient Representative Tracking Package to enter all complaints and compliments of the service members, veterans, and family members they follow in order to enhance collection of veteran feedback and opportunities to improve services.

e. The incumbent interprets the facilities and VISN mission, purpose, philosophy, policies, procedures and services to the patient and/or family members and presents the patient's problems, opinions and needs to the appropriate staff and to management for resolution.

f. Assists patients in understanding their rights in addition to their responsibilities. Incumbent is responsible for safeguarding and insuring statutory and constitutional rights of patients and protecting the patients from other kinds of system abuses.

g. Provides information and assistance to veterans and family members regarding benefits, entitlement and eligibility to health care and veteran benefits. Assists, when necessary, with completion of administrative tasks in conjunction with the application of benefits.

h. Identifies the elements of clinical or administrative practices that contribute to or cause an atmosphere for patient dissatisfaction which lead to patient complaints and recommends to the VISN Director, through the facility OIF-OEF Program Manager and Facility Director, changes that will reduce or eliminate justified complaints.

i. Assists patients, their families and the facility staff members in recognizing and removing institutional obstacles to providing optimum quality health care.

j. Develops rapport and maintains effective relations with medical center personnel at all levels, i.e., management, supervision, professional staff, technicians, administrative and clerical staff. Ability to communicate with individuals of different education, environmental, ethnic and cultural backgrounds is essential.

k. Through the Facility Director's office and the facility OIF-OEF Program Manager, works closely with staff in congressional offices and responds to matters involving patient dissatisfaction. This relationship creates an atmosphere for resolution at an informal level before potential controversial issues are taken further.

l. Performs analytical and evaluative work associated with line and/or program activities.

3. Organizational Analysis 10 percent

a. Evaluates, processes, or makes recommendations for effective organizational changes. Performs organizational analysis for stable, traditionally structured organizations.

b. Performs duties involving supervising and/or staff administrative services, but does not involve substantial line responsibility for establishing and implementing overall clinical policies and priorities. Ensures they are in compliance with patients rights.

c. Plays a critical support role in developing and coordinating internal review systems to ensure that both clinical and administrative activities are in compliance with agency and accrediting and regulatory requirements especially as they pertain to patient rights and responsibilities.

4. Evaluates Programs and/or Monitors Data (10 percent)

a. Maintains program requirements and/or validation criteria for assigned organizations. Prompts staff members to participate in cyclic or special evaluations. Incumbent acts as a quality assurance specialist, helping ensure accuracy of patient care data. Incumbent prepares and monitors evaluation data, analyzes data, identify discrepancies, make corrections, and recommends a course of action to assure accuracy and timeliness of future data input. The incumbent collects, analyzes, and evaluates data generated and produces meaningful reports based on that data as it relates to quality and customer service standards. The incumbent also generates reports on the status and effectiveness of VISN program of Transitional Patient Advocacy.

b. Incumbent must be able to visualize needed changes and improvements in the management process and be capable of originating new and different solutions to problems. The incumbent must be able to comprehend, interrelate, evaluate facts, distinguish between causes and effects, understand fundamental problems, and be able to develop solutions logically and systematically.

5. Reports Results and/or Monitors Remedial Actions (10 percent)

a. Compiles final reports of evaluation efforts. Notes discrepancies and the planned initiatives for effecting remedial actions. Establishes administrative controls aimed at ensuring remedial actions are completed as proposed. Incumbent provides input into the conduct of, and is responsible for the maintenance of files and records pertaining to patient satisfaction surveys or other evaluative information. Documents all findings derived from the information after thorough analysis of data in order to identify trends and patterns and compiles data for inclusion in comprehensive analysis. Participates in VISN-wide quarterly reports, assisting in analyzing the data from a VISN perspective for process improvement. Monitors action items to promote satisfactory progress towards remedy. Leads process improvement teams under supervision.

b. Provides a channel through which patients can seek solutions to problems, concerns, and unmet needs. Works with health care providers and administrative support staff throughout the medical center in preventing and resolving patient complaints.

6. Patient Entitlements (25 percent)

Assists OIF-OEF patients in understanding their rights, in addition to their responsibilities. Maintains liaison with veterans' service organizations, community groups, and others whose interest is in helping and protecting veterans, their families, and their representatives. The incumbent interprets the VISN and medical center's mission, policies, procedures, and available resources and/or services to the patient and presents the patient's problems, opinions and needs to appropriate staff and management. Explains entitlements to patients and their families. May assist with congressional and/or patient inquiry letters as requested by the VISN or facility Director. May be called upon to provide information with which to answer these inquiries and/or complaints.

7. Clinical Liaison (45 percent)

a. Assists patients, their families and representatives, and facility staff members in recognizing and removing institutional barriers to the provision of optimum health care to veterans. Identifies existing and potential problem areas, suggests solutions or alternatives to existing procedures which contribute to these problems.

b. Acts to resolve problems, expedite services, or implement necessary corrective measures within established facility policies and where appropriate, through committee participation. Has the authority to review any files or records and discuss with facility staff any practice that appears to violate patient's rights or which causes unnecessary discomfort or embarrassment to patients, their families, or the health care facility and reports such findings with recommendations for improvements to the VISN and/or facility Director. Has the overall responsibility for the resolution of patient problems which arise. Serves as an "advocate" for assigned OIF-OEF patients within the facility and across the VISN. Receives and listens to complaints and grievances from patients or from individuals on behalf of patients. Makes inquiry into patient complaints, initiates action, or changes necessary to correct problem situations, and reports on corrective measures taken. Acts as an advocate for patients using seasoned judgment to resolve problems.

c. The incumbent is authorized to directly contact any member of the hospital or VISN staff concerning any matter for problem relating to patient care which has not been resolved by other services and to seek a resolution, whenever possible, within the full resources of the VISN, medical center and VA systems. When a problem area or complaint is identified, the incumbent is expected to explore all avenues, crossing all lines of authority and responsibility within the VISN and medical center, in order to properly identify the nature and scope of the problem and to initiate appropriate action to expedite a resolution. Identifies existing and/or potential problems areas and suggests solutions or alternatives to existing procedures which contribute to these problems.

d. Acts on behalf of the VISN and facility Director to resolve problems, expedite services, or implement necessary corrective measures within established facility policies and where appropriate, through committee participation. Provides input into the conduct of, and may be

responsible for, the maintenance of the files and records pertaining to patient surveys. Documents all findings derived from these surveys after thorough analysis of data in order to identify trends and patterns.

8. (Factor 1-7 1250 Points) Knowledge Required by the Position

a. The Transition Patient Advocate must have a thorough knowledge of Federal Laws, VA regulations and directives governing veterans' medical benefits; facility policies, procedures and organizational structure; medical terminology; available services; capability of clinics and must be aware of changes which affect veterans' benefits. Thorough knowledge of various public laws as well as the Health Insurance Portability and Accountability Act (HIPAA), Freedom of Information Act, Privacy Act, Advance Directives Act and others is required. This knowledge is necessary to answer questions for patients, their families or their representatives in order to perform the duties of the position.

b. The Transition Patient Advocate must have knowledge of and skills in working with combat veterans and seriously-injured veterans who have special needs.

c. The Transition Patient Advocate must possess knowledge of the duties, priorities, commitments and program goals of both administrative and clinical services in order to respond to concerns expressed by patients and their families relative to health care services. The incumbent must possess knowledge and skills to discuss and negotiate with the family and to help determine what course of actions are in the best interest of the patient.

d. The work requires a high degree of skill in oral and written communication as well as interpersonal relations. The representative must possess skill in interviewing, knowledge of the process of inquiring, knowledge of counseling principles, and record keeping techniques. The utilization of analytical ability is required in reviewing policies, identifying existing problems and potential problem areas and suggesting solutions or alternatives to existing procedures which may contribute to those problems. The tracking, trending, and interventions that are effective are examples of this skill and knowledge.

e. The patient representative must possess knowledge of medical terminology and VA nomenclature used with a variety of administrative diagnostic and treatment procedures provided to all categories of patients. The ability to effectively review and interpret information contained in medical and administrative records is essential.

9. (Factor 2-4 450 Points) Supervisory Controls

a. The incumbent works directly for the OIF-OEF Program Manager in the Facility who also reports to the Office of the VISN Director. The Program Manager establishes the overall objectives of the Patient Advocacy Program. The incumbent performs duties and responsibilities independently with the authority to operate within broad general guidelines established by the Network to ensure optimum support to the medical centers and to promote efficient dissemination of services to veterans.

b. The incumbent's knowledge is used to plan, schedule, and accomplish work and to evaluate and recommend ways to improve the effectiveness and efficiency of processes that contribute to informing and providing services to veterans. The employee informs the supervisor of potentially controversial findings, issues, or problems with widespread impact.

c. Completed work is reviewed by the supervisor for compatibility with organizational goals, guidelines, and effectiveness in achieving intended objectives. Completed work is also reviewed critically outside the employee's immediate office by staff and line management officials whose programs and employees would be affected by implementation of the recommendations.

10. (Factor 3-3 275 Points) Guidelines

a. Guidelines consist of legislative and regulatory requirements that establish benefits and entitlements for veterans, agency, and VISN policies and procedures; medical terminology; established medical center organizational functions and processes; and accepted analytical methods.

b. Guidelines are not always directly applicable to specific work assignments. However, precedents are available for reference. The employee uses judgment in choosing, interpreting, or adapting available guidelines to specific issues or subjects. The employee analyzes the subject and the current guidelines and makes recommendations for changes.

c. Included are work assignments covered by a wide variety of administrative regulations and procedural guidelines. In such circumstances the employee must use judgment in researching regulations and in determining the relationship between guidelines and organizational efficiency, program effectiveness, or employee productivity.

11. (Factor 4-4 225 Points) Complexity

a. The work of the Transition Patient Advocate involves many aspects of patient treatment that is unique to the patient because of serious and disabling injury caused by combat. The Advocate must be responsive to new and different requests associated with each unique veteran condition and situation to facilitate prompt treatment.

b. The position is also complicated by severe medical conditions that may require the patient to receive treatment at multiple facilities. The Transition Patient Advocate is responsible for ensuring a smooth and seamless flow from one treatment facility to another. The Transition Patient Advocate is responsible for following the patient from the time the patient enters the VA system until they are discharged. This includes working closely with family members to ensure they are kept informed and are available to explain unique issues of the patient.

c. The Patient Advocate must work closely with their respective VISN Office, as well as medical facilities that assigned patients will receive their care from to ensure continuity of care.

d. The work involves advising and assisting veterans to obtain benefits and entitlements and resolve problems in obtaining needed services. It includes identifying and recommending

changes in medical center processes to facilitate providing service to veterans. This requires establishing and maintaining effective working relationships with veterans and their families and medical center staff; an analysis of operating and administrative processes; and working to resolve problems and improve operations. This involves interpersonal relations, data gathering and analysis, and problem solving.

12. (Factor 5-3 150 Points) Scope and Effect

The purpose of the work is to function as a liaison between veterans and their families and the medical center staff to ensure veterans receive prompt appropriate medical care; and have access to their full entitlement of benefits; and to resolve problems that arise. The work may impact several medical centers and VISNs. The work impacts the care veterans receive and the ability to provide seamless care across Agencies and facilities within VA

13. (Factor 6-3 60 Points) Personal Contacts

Contacts are with veterans and their families, VISN and medical center staff, and veteran and community organizations. Contacts require developing trust and good working relationships with all parties.

14. (Factor 7-3 120 Points) Purpose of Contacts

Contacts are to gather and disseminate information, share findings, resolve problems, and recommend changes to improve processes. Contacts require establishing and maintaining good working relationships with veterans and their families, VISN and medical center staff, and members of veteran and community groups. Contacts involve working with veterans and their families who may be dissatisfied, to mediate problem resolution, and facilitating management's acceptance of recommendations.

15. (Factor 8-1 5 Points) Physical Demands

A high level of physical energy is required, as the incumbent is expected to meet with many people in many different locations in the course of a workday.

16. (Factor 9-1 5 Points) Work Environment

The incumbent must have an office within the VISN. However, it is expected that a major portion of the services provided will be conducted away from the office, in the office of other agencies, in non-traditional settings, and in military, reserve and National Guard facilities. The nature of the job requires travel throughout an assigned geographical area away from the work setting.

17. ADP Security

Protects printed and electronic files containing sensitive data in accordance with the provisions of the Privacy Act of 1974 and other applicable laws, Federal regulations, VA statutes and policy, and VHA policy. Protects the data from unauthorized release or from loss, alteration, or unauthorized deletion. Follows applicable regulations and instructions regarding access to computerized files, release of access codes, etc., as set out in the computer access agreement that the employee signs.

**POSITION DESCRIPTION FOR OPERATION IRAQI FREEDOM (OIF) AND
OPERATION ENDURING FREEDOM (OEF) PROGRAM MANAGER
SOCIAL WORKER, GS-0185-12**

Functional Title: OIF-OEF Program Manager

A. INTRODUCTION

1. The Operation Iraqi Freedom(OIF)-Operation Enduring Freedom (OEF) Program Manager oversees all seamless transition activities and the coordination of care and services for OIF and/or OEF service members and veterans treated at the facility. OIF and/or OEF service members and veterans treated come from a wide geographic area. Their health care and psychosocial problems and needs are complex and require a high degree of clinical oversight and creative problem solving. The incumbent facilitates efficient and appropriate delivery of care across episodes of care within the Medical Center and Community-based Outpatient Clinics (CBOC), including Mental Health services.

2. The Program Manager has programmatic responsibility and may have administrative responsibility for facility staff providing services to OIF and/or OEF service members and veterans, including nurse and social worker case managers and transition patient advocates. The OIF-OEF Program Manager is assigned to a Department of Veterans Affairs (VA) medical center. The incumbent is a master's prepared social worker.

B. PRINCIPAL DUTIES AND TASKS

The incumbent plans, develops, implements and oversees all components of facility seamless transition and services provided to OIF and/or OEF veterans. Duties include, but are not limited to:

1. Program Management (45 Percent)

a. Develops a system to identify OIF and/or OEF patients served by the facility and those in the catchment area not currently seen. This may involve use of a OIF-OEF Registry, Patient Treatment File searches, Veterans Health Information System and Technology Architecture (VistA) and Computerized Patient Record System (CPRS) records, Northeast Program Evaluation Center (NEPEC) data reports and/or Classification reports, Patient Data Exchange, Network Health Exchange, contacts with the Veterans Integrated Service Network (VISN) and VA Central Office, and contacts in the community.

b. Serves as the facility point of contact for all inquiries regarding seamless transition of OEF and/or OIF veterans and as point of contact for OIF and/or OEF service members and veterans seeking health care from the facility. These duties include a wide variety of stakeholders (e.g., veterans, families, state and community agencies, Veterans Service Organizations (VSOs), military support programs, etc.). Incumbent addresses Congressional inquiries and VISN and VA Central Office action items as requested.

- c. Oversees or works closely with facility case management teams to include nurse and social worker case managers, the Visual Impairment Services Team (VIST) Coordinator, the Spinal Cord Injury (SCI) Coordinator and the Women Veterans Program Manager.
- d. Ensures OIF and/or OEF veterans receive comprehensive preventive mental and physical health evaluations.
- e. Promotes and coordinates evaluations for the OIF-OEF program for the Medical Center and any outlying CBOCs.
- f. Prepares program reports for VA Central Office, the VISN Point of Contact (POC), and Medical Center leadership.
- g. Develops procedures for referrals between the VA medical center, Military Treatment Facilities and/or community hospitals that promote appropriate and timely inter-facility transfers.
- h. Responsible for management of Military Treatment Facility referrals and the list of combat veterans located in the facility's catchment area. This includes entering, editing, compiling, analyzing, and updating of pertinent data. Ensures registration of appropriate veterans for clinical, administrative, and outcome purposes. Manages the training for all staff involved with the registry.
- i. Is responsible for monitoring Veterans Health Administration (VHA) performance monitors and measures related to OIF and OEF to assure they are met or exceeded.
- j. Establishes performance and outcome standards for the facility OIF-OEF Program that promote quality and efficiency of services in coordination with the overall goals of the medical center and those of the VISN and VA Central Office.
- k. Develops policy and procedures to ensure compliance with Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Commission on Accreditation of Rehabilitation Facilities (CARF), and other accrediting bodies and regulatory standards as needed.
- l. Researches community resources (local, state, and national) that are available to provide continuity of care and to enhance the quality of life of the veteran. Disseminates information on resources to other OIF-OEF Program Managers within the VISN.
- m. Explores and analyzes community resources including family-friendly delivery systems.
- n. Identifies unmet needs of the OIF and OEF population and their families and works collaboratively with facility, VISN and VA Central Office staff to develop and implement solutions.

- o. Develops a data-driven, continuous quality improvement program with established goals and outcomes to evaluate and document the program's effectiveness.
- p. Develops and implements a plan for outreach to extend services to OIF and/or OEF veterans who may benefit from care, but who do not presently use VA for their health care needs.
- q. Ensures that the OIF-OEF Program is interdisciplinary and fully integrated with the inpatient and outpatient medical programs.
- r. Establishes collaborative relationships with physicians, psychologists, nurses, and other disciplines to foster their involvement in the care of OIF and/or OEF veterans.
- s. Manages the daily operation of the OIF-OEF Program and provides accountability for program effectiveness and modification of service patterns to enhance customer satisfaction
- t. Identifies gaps in services and develops a plan, in consultation with facility staff, that will make available the best possible resources in meeting program needs.

2. Oversight Of Case Management Services (45 percent). The OIF-OEF Program Manager is responsible for and may supervise OIF-OEF nurse and social worker Case Managers and facility Transition Patient Advocates. Oversight includes, but is not limited to, the following duties:

- a. Ensures that all OIF and/or OEF service members and veterans are screened for the need for case management services and that those in need of nurse and/or social worker Case Managers are assigned accordingly, particularly those who are severely-injured or ill.
- b. Coordinates psychosocial evaluation, assessment, and periodic reassessments of OIF and/or OEF patients served, which provides a comprehensive database to identify psychological, social, and vocational needs and the appropriate treatment and services to be provided.
- c. Coordinates provision of individual and family treatment and support services provided to OIF and/or OEF service members and veterans.
- d. Oversees the Transition Patient Advocates, including monitoring their caseload and the advocacy services provided to OIF and/or OEF service members and/or veterans in their caseload.
- e. Advocates on behalf of the OIF and/or OEF service member and/or veteran to ensure that services and benefits are obtained in a timely manner and in keeping with the VA's goal for excellence in customer service.
- f. Manages, coordinates, and is accountable for the provision and overall effectiveness of case management, family support services, and referrals for prosthetic appliances and home equipment for OIF and/or OEF service members and/or veterans.

g. Works collaboratively with staff at Vet Centers and the Veterans Benefits Administration (VBA) Regional Office.

h. Maintains a current network of referral resources to include substance abuse treatment, outpatient medical and/or psychiatric care, vocational rehabilitation, etc. and with VSOs.

3. Patient, Stakeholders, and Staff Education (10 percent)

a. Provides consultation to other staff on the special needs of OIF and/or OEF service members and veterans.

b. Provides education to OIF and/or OEF service members and veterans on VHA health care services available at the facility and about services available within the VISN and in the local community.

c. Establishes and maintains an ongoing education program for patients, community agencies, students, and staff to facilitate understanding of medical treatment, including clinical practice guidelines, mental health issues, readjustment issues, psychosocial problems, and care giver issues facing the OIF and/or OEF population.

C. KNOWLEDGE REQUIRED FOR THE POSITION

1. Professional knowledge of the principles and practices of social work and social work case management for patients with a wide range of physical, mental health, and psychosocial problems.

2. Knowledge of the psychosocial, medical and mental health issues common in OIF and/or OEF service members and veterans following deployment to a war zone.

3. Mastery of a wide range of qualitative and/or quantitative methods for the assessment and improvement of program effectiveness and advocating for the special needs of the population.

4. Comprehensive knowledge of VHA, VBA, and other government entitlement programs and benefits available to OIF and/or OEF service members and veterans, including community resources and services for the disabled, local peer counseling programs or groups, and Federal laws or regulations regarding the disabled. Comprehensive understanding of Federal laws and regulations, VA policies, and resources applicable to OIF and/or OEF veterans.

5. Knowledge of the Mental Health Strategic Plan, and the VHA Seamless Transition Program goals, objectives, and guidelines. Knowledge of the sequence and timing of key program events and milestones and methods of evaluating the worth of program accomplishments.

6. Demonstrated skill to plan, organize, direct work and negotiate effectively with management to accept and implement recommendations where the proposals involve substantial agency resources and require extensive changes in established procedures.

7. Demonstrated skill in both oral and written communication with a wide variety of individuals.

8. Ability to operate a personal computer with a variety of software in order to enter required information on patient care issues.

D. SUPERVISORY CONTROLS

The incumbent is administratively and professionally responsible to the facility Director, or designee, and functions autonomously. The incumbent is expected to make independent decisions and requires minimal supervision. The incumbent is responsible for planning and organizing work, coordinating with staff and management personnel, and reviewing all phases of the continuing care for OIF and/or OEF patients. Work is reviewed for technical adequacy and conformance with VHA procedures and practices for seamless transition.

E. GUIDELINES

Guidelines are available in the form of VHA handbooks and directives, national referral guidelines, and clinical practice guidelines. The incumbent serves as a consultant to local administrators on OIF and OEF matters. It is essential for the incumbent to interpret the guidelines and to develop and implement mechanisms to ensure that the care of OEF and/or OIF service members and veterans is provided in an appropriate and timely manner. In instances where there are gaps in guidelines, the incumbent must use considerable judgment, based on knowledge of the OIF-OEF Program, to apply VA policies and practices of care both within and outside the VA setting. The incumbent has a key role in decision-making regarding the local facility's OIF-OEF Program. Significant knowledge, judgment, and ingenuity are required. The incumbent may consult with VA administrators and colleagues at the local facility, in the VISN office, and in VA Central Office, and may collaborate with other VA facilities and community agencies. The incumbent is expected to administer the OIF-OEF Program in accordance with local and VA Central Office policies and directives.

F. COMPLEXITY

Work involves oversight of a complex array of services, both clinical and administrative, for all OEF and/or OIF service members and veterans treated by the facility. Work requires the exercise of mature professional judgment and flexible use of administrative, leadership, and social work skills. The population served has unique needs, and the re-adjustment to civilian life, mental health issues, and the necessary involvement of family and other agencies often result in serious and complicated cases. Patients present with a wide range of psychosocial and environmental problems that require creative problem solving and planning. Decisions concerning planning, organizing, and implementing the plans are often complicated by the various agencies and individuals involved in the care plan.

G. SCOPE AND EFFECT

The incumbent plans, develops, implements, and evaluates the facility OIF-OEF Program to ensure continual quality improvement and excellence in customer service. The work affects a wide range of agency activities and operations. It directly affects the health and well-being of the patients served and relationships with community organizations and stakeholders.

H. PERSONAL CONTACTS

Contacts are with OIF and/or OEF active duty service members, veterans, and their families; staff at military hospitals; professional, administrative, and managerial staff throughout VHA and the private sector, including VISN staff, the VHA Office of Seamless Transition, local hospitals, JCAHO and CARF surveyors; Veterans Service Organizations; community organizations; and other stakeholders.

I. PURPOSE OF CONTACTS

The purpose of contacts is to provide services and information and on occasion, to persuade individuals and groups with differing opinions or interests to change criteria or methods, accept findings, or reach agreement. Contacts may be uncooperative, skeptical, or contentious, requiring skill in persuasion, negotiation, motivation, or establishment of rapport.

J. PHYSICAL DEMANDS

The work is largely sedentary in nature. However, the incumbent will be required to do a great deal of walking throughout the facility.

K. WORK ENVIRONMENT

Work is typically performed in a clinical setting which exposes the incumbent to the communicable diseases common of the client population. Some work is performed in a setting away from the office where the environment cannot be controlled.

L. OTHER SIGNIFICANT FACTS

1. Travel. The work may require travel away from the medical center. The incumbent is expected to observe all facility and local regulations and policies.

2. Customer Service. The incumbent meets the needs of customers while supporting VA missions. Consistently communicates and treats customers (service members, veterans, family members, their representatives, visitors, and all VA staff) in a courteous, tactful, and respectful manner. Provides the customer with consistent information according to established policies and procedures. Handles conflict and problems with the customer constructively and appropriately.

3. ADP Security. The incumbent protects printed and electronic files containing sensitive data in accordance with the provisions of the Privacy Act of 1974 and other applicable laws, Federal regulations, VA statutes and policy, and VHA policy. Protects the data from unauthorized release or from loss, alteration, or unauthorized deletion. Follows applicable regulations and instructions regarding access to computerized files, release of access codes, etc., as set out in the computer access agreement that the employee signs.

**FUNCTIONAL STATEMENT FOR OPERATION IRAQI FREEDOM (OIF) AND
OPERATION ENDURING FREEDOM (OEF) PROGRAM MANAGER
(REGISTERED NURSE) (NURSE III)**

1. QUALIFICATIONS

- a. Current, active, full, and unrestricted License to practice nursing.
- b. Masters Degree in Nursing or in a related field with a Baccalaureate degree in Nursing or related field from an National League for Nursing (NLN) accredited program or regionally accredited college or university; with at least 5 years of successful nursing practice
- c. Certification in Case Management preferred.

2. RESPONSIBLE TO: The facility Director, or designee.

3. RESPONSIBILITIES

The incumbent serves as the Point of Contact (POC) and Coordinator for the Operation Iraqi Freedom (OIF)-Operation Enduring Freedom (OEF) Veteran Program and assumes all of the technical and administrative responsibility for management of this program. This includes but is not limited to:

a. **Program Management**

(1) Provides administrative oversight of the OIF-OEF Program to include planning, establishing, and implementing policies and procedures; developing program goals and objectives; and monitoring, operating, and evaluating the functioning of the program.

(2) Follows Veterans Health Administration (VHA) policy requirements and develops local systems to identify and track OIF and/or OEF patients served by the facility and community who belong in this special priority group. This may involve use of the OIF-OEF Department of Defense (DOD) Registry, Joint Patient Tracking Application (JPTA)-Veteran Tracking Application (VTA), Patient Treatment File searches, Veterans Health Information System and Technology Architecture (VistA) and Computerized Patient Record System (CPRS) records, Northeast Program Evaluation Center (NEPEC) data reports and/or Classification reports, Patient Data Exchange, Network Health Exchange, and contacts within the community.

(3) Ensures that severely-injured and/or ill OIF and/or OEF veterans are assigned to a nurse or social worker case manager and oversee or work closely with case management teams to include nurse and social worker case managers, the Visual Impairment Services Team (VIST) Coordinator, the Spinal Cord Injury (SCI) Coordinator, the Polytrauma Case Manager if applicable, and the Women Veterans Program Manager.

(4) Serves as the facility point of contact for all inquiries regarding seamless transition of OEF and/or OIF veterans and as point of contact for OEF and/or OIF service members and

veterans seeking health care from the facility. These duties include a wide variety of stakeholders (e.g., veterans, families, state and community agencies, Veterans Service Organizations, military support programs, etc.). Incumbent addresses Congressional inquiries and Veterans Integrated Service Network (VISN) and Department of Veterans Affairs (VA) Central Office action items as requested.

(5) Coordinates comprehensive program elements and services for preventive mental and physical health evaluations for program participants.

(6) Promotes and coordinates evaluations for the OIF-OEF Program anywhere within the facility and any outlying Community-based Outpatient Clinics (CBOCs).

(7) Prepares program reports for the Chief of Staff and/or Chief Nurse Executive, VISN POC, and facility leadership.

(8) Develops procedures for referrals between the VA medical center, Military Treatment Facility and/or community hospitals that promote appropriate and timely inter-facility transfers.

(9) Responsible for management of the Military Treatment Facility referrals and the list of OEF and/or OIF veterans located in the catchment area. This includes entering, editing, compiling, analyzing, and updating pertinent data. Ensures registration of appropriate veterans for clinical, administrative, and outcome purposes. Manages the training for all staff involved with the Registry.

(10) Establishes performance standards for the OIF-OEF Program that promote quality and efficiency of service to the veterans in coordination with the overall goals of the medical center and the national seamless transition program.

(11) Develops policy and procedures to ensure compliance with Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Commission on Accreditation of Rehabilitation Facilities (CARF), and other accrediting bodies and regulatory standards as needed.

(12) Researches community resources (local, state, and national) that are available to provide continuity of care and to enhance the quality of life of the veteran. Disseminates information on resources throughout the VISN.

(13) Explores and analyzes community resources including family-friendly delivery systems.

(14) Identifies unmet needs of the OIF and OEF population and works collaboratively with the VHA Office of Seamless Transition and community agencies to develop and implement solutions.

(15) Develops a data-driven continuous quality improvement program with established goals and outcomes to evaluate and document the program's effectiveness.

(16) Develops and implements a plan for outreach to extend services to OIF and/or OEF veterans who may benefit from care, but who do not presently use VA for their health care needs.

(17) Ensures that the OIF-OEF Program is interdisciplinary and fully integrated with the inpatient and outpatient medical programs.

(18) Establishes collaborative relationships with physicians, psychologists, nurses, social workers, and other disciplines to foster their involvement in the care of veterans in the OIF-OEF Program.

(19) Manages the daily operation of the facility OIF-OEF Program and provides accountability for program effectiveness and modification of service patterns to enhance customer satisfaction

(20) Identifies gaps in services and develops a plan, in consultation with OIF-OEF staff and other departments as appropriate that will make available the best possible resources in meeting program needs.

b. Provision of Clinical Services. The OIF-OEF Program Manager may also function as a registered nurse member of the interdisciplinary OIF-OEF treatment team. Ensuring comprehensive clinical services are provided to the OIF and/or OEF population with frequent complex and unpredictable caseload requirements. Such services include, but are not limited to:

(1) Completes bio-psychosocial evaluation, assessment, and periodic reassessments of each patient served, which provides a comprehensive database to identify psychological, social, and vocational needs and the appropriate treatment and services to be provided.

(2) Develops and implements realistic and achievable interdisciplinary treatment plans that reflect an ability to effectively utilize a broad range of treatment modalities.

(3) Makes or ensures adjustments to the psychosocial treatment plan and interventions based on changing needs and response to interventions.

(4) Coordinates provision of individual and family treatment and support services provided to OIF and/or OEF service members and veterans.

(5) Establishes and maintains therapeutic relationships with OIF and/or OEF veterans and their families.

(6) Maintains a current network of referral resources to include substance abuse treatment, outpatient medical and psychiatric care, vocational rehabilitation, etc. and with Veterans Service Organizations (VSO).

c. **Oversight Of Case Management Services**

(1) Ensures that all OIF and/or OEF service members and veterans are screened for the need for case management services and that those in need of nurse and/or social worker Case Managers are assigned accordingly, particularly those who are severely-injured or ill.

(2) Oversees the Transition Patient Advocates, including monitoring their caseload and the advocacy services provided to OIF and/or OEF service members and/or veterans in their caseload.

(3) Advocates on behalf of the OIF and/or OEF service member and/or veteran to ensure that services and benefits are obtained in a timely manner and in keeping with the VA's goal for excellence in customer service.

(4) Manages, coordinates, and has accountability for the provision and overall effectiveness of case management, family support services, referrals for prosthetic appliances and home equipment for OIF and/or OEF service members and/or veterans.

(5) Works collaboratively with staff at Vet Centers and the Veterans Benefits Administration (VBA) Regional Office.

(6) Ensures veterans are referred to other organizations and community resources (i.e., housing alternatives, personal care services, transportation resources, etc. or other VA governmental resources) for services not available from the VHA facility.

d. **Patient, Stakeholders, and Staff Education**

(1) Provides consultation to other staff on the special needs of OIF and/or OEF service members and veterans.

(2) Provides education to OIF and/or OEF service members and veterans on VHA health care services available at the facility and about services available within the VISN and in the local community.

(3) Establishes and maintains an ongoing education program for patients, community agencies, students, and staff to facilitate understanding of medical treatment, including clinical practice guidelines, mental health issues, readjustment issues, psychosocial problems, and caregiver issues facing the OIF and/or OEF population.

e. **Travel.** The work may require travel away from the medical center. The incumbent is expected to observe all facility and local regulations and policies.

f. **Customer Service**

(1) Meets the needs of customers while supporting VA missions. Consistently communicates and treats customers (veterans, their representatives, visitors, and all VA staff) in a courteous, tactful, and respectful manner. Provides the customer with consistent information according to established policies and procedures. Handles conflict and problems with the customer constructively and appropriately.

(2) Ensures all veterans and their significant others can identify their case manager, by utilizing all resources available to support this most vital communication link.

(3) Ensures 24-hour contact information is available to support the case management process.

g. **ADP Security.** Protects printed and electronic files containing sensitive data in accordance with the provisions of the Privacy Act of 1974 and other applicable laws, Federal regulations, VA statutes and policy, and VHA policy. Protects the data from unauthorized release or from loss, alteration, or unauthorized deletion. Follows applicable regulations and instructions regarding access to computerized files, release of access codes, etc., as set out in the computer access agreement that the employee signs.

4. PROFESSIONAL NURSING PRACTICE STANDARDS EVIDENCED BY THE SCOPE OF THIS POSITION

a. **Practice.** Provides leadership in the application of the nursing process to client care, organizational processes and/or systems, improving outcomes at the program or service level.

b. **Quality of Care.** Initiates interdisciplinary projects to improve organizational performance.

c. **Performance.** Uses professional standards of care and practice to evaluate programs and/or service activities.

d. **Education and/or Career Development.** Implements an educational plan to meet changing program or service needs for self and others. Maintains knowledge of current techniques, trends, and professional issues.

e. **Collegiality.** Coaches colleagues in team building. Makes sustained contributions to health care by sharing expertise within and/or outside the medical facility

f. **Ethics.** Provides leadership in identifying and addressing ethical issues that impact clients and staff, including initiating and participating in ethics consultations.

g. **Collaboration.** Uses the group process to identify, analyze, and resolve care problems.

- h. **Research.** Collaborates with others in research activities to improve care.

- i. **Resource Utilization.** Manages program resources (financial, human, material, or informational) to facilitate safe, effective, and efficient care.

**FUNCTIONAL STATEMENT FOR
OPERATION IRAQI FREEDOM (OIF) AND OPERATION ENDURING FREEDOM
(OEF) NURSE CASE MANAGERS (REGISTERED NURSE) NURSE II**

1. QUALIFICATIONS

- a. Current, active, full, and unrestricted License to practice Nursing.
- b. Masters Degree in Nursing or a related field preferred, with a Baccalaureate degree in Nursing or related field from a National League for Nursing (NLN) accredited program or regionally accredited college or university; with at least 5 years of successful nursing practice
- c. Certification in Case Management preferred.

2. RESPONSIBLE TO: Facility Operation Iraqi Freedom (OIF)-Operation Enduring Freedom (OEF) Program Manager.

3. RESPONSIBILITIES

- a. The Case Manager, as a member of the Case and/or Care Management Program, is responsible for acquiring and demonstrating clinical expertise and knowledge of health care programs to improve the quality of patient care, the use of resources, and to facilitate compliance with internal and external requirements and standards; acquiring and demonstrating strength in the areas of interpersonal relations, critical thinking, problem solving, and conflict resolution; collaborating with other case managers, the Interdisciplinary Treatment Team and other clinical and administrative staff as needed to ensure patient care needs are met.
- b. Ensures veteran and their significant others can identify who their case manager is.

4. PROFESSIONAL NURSING PRACTICE STANDARDS EVIDENCED BY THE SCOPE OF THIS POSITION

1. PRACTICE:

Applies the nursing process to systems or processes at the unit, team, and work group level to improve care. Demonstrates leadership by involving others in improving care.

CRITERIA:

- a. Participates in the development, implementation and maintenance of a systematic assessment of clinical, administrative and research practices in support of Utilization Management, Risk Management, Case Management and Performance Improvement processes.
- b. Promotes quality in clinical practice by collaborating with Interdisciplinary Treatment Teams, other Case Managers, Clinical Programs, Services and/or committees.
- c. Ensures that initial and ongoing assessments of patients to identify needs, issues, resources and care goals are provided, in a timely manner.
- d. Ensures that patient health education needs are identified, and education and/or teaching, as per identified needs, is provided to patients and/or significant other by responsible discipline.
- e. Ensures that care-related goals, both short and long term, are set and agreed upon by the primary provider, patient, and/or significant other.
- f. Analyzes the clinical contents of medical records and associated documents, in terms of the quality and appropriateness of clinical care issues, such as adherence to, or deviation from accepted practice guidelines, standards and/or procedures. Reports findings accordingly.
- g. In coordination with the OIF-OEF Program Manager and other assigned Case Managers, clinical programs and treatment teams for compliance with VA policies, assuring that findings are utilized to modify and/or improve their performance and to facilitate the accomplishments of their goals and objectives.
- h. Ensures that the patient is screened for social service needs, home care, and other community care needs, and that referrals are coordinated and made as necessary and appropriate by the responsible discipline.

2. QUALITY OF CARE:

Initiates quality improvement activities that result in approved outcomes.

- a. Ensures that treatment team planning for patient care is scheduled and conducted as planned. Facilitates and participates in meetings as necessary.
- b. Works with the OIF-OEF Program Manager, other Case Managers and clinical staff to promote quality in clinical practice by collaborating in the development of criteria for measuring the quality of patient care delivered.
- c. Applies Continuous Quality Improvement (CQI) tools in data collection and identifies barriers to the achievement of quality improvement in interdisciplinary treatment teams and/or clinical programs. Seeks assistance from other Case Managers, as needed.
- d. In coordination with the OIF-OEF Program Manager, ensures that new Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and Commission on Accreditation of Rehabilitation Facilities (CARF) Standards and Guidelines, Performance Improvement and Case Management initiatives, or revisions to existing ones are conveyed to the treatment teams and other clinical staff, as assigned.
- e. As assigned, conducts focus reviews, studies and other projects in response to identification of areas in need of improvement in delivery of services and care.
- f. Ensures that factors related to patient age impacting on care needs are identified and incorporated into the assessment process.
- g. Works closely with the OIF-OEF Program Manager in the statistical analysis of Case Management data to identify variances from established practice guidelines and/or standards.
- h. As assigned, completes clinical reviews, conducts focus reviews, studies and other projects in response to identification of areas in need of improvement in the delivery of services and/or care.
- i. In coordination with OIF-OEF Program Manager, assists clinical programs and treatment teams in preparation for JCAHO and/or CARF accreditation and other internal or external reviews. Monitors follow-up recommendations.
- j. Acquires and maintains current knowledge relevant to the principles, practices and techniques associated with Performance Improvement, healthcare-related issues, case management, nursing, and other clinical professions through literature and periodical reviews, workshop attendance and/or use of sound bench-marking practices or clinical practice guidelines. Seeks assistance from Quality Management (QM) staff, as needed.
- k. Assists the OIF-OEF Program Manager in the identification of patterns and/or trends and ways to modify and/or improve care practices in order to facilitate accomplishment of quality patient care.

3.

PERFORMANCE:

Evaluates practice of self and others using professional standards, relevant statutes, and regulations; Takes action to improve performance.

- a. Ensures that factors related to patient age impacting on care needs are identified and incorporated into the assessment process.
- b. Works closely with the OIF-OEF Program Manager in the statistical analysis of Case Management data to identify variances from established practice guidelines and/or standards.
- c. As assigned, completes clinical reviews, conducts focus reviews, studies and other projects in response to identification of areas in need of improvement in the delivery of services and/or care.
- d. Acquires and maintains current knowledge relevant to the principles, practices and techniques associated with Performance Improvement, healthcare-related issues, case management, nursing, and other clinical professions, through literature and periodical reviews, workshop attendance and/or use of sound bench-marking practices or clinical practice guidelines. Seeks assistance from other staff, as needed.

**4. EDUCATION
AND/OR CAREER
DEVELOPMENT:**

Acquires knowledge and skills to maintain expertise in area of practice. Participates in educational activities to improve clinical knowledge and enhance role performance.

- a. Participates in assessing the learning needs of staff related to case management.
- b. In coordination with the OIF-OEF Program Manager, participates in researching, interpreting, developing and presenting elements of educational programs for health care professionals and support services in the areas of case management or related clinical issues.

5.

COLLEGIALITY:

Educates colleagues and/or students and serves as a preceptor and/or mentor.

- a. Functions as a liaison and provides consultation to members of the interdisciplinary treatment teams, and other clinical staff in support of the implementation of the Medical Center's Case Management initiatives.
- b. Establishes and maintains effective collegial relationships with other professionals and the larger health care community on a local, state and national basis.

6. ETHICS:

Supports and enhances client self-determination. Serves as a resource for clients and staff in addressing ethical issues.

- a. Prepares and presents clear, precise and clinically accurate summaries of case management activities, including their significance and implications for patient care and/or family and/or community relations. Reports at least monthly to the OIF-OEF Program Manager.
- b. Contributes to formulation, communication, implementation, and evaluation of the Medical Center's policies, procedures and/or clinical programs.

7. COLLABORATION:

Uses group processes to identify, analyze, and resolve care problems.

- a. As assigned, serves on functional committees and interdisciplinary treatment teams, as consultant for issues pertaining to the Medical Center's Case Management Program, ensuring that committees and treatment teams' activities are consistent with the Case Management Program's initiatives.
- b. Keeps interdisciplinary treatment team aware of patient progress, and/or any identified issues or problems, in a timely manner.
- c. Participates in interdisciplinary treatment team interactions as needed; to keep the team aware of identified patient care issues and family concerns; to evaluate the quality of care rendered at the unit's or clinical program's level; to identify ways to resolve problems and/or needs, and to facilitate achieving desired outcomes.
- d. Collaborates with the interdisciplinary treatment team to coordinate care for the achievement of expected outcomes.

8. RESEARCH:

Uses a body of research to validate and/or change work group practice.

- a. Collaborates with management and clinical staff to initiate change in practice based on findings from Case Management activities, Risk Management reports, Performance Improvement findings, and/or current concepts or findings from research.
- b. Works with clinicians in evaluating and analyzing data and completing reports.
- c. Works closely with the OIF-OEF Program Manager in the analysis of data and reporting of information, to identify the need for change in assigned areas that may include minimizing risk, to ensure effectiveness of clinical quality improvement.
- d. Develops baseline references and profiles on case management activities' related data, to facilitate trending and identification of variances from clinical practice.
- e. Identifies deviation or variance which affect assigned areas and/or that might merit additional study or evaluation.
- f. Under the supervision of the OIF-OEF Program Manager, applies evidence from research methods to analyze Case Management activities, including sample selection, instruments and/or forms development, study design, data analysis and data display.

9. RESOURCE UTILIZATION:

Identifies and assesses resource utilization and safety issues, taking appropriate action.

- a. Facilitates the coordination of case and/or care management activities, which include outcome for satisfaction, and clinical cost management.
- b. Works closely with the OIF-OEF Program Manager in conducting systematic assessment of clinical and administrative practices as defined in the Medical Center's Utilization Management Plan.
- c. Works closely with the OIF-OEF Program Manager in the identification of opportunities for improvement, assists with problem resolution modalities to ensure optimal and appropriate patient care delivery and cost-effective use of resources.
- d. Assists Interdisciplinary Treatment Teams, Clinical Programs, and other clinical staff as needed, in interpreting and/or assessing data and utilizing resulting information to monitor the utilization of resources.

**FUNCTIONAL STATEMENT FOR
OPERATION IRAQI FREEDOM (OIF) AND OPERATION ENDURING FREEDOM
(OEF) NURSE CASE MANAGER (REGISTERED NURSE) NURSE III**

FUNCTIONAL STATEMENT

A. Qualifications

The Registered Nurse is a graduate from a program accredited by the National League for Nursing Accrediting Commission (NLNAC), or the Commission on Collegiate Nursing Education (CCNE), or regionally accredited with a Masters Degree in Nursing or a Related field and a Bachelors degree is Nursing or a related field and, has met licensure requirements for practice in accordance with Department of Veterans Affairs (VA) Handbook 5005.

B. Scope of Practice. The Scope of Practice of the Registered Nurse is defined in the nine dimensions outlined in the Nurse Qualification Standards and is specific to the Grade and Level:

1. Nurse III: Executes position responsibilities that demonstrate leadership, experience, and creative approaches to management of complex client care.
2. The practice setting for this position VA medical centers. The practice of the Registered Nurse is based on knowledge, experience, and research and has a direct impact on patient outcomes.

C. Role Responsibilities and Accountabilities

1. This Case Manager is directly responsible and accountable to the facility Operation Iraqi Freedom (OIF)-Operation Enduring Freedom (OEF) Program Manager. The Case Manager provides clinical case management of patients for severely-injured OIF and/or OEF service members and veterans. The incumbent begins the case management process prior to admission to the facility and works collaboratively with staff from other Veterans Health Administration (VHA) facilities, Military Treatment Facilities, and various referring facilities. The Case Manager completes an in-depth assessment of functional status, acuity level, prognosis, and assesses the need for treatment services and resources. The Case Manager initiates contact with the patient and/or family to assist and ensure a seamless transition between facilities and levels of care. The Case Manager monitors patient status while the patient is receiving care at the facility. The Case Manager communicates and coordinates with the Interdisciplinary Team to develop treatment plans for OIF and/or OEF inpatients and outpatients. The Case Manager also serves as a resource for other team members. The Case Manager participates in planning for program improvements at the local level. The incumbent, in collaboration with the Interdisciplinary Team, is responsible for coordinating performance improvement initiatives and for collecting relevant data required for Commission on Accreditation of Rehabilitation Facilities (CARF) certification and Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) standards.

2. Role, responsibilities, and accountabilities for the Case Manager also includes demonstration of the knowledge and skills necessary to provide care appropriate to the age related needs of patients served. This knowledge includes understanding changes associated with aging and principles of growth and development relevant to the young adult, adult, and geriatric populations.

3. The Case Manager is responsible and accountable for maintaining Basic Life Safety (BLS) training when required and for performing activities that reflect the educational, experiential and competency requirements outlined in the nine dimensions for a Nurse II.

4. In addition, the Case Manager is accountable and responsible for possessing the knowledge and skills to:

a. Communicate and interact appropriately and courteously with all internal and external customers.

b. Maintain confidentiality of electronic, written, and/or verbal patient/employee information.

c. Demonstrate working practices that include adherence to Infection Control standards and the safe use and operation of equipment.

D. QUALIFICATION STANDARDS, FUNCTIONAL STATEMENTS AND COMPETENCY STATEMENTS

1. **Practice.** Provides leadership in the application of the nursing process to client care, organizational processes and/or systems, improving outcomes at the program or service level.

a. Effectively utilizes the nursing process to guide the development of a case management plan and provide care to patients.

b. Completes assessments and plans and provides case management services across episodes of care.

c. Assesses patient's learning needs, develops and implements a plan to meet them, and provides instruction to both the patient and family.

d. Applies a collaborative team approach in identifying, analyzing and resolving patient care problems.

e. Promotes continuity of care through collaboration with the patient, family and healthcare team, including social worker case managers.

f. Refers patients for community resources as appropriate.

g. Initiates referrals to other disciplines and/or services as appropriate and guides others to do the same.

h. Is a role model for accurately documenting in the medical record patient findings, assessments, and care provided.

i. Models the application of problem-solving skills to promote improvements in patients care.

j. Guides others in providing age appropriate care in a sensitive manner.

2. **Quality of Care.** Initiates interdisciplinary projects to improve organizational performance.

a. Develops, initiates and participates in quality improvement activities that result in improved outcomes.

b. Identifies and collaboratively implements opportunities to improve patient care through monitoring, analyzing and evaluating patient care outcomes.

c. Utilizes innovative and creative approaches for changing nursing practice.

d. Identifies the process and outcome of a specific improvement that has resulted from performance improvement activities in the work area assigned.

3. **Performance.** Uses professional standards of care and practice to evaluate programs and/or service activities.

a. Assumes for self and others the responsibility and accountability for evaluating progress toward professional career goals of self and others.

b. Identifies learning needs of self and others based on professional standards and initiates a plan to meet those needs.

c. Assesses patients care needs, and skill level of personnel and delegates responsibilities as appropriate to meet identified patient needs.

d. Evaluates practice of self and others against standards of practice and relevant regulations (i.e., nurse practice acts, JCAHO, Occupational Health and Safety Administration (OHSA), professional nursing organizations, etc.) and take action to improve compliance.

e. Utilizes established guidelines in accordance with functional statements, performance standards, position descriptions and competencies to evaluate practice.

4. **Education and/or Career Development.** Implements an educational plan to meet changing program or service needs for self and others. Maintains knowledge of current techniques, trends, and professional issues.

a. Pursues an educational plan for self and others to maintain and/or improve clinical knowledge and skills in case management.

b. Maintains expertise and enhances role performance of self and others in area of Case Management Nursing.

c. Leads others in the application of newly acquired knowledge in caring for patients. Maintains involvement in community needed to identify local and regional referral resources.

5. **Collegiality.** Coaches colleagues in team building. Makes sustained contributions to health care by sharing expertise within and/or outside the medical facility

a. Demonstrates professional behavior and good communication skills as a role model that enhances working effectively with others, both internal and external.

b. Educates colleagues and/or students and is sought out as a preceptor and/or mentor.

c. Shares knowledge with colleagues and/or students, through formal and informal in-services and is sought out as a resource person.

6. **Ethics.** Provides leadership in identifying and addressing ethical issues that impact clients and staff, including initiating and participating in ethics consultations.

a. Provides leadership in practicing in a non-judgmental, non-discriminatory manner and is sensitive to diversity.

b. Demonstrates knowledge and compliance of the Ethical Resolution Process.

c. Provides leadership for others in developing patient advocacy skills when patient self-determination is in question.

d. Assumes responsibility and/or accountability for all professional decisions and actions.

e. Provides compassionate care, respecting patients' personal values and belief system.

f. Safeguards privacy and maintains confidentiality of all patient information including electronic and print.

g. Recognizes ethical problems, serves as a resource and/or consultant to patients' families or other health care providers, providing accurate information and guides others towards ethics consultation processes.

7. **Collaboration.** Uses the group process to identify, analyze, and resolve care problems.
 - a. Leads others in the demonstration of positive, effective communication skills and professional behaviors that promote cooperation and teamwork with internal and external customers.
 - b. Collaborates with others as a means of effectively utilizing the group process to identify, analyze, and resolve problems affecting patient care.
 - c. Consults with other health care providers to meet patient care needs and proper follow-up care.
 - d. Effectively communicates information to appropriate staff, in a timely manner, regarding patient care issues.
 - e. Solves problems related to care delivery in collaboration with the Rehabilitation Interdisciplinary Team.
8. **Research.** Collaborates with others in research activities to improve care.
 - a. Provides leadership in compliance with VA medical center Research Policy.
 - b. Utilizes an evidence-based body of research to validate and/or change work group practice.
 - c. Identifies clinical problems or issues for improvement and the evidence to be applied to support improvement
 - d. Facilitates leadership in implementation of evidence-based clinical practice.
9. **Resource Utilization.** Manages program resources (financial, human, material, or informational) to facilitate safe, effective, and efficient care.
 - a. Leads others in promoting medical center mission, vision and values; and compliance with the Equal Employment Opportunity (EEO) Program, partnership, customer service standards and VA policies and procedures.
 - b. Identifies and assesses resources utilization to implement a plan that assures safety in the workplace and evaluates the return on investment of such interventions.
 - c. Provides care based on patient needs that are delivered in a safe, efficient and cost effective manner.
 - d. Establishes patient care priorities that ensure safe and effective patient care.
 - e. Applies appropriate infection control precautions.
 - f. Demonstrates leadership in following safe work practices, i.e., how to report a safety hazard, proper body mechanics, or use of personal protective equipment, etc.

**POSITION DESCRIPTION FOR
OPERATION IRAQI FREEDOM (OIF) AND OPERATION ENDURING FREEDOM
(OEF) SOCIAL WORKER CASE MANAGER. GS-185-11**

1. Major Duties and Responsibilities

a. **Clinical Functions.** Incumbent is a professional social worker whose duties and responsibilities relate to the case management of severely-injured Operation Iraqi Freedom (OIF) and/or Operation Enduring Freedom (OEF) service members and veterans treated at the facility. The incumbent must use a high level of skill in assessing and treating the complicated psychosocial problems of OIF and/or OEF service members and/or veterans as they transition to Department of Veterans Affairs (VA) care. Case management responsibilities also include providing supportive services to families. In addition, the incumbent assists OIF and/or OEF service members and/or veterans in coping with acute illness, chronic illness, combat stress, the residuals of traumatic brain injury (TBI), community adjustment, addictions, and other health and mental health problems. The social worker case manager addresses home care needs, homelessness, and transition across levels and sites of care. Social Work case management practice, which includes psychosocial assessment, diagnosis, and treatment, is focused on helping OIF and/or OEF service members and/or veterans and their families maximize rehabilitation and treatment potential and achieve more adequate, satisfying, and productive emotional and social functioning. The incumbent:

(1) Must have a high level of skill and expertise to work with OEF and/or OIF service members and/or veterans and families who are experiencing a wide range of complicated mental, emotional, behavioral, physical, psychosocial, and environmental problems.

(2) Uses the social work process (psychosocial assessment, diagnosis, and treatment) in collaboration with interdisciplinary team members to develop a case management plan and psychosocial interventions.

(3) Evaluates the need for mental health services and makes appropriate referrals for individual, group, marital, and family treatment services.

(4) Must be sensitive to the ethnic and cultural diversity and age-specific challenges of the OIF and/or OEF population and adjusts intervention and treatment plans as appropriate.

(5) As a member of the health care team, participates fully in developing, planning, implementing and evaluating the interdisciplinary treatment plan, including provision of case management services.

(6) Coordinates care with interdisciplinary team to promote continuity for OIF and/or OEF service members and/or veterans and their families.

(7) Develops and uses appropriate community resources.

(8) Serves as an advocate for OIF and/or OEF service members and/or veterans and their families, helping them access needed services at the facility, at other VA facilities, and in the community.

(9) Assists OIF and/or OEF service members and/or veterans and their families with advance directives, guardianships, and applications for home care and extended care services.

(10) Travels, as may be required, as part of providing social work case management services to OIF and/or OEF service members and/or veterans and their families. Such travel requires the incumbent to function without immediate supervision or consultation.

(11) Participates in the orientation, training, and teaching of social work graduate students and other trainees and staff

(12) Conducts and/or participates in research and/or program evaluation as appropriate.

(13) Performs other duties as assigned.

b. Administrative Functions. The incumbent:

(1) Is responsible for supporting the mission, policies, and procedures of VA, the Veterans Health Administration (VHA), the appropriate Veterans Integrated Service Network (VISN), and the facility.

(2) May serve on committees, work groups, and task forces at the facility, VISN, and/or VA Central Office levels.

(3) Keeps supervisor apprised of problems and recommended solutions to problems encountered in the incumbent's area of responsibility.

(4) Is responsible for furthering own professional growth through education, appropriate to area of assignment, and providing coverage during social worker absences.

(5) Must maintain a level of productivity and quality consistent with facility and Social Work standards and the complexity of the assignment.

(6) Participates in interdisciplinary team meetings, appropriate facility meetings, and Social Work meetings. Shares knowledge and experiences gained from own clinical practice and education relevant to the field of Social work

(7) Must comply with Equal Employment Opportunity (EEO) Program and safety policies and procedures.

2. Supervisory Controls Over Position

a. The incumbent reports programmatically to the facility OIF-OEF Program Manager, who assigns severely-injured OEF and/or OIF veterans to the social worker case manager's panel. Supervisory consultation is provided based on the need of the

individual social worker. Conferences may be scheduled on a regular or irregular basis. Conferences may involve consultation about problem treatment cases, dynamics of behavior, alternative approaches to problem solving, job performance, or the establishment of direction and goals for self-improvement. It is essential that the incumbent makes critical self-assessments and accepts constructive feedback.

b. The incumbent reports clinically to the Social Work Chief or designee, or Social Work Executive or designee, for the furtherance of professional development. In some cases, the incumbent may be assigned in a program where the matrix system is used. In this case, the incumbent remains responsible to Social Work for professional elements and to the program director, or manager, for administrative elements of the position.

c. The incumbent performs relatively independently in most clinical and administrative matters, but must seek consultation in unusual and/or complicated situations. The incumbent must keep the supervisor informed about concerns and/or changes.

3. Other Significant Factors. This position is filled with a professional social worker with a Master of Social Work Degree and a license and/or certification in a state at the independent practice level. Knowledge and skill requirements for this position include:

a. Mastery of theories, principles, and methodologies underlying psychosocial practice.

b. Knowledge and understanding of developmental growth; dynamics of human behavior, family, and other social systems; and the impact of illness and disability on social functioning.

4. Guidelines

a. **Policy and Procedures.** The incumbent receives guidance and consultation on practice through VHA directives, handbooks, and information letters; VISN policies and procedures; and facility policy and procedures.

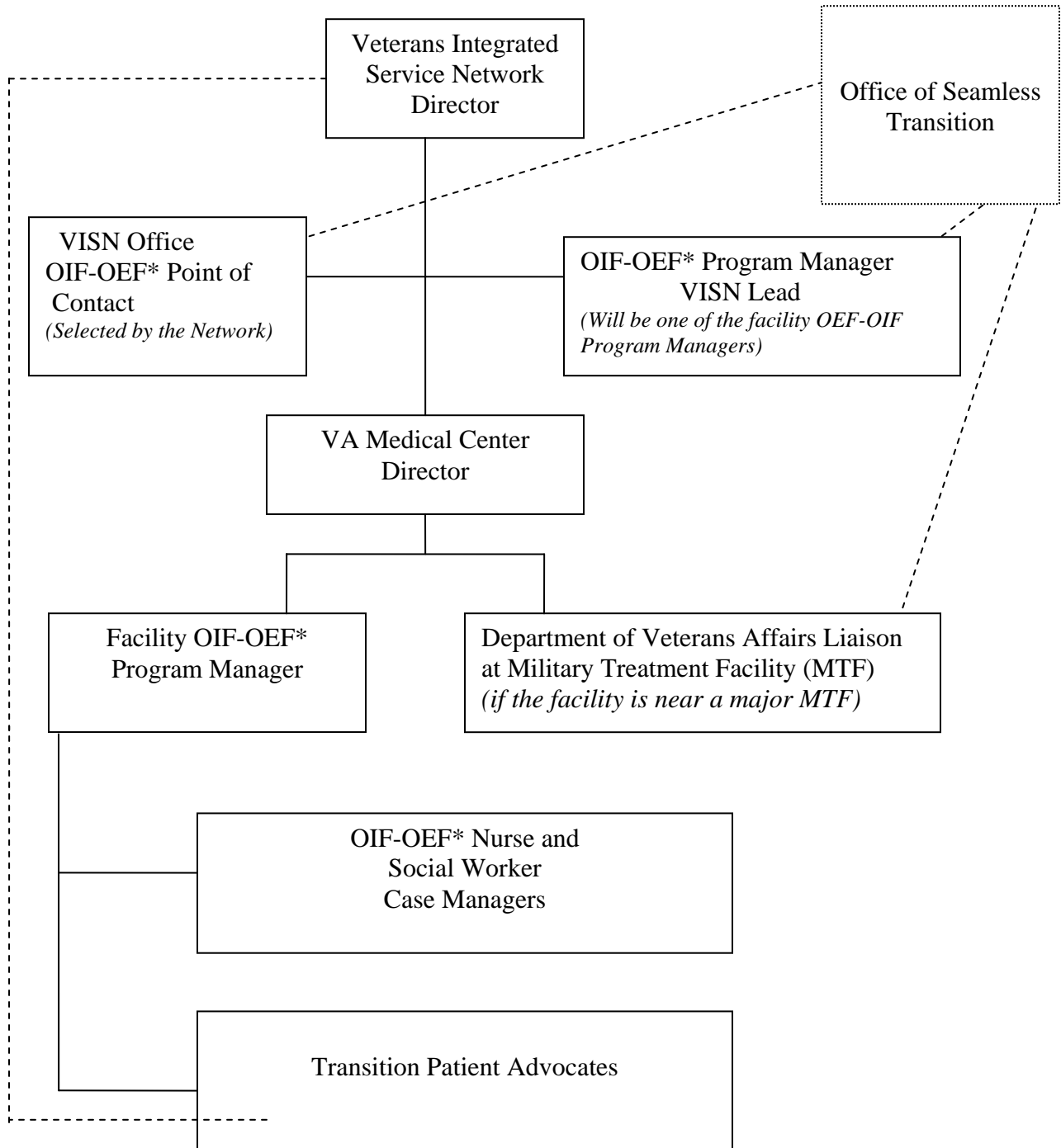
b. **Scope and Effect.** The scope and effect of the position are reflected in the diverse treatment services provided, in progress notes entered in clinical charts, conferences with interdisciplinary team members, and program evaluation.

c. **Personal Contacts.** Personal contacts in this position are with active duty service members, veterans, and their families; other facility clinical and administrative staff; staff at Military Treatment Facilities, TRICARE, and National Guard and Reserve units; community agencies; students in training; and representatives of local, state, and Federal institutions. The incumbent must be skillful and tactful in communicating with people who may be physically or mentally ill, uncooperative, fearful, emotionally distraught, and occasionally dangerous.

d. **Physical Demands.** Physical demands of the work are generally minor, as the position requires sitting, standing and walking. The emotional demands can be stressful in working with the OEF and/or OIF patient population and their families. A high level of self-awareness is essential.

e. **Work Environment.** Work environment involves everyday risks or discomforts, which require safety precautions typical of hospital settings.

DIAGRAM OF REPORTING STRUCTURE



***NOTE:** OIF-OEF refers to Operation Iraqi Freedom and Operation Enduring Freedom.

Straight lines convey reporting authority. Dotted lines convey collaboration and/or oversight.