



# Military TBI Case Management Quarterly Newsletter

## TBI Case Management Community of Interest

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### Quarterly Highlight

## Assessment and Management of Dizziness Associated with mild TBI, Clinical Recommendations from DCoE

By U.S. Public Health Service Capt. Rita Shapiro, DCoE TBI Clinical Standards of Care division chief for clinical recommendations

“Dizziness is a common symptom following TBI and it can have a significant impact on the quality of life of service members.”

“This clinical recommendation is designed to assist the primary care provider in the diagnostic process and to provide pathways for specialty referrals for the patients complaining of dizziness symptoms following an mTBI otherwise known as concussion or a blast event. Included in this document is the clinical algorithm, addressing the red flags, medications side effects and polypharmacy issues, patient management and referral options.”

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### About the Quarterly Newsletter

The Military TBI Case Management Quarterly Newsletter is published by the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). The quarterly newsletter is intended for case managers and other providers who support warriors with traumatic brain injury (TBI) and their families. Additionally, this quarterly newsletter is intended to offer a means to share ideas, best practices and resources among the military TBI case management community.

The content will speak to the very best of TBI case management with the hopes of identifying and sharing best practices across the military.

Content suggestions, thoughts and ideas for future editions of quarterly newsletter can be sent to [TBICM.Newsletter@tma.osd.mil](mailto:TBICM.Newsletter@tma.osd.mil).



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# Military TBI Case Management Quarterly Newsletter

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## Letter from the Editor

Greetings Military TBI Case Management Community of Interest Colleagues,

First, I want to wish all of you a belated happy National Case Management week! Second, I want to thank each and every one of you for the support you give our service members and their families each and every day. I have been a case manager since 1993 and have worked in many case management venues, from hospital to insurance, rehabilitation, long-term care and now policy and consulting. What we started out to do nearly 20 years ago has not changed much in principal and process, but the complexity and demands of our jobs are constantly changing, increasing, evolving and is sometimes, well, mind-boggling. The good news is, we are never alone. There is always another case management colleague to call, text or flag down in the hall when complex problems requiring solutions arise. One of the most satisfying parts of being a consultant for DCoE are those calls and emails asking for my help, whether finding resources or just asking for an opinion and talking through a problem to reach a possible solution. Not that I have all the answers, but I am definitely blessed with many subject matter experts close by who I can tap into for help when needed, and in turn, pass the information back to those of you with your boots on the ground. So again, my heartfelt thanks and praise to all military case managers! Celebrate your challenges and successes, and know you are making a positive difference in the lives of the wounded warriors and families you serve.

Finally, some departmental changes are coming to DCoE. The TBI Clinical Standards of Care directorate is merging with the Defense and Veterans Brain Injury Center (DVBIC) and much of the information currently on the DCoE website for TBI case management will also be on [DVBIC.org](http://DVBIC.org). My contact information remains the same, 301-295-8367, or [susan.kennedy.ctr@tma.osd.mil](mailto:susan.kennedy.ctr@tma.osd.mil). I am excited to continue to serve the military TBI case management community as part of the DVBIC team.

Very respectfully,

*Sue Kennedy, RN BSN CCM*  
*Editor*

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## Quarterly Highlight Dizziness

These statements from DCoE's new clinical recommendations address the primary care provider approach to evaluating and managing dizziness after mild TBI and offer guidance for timely specialty referral.

The document specifies types of dizziness that may be reported and defines the three separate diagnoses: vertigo, disequilibrium and lightheadedness and also offers tools to rule out pre-syncope/syncope while still addressing the lightheadedness.

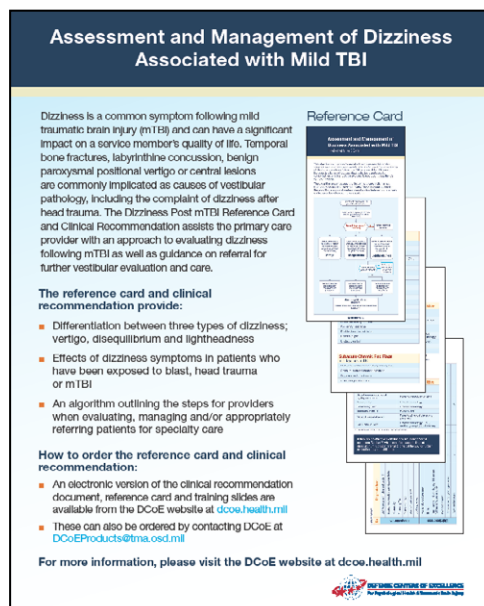
This guidance is the culmination of a collaborative effort involving representatives from DCoE, the military services, Department of Veterans Affairs (VA), DVBIC, the National Intrepid Center of Excellence (NICoE), U.S. Central Command (CENTCOM), Force Health Protection and Readiness (FHP/R) and the civilian sector. The "Assessment and Management of Dizziness Associated with Mild TBI" Reference Card and complete Clinical Recommendation can be downloaded from the DCoE website or ordered at no charge from [dcoeproducts@tma.osd.mil](mailto:dcoeproducts@tma.osd.mil).

# HOT OFF THE PRESS

## Assessment and Management of Dizziness Associated with mild TBI Clinical Recommendation



The image shows the cover of the clinical recommendation document and a flowchart. The cover includes the DCoE logo, title, and introduction. The flowchart outlines the diagnostic process, starting with a physical examination and leading to various referral paths based on findings like vertigo, disequilibrium, or lightheadedness.



The image shows the cover of the reference card, which includes a summary of dizziness, a list of symptoms, and instructions on how to order the reference card and clinical recommendation.

## Assessment and Management of Dizziness Associated with mild TBI Reference Card



The image shows the cover of the reference card, which includes a summary of dizziness, a list of symptoms, and instructions on how to order the reference card and clinical recommendation.

For hard copies, submit your request to [DCoEProducts@tma.osd.mil](mailto:DCoEProducts@tma.osd.mil)

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# Spotlight

## DCoE Recognizes TBI Case Managers for National Case Management Week

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By Sue Kennedy, RN BSN CCM

National Case Management Week, Oct. 14-20, celebrated the contribution of case managers throughout the spectrum of health care. DCoE recognized the specialized education, skills and expertise that are necessary to successfully case manage service members dealing with all levels of traumatic brain injury. It is challenging for case managers who must assess, plan, implement, coordinate, monitor and evaluate the progress of each service member. They must anticipate the many things that can impact a recovery plan including the patient's location, distance to military treatment or VA facilities, duty status, support system and any co-occurring injuries or psychological health concerns — all while maintaining continuity of care and access to care in some of the remotest parts of the country or other countries.

Case loads are often very high, involving service members from multiple service branches and in various stages of healing and rehabilitation. Also, patients may not remember their appointments, medications or what was said at their last follow up and there may be anywhere from four to 15 other case managers involved in the case. For TBI case managers, honing their skills in organization, communication, clinical expertise and creativity are paramount for success.

The following 10 military TBI case managers are examples of case management completed at a level of excellence that deserve special recognition. Please join us in expressing thanks and appreciation for their excellence and dedication to our wounded warriors. Each will receive a certificate of appreciation from DCoE. The following descriptions are an abbreviated sampling of the information received on behalf of these 10 stellar military TBI case managers.

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The following three case managers were submitted by Frederick G. Flynn, DO, FAAN, medical director and Bronwyn G. Pughe, MA, MFA, education chief, Traumatic Brain Injury Program, Madigan Healthcare System, Tacoma, Wash.



Photo courtesy of Madigan HealthCare System

## Janice Collins, RN, BSN, CCM, case manager for the Traumatic Brain Injury Program

Ms. Collins manages the cases of service members with a history of TBI and co-occurring conditions. She is nationally qualified to teach the family caregiver curriculum Traumatic Brain Injury: A Guide for Caregivers of Service Members and Veterans, designed specifically for moderate and severe TBI complexities. She leads the way for other case managers in testing and implementing the new AIMS form, an automated template note, focusing on consistency among case managers. Collins participated in the TBI 2.0 workgroup to improve coordination with the Warrior Transition Battalion. Collins currently serves as the only TBI nurse case manager consulting with

Seattle University Nursing Department on its Department of Defense (DoD)/National Center for Telehealth and Technology (T2) grant, “Applying Technology to Enhance Nursing Education in Psychological Health and Traumatic Brain Injury Needs of Veterans and Families.” Her expertise is especially valuable in creating case studies for online analysis and in understanding the TBI and PTSD educational needs of nurses working in a variety of civilian settings as they serve our service members and veterans.



Photo courtesy of Madigan HealthCare System

## Leland Jurgensmeier, RN, MSN, CCM, case manager for the Traumatic Brain Injury Program

Mr. Jurgensmeier is co-recipient of the 2012 Madigan Nurse Case Manager of the Year Award and Department of the Army Case Manager of the Year for 2012. He contributes to process improvements, patient care conferences, and collaboration with the Warrior Transition Unit and the VA Polytrauma System. Jurgensmeier has seen hundreds of service members within the past year with histories of mild, moderate, or severe TBI, providing thorough intake care-coordination for all and on-going case management for 20 with complex medical/psychological co-morbidities. He meticulously lays out the case management plan for service members and their family members,

provides educational materials about TBI and co-morbidities, and coordinates follow-up in person or by phone. Additionally, Jurgensmeier actively participates in the TBI Program Self-Efficacy Evaluation, tracking service members’ progress over time and assuring that any additional care warranted is expedited. Outstanding comments from service members, their families, and other providers reflect Jurgensmeier’s service, care and compassion. His 99.9 percent record of completing documentation on patients within 24-48 hours is a standard for others to emulate. Moreover, he unselfishly mentored a new case manager in the TBI Program, helped other staff prepare for certification exams as brain injury specialists, and served on the work group that planned and executed two Joint Base Lewis-McChord (JBLM) TBI Symposia, which were attended by more than 900 service members and families.

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# Spotlight



Photo courtesy of Madigan HealthCare System

### Dawn L. Will, RN, MSN, CCM, case manager for the Traumatic Brain Injury Program

Ms. Will is co-recipient of the 2012 Madigan Case Manager of the Year Award. Will manages the cases of service members with a history of all levels of TBI and related co-morbidities. Will manages some of the most complex TBI patients seen in our program – patients with the highest risk due to profound negative effects on behavior and cognition. She monitors and evaluates the efficacy of individualized care-management plans with a holistic focus toward improving the quality of life for the service member and his or her family, consistently pursuing every avenue possible to assure optimal care and support. As a key member of the TBI Program's Quality Assurance Work Group, she co-created standard operating procedures for the smooth transition of care from inpatient to outpatient for service members who have sustained

a moderate-severe TBI; identified service members with a history of TBI who were being transferred to the JBLM WTB to expedite their evaluations within the TBI Program; and initiated a utilization management assessment of each service member she serves. She served on the Joint Referral and Case Management Committee and the Washington State TBI Council and as government representative on the planning committee for the annual Washington State TBI Conference.

### Myra Harwood, RN case manager, Munson Army Health Center (MAHC), Fort Leavenworth, Kan.

Submitted by Patrick-Armistead-Jehle, Ph.D., clinical neuropsychologist chief, Concussion Clinic, MAHC.

Since beginning her duties at Fort Leavenworth, Kan., Ms. Harwood has made herself an essential member of the MAHC concussion clinic. She was the first case manager in the position and has effectively and efficiently sculpted her job duties to focus on soldiers and their families. Her nurse case management skills are unparalleled and she consistently goes above and beyond for soldiers. For instance, we recently had a separating service member in need of specialty referrals with a pending move from Kansas to New York. While he was still on terminal leave before his official separation date, Harwood worked diligently to procure him appointments at a VA facility in his new location. In addition to her concussion clinic case management duties, she has taken on the role of the concussion clinic education specialist and has given numerous office of the surgeon general (OTSG) mandated briefings around post to non-primary care providers, medics and leaders. She has also forged an excellent working relationship with several commands on post to include the Command and General Staff College. Simply stated, Myra exemplifies excellence in her profession and is a credit not only to MAHC but also to the OTSG and MEDCOM as a whole.

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# Spotlight

[Silvia Massetti, social work TBI case manager at Walter Reed National Naval Medical Center \(WRNMMC\), Bethesda, Md.](#)

Submitted by Dr. Louis M. French, chief, traumatic brain injury service, WRNMMC, co-director Phenotyping Core, Center for Neuroscience and Regenerative Medicine, USUHS, national director of research (acting), DVBIC.

Ms. Massetti serves as the lead TBI case manager at WRNMMC, and served in that role at Walter Reed Army Medical Center prior to the BRAC of 2011. Her work is consistently excellent and has directly improved the health and welfare of a complicated and vulnerable population at the hospital. More importantly, this work has had impact beyond the borders of the hospital campus, ensuring continuity of care and assisting in enabling care across the lifespan for those who will need it. I relied on Massetti to design and implement a TBI case management system that brought together diverse case management systems for the Army, Navy and Marine Corps. The result exceeded my expectations and is one of the true successes of the BRAC. Her knowledge of resources is encyclopedic and unrivaled. This translates directly to excellent patient care, as she is able to identify and coordinate exactly the right placement or resource for each patient's unique needs. These skills are coupled with great passion for her work.

[Robin Dahmen, RN NCM at the TBI/Warrior Recovery Clinic at Evans Army Community Hospital, Fort Carson, Colo.](#)

Submitted by her colleague Ms. Paula S. Creamer, RN, BSN regional care coordinator for DVBIC at Evans Army Community Hospital.

[Ms. Dahmen] is experienced, knowledgeable and well-liked by the service members seen in our clinic. She is a team player who goes above and beyond to find appointments with providers that work into the schedules of the service members. She was the main point of contact for a new Warrior Recovery Clinic brochure to share with families and command. Her assistance in the clinical outcome measures of our rehabilitation program have improved the process and made it easier to understand and communicate outcomes with providers for better care planning with our service members.

[Ms. Elaine \(Miller\) Bruner, RN CM, Naval Medical Center, Portsmouth \(NMCP\), Va.](#)

Submitted by Lt. Cmdr. USPHS David W. Hess, Ph.D., ABPP, assistant department head of psychology and division officer of neuropsychology clinic, NMCP.

Ms. Bruner demonstrates high-impact and renowned service to the DoD and NMCP. She delivered quint-essentially successful TBI treatment outcome metrics and has demonstrated 100 percent attainment of these metrics. Bruner is "patient-centric" in her role. Our Traumatic Brain Injury and Related Disorders (TBIRD) assessment clinic and Brain Trauma Recovery Intervention Program (BTRIP) treatment sessions benefit greatly from her advocacy. She challenges service members to promote self-care and use diverse resources to address the complexity associated with mild TBI (mTBI) recovery. These actions have included recommendations for mental health therapy dogs in North Carolina and researching TBI support groups in Texas. Her participation as a BTRIP speaker offers our service members extensive resources on

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various topics such as “brain food” where the discussion is focused on appropriate food choices for brain health. Recognizing the co-occurring behavioral and emotional symptoms associated with mTBI, Bruner collaborates with the Traumatic and Operational Stress program manager to facilitate continuing care as well as partnering to provide services. Bruner demonstrates the best example of case management practice in her tenure with NMCP and is highly deserving of the recognition this selection confers.

[Ms. Tammy Masse, RN-BC, BSN, CRRN, CCM](#) wrote to share what it is like to be a “solo” case manager at Navy Branch Health Clinic — New England (NHCNE) in Portsmouth, N.H.

Ms. Masse goes beyond the care and management of active-duty service members with TBI and PTSD to support and manage family members, retirees, adults and pediatric populations. She covers both the Family Practice Clinic and Warrior Health Clinic — services provided in a rural setting. The newly formed Warrior Health Clinic provides TBI assessment and recommendations. Masse has been involved in developing the processes for the clinic, including outreach to referral sources and alternate providers. Many service members are National Guardsmen, with limited benefits. In addition to her clinic duties, Masse provides her expertise to the NHCNE Wounded, Ill and Injured Committee, is team leader for the Eligibility Track, is a member of the New Hampshire Civilian Military TBI Collaborative, assisted in training civilian and VA providers to identify TBI in service members and veterans, and is project lead for the Annual New England Civilian Military Cooperation Conference on Psychological Health and TBI.

[Marla Little, RN-BC, CCM](#) and [Shirley Armistead, RN, BSN](#) are two of the best case managers I know. Their commitment to our active-duty service members and their families is unsurpassed. They currently work at the Marine and Sailor Concussion Recovery Center at Camp LeJeune, N.C. It is truly an honor to work with women of such high standards and ethics.

Both case managers were submitted by Ms. Barbara Cephas, RN BSN, case manager at Marine and Sailor Concussion Recovery Center, Camp LeJeune, N.C.

Ms. Little is a case manager at the TBI Clinic. She recently assisted an active-duty service member who had been exposed to IED blast while deployed and was identified as having post-concussion neuroendocrine dysfunction. Little went above and beyond to obtain endocrine evaluation for the service member in a very timely fashion by networking with TRICARE for a non-MTF provider. Challenges with this patient included speech-language pathology and a language barrier that interfered with comprehension of events and diagnosis. Little continues to follow this service member.

Ms. Armistead is also a case manager at the TBI Clinic. She is known for her long hours and dedication to complicated cases, such as those with dual diagnoses of PTSD and TBI. Armistead stays late until the job is done and the patients are taken care of.

**DCoE congratulates all of the case managers submitted for recognition of their dedication and accomplishments, and extends a hearty thank you and happy National Case Management Week to all military and VA case managers!**



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## NICoE Update

### Continuity of Care at NICoE: It Takes a Team

by Joshua Stueve, Public Affairs Officer, National Intrepid Center of Excellence



The Continuity of Care Team at NICoE, from left to right: Toni Hallman, RN – Clinic Nurse; Jennifer Rawlings, RN – Clinic Nurse; Rochelle Soto, RN – Clinic Nurse; Adrienne Foley, RN – Clinic Nurse; Cmdr. Wendy Pettit, LCSW-C Chief of Continuity and Family Services and Acting Chief of Evaluation and Treatment; Ihsan Rogers, LCSW-C Continuity Manager; Johanna Matthews, RN – Clinic Nurse.

Photos courtesy of NICoE

Oct. 14 marked the beginning of National Case Management week and kicked off a week of celebrating all of the contributions and commitment case managers make to both their patients and the health care community.

At NICoE, case managers play a vital role in providing continuity in the caliber of care that can be offered between NICoE and the service member's home base.



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Ihsan Rogers, LCSW-C, NICoE Continuity of Care Manager

“For the continuity program, it’s important to know that we purposely did not call our staff case managers, because all of the service members who come to NICoE already have a case manager back at home,” said USPHS Cmdr. Wendy Pettit, Continuity Services chief. “Instead, our team acts as the bridge between the home station and NICoE.”

NICoE’s continuity team acts as a consult service, ensuring a smooth transition for the service members into and out of the NICoE program. Currently, the team consists of two nurse consultants and three licensed clinical social workers who focus exclusively on continuity of care with the home station.

“I think we are successful in transitioning the service members into our care because our social workers communicate with the primary care doctors, therapists and case managers at the home station prior to the service member’s arrival to the program,” said Pettit. It is this constant communication between the continuity team and the case managers back home that allows for a thorough understanding of service members’ needs.

Upon arrival to the NICoE program, each service member is assigned a nurse who performs duties similar to that of a clinic nurse.



Capt. Lynnette Angel, LCSW-C and Ihsan Rogers, LCSW-C, continuity managers.

“Our five nurses and four corpsmen are responsible for making appointments across the street [at Walter Reed National Military Medical Center], checking patients in every morning to see how they are doing, writing daily notes on the patient’s care, and communicating with the doctors about any changes they may see throughout the service member’s stay,” said USPHS Lt. Cmdr. Jena Vedder, NICoE Clinic manager.

“The nurses are who the patients turn to when they have a problem. The nurses are the individuals on the ground that keep it all together,” said Pettit. The clinic nurses have the most regular contact with the patients at the NICoE. It is their job to observe any nuanced change that other providers may miss.

It is this team of clinic nurses and continuity managers, including nurse consultants and social workers, who make NICoE’s continuity of care possible. At NICoE the home station case managers and NICoE nurse consultants within continuity services check in with each other at least once a week. But as discharge approaches for a patient, this team of individuals will reconvene for a conference call with the patient’s home station providers to discuss expectations and to make sure that all of NICoE’s care and recommendations can be continued back home.

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“The patient’s regular case managers are experts in their field. They know what resources are available to the patient at the home station better than we do. Without them we would be lost in trying to reconnect these service members with their home stations,” explains Pettit.

It is up to the case manager, nurses and doctors to work together to determine what type of care can be continued back home.

“It’s a challenge both for them and us, because we have the availability of having everything we need right here in the building. I’ve always said the continuity team is the reality tester for this building. It’s their job to raise the flag on what is realistic and what isn’t regarding discharge recommendations,” said Pettit.

To try to mitigate this challenge, NICOE has developed a partnership with DVBIC Regional Care Coordination (RCC) program to help with follow up in order to make sure that the patients really are getting the continued care they need. The goal is to try to make sure that “when service members leave here they are not walking into a black hole where they have to advocate for themselves,” said Ihsan Rogers, NICOE Continuity manager. “We are a reference; the discharge summary and recommendations for follow up are clearly communicated so once the patient returns to home base they know what they need to do.”

The beauty of the DVBIC RCC program is that its reach spans the world. Regional locations make it possible to monitor these patients and make sure that they do not fall through the cracks. NICOE’s personal RCC point person, Denise Niner, is in charge of checking in with the patients once they have returned home. She checks in the first week the patient is home, and if they seem to need additional help or assistance, she’ll call the following month to make sure they are still on track. However, the real follow up calls are at the three-month, six-month, 12-month and 24-month mark. Niner is a licensed clinical social worker so she evaluates the patients overall well-being during each of these calls and communicates any concerns with the home case manager, which, according to Pettit, makes this post-NICOE follow up “a nice safety net for NICOE patients.”

The NICOE Continuity program continues to evolve from the input and feedback of patients, case managers, and the NICOE staff. However, as the program changes, the key team members who make this type of care possible will remain the same.

“I hope the case managers back at the home station understand how much we appreciate and need their cooperation. It isn’t just NICOE trying to do this work. We are a team and the patient’s home station and home case managers are a huge part of our team,” explained Pettit.



Photo courtesy of NICOE

“Most importantly, NICOE staff knows that they would not be able to accomplish this level of care without the case managers, nurses, and care coordinators who they work with every day. To them, NICOE says — **‘Thank you.’**”

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## Conferences & CEU Events

### AMSUS (Association of Military Surgeons of the United States)

118th Annual Continuing Education Meeting

Postponed

[amsusmeeting.org](http://amsusmeeting.org)

### Case Management Society of America 2013

June 25-28, 2013

New Orleans Morial  
Convention Center

[cmsa.org](http://cmsa.org)

### American Case Management Association (ACMA) Annual Conference

Nov. 8-9, 2012

Hilton, Austin  
Austin, Texas

[acmaweb.org](http://acmaweb.org)

### Brain Injury Association of America 2013 Brain Injury Business Practice College

Jan. 28-30, 2013

Chaparral Suites Resort  
Scottsdale, Arizona

[BIAA.org](http://BIAA.org) click "Marketplace"

### Brain Injury Association of California: Neuroscience of Brain Injury Conference

Nov. 9-10, 2012

Silverado Resort, Napa, California

[biacal.donordrive.com](http://biacal.donordrive.com)

### Webinars

#### DCoE Monthly Webinars

#### Nov. 15, 2012: Emerging Technologies to Address PTSD/TBI

Continuing education is available from Saint Louis University. You must register in advance using the Adobe Connect website to qualify. To register for the above webinars go to [dcoe.health.mil](http://dcoe.health.mil).

#### Mild TBI Web-based Case Studies

Each module provides one hour CE credit. For a listing of all 12 modules go to [dcoe.health.mil](http://dcoe.health.mil).

#### Using Computers to Assist with Cognitive Rehabilitation

by Dr. Gerald Voelbel

Wednesday, Nov. 14, 2012

Registration Price: \$30

Continuing Education awarded: one hour.

Registration closes at 5 p.m. (EST) Nov. 12.

Information on how to join the webinar will be sent to registrants on Nov. 13, 2012.

[Register now.](#)

#### Brain Injury Association of Michigan

November 2012 Webinar

#### Home Again: Veterans and Families Initiative

December 2012 Webinar

#### Family Status and the Well-Being of Individuals with Brain Injury

2-3 p.m. (EST)

Professionals with CEUs: \$40 (group rates available)

Family member/No CEUs: \$20

[Registration](#)

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# Provider and Case Management Resources

For free, downloadable information, training and tool kits on a variety of topics, including mild TBI, posttraumatic stress disorder, acute stress disorder, substance use, major depressive disorder, co-occurring conditions and neuroendocrine dysfunction post mild TBI visit [dcoe.health.mil](http://dcoe.health.mil) and [dvbic.org](http://dvbic.org).

## Commission for Case Management Certification Updated

By Sue Kennedy, RN BSN CCM

Part of what I do is look for tools and information that helps case managers — both seasoned and new — to understand who we are, what we are here for, and how to get the job done efficiently. Sometimes, it helps to take a second look at the basics — especially when those basics have changed and been refined during the course of two decades.

I periodically go back to the Commission for Case Management Certification (CCMC) website and review core processes, to ensure I am still on track. Recently I found that the case management process that I was familiar with has been refined and expanded to include risk stratification and transitioning care—things that case managers have done and are doing, but had not been as clearly defined within the traditional case management process when I first started out. Another example is the recertification process itself. During my last four case management certifications I spent hours faxing proof of continuing education to the CCMC, watching helplessly while only eight of the nine pages went through the fax or having papers get caught halfway through the process and having to start over. I always thought there had to be a better way! Well, there is, thanks to forward-thinking members of the CCMC who now have everything related to recertification online. For those of you who are currently gathering your CEUs for recertification, go to [ccmcertification.org](http://ccmcertification.org) and check out the new online “My CCM Dashboard” and “CM Learning Network.”

Another part of the CCMC website I found and really appreciate is the Case Management Body of Knowledge or CMBOK. While this feature is not free, it is at half-price for certified case managers and gives an example of a comprehensive overview of professional case management (at no charge). I found the overview very well organized and refreshed compared to when I started as a case manager nearly 20 years ago. It includes the information I mentioned above regarding risk stratification and transitioning as part of the assessment process for certain types of case management that was not as defined in the beginning. It is helpful to professionals who are interested in joining the ranks of case management, to give them an understanding of the process, terminology and concepts. I encourage all case managers to check out this information for yourselves, whether as a refresher or as someone coming into case management for the first time. The information can be found at [cmbodyofknowledge.com](http://cmbodyofknowledge.com).

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### COMING SOON! Resource Guides and Compendium

DCoE will release five case management resource guides organized by geographic region plus a compendium of quick-reference materials for military TBI case managers. The guides and compendium will serve to support access to care and identify whether needed services are available at the next duty station.

Military TBI case managers are an integral part of the care and support of service members with TBI. For those service members with mild TBI and persistent post-concussive symptoms, ongoing therapy can be disrupted by frequent changes of duty station, multiple deployments, distance from care providers, or separation from active-duty to veteran status. It is the responsibility of military TBI case managers to ensure that ongoing care is as uninterrupted as possible.

#### Highlights of the Guides and Compendium:

- Organized by TRICARE regions to facilitate use of contracted providers and minimize out-of-network costs
- Provides direct web-links, addresses and phone numbers to the resource
- Identifies TBI point of contact and case management phone numbers when available
- Links with DVBIC RCC for follow-up and TBI service facilitation
- Focuses on common medical and psychological resources accessed by TBI patients

Look for a news release soon at [dcoe.health.mil](http://dcoe.health.mil).



#### Yellow Ribbon Reintegration Program

There is now an online events portal that makes it easier for service members and their families to find specific Yellow Ribbon events. Service members can search based on service component and deployment phases.

Access the Yellow Ribbon Reintegration Program Event Portal at [yellowribbonevents.org](http://yellowribbonevents.org).

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## Question from the Field

### What's Current in CM Coding?

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Case management coding can be a challenge, however it is a necessary task in order to comply with congressional mandate and the visibility required by the Office of the Assistant Secretary of Defense, Health Affairs (OASD/HA). "Appendix E Coding Clinical Case Management Services" is the current Military Health System (MHS) guidance in use. Per Appendix E "clinical case managers are mandated to document and code their services in CHCS (ADM) and/or AHLTA. Specific assignment of provider specialty codes, HIPAA Taxonomy codes, MEPRS codes, procedure and diagnosis codes are used to meet OASD/HA mandated reporting requirements." Meeting these requirements is extremely important, but there are also other advantages of timely and accurate case management encounter coding:

- Documentation that service members have been contacted by a case manager and that a recovery care plan is in the works and follow ups can be anticipated
- Accurately reflect case-load intensity to ensure adequate staffing
- Fair and equitable distribution of cases among case management team members
- Appropriate documentation allows other members of the health care team to know who the case manager currently is and whether the service member was deployed (based on secondary diagnoses code V70.5\_G)
- May assist in budget planning for future allocation of resources so that needs identified within the care plan can be met
- It is a basis for the start of patient outcomes monitoring, tracking and possibly a basis for quality improvement

In short, appropriate coding and documentation helps justify our existence. The old nursing adage that if "it wasn't documented then it wasn't done" remains true. If there are any questions about how to code case management encounters, please contact your supervisor or chain of command.



Since 2000 as of 2012Q2: **253,330 reports of TBI**

2012Q2: **17,136 reports of TBI**

TBI numbers courtesy of DVBIC in cooperation with the Armed Forces Health Surveillance Center. For more information on TBI statistics in the military, go to [dvbic.org](http://dvbic.org).