

**CARE MANAGEMENT OF OPERATION ENDURING FREEDOM (OEF)  
AND OPERATION IRAQI FREEDOM (OIF) VETERANS**

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

**2. SUMMARY OF CONTENTS**

a. This Handbook describes the partnership between the Department of Veterans Affairs (VA) and the Department of Defense (DOD) to transition the health care of severely ill and injured returning combat service members and Veterans from DOD to the VA health care system.

b. This Handbook outlines the care management process and describes the roles and functions of VA staff working with the care management of OEF-OIF patients across various program areas within VA. This Handbook establishes a standardized procedure and care management model.

**3. RELATED ISSUES:** VHA Handbook 1010.02, VA Liaison for Health Care.

**4. FOLLOW-UP RESPONSIBILITY:** Chief Consultant, Care Management and Social Work Service (11CMSW), Office of Patient Care Services, is responsible for the contents of this Handbook. Questions are to be referred to the National OEF-OIF Care Management Program Manager, at (202) 461-5147.

**5. RESCISSION:** VHA Handbook 1010.01, dated May 31, 2007, is rescinded.

**6. RECERTIFICATION:** This VHA Handbook is scheduled for recertification on or before the last day of October 2014.

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## CARE MANAGEMENT OF OPERATION ENDURING FREEDOM (OEF) AND OPERATION IRAQI FREEDOM (OIF) VETERANS

### 1. PURPOSE

This Veterans Health Administration (VHA) Handbook establishes procedures in the transition of care, coordination of services, and care management of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) 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 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 a standardized care management process and describes the roles and functions of VA staff working with the care management of OEF and OIF patients across various program areas within VA.

### 2. BACKGROUND

a. Since 2003, VA has collaborated with DOD and MTFs to transition the health care of injured or ill combat Veterans and active duty service members from MTFs to VA health care facilities by assigning VA Liaisons for Health Care at major MTFs to assist with transfers and to provide information to active duty patients and families about VHA health care services. In addition, VHA facility OEF-OIF Program Managers have worked closely with the VA Liaisons to arrange outpatient appointments and inpatient transfers. While this initiative pertains primarily to military personnel returning from Iraq and Afghanistan who served in OEF and OIF, it includes active duty military personnel returning from other combat theater assignments. VA's authority to treat combat Veterans is found in Title 38 United States Code section 1710(e). For additional information about eligibility, refer to VHA policy regarding Combat Veteran Health Care Benefits and Co-pay Exemption Post-Discharge from Military Service and <http://www.va.gov/healtheligibility>.

b. In October 2007, VA established the Care Management and Social Work Service, Office of Patient Care Services, to address the needs of injured and ill service members and Veterans to optimize care management for service members and Veterans transitioning to VA.

c. As the number of OEF and OIF service members and Veterans seeking VHA health care increased, VA health care facilities have been challenged with ensuring 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). VA has dedicated programs and systems of care including Polytrauma/Traumatic Brain Injury, Spinal Cord Injury and Diseases, Visual Impairment, and Mental Health that provide specialized life long clinical care and care management for these special cohorts of Veterans. Therefore, it is critical for each VA health care facility to have a process in place to ensure the care of all OEF and OIF service

members and Veterans is well-coordinated and those who are severely injured and ill receive care management services from a nurse or social worker case manager.

### 3. SCOPE

VHA requires the care of all OEF and OIF active duty service members and Veterans treated at VA health care facilities is coordinated, monitored and tracked. All are screened for the need for care management services, and the severely injured and ill patients are care managed.

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

(1) **Urgent or Emergent Care.** Facilities must 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 TRICARE Managed Care Support Contractor (MCSC), 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 TRICARE Managed Care Support Contractor prior to providing non-urgent or non-emergent treatment. If the MTF, SPOC or TRICARE MCSC declines authorization, the facility is not to provide treatment. *NOTE: Fee Basis is not to be used for active duty service members.*

(3) For active duty patients referred by the VA Liaison for Health Care stationed at the MTF, the facility OEF-OIF Program Manager must ensure 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. Authorizations are required and must be obtained from the referring MTF prior to providing services.

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

b. **Care of OEF and OIF Veterans.** VA health care facilities must provide appropriate health and mental health care services to Veterans who served in OEF and OIF. Coordination of those services is to be ensured by the OEF-OIF Care Management Team at each facility led by the OEF-OIF Program Manager. Other major team members include the OEF-OIF Case Manager and the OEF-OIF Transition Patient Advocate. The team may also include the following representatives: the OEF-OIF Veterans Integrated Service Network (VISN) Point of Contact (POC), the Post Deployment Integrated Care Clinic, Specialty Care Providers and Case Managers, Federal Recovery Coordinator (FRC) and VA Liaison for Health Care.

(1) **OEF-OIF Program Manager.** Each VA medical center and independent outpatient clinic must designate a masters prepared social worker (MSW) or registered nurse (RN), to serve as the OEF-OIF Program Manager ensuring OEF and OIF service members and Veterans receive patient-centered integrated care. The Program Manager has administrative and clinical responsibility for the program and ensures all OEF and OIF Veterans are screened for care

management. This position functions as the facility's point of contact for the VA Liaisons at the MTFs. These positions are funded by VA Central Office.

(2) **OEF-OIF Case Managers.** Each VA health care facility must have either an RN or a MSW OEF-OIF case manager for those who are severely injured and ill, and for those otherwise in need of care management services. These positions are funded locally.

(3) **OEF-OIF Transition Patient Advocates.** Each VISN must have OEF-OIF Transition Patient Advocates for OEF and OIF service members and Veterans. Although the positions are distributed to the VISN offices, the incumbents will be located at medical facilities within the VISN, and provide services to severely injured Veterans throughout the Network. These full time positions are funded by VA Central Office.

c. **Services for Family Members.** VA's health care environment promotes participation of family members and care-givers in the treatment of patients. This may include providing education, training and support. Statutory and regulatory eligibility criteria is different for family members and care-givers of Veterans and family members and care-givers of service members, and affect the types of services that may be provided as discussed in this handbook. In addition to education and training, only the Veteran's immediate family, legal guardian, or the individual in whose household the Veteran intends to live, are eligible to receive mental health services, professional counseling, marriage counseling and family counseling in connection with the underlying treatment of the Veteran in accordance with Title 38 United States Code section 1782 (USC). Whereas, service members' family and care-givers may receive necessary education and training in connection with the underlying treatment of the service member, but are not eligible for those additional services provided in 38 USC 1782. VHA employees are encouraged to become familiar with the statutory and regulatory eligibility criteria, and services available for family members and care-givers of both Veterans and service members, and to consult their respective VHA program office as needed.

#### 4. CARE MANAGEMENT PROCESS

a. OEF-OIF care management is built on a patient and family centered approach to care, and delivered by an interdisciplinary team of professionals with specialized knowledge in managing patients with complex care needs (see the OEF-OIF Care Management Guidebook and Models of Care available at the following intranet site <http://oefoif.vssc.med.va.gov>).

b. OEF-OIF care management is a distinct and customized approach to managing care for Veterans or active duty service members whose needs are usually multiple, complex, and resource intensive. When individuals are diagnosed with a severe impairment, their physical, emotional and psychosocial responses vary significantly. Because health care circumstances will differ, a more tailored and customized approach to coordinating care is required. These individuals must have care plans unique to their needs, and often require extensive monitoring and integrated care.

c. OEF-OIF care management is provided to severely injured and ill OEF and OIF service members and Veterans by MSWs and RNs across the continuum amongst various systems of care. This involves acting as the lead case manager for emerging medical, psychosocial, or

rehabilitation problems, managing the continuum of care, care coordination, acting as patient and family advocates and assessing clinical outcomes and satisfaction.

d. A close, collaborative relationship between RN and MSW Case Managers provides the most comprehensive approach to care management services. Each brings their discipline's unique perspective to ensure all of the patient's physical and psychosocial needs are met. Care management requires a well-coordinated interdisciplinary effort which is dependent upon effective communication and cooperation. Through a therapeutic relationship with the patient and family, services will include but are not limited to: comprehensive assessments of the patient, family and their support systems, establishment of patient and family directed goals, and access to systems that provide them with needed services, resources, and opportunities. While these two disciplines work collaboratively, both RN and MSW clinicians bring distinct skills sets and expertise to care management under different scopes of practice (see 11.h for levels of case management).

e. OEF and OIF service members and Veterans with conditions such as polytrauma, traumatic brain injury, spinal cord injury, and blindness typically have their care management provided by the specialty care program. Due to the clinical and psychosocial complexity of these populations, these RN and MSW Case Managers serve as the Lead Case Manager and comply with specialty program guides.

## **5. RESPONSIBILITIES OF THE UNDER SECRETARY FOR HEALTH**

The Under Secretary for Health, or designee, is responsible for ensuring that:

a. A full-time MSW or RN is funded at each VA medical center and independent outpatient clinic to serve as OEF-OIF Program Manager. (see App. A and App. B for required functions).

b. Each VISN is funded for the appropriate number of Transition Patient Advocates (TPA) based on the number of OEF and OIF service members and Veterans treated in the VISN. (see App. F for required functions).

## **6. RESPONSIBILITIES OF THE VISN DIRECTOR**

The VISN Director is responsible for ensuring that:

a. A VISN POC is designated within the VISN office to oversee care management services at the VISN facilities and to provide guidance to facility OEF-OIF Program Managers.

b. A VISN Lead OEF-OIF Program Manager is designated from one of the facility OEF-OIF Program Managers to serve as liaison to the VISN POC.

c. The OEF-OIF Transition Patient Advocate positions were distributed to VA medical centers within the VISN based on the number of OEF and OIF service members and Veterans treated by that medical center (see App. F for required functions). The TPA reports to the VISN Office through the medical center's OEF-OIF Program Manager.

## **7. RESPONSIBILITIES OF THE FACILITY DIRECTOR**

The facility Director is responsible for:

a. Providing health care services to OEF and OIF service members and Veterans as clinically indicated and in a timely manner.

b. Appointing a MSW or RN to serve as the facility OEF-OIF Program Manager (see App. A and App. B for required functions). The position reports directly to the facility Director, or designee.

c. Hosting discussion groups, at least annually, with OEF and OIF Veterans and their family members to identify issues and concerns.

(1) The facility Director and other senior leaders need to attend the discussion group.

(2) Reports regarding the discussion group meeting (including action plans, if any) must be submitted through the VISN Director to the Office of the Deputy Under Secretary for Health for Operations and Management (10N) with a courtesy copy to Care Management and Social Work Service National Care Management Program Manager within two weeks of meeting.

## **8. RESPONSIBILITIES OF THE OEF-OIF VISN POC**

The OEF-OIF VISN POC is responsible for:

a. Assuring that the OEF-OIF Care Management Team has the necessary resources to achieve program goals.

b. Promoting the standardization of the OEF-OIF Care Management Program and processes across the VISN.

c. Attending monthly conference calls moderated by Care Management and Social Work Service at VA Central Office.

d. Collecting, maintaining and forwarding all reports and data prepared by the OEF-OIF Care Management team and submitted by facility senior management to the appropriate VHA requesting office.

e. Coordinating with the Lead OEF-OIF Program Manager for periodic VISN level face-to-face meetings and conference calls with the OEF-OIF Care Management team.

f. Serving as a liaison between the VA Central Office (VACO), the VISN, the VISN Lead, and facility OEF-OIF Program Manager and other agencies and organizations.

g. Providing briefings and presentations to VA staff and non-VA organizations/audiences about OEF-OIF VA health care.

- h. Updating Care Management and Social Work Service on changes in facility OEF-OIF Program Managers, OEF-OIF Case Managers, and OEF-OIF TPAs.
- i. Coordinating and participating in review panels for the selection of new TPAs.

## **9. RESPONSIBILITIES OF THE OEF-OIF VISN LEAD PROGRAM MANAGER**

The OEF-OIF VISN Lead Program Manager is responsible for:

- a. Moderating, at least, monthly conference calls with all facility OEF-OIF Program Managers within the VISN.
- b. Reporting administratively to both their own Medical Center Director and to the VISN Director.
- c. Reporting programmatically to Care Management and Social Work Service which includes attending monthly conference calls moderated by the OEF-OIF Care Management National Program Manager in VA Central Office (VACO).

## **10. RESPONSIBILITIES OF THE OEF-OIF PROGRAM MANAGER**

The primary role of the OEF-OIF Program Manager is to ensure OEF and OIF service members and Veterans receive patient-centered, integrated care. The Program Manager has administrative and clinical responsibility for the OEF-OIF Care Management program. The OEF-OIF Program Manager is responsible for:

- a. Leading the OEF-OIF Care Management team at the facility which includes the OEF-OIF Social Work or Nurse Case Manager(s) and TPA(s); ensuring OEF-OIF care management policies and procedures are in place; and facilitating communication among the OEF-OIF Care Management team.
- b. Overseeing all facility care management activities provided to OEF and OIF service members and Veterans.
- c. Ensuring all OEF and OIF service members and Veterans are screened to determine need for nurse and/or social worker care management services.
- d. Ensuring all OEF and OIF service members and Veterans with specialty care needs such as polytrauma, traumatic brain injury, spinal cord injury, and blindness are referred to the appropriate specialty care program for clinical care and care management.
- e. Ensuring all severely injured and ill OEF and OIF service members and Veterans and other OEF and OIF service members and Veterans in need of care management are assigned to a nurse or social worker case manager.
- f. Leading OEF-OIF Care Management Review Meetings, on a regularly scheduled basis, to review new and established patients' clinical status (see the OEF-OIF Care Management

Guidebook at the following intranet site <http://oefoif.vssc.med.va.gov> for guidance on the Care Management Review Team Meeting).

g. Ensuring a Lead Case Manager is designated based on the predominant specialized clinical care needs of the OEF or OIF patient and in collaboration with the Care Management Team. Where specialty care programs exist, the Lead Case Manager will be jointly determined by the specialty care program and the OEF-OIF Care Management team.

h. Providing ongoing communication and periodic briefings to senior medical center leadership regarding the OEF-OIF program.

i. Developing and maintaining effective partnerships throughout the facility and satellite clinics, including Post Deployment Integrated Care Clinic, Primary Care, Veteran Readjustment Centers, Specialty Care Clinics, Facility Patient Advocates, VBA, and the Business Office to ensure access and a unified approach for providing continuity of care.

j. Attending monthly conference calls moderated by Care Management and Social Work Service at VA Central Office.

k. Providing direct or indirect supervision for the OEF-OIF Case Manager and TPA if organizationally aligned under the OEF-OIF Program Manager.

l. Acting as a back-up team member in the absence of the OEF-OIF Case Manager or arranging for team member coverage when appropriate.

m. Serving as the primary point of contact at the facility for the VHA Liaisons for Healthcare at the MTF. Determining, in collaboration with the VA Liaison, if care management and TPA services are indicated, and assigning an OEF-OIF Case Manager or specialty service Case Manager and TPA to provide care management services.

n. Developing a Business Plan that outlines the program's mission, strategic goals and objectives, forecasts the yearly budget, and describes all appropriate resources for achieving stated outcomes.

o. Developing an orientation and continuing education plan for new and existing OEF-OIF Care Management Team staff.

p. Developing an orientation module for all new facility employees that will be provided at New Employee Orientation.

q. Tracking and monitoring OEF and OIF service members and Veterans being care managed at the facility, performance measures and monitors, and reports as required for facility senior management. Tracking and monitoring workload and productivity of the OEF-OIF Care Management team.

r. Educating the community on VA health care services and benefits, enhanced enrollment eligibility, and improved OEF-OIF patient care coordination. The OEF-OIF Program Manager

may initiate opportunities to engage in collaborative partnerships with other federal, state and local agencies and departments with an emphasis on Reserve and National Guard members due to multiple deployments.

s. Ensuring that the OEF-OIF Care Management team's primary responsibility of meeting the care management needs of OEF and OIF service members and Veterans has top priority when scheduling work assignments.

t. Evaluating the facility's OEF-OIF Care Management program at least annually to determine program effectiveness and identify areas for improvement.

## **11. RESPONSIBILITIES OF THE OEF-OIF CASE MANAGER**

The primary responsibility of the MSW and RN OEF-OIF Case Manager is to coordinate care and services for severely injured and ill OEF and OIF Veterans and others in need of care management services (see App. C, D, and E for required functions). This is accomplished by:

a. Contacting active duty service members and Veterans prior to transfer for inpatient admission and the first outpatient appointment to answer any questions about upcoming appointments.

b. Assisting to resolve any issues at the local level to include ensuring appointments are scheduled, authorizations are obtained, family resources secured, and any psychosocial issues are addressed (temporary lodging, home modifications, community resources, in-home services, etc.)

c. Completing and documenting a comprehensive biopsychosocial care management assessment, updating the assessment as necessary based on clinical judgment, and developing a care management plan of care. Documentation will:

(1) Include information about significant interactions with the patients (whether by telephone or in person);

(2) Occur in the Computerized Patient Record System CPRS utilizing appropriate stop codes;

(3) Occur in the Care Management Tracking and Reporting Application (CMTRA), an electronic database that provides the OEF-OIF Care Management team with a means to identify and track severely injured and ill OEF-OIF service members and Veterans.

d. Continually assessing the need for a change in care management services and adjusting the level of intervention as appropriate based on the medical and psychosocial needs of the Veteran and the needs of the Veteran's immediate family members.

e. Supporting and educating the patient and family, referring Veterans to VA program and services, connecting Veterans to home and community based services, visiting Veterans in their homes if appropriate, and crisis intervention.

- f. Working closely with the OEF-OIF Program Manager to ensure all needs are met.
- g. Educating the patient and family to understand who the primary point of contact is for questions and concerns and providing contact information.
- h. Coordinating any necessary care and services at the medical facility that the active duty service member will use while on convalescent leave.
  - (1) The OEF-OIF Case Manager at that VA needs to make contact with the service member as an introduction.
  - (2) If the convalescent leave is planned for 30 days or less and the service member does not plan to use local VA services during that time, the OEF-OIF Case Manager will continue to be available to address issues or concerns.
  - (3) If the convalescent leave needs to be extended, the OEF-OIF Case Manager will contact the DOD Case Manager and VA Liaison to obtain necessary authorizations for continued care.
- i. Supporting Veterans and their families during transition. Transitions include but are not limited to:
  - (1) Transfer from the MTF to VA medical center, skilled nursing facility admission, and transfer of care to a new VA medical center.
  - (2) Change in patient's psychosocial status (e.g. care-giver stress, marital status change, decline in support system, death of a family member, loss of job, new employment, substance abuse, etc).
  - (3) Patient and family relocation.
  - (4) Significant change in medical status or functional decline.
  - (5) Newly identified or significant exacerbations of mental health problems (e.g. depression, PTSD, suicidal ideation, and behavioral changes).
  - (6) Referrals to program such as day treatment, partial hospitalization programs, compensated work therapy (CWT), vocational rehabilitation, and community re-entry programs to the extent the Veteran is eligible. **NOTE:** *CWT and VA Vocational Rehabilitation programs are for Veterans only.*
- j. **Levels of Case Management.** The following provides a framework for differing levels of intensity of case management services. Within each level of intensity, specific case management services for RNs and MSWs must correlate to accepted case management standards of practice to support an individual's and family's health needs across sites and unique episodes of care within the VHA system of care, and externally with the private sector and DOD. The following four levels are defined:

(1) **Intensive Case Management.** This case management level of intensity requires **at least weekly** contact whenever there is transition of care or significant change in the patient's clinical, psychosocial, functional, or mental health status.

(a) For RN Case Managers. The patient and family may need at least weekly contact during this phase with reassessment required. Appropriate intervention includes but is not limited to coordinating services; support for family and care-giver; patient and family education; referrals to VA programs and services; and referrals to home and community based services to the extent the Veteran or service members is eligible.

(b) For MSW Case Managers. Home visits may be needed during this phase and a new assessment will be completed. Crisis intervention may be needed if the change is extremely stressful. Appropriate intervention includes but is not limited to coordinating services; support for family and care-giver; patient and family education; referrals to VA programs and services; and referrals to home and community based services to the extent the Veteran or service members is eligible.

(c) Support during transitions for the patient and family is a critical part of providing RN or MSW care management services. Transitions include but are not limited to:

1. Transfer from the MTF to VA, skilled nursing facility admission, transfer of care to a new VA medical center.

2. Change in patient's psychosocial status (e.g. care-giver stress, marital status change, decline in support system, death of a family member, loss of job, new employment; substance abuse).

3. Patient and family relocation.

4. Significant change in medical status or functional decline.

5. Newly identified or substantial exacerbations of mental health problems (e.g. depression, PTSD, suicide ideation, and behavioral changes).

6. Referrals to programs (e.g. Day Treatment, Partial Hospitalization Programs (PHP), CWT, Vocational Rehabilitation, community re-entry program) to the extent the Veteran is eligible. **NOTE:** *CWT and VA Vocational Rehabilitation programs are for Veterans only.*

(2) **Progressive Case Management.** This level requires contact at least **monthly or more often** if needed.

(a) For RN Case Managers. The patient and family may need supportive counseling and assistance to facilitate obtaining VA and community resources, advocacy, re-enforcement of patient education previously provided, and additional education based on re-assessment. Examples of case management during this phase include:

1. Reassessing and monitoring the progress on referrals made to specialty programs such as Home Based Primary Care (HBPC), Visually Impaired Services Team (VIST), Spinal Cord Injury (SCI), Care Coordination-Home Tele-health (CC-HT) and Mental Health Intensive Care Management (MHICM).

2. Reassessing and monitoring the progress; initiating and monitoring progress on referrals made to the VBA.

3. Reassessing and monitoring the progress on referrals made for Fee Basis Services.

4. Reassessing and monitoring the progress on obtaining community resources.

5. Reassessing and facilitating community re-entry.

(b) For MSW Case Managers. The patient may need supportive counseling, referrals to VHA and Community resources, assistance with obtaining resources, advocacy and education. Reassessing family and care-giver support and facilitating optimal family/care-giver functioning is necessary. Examples of case management during this phase include:

1. Reassessing and monitoring the progress on referrals made to specialty programs such as HBPC, VIST, SCI, CC-HT and MHICM.

2. Reassessing and monitoring the progress on referrals made to Veterans Benefits Administration.

3. Assistance with Vocational Rehabilitation.

4. Reassessing and monitoring the progress on obtaining community resources.

5. Facilitating community re-entry.

6. Application for home modifications.

7. Counseling for adjustment issues.

(3) **Supportive Case Management.** This level requires **at least quarterly** contact when medical, rehabilitation and psychosocial issues are stable and the patient is well established in the system of care. The focus of care will likely have progressed to community reintegration, independent living, supported employment, vocational rehabilitation, etc.

(a) This level of intensity may consist of follow-up with the patient and family either in person or by telephone. Supportive case management services will include, but are not limited to:

1. Monitoring changes in social situation, functional status and medical care needs.

2. Assessing participation in meaningful activities, e.g., social, recreational, vocational, and quality of life.

3. Assessing care-giver burden.

4. Assessing prosthetics, orthotics, durable medical equipment, and assistive technology.

5. Ensuring access to care and benefit.

6. Following-up on identified needs from the progressive phase when less intensive care management services are required.

(4) **Lifetime Case Management.** This level requires contact of at least annually.

(a) The OEF-OIF RN Case Manager assesses the long-term patient's care needs, and refers to other healthcare personnel as appropriate to meet identified patient needs.

(b) The OEF-OIF MSW Case Manager assures that an annual psychosocial assessment is completed and engages appropriate staff in addressing the patient's and family's clinical and psychosocial needs and reassessing family and care-giver support and facilitating optimal family/care-giver functioning. *NOTE: The specialty case manager may be the responsible person to complete the assessment for SCI, polytrauma, and VIST patients.*

## 12. RESPONSIBILITIES OF THE OEF-OIF LEAD CASE MANAGER (LCM)

When the OEF or OIF patient requires multiple case managers, a LCM needs to be identified. The LCM will be based on the predominant specialized clinical care needs of the OEF or OIF patient. Review of the LCM assignment will be discussed at the regularly scheduled OEF-OIF Care Management Review Team Meetings. In order to provide consistency for the patient, the OEF-OIF Care Management Review Team may choose to retain the OEF-OIF CM as the LCM even in those circumstances when the patient requires the temporary services of a specialty case manager. The LCM is responsible for:

a. Completing and documenting a comprehensive biopsychosocial care management assessment, updating the assessment as necessary based on clinical judgment, and developing a care management plan of care. Documentation will:

(1) Include information about significant interactions with the patients (whether by telephone or face-to-face).

(2) Occur in the CPRS utilizing appropriate stop codes (see 18.e. for guidance on stop codes).

(3) Occur in the CMTRA, an electronic database that provides the OEF-OIF Care Management team with a means to identify and track severely injured and ill OEF and OIF Veterans.

- b. Communicating and coordinating the care with the health care team providers, all case managers involved in the care, and the Veteran and family.
- c. Serving as an advocate for OEF and OIF service members, Veterans, and their families in conjunction with the TPA; helping them access needed services at the facility and in the community.
- d. Assessing, updating and monitoring clinical outcomes and Veteran and family satisfaction.

### **13. RESPONSIBILITIES OF THE OEF-OIF TRANSITION PATIENT ADVOCATE (TPA)**

The TPA's primary responsibility is to assist with the short and long-term needs of the severely injured and ill OEF and OIF service members and Veterans and their families (see App. F for required functions). The TPA is an employee of the medical center, and reports to the VISN Office through the medical center's OEF-OIF Program Manager. The TPA's responsibilities include:

- a. Assisting severely injured and ill OEF and OIF active duty service members and Veterans, as requested by the VA Liaison for Health Care at the MTF and the OEF-OIF Program Manager, at the point when the service member or Veteran is ready to transition from the MTF to a VA health care facility.
- b. Serving as an advocate for the service member, Veteran, and family across episodes and sites of care by helping them access needed services at the facility and in the community.
- c. Providing information and assistance to service members, Veterans, and family members regarding benefits and health care eligibility.
- d. Recognizing and removing institutional obstacles to providing optimum quality health care and patient satisfaction.
- e. Working closely with the OEF-OIF Program Manager and Case Managers to coordinate services.

### **14. ADJUNCT OEF-OIF CARE MANAGEMENT TEAM MEMBERS**

a. **VA Liaison for Healthcare.** VA Liaisons for Healthcare serve as a bridge between DOD and VA to help ensure a smooth transition for the service member or Veteran from DOD healthcare to VA healthcare. VA Liaisons are VA employees who are stationed at designated MTFs. The VA Liaisons facilitate the transfer of service members and Veterans from the MTF to a VA health care facility closest to their home for the most appropriate specialized services their medical condition requires. VA Liaisons utilize the Veterans Affairs Medical Center (VAMC) OEF-OIF Program Manager as their primary point of contact at the facility level.

b. **Federal Recovery Coordinator (FRC).** FRCs are VA employees who are located in MTFs or VAMCs but report to the Office of the Secretary of Veterans Affairs as part of a joint VA and DOD program. The FRC is the primary contact or resource to catastrophically injured and ill OEF and OIF service members and Veterans and their family for monitoring the execution of services across the continuum of care from recovery through rehabilitation to community reintegration. The FRC will work closely with DOD and VA clinical and administrative teams in concert with OEF and OIF patients, family and other care providers, for all episodes of care. At the time of transition from DOD to VA health care, the FRC will work closely with members of the OEF-OIF Care Management team.

c. **Post Deployment Integrated Care Clinic.** VHA Primary Care has implemented a new Post Deployment Integrated Care Clinic model that provides post-combat evaluations and follow-up for OEF and OIF Veterans, functions as a multidisciplinary clinic, and works closely with many specialty services such as Polytrauma rehabilitative services, the Spinal Cord Injury/Disorders Service, Visual Impairment Service Team (VIST), Pain Clinic, Mental Health and PTSD Clinic. This team is an integral partner with the OEF-OIF Care Management Program.

## 15. DOCUMENTATION

a. Documentation is an important means of communication among interdisciplinary team members. Documentation contributes to the understanding of a patient and family's unique needs and allows for interdisciplinary service delivery to address those needs while reflecting the accountability and involvement of the case manager in patient care.

b. The Case Manager will complete and document a comprehensive baseline care management assessment. Documentation needs to include reassessments; the care management plan of care; and information about significant interactions with patients (whether by telephone or in person). When reassessment indicates a patient's needs for a change in the level of care management intensity, documentation will also occur in the medical record.

c. The Case Manager is expected to document in accordance with the Joint Commission standards, the Commission of Accreditation of Rehabilitation Facilities (CARF) guidelines, accepted professional social work and nursing standards of practice, and local facility policy.

d. All care management documentation will occur in CPRS utilizing appropriate stop codes (see 18.d and e. for guidance on Decision Support System (DSS) Setup, DSS Department and DSS Identifiers / Stop codes).

e. Care Management tracking on severely injured and ill service members and Veterans will also occur in CMTRA, the electronic database that provides the OEF-OIF Care Management team with a means to identify and track severely injured and ill OEF and OIF Veterans.

f. TPA's are administrative positions and need to document significant contacts with Veterans and their families in the Veterans Tracking Application (VTA), which allows the TPA to identify and track issues, concerns, goals, progress, and actions take on all assigned severely injured and ill Veterans.

g. TPA's also need to document in the Patient Advocate Tracking System (PATS), when appropriate, to resolve complaints and record compliments of the OEF and OIF patients to which they are assigned. The TPA will make inquiries into their assigned Veteran complaints, initiate actions or changes necessary to expedite a resolution, and document the outcome in the PATS program.

## **16. CASE MANAGER CASELOAD**

a. OEF and OIF service members and Veterans frequently have complex clinical and psychosocial issues. Determining an appropriate case load for these patients is dependent on many factors:

- (1) Case severity/complexity (case mix index), and intensity of the care plan requirements;
- (2) Availability of community-based services and network development;
- (3) Communication and coordination between VA, VBA, DOD and community resources/partners;
- (4) Case Manager's (CM) role (including requirements of other duties as assigned, especially if the Case Manager has major responsibilities to another program area);
- (5) Intensity of support needed by the family/care-giver;
- (6) Accessibility to necessary and supportive information;
- (7) Amount of administrative support;
- (8) Benefit provisions;
- (9) Types of CM interaction with beneficiaries, e.g., face-to-face, phone, V-tel; and
- (10) Professional experience and knowledge of the patient population.

## **17. REPORTING REQUIREMENTS**

a. VA Central Office, Care Management and Social Work Service created CMTRA to track the care management of severely injured and ill OEF and OIF Veterans, call center responses, performance measure data, lead Case Manager information, frequency of expected contact, and special populations identified by DOD such as burns, major amputees and others. Care Management and Social Work Service monitors these reports regularly and uses the data to report to senior VA leadership.

b. Performance measure data is automatically pulled from CMTRA on a monthly and quarterly basis for national reporting through the VHA Support Service Center (VSSC).

c. Severely injured and ill OEF and OIF Veterans receiving care management must be assigned to the OEF-/OIF Care Management team (non-primary care team) in the Primary Care Management Module (PCMM). Data related to the OEF-OIF Care Management team, assigned staff and assigned patients will be automatically transmitted to the Austin database for national reporting.

d. **DSS.** DSS collects workload and cost data that supports the VA managerial cost accounting requirement, the continuity of patient care, resource allocation, performance measurement, quality management, and third-party collections. DSS Identifiers, also commonly known as stop codes, assist VA medical centers in defining workload, which is critical for costing purposes. DSS Identifiers are used to identify workload for all outpatient encounters, inpatient appointments in outpatient clinics, and inpatient billable professional services. They also serve as guides to select DSS outpatient department structures. DSS Intermediate Product Departments (IPDs) collect workload and their corresponding costs. DSS Account Level Budgeter Cost Centers (ALBCCs) ensure correct costs are mapped to the IPD.

e. **DSS Set Up.** The OEF-OIF Program Managers, their supervisor, and the DSS Site Manager must collaborate closely to decide which VistA clinics to setup and how to best select the appropriate stop code and stop code pairs for setting up clinics based on their care management program. Guidance on setting up DSS workload for reporting in DSS is documented on the DSS Website and covers: DSS Intermediate Products Departments (IPDs), DSS Account Level Budgeter Cost Centers (ALBCCs), DSS Identifiers and National Alpha 4-character codes, which are essential for correct IPD and products mapping. Please refer to documentation at the DSS website under Program Documents/ National Program and Clinical Services or at: [http://vaww.dss.med.va.gov/programdocs/pd\\_clinictop.asp](http://vaww.dss.med.va.gov/programdocs/pd_clinictop.asp). **NOTE:** *This is an internal VA web site, not available to the public.*

## 18. KEY PROVISIONS OF VBA POLICY

a. It is VBA policy to give the highest priority to all claims of very seriously injured and seriously injured OEF and OIF Veterans. 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 OEF and OIF 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 care management procedures, as described in various directives previously issued by the Under Secretary for Benefits are:

(1) VBA Coordinators or Case Managers at key MTFs and VA medical facilities must meet with every injured OEF and OIF 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 Coordinator or Case Manager name and contact information.

(2) All interviews with disabled OEF and OIF 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 Regional Office (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 RO or between regional offices.

(5) Compensation claims taken for the seriously injured and very seriously injured 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 OEF or OIF seriously injured claimant.

## 19. RESPONSIBILITIES OF THE REGIONAL OFFICE (RO) DIRECTOR

a. ROs must ensure that all returning injured 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 demobilized as part of OEF or OIF;

(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) Expediently care manage claims for seriously injured 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 injured OEF and OIF service members.

(2) Benefits education and delivery are coordinated and case managed for seriously injured OEF and OIF 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 injured 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 OEF-OIF Coordinator or a VBA Case Manager.

## **20. RESPONSIBILITIES OF THE VBA VETERANS SERVICE CENTER (VSC) MANAGER**

The Veterans Service Center Manager is responsible for ensuring:

a. A VBA OEF-OIF Coordinator and an alternate are designated; that VBA is provided with those names, titles, and telephone numbers; and that VBA Office of Field Operations is immediately notified by e-mail through the respective Area Office of any changes to the preceding information.

b. An outreach letter, providing an overview of VA benefits and services and offering assistance, is sent to each seriously injured 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 21-00-1, A Summary of VA Benefits.

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

d. Each claim is placed under control immediately upon receipt.

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

f. All VBA Veterans Service Center staff members, who conduct personal and telephone interviews, receive training on interacting with seriously injured service members.

g. All VBA Veterans Service Center 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.

h. Claims development, including any exam request, is initiated immediately or within two workdays after receiving the claims folder.

i. In addition to claims from seriously injured OEF and OIF Veterans, the following compensation and pension claims and appeals will be processed on a priority basis effective February 9, 2009:

(1) An original or re-opened claim from an OEF or OIF Veteran received within six month of separation from service.

(2) A supplemental claim from an OEF or OIF Veteran from PTSD if PTSD is not already service connected.

(3) An appeal from an OEF or OIF Veteran of an initial claim decision following OEF or OIF service.

## **21. RESPONSIBILITIES OF THE VBA OEF-OIF COORDINATOR**

a. Each VBA OEF-OIF 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 injured service members are admitted, transferred to another medical facility, and finally released. Work to develop procedures for scheduling inpatient visits.

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

(3) With each transfer, the sending station's OEF-OIF Coordinator must e-mail the receiving station's OEF-OIF 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 OEF-OIF Coordinator is to follow-up, as appropriate.*

(5) Working closely with the National Guard and Reserve to obtain service treatment records and to coordinate and provide benefits briefings.

(6) Coordinate with VHA representatives to expedite medical examinations. All VA examinations will be annotated "Priority OEF-OIF Veteran-Expedited Action Required" in the remarks section.

(7) Serve as a resource to other VA employees and groups on issues relating to claims in their jurisdiction.

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

## 22. RESPONSIBILITIES OF VBA CASE MANAGERS

a. The VBA Case Manager is the primary VBA point-of-contact for claims processing; however, the VBA Coordinators 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 Coordinator 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 his or her 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 OEF and OIF 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;
- (d) The organic loss of speech;
- (e) 15-day inpatient hospitalization;
- (f) The continued period of Activity of Daily Living (ADL) loss of at least 15 days (Traumatic Brain Injury) or 30 days (Other Traumatic Injury).

*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, Global War on Terrorism Seriously Injured/ILL Servicemember/Veteran Worksheet, 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 OEF or OIF seriously injured 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 VA health care facility.
- (10) An outreach letter is sent to each new seriously injured 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 21-00-1, 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.

### 23. RESPONSIBILITIES OF VBA STAFF AT MTFs

A critical part of the seamless transition process for both VBA and VHA is having VBA counselors and VA liaisons for health care 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 OEF-OIF 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' families 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 updated and generated in the Veteran Tracking Application (VTA) for each seriously-disabled patient. Each case is recorded in VTA for necessary follow-up interview or other action, and the VA Form 21-0773 is updated accordingly.

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

j. The appropriate RO Coordinator is alerted about actual or imminent transfer of seriously injured 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 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 transfers whether or not the receiving facility is military or VA.

**FUNCTIONAL STATEMENT FOR OPERATION ENDURING FREEDOM (OEF) AND  
OPERATION IRAQI FREEDOM (OIF) PROGRAM MANAGER  
SOCIAL WORKER, GS-0185-12****1. GENERAL DESCRIPTION**

A. The Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) Program Manager oversees all transition activities and the coordination of care and services for OEF and OIF service members and Veterans treated at the facility. OEF and OIF service members and Veterans 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 services across episodes of care within the Medical Center and Community-based Outpatient Clinics (CBOC), including Mental Health Services. The incumbent plans, develops, implements, and evaluates the facility OEF-OIF 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.

B. The Program Manager has programmatic responsibility and may have administrative responsibility for facility staff providing services to OEF and OIF service members, Veterans, including nurse and social worker Case Managers and Transition Patient Advocates (TPA). The OEF-OIF Program Manager is assigned to a Department of Veterans Affairs (VA) medical center. The incumbent is a masters prepared social worker (MSW).

Work involves oversight of a complex array of services, both clinical and administrative, for all OEF and 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.

Individuals assigned as social worker program coordinator or manager must be licensed or certified at the advanced practice level. Their experience must demonstrate possession of advanced practice skills and judgment, demonstrating progressively more professional competency. They may have certification or other post-master's degree training from a nationally recognized professional organization or university that includes a defined curriculum/course of study and internship, or equivalent supervised professional experience. In addition, the candidate must demonstrate the professional Knowledge, Skills Abilities (KSAs) listed in the qualification standard, VA Handbook 5005, Part II, Appendix G39.

## **2. FUNCTIONS OR SCOPE OF ASSIGNED DUTIES**

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

### **A. Program Management (45 Percent)**

(1) Develops a system to identify OEF and OIF patients served by the facility and those in the catchment area not currently seen. This may involve use of a OEF-OIF Registry, Patient Treatment File searches, the Care Management Tracking and Reporting Application (CMTRA), Veterans Health Information System and Technology Architecture (VistA) and Computerized Patient Record System (CPRS) records, Northeast Program Evaluation Center (NEPEC) data reports and 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.

(2) Serves as the facility point of contact for all inquiries regarding seamless transition of OEF and OIF Veterans and as point of contact for OEF and 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 (VSOs), military support programs, etc.). Incumbent addresses Congressional inquiries and VISN and VA Central Office action items as requested.

(3) Oversees or works closely with facility care 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.

(4) Ensures OEF and OIF Veterans receive comprehensive preventive mental and physical health evaluations.

(5) Promotes and coordinates evaluations for the OEF-OIF program for the Medical Center and any outlying CBOCs.

(6) Prepares program reports for VA Central Office, the VISN Point of Contact (POC), and Medical Center leadership.

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

(8) 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.

(9) Is responsible for monitoring Veterans Health Administration (VHA) performance monitors and measures related to OIF and OEF to assure they are met or exceeded.

(10) Establishes performance and outcome standards for the facility OEF-OIF 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.

(11) Develops policy and procedures to ensure compliance with the Joint Commission, 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 to other OEF-OIF Program Managers within the VISN.

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

(14) 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.

(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 to extend services to OEF and OIF Veterans who may benefit from care, but who do not presently use VA for their health care needs.

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

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

(19) Manages the daily operation of the OEF-OIF 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 facility staff, that will make available the best possible resources in meeting program needs.

B. Oversight of Care Management Services (45 percent).

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

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

(2) Coordinates psychosocial evaluation, assessment, and periodic reassessments of OEF and OIF patients served, which provides a comprehensive database to identify psychological, social, and vocational needs and the appropriate treatment and services to be provided.

(3) Coordinates provision of individual and family treatment and support services provided to OEF and OIF service members and Veterans.

(4) Oversees the Transition Patient Advocates, including monitoring their caseload and the advocacy services provided to OEF and OIF service members and Veterans in their caseload.

(5) Advocates on behalf of the OEF and OIF service member and 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.

(6) Manages, coordinates, and is accountable for the provision and overall effectiveness of care management, family support services, and referrals for prosthetic appliances and home equipment for OEF and OIF service members and Veterans.

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

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

#### C. Patient, Stakeholders, and Staff Education (10 percent)

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

(2) Provides education to OEF and OIF 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 care giver issues facing the OEF and OIF population.

### **3. 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 OEF and OIF patients. Work is reviewed for technical adequacy and conformance with VHA procedures and practices for transition assistance and care management.

#### **4. QUALIFICATIONS**

Meets the qualification standard for the GS 12 Social Work Program Coordinator as defined in see VA Handbook 5005, Part II Appendix G39, Social Worker Qualification Standard GS-185 Veterans Health Administration.

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

B. Knowledge of the psychosocial, medical and mental health issues common in OEF and OIF service members and Veterans following deployment to a war zone.

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

D. Comprehensive knowledge of VHA, VBA, and other government entitlement programs and benefits available to OEF and OIF 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 OEF and OIF Veterans.

E. Knowledge of the requirements of the Mental Health Uniform Services Handbook, and the VHA's Care Management 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.

F. 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.

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

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

#### **5. AGE, DEVELOPMENTAL AND CULTURAL NEEDS OF PATIENTS**

The position requires the incumbent to possess or develop an understanding of the particular needs of these types of patients. Sensitivity to the special needs of all patients in respect to age, developmental requirements, and culturally related factors must be consistently achieved.

Takes into consideration age-related differences of the various Veteran populations served:

a) *Young adulthood (20-40)*. Persons in general have normal physical functions and lifestyles. Person establishes relationships with significant others and is competent to relate to others.

b) *Middle age (40-65)*. Persons may have physical problems and may have changes in lifestyles because children have left home or change in occupation goals.

c) *Older adulthood (65-75)*. Persons may be adapting to retirement and changing physical abilities. Chronic illness may also develop.

d) *Middle old (75-85)*. Persons may be adapting to decline in speed of movement, reaction time, and sensory abilities. Also, persons may have increasing dependence on others.

e) *Old (85 and over)*. Increasing physical problems may develop.

## **6. COMPUTER 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.

Uses word processing software to execute several office automation functions such as storing and retrieving electronic documents and files; activating printers; inserting and deleting text, formatting letters, reports, and memoranda; and transmitting and receiving e-mail. Uses the Veterans Health Information and Technology Architecture (VistA) to access information in the Medical Center Computer System.

## **7. 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.

Effectively communicates with and utilizes other disciplines (e.g., nursing, medicine) to facilitate treatment planning and implementation. With few exceptions, participates effectively in team meetings, treatment planning conferences, etc. Collaborates with divergent multidisciplinary team members in a manner that enhances coordination of comprehensive patient care.

8. SAFETY

- A. Appropriately uses equipment and supplies.
- B. Maintains safe, orderly work areas.
- C. Reports any accident involving self or patient; ensure appropriate form is completed.
- D. Environment of Care: Follows Life Safety Management (fire protection) procedures. Reports safety hazards, accidents and injuries. Reviews hazardous materials/Material Safety Data Sheets (MSDS)/waste management. Follows Emergency Preparedness plan. Follows security policies/procedures. Complies with federal, state and local environmental and other requirements preventing pollution, minimizing waste, and conserving cultural and natural resources.
- E. Infection Control: Demonstrates infection control practices for disease prevention (i.e. hand washing, universal precautions/isolation procedures, including TB requirement/precautions).
- F. Health and Safety: Fosters a high profile of the VA Occupational Safety and Health Program by assuring employee awareness of potential safety hazards, promptly reporting all injuries and effecting corrective actions necessary to eliminate safety and health hazards in the work area.

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Supervisor's Signature

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Date

**FUNCTIONAL STATEMENT FOR OPERATION ENDURING FREEDOM (OEF) AND  
OPERATION IRAQI FREEDOM (OIF) 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 Care 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 OEF-OIF 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 OEF and OIF served by the facility and community who belong in this special priority group. This may involve use of the OEF-OIF 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), Care Management Tracking and Reporting Application (CMTRA) and Computerized Patient Record System (CPRS) records, Northeast Program Evaluation Center (NEPEC) data reports and Classification reports, Patient Data Exchange, Network Health Exchange, and contacts within the community.

(3) Ensures that severely-injured and ill OEF and OIF Veterans are assigned to a nurse or social worker Case Manager and oversee or work closely with care 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 transition and care management of OEF and OIF Veterans and as point of contact for OEF and 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 OEF-OIF Program anywhere within the facility and any outlying Community-based Outpatient Clinics (CBOCs).

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

(8) Develops procedures for referrals between the VA medical center, Military Treatment Facility and 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 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 OEF-OIF 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 the Joint Commission, 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 Care Management and Social Work Service 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 to extend services to OEF and OIF Veterans who may benefit from care, but who do not presently use VA for their health care needs.

(17) Ensures that the OEF-OIF 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 OEF-OIF Program.

(19) Manages the daily operation of the facility OEF-OIF 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 OEF-OIF staff and other departments as appropriate that will make available the best possible resources in meeting program needs.

b. **Provision of Clinical Services.** The OEF-OIF Program Manager may also function as a registered nurse member of the interdisciplinary OEF-OIF treatment team. Ensuring comprehensive clinical services are provided to the OEF and OIF 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 OEF and OIF service members and Veterans.

(5) Establishes and maintains therapeutic relationships with OEF and OIF 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 Care Management Services**

(1) Ensures that all OEF and OIF service members and Veterans are screened for the need for care management services and that those in need of nurse and 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 OEF and OIF service members and Veterans in their caseload.

(3) Advocates on behalf of the OEF and OIF service member and 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 care management, family support services, and referrals for prosthetic appliances and home equipment for OEF and OIF service members and 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, or other VA governmental resources) for services not available from the VA health care facility.

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

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

(2) Provides education to OEF and OIF 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 care giver issues facing the OEF and OIF 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 care management process.

g. **Automated Data Processing 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. **Nursing Practice**

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

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

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

a. **Professional Role**

*Education and 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.

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

b. **Collaboration**

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

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

c. **Scientific Inquiry**

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

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

**FUNCTIONAL STATEMENT FOR  
OPERATION ENDURING FREEDOM (OEF) AND OPERATION IRAQI FREEDOM  
(OIF) 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 Care 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 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**

a. **Nursing Practice**

1. *Practice.* Provides leadership in the application of the nursing process to client care, organizational processes and systems, improving outcomes at the program or service level.
  - 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, Care Management and Performance Improvement processes.
  - b. Promotes quality in clinical practice by collaborating with Interdisciplinary Treatment Teams, other Case Managers, Clinical Programs, Services and committees.

- c. Ensures initial and on-going assessments of patients to identify needs, issues, resources and care goals are provided, in a timely manner.
  - d. Ensures patient health education needs are identified, and education and teaching, as per identified needs, is provided to patients and significant other by responsible discipline.
  - e. Ensures care-related goals, both short-term and long-term, are set and agreed upon by the primary provider, patient, and 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 procedures. Reports findings accordingly.
  - g. In coordination with the OEF-OIF 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 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. Ethics. Provides leadership in identifying and addressing ethical issues that impact clients and staff, including initiating and participating in ethics consultations.
- a. Prepares and presents clear, precise and clinically accurate summaries of care management activities, including their significance and implications for patient care and family, and community relations and communicates with the OEF-OIF Program Manager on a regular basis.
  - b. Contributes to formulation, communication, implementation, and evaluation of the Medical Center's policies, procedures and clinical programs.
3. Resource Utilization. Manages program resources (financial, human, material, or informational) to facilitate safe, effective, and efficient care.
- a. Facilitates the coordination of care and care management activities, which include outcome for satisfaction and clinical cost management.
  - b. Works closely with the OEF-OIF 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 OEF-OIF Program Manager in the identification of opportunities for improvement, and 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 assessing data and utilizing resulting information to monitor the utilization of resources

**b. Professional Role**

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

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

- 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 OEF-OIF Program Manager in the statistical analysis of Care Management data to identify variances from established practice guidelines and 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 care.
- d. Acquires and maintains current knowledge relevant to the principles, practices and techniques associated with Performance Improvement, healthcare-related issues, care management, nursing, and other clinical professions, through literature and periodical reviews, workshop attendance and use of sound bench-marking practices or clinical practice guidelines. Seeks assistance from other staff as needed.

**c. Collaboration**

1. Collaboration. Uses the group process 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 Care

Management Program, ensuring that committees and treatment teams' activities are consistent with the Care Management Program's initiatives.

- b. Keeps interdisciplinary treatment team aware of patient progress, and 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 needs, and to facilitate achieving desired outcomes.
- d. Collaborates with the interdisciplinary treatment team to coordinate care for the achievement of expected outcomes.

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

- 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 Care 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.

d. Scientific Inquiry

1. Quality of Care. Initiates interdisciplinary projects to improve organizational performance.

- 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 OEF-OIF 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 clinical programs. Seeks assistance from other Case Managers, as needed.
- d. In coordination with the OEF-OIF Program Manager, ensures that new Joint Commission and Commission on Accreditation of Rehabilitation Facilities (CARF) Standards and Guidelines, Performance Improvement and Care 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 OEF-OIF Program Manager in the statistical analysis of Care Management data to identify variances from established practice guidelines and 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 care.
  - i. In coordination with OEF-OIF Program Manager, assists clinical programs and treatment teams in preparation for the joint commission and 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, care management, nursing, and other clinical professions through literature and periodical reviews, workshop attendance and use of sound bench-marking practices or clinical practice guidelines. Seeks assistance from Quality Management (QM) staff, as needed.
  - k. Assists the OEF-OIF Program Manager in the identification of patterns and trends and ways to modify and improve care practices in order to facilitate accomplishment of quality patient care.
2. Research. Collaborates with others in research activities to improve care.
- a. Collaborates with management and clinical staff to initiate change in practice based on findings from Care Management activities, Risk Management reports, Performance Improvement findings, and current concepts or findings from research.
  - b. Works with clinicians in evaluating and analyzing data and completing reports.
  - c. Works closely with the OEF-OIF 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 care management activities' related data, to facilitate trending and identification of variances from clinical practice.
- e. Identifies deviation or variance which affect assigned areas and that might merit additional study or evaluation.
- f. Under the supervision of the OEF-OIF Program Manager, applies evidence from research methods to analyze Management activities, including sample selection, instruments and forms development, study design, data analysis and data display.

**FUNCTIONAL STATEMENT FOR  
OPERATION ENDURING FREEDOM (OEF) AND OPERATION IRAQI FREEDOM  
(OIF) 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 RN 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 OIF-OEF Program Manager. The case manager provides clinical care management of patients for severely-injured OEF and OIF service members and Veterans. The incumbent begins the care management process prior to admission to the facility and works collaboratively with staff from other Veterans Health Administration (VHA) facilities, Military Treatment Facilities (MTF), 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 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 OEF and OIF 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 the Joint Commission standards.

2. Role, responsibilities, and accountabilities for the Case Manager also include 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 verbal patient/employee information.

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

#### **D. PROFESSIONAL NURSING PRACTICE STANDARDS EVIDENCED BY THE SCOPE OF THIS POSITION**

##### **1. Nursing Practice.**

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

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

(2) Completes assessments and plans and provides care management services across episodes of care.

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

(4) Applies a collaborative team approach in identifying, analyzing and resolving patient care problems.

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

(6) Refers patients for community resources as appropriate.

(7) Initiates referrals to other disciplines and services as appropriate and guides others to do the same.

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

(9) Models the application of problem-solving skills to promote improvements in patients care.

(10) Guides others in providing age appropriate care in a sensitive manner.

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

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

(2) Demonstrates knowledge and compliance of the Ethical Resolution Process.

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

(4) Assumes responsibility and accountability for all professional decisions and actions.

(5) Provides compassionate care, respecting patients' personal values and belief system.

(6) Safeguards privacy and maintains confidentiality of all patient information including electronic and print.

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

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

(1) 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.

(2) Identifies and assesses resources utilization to implement a plan that assures safety in the workplace and evaluates the return on investment of such interventions.

(3) Provides care based on patient needs that are delivered in a safe, efficient and cost effective manner.

(4) Establishes patient care priorities that ensure safe and effective patient care.

(5) Applies appropriate infection control precautions.

(6) 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.

## 2. **Professional Role**

a. Education and 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.

(1) Pursues an educational plan for self and others to maintain and improve clinical knowledge and skills in care management.

(2) Maintains expertise and enhances role performance of self and others in area of Care Management Nursing.

(3) Leads others in the application of newly acquired knowledge in caring for patients. Maintains involvement in community needs, to identify local and regional referral resources

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

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

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

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

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

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

## 3. **Collaboration.**

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

(1) Leads others in the demonstration of positive, effective communication skills and professional behaviors that promote cooperation and teamwork with internal and external customers.

(2) Collaborates with others as a means of effectively utilizing the group process to identify, analyze, and resolve problems affecting patient care.

(3) Consults with other health care providers to meet patient care needs and proper follow-up care.

(4) Effectively communicates information to appropriate staff, in a timely manner, regarding patient care issues.

(5) Solves problems related to care delivery in collaboration with the Rehabilitation Interdisciplinary Team.

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

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

(2) Educates colleagues and students and is sought out as a preceptor and mentor.

(3) Shares knowledge with colleagues and students, through formal and informal in-services and is sought out as a resource person.

#### 4. Scientific Inquiry

a. Quality of Care. Initiates interdisciplinary projects to improve organizational performance.

(1) Develops, initiates and participates in quality improvement activities that result in improved outcomes.

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

(3) Utilizes innovative and creative approaches for changing nursing practice.

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

b. Research. Collaborates with others in research activities to improve care.

- (1) Provides leadership in compliance with VA medical center Research Policy.
- (2) Utilizes an evidence-based body of research to validate and change work group practice.
- (3) Identifies clinical problems or issues for improvement and the evidence to be applied to support improvement
- (4) Facilitates leadership in implementation of evidence-based clinical practice.

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

**1. GENERAL DESCRIPTION**

Promotion to the GS-11 full performance level requires completion of a minimum of 1 year of post-MSW degree experience in the field of health care social work (VA or non-VA experience) and licensure or certification in a state at the independent practice level. In addition to meeting basic requirements, a doctoral degree in social work from a school of social work may be substituted for the required 1 year professional social work experience in a clinical setting. Setting and general duties: (each VAMC can insert specifics regarding setting, primary patient population, and specific duties).

Individuals assigned as GS-11 social workers are considered to be at the full performance level. A GS-11 social worker has a Masters Degree in Social Work (MSW) granted by a graduate program fully accredited by the Council on Social Work Education (CSWE).

**2. FUNCTIONS OF POSITION**

**A. Clinical Functions.** Incumbent is a professional social worker whose duties and responsibilities relate to the care management of severely ill and injured OIF and 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 OEF and OIF service members and Veterans as they transition to Department of Veterans Affairs (VA) care. Care management responsibilities also include providing supportive services to families. In addition, the incumbent assists OEF and OIF service members and 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 care management practice, which includes psychosocial assessment, diagnosis, and treatment, is focused on helping OEF and OIF service members, 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 OIF service members, 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 care 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 OEF and OIF 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 care management services.

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

(7) Develops and uses appropriate community resources.

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

(9) Assists OEF and OIF service members and 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 care management services to OEF and OIF service members, 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 participates in research and 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 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.

### **3. SUPERVISORY CONTROLS**

A. The incumbent reports programmatically to the facility OEF-OIF Program Manager, who assigns severely ill and injured OEF and 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 complicated situations. The incumbent must keep the supervisor informed about concerns and changes.

### **4. QUALIFICATIONS**

Meets the qualification standard for the GS 11 social worker as defined in VA Handbook 5005, Part II Appendix G39, Social Worker Qualification Standard GS-185 Veterans Health Administration.

This position is filled with a professional social worker with a Master of Social Work Degree and a license and 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.

### **5. CUSTOMER SERVICE REQUIREMENTS**

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. Incumbent must meet 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. Incumbent provides the customer with consistent information according to established policies and procedures. Handles conflict and problems in dealing with the consumer constructively and appropriately.

**6. AGE, DEVELOPMENT, AND CULTURAL NEEDS OF PATIENTS REQUIREMENTS**

Provides age-specific care that is appropriate to the cognitive, emotional, cultural, and chronological maturation needs of the patient. Demonstrates knowledge of changes associated with aging and principles of growth and development relevant to the adult and geriatric age groups; ability to assess and interpret data about the patient's status; and ability to identify age-specific needs and provide the appropriate care based upon the age related factors.

**7. COMPUTER SECURITY REQUIREMENTS**

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. Incumbent protects the data from unauthorized release or from loss, alteration, or unauthorized deletion. Incumbent follows applicable regulations and instructions regarding access to computerized files, release of access codes, etc.

The employee uses word processing software to execute several office automation functions such as storing and retrieving electronic documents and files; activating printers; inserting and deleting text, formatting letters, reports, and memoranda; and transmitting and receiving e-mail. The employee uses the Veterans Health Information and Technology Architecture (Vista) to access information in the Medical Center Computer System.

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Supervisor Signature

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Date

**POSITION DESCRIPTION FOR TRANSITION PATIENT ADVOCATE  
PATIENT REPRESENTATIVE, GS-0301-11****Introduction:**

The purpose of this position is to serve as a liaison between Veterans, their families and the medical center staff to ensure Veterans receive prompt appropriate medical care; have access to their full entitlement of benefits; and to resolve problems that arise. This position is located at a medical center within the Veterans Integrated Service Network (VISN) and provides services to severely injured Veterans throughout the Network.

**Major Duties and Responsibilities:**

Incumbent serves as the point of contact to assist transitioning Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) 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.

Incumbent acts as a communicator, facilitator and problem solver. In this capacity, he or she will assist OEF and OIF patients in understanding their rights, in addition to their responsibilities. Maintain 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 services to the patient and presents the patient's problems, opinions and needs to appropriate staff and management for resolution.

Assist 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.

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 facility Director.

Incumbent has the overall responsibility for the resolution of patient problems when arise. Serve as an "advocate" for assigned OEF and OIF 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.

Incumbent may travel to Department of Defense (DoD) medical treatment facilities to introduce him or herself to the injured or 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 OEF and OIF Veterans seeking medical care. Incumbent assists with facilitating all aspects of care required and requested by the OEF and OIF Veterans in collaboration with social work and nursing case managers.

The incumbent has the authority to contact directly 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 potential problems areas and suggests solutions or alternatives to existing procedures which contribute to these problems.

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.

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.

Incumbent independently handles a wide range of difficult contacts and complex situations, including eligibility determination on all types of patients. As directed by the OEF-OIF 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 assistance. 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.

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.

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 OEF-OIF Program Manager and Facility Director, changes that will reduce or eliminate justified complaints.

Through the Facility Director's office and the facility OEF-OIF 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.

Performs a variety of analytical and evaluative work associated with line and program activities. Evaluates, processes, or makes recommendations for effective organizational changes. Perform organizational analysis for stable, traditionally structured organizations.

Performs duties involving supervising and 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.

Play 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.

**Factor 1, Knowledge Required by the Position**

FL # 1-7, 1250 Points

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 in order to answer questions for patients, their families or their representatives in order to perform the duties of the position.

Knowledge and skill in applying analytical and evaluative methods and techniques to issues related to efficiency and effectiveness of overall VA operations, particularly as they relate to the OEF and OIF Veterans and their families satisfaction, rights and responsibilities.

Knowledge of and skills in working with combat Veterans and seriously-injured Veterans who have special needs. 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.

Knowledge of and skills to discuss and negotiate with the family in order to determine what courses of action are in the best interest of the patient.

Knowledge of the process of inquiring, 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.

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.

Incumbent must have the ability to communicate effectively, both orally and in writing.

**Factor 2, Supervisory controls**

FL # 2-4, 450 Points

The incumbent functions independently in daily operations. In projects, the incumbent and supervisor develop a mutually acceptable plan which typically includes identification of the work to be done, the scope of the project, and timelines for completion. The incumbent is responsible for planning, organizing, coordinating with staff and management personnel and conducting all phases of special projects. The incumbent informs the supervisor only of potentially controversial findings, issues, or problems with widespread impact. Completed projects, evaluations, reports, and recommendations are reviewed with the supervisor for compatibility with organizational goals, guidelines, and effectiveness in achieving intended objectives. The incumbent negotiates with and makes recommendations to management officials whose programs and employees would be affected by implementation of recommendations.

**Factor 3, Guidelines**

FL # 3-3, 275 Points

Guidelines consist of a wide variety of administrative regulations and procedural guidelines including Federal laws, VA regulations and directives governing benefits for Veterans; facility operating policies and procedures. The incumbent requires broad and comprehensive overall organizational knowledge of both administrative and health care services in order to serve patients and their families. The employee uses judgment in choosing, interpreting, or adapting available guidelines to specific issues, for example in determining entitlement to services and in general in resolving specific complaints. The employee must analyze the issue and the current guidelines which apply. Frequently there are no clear cut guidelines and the incumbent must use sound judgment in researching regulations and guidelines and in making decisions on appropriate actions.

**Factor 4, Complexity**

FL # 4-4, 225 Points

The work of this position 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. The position is also complicated by severe medical conditions that may require the patient to receive treatment at multiple facilities. The incumbent 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. The chosen course of action may require use of many alternatives including some outside usual facility procedures. Information about the issues involved in daily work is often conflicting or incomplete, cannot readily be obtained by direct means, or is otherwise difficult to document. Problem resolution requires the incumbent to analyze and interpret numerous variables in order to verify, clarify and resolve issues. Seasoned judgment is required to provide optimum patient service.

**Factor 5, Scope and Effect**

FL # 5-3, 150 Points

The purpose of the work is to function as a liaison between Veterans and their families and the medical center staff as 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 affects the well-being and care of the patients, reputation of the medical center and the VA at large as well as impacting resource-related decision-making. The incumbent must identify, analyze, and make recommendations to resolve problems whose solutions may involve work-flow, work distribution, staffing, organizational structure, etc. Work may also involve developing and recommending detailed procedures and guidelines to supplement established administrative regulations or program guidance. Reports and recommendations generated by the incumbent influence decisions by managers concerning both the internal administrative and clinical operations of the organization.

**Factor 6, Personal Contact**

Contacts are with Veterans families, face-to-face, telephonic and written with both clinical and administrative personnel from within the facility as well as officials within the VISN and other medical center staff, VHA Central Office, Congressional offices, Veterans, and community institutions and organizations.

**Factor 7, Purpose of Contacts**

FL # 6 &amp; 7 - 3C, 180 Points

In daily functions, the incumbent must comprehend complex situations and mediate, negotiate, deliver difficult information to patients, families, staff and management. Internal contacts involve influencing managers, physicians and staff and officials to accept and implement solutions to patient problems and recommendations related to program or organizational improvement. Resistance is frequently encountered due to issues such as organizational conflict, competing objectives, or resource problems.

**Factor 8, Physical Demand**

FL # 8-1, 5 Points

The work is primarily sedentary, although some slight physical effort may be required.

**Factor 9, Work Environment**

FL # 9-1, 5 Points

Work is typically performed in an adequately lighted and climate controlled office. May require occasional travel.

**Automated Data Processing Security**

Protect 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. Protect 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 the employee signs.