

FEDERAL RECOVERY COORDINATION PROGRAM

- 1. REASON FOR ISSUE:** This Department of Veterans Affairs (VA) Handbook establishes procedures for the Federal Recovery Coordination Program (FRCP), a combined initiative of VA and the Department of Defense (DoD) to assist severely wounded, ill and injured post-9/11 Servicemembers, Veterans and their families through recovery, rehabilitation, and reintegration into their home community.
- 2. SUMMARY OF CONTENTS:** This VA Handbook describes the purpose, functions, and structure of the FRCP; describes care coordination between DoD and VA, outlines coordination processes, and defines roles and responsibilities of care coordination partners.
- 3. RESPONSIBLE OFFICE:** The Executive Director of the Office of the Federal Recovery Coordination Program (00FRC) is responsible for the material contained in this Handbook.
- 4. RELATED DIRECTIVES AND HANDBOOKS:** VA Directive 0802, Federal Recovery Coordination Program; VHA Handbook 1010.01; Care Management of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) Veterans; and VHA Handbook 1010.02, VA Liaison for Healthcare Stationed at Military Treatment Facilities.
- 5. RESCISSION:** None.

CERTIFIED BY:

/s/
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**BY DIRECTION OF THE SECRETARY
OF VETERANS AFFAIRS**

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FEDERAL RECOVERY COORDINATION PROGRAM

1. PURPOSE. This Department of Veterans Affairs (VA) Handbook establishes procedures for the Federal Recovery Coordination Program (FRCP), a joint initiative of VA and the Department of Defense (DoD) to assist severely wounded, ill, and injured Servicemembers, Veterans, and their families through recovery, rehabilitation, and reintegration into their home community. In addition, this Handbook outlines the Memoranda of Understanding (MOUs), the Memoranda of Agreement (MOAs) and the statutory requirements that provide the structure and foundation of the FRCP. This Handbook provides an overview of care coordination and describes implementation through the FRCP.

2. SCOPE.

a. FRCP assists severely wounded, ill, or injured Servicemembers, Veterans, and their families through recovery, rehabilitation and reintegration.

b. FRCs provide client-centric assistance by coordinating benefits, services and care aligned with client goals for recovery, rehabilitation and reintegration, regardless of client location, medical treatment, geographic location of injury or place of medical diagnosis, or military or Veteran status.

c. Federal Recovery Coordinators (FRCs) engagement with clients is related to the clients' needs and goals. Clients remain enrolled in the program as long as there is a perceived need and benefit to the client.

3. AUTHORITY. VA is authorized to coordinate services and resources with DoD pursuant to sections 523(a) and 8111 of title 38, United States Code (U.S.C.). The FRCP was implemented through two MOUs between DoD and VA. Both the August 31, 2007 MOU and the October 30, 2007 MOU remain in effect and apply to Servicemembers and Veterans enrolled in the FRCP. These MOUs and statutory requirements provide the appropriate authority delegated to the FRCP to ensure appropriate monitoring and execution of the program.

a. **Sections 523(a) and 8111 of title 38, U.S.C.** authorize coordination of care between DoD and VA including activities that improve sharing and coordination of health resources at the intraregional and nationwide levels, and that improve the ability of both Departments to provide coordinated access to health care, as well as benefits.

b. **Memoranda of Understanding.** The Senior Oversight Committee (SOC), composed of representatives from DoD and VA, implemented the FRCP through the execution of two MOUs.

(1) **August 31, 2007:** On August 31, 2007, an MOU was signed by the Deputy Secretary of Veterans Affairs and the Deputy Secretary of Defense, to

require establishment of the FRCP and a timeline for the implementation of the FRCP.

(2) **October 30, 2007:** A second MOU between DoD and VA was signed by the DoD and VA Secretaries on October 30, 2007, to further define the FRCP. This MOU designates FRCs as the “ultimate resource” for monitoring the implementation of services for wounded, ill, and injured Servicemembers and Veterans enrolled in the FRCP. According to the MOU, FRCs are individuals with delegated authority to oversee and coordinate the clinical and non-clinical care of enrolled Servicemembers and Veterans as identified in the Federal Individual Recovery Plan (FIRP). FRCs consult with individual Servicemembers, Veterans, members of their family, interdisciplinary teams at treatment facilities and VA, DoD and private sector clinical and non-clinical case managers to develop a Federal Individual Recovery Plan (FIRP) for each Servicemember or Veteran enrolled in the FRCP. Each FIRP is monitored by an FRC and modified over time to reflect needed changes in services.

(3) **Facility MOAs:** In accordance with the October 30, 2007, MOU, each facility hosting a FRC must have a MOA between VA, DOD, and the hosting facility. The MOAs between VA, DoD, and each facility hosting an FRC cover: organization of authority, mechanisms to access patient information and facility staff, and resource allocation for FRCs (office space, equipment, administrative support, and technological support).

4. BACKGROUND. Because of the dramatic changes in military battlefield medicine and rapid evacuation from the combat theatre, many returning Servicemembers, and subsequently Veterans, have multiple complex medical and mental health problems, including traumatic brain injury (TBI), spinal cord injury (SCI), amputations, burns, and post-traumatic stress disorder (PTSD). Due to the complex nature of their benefits and health care needs, wounded, ill, and injured Servicemembers and Veterans may receive care from many providers in multiple facilities, including Military Treatment Facilities (MTFs), VA Medical Centers (VAMCs), private hospitals, rehabilitation facilities, or through home health agencies. Transitions among these facilities and providers, absent coordination, can result in care and benefits gaps. The FRCP provides a system that transcends all boundaries to coordinate Servicemembers’ and Veterans’ care and benefits through recovery, rehabilitation, and reintegration into their home communities.

a. **Report of the President’s Commission on Care for America’s Returning Wounded Warriors, July 2007:** The above MOUs, which established the FRCP and outlined the program’s scope and responsibilities, were issued in response to the recommendations from this report. Under the authority of the MOUs, the FRCP, through FRCs, will advocate in all clinical and non-clinical aspects of recovery and participate in the development of a Federal Individual Recovery Plan (FIRP) to provide coordination of care and benefits

through the continuum of care. FRCs have the delegated authority for oversight and coordination of the clinical and non-clinical care identified in the FIRP.

- b. **Administrative Responsibility:** VA administers the FRCP.

5. DEFINITIONS

a. Care Management. The Care Management process as described in VHA Handbook 1010.01, Care Management of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) Veterans.

b. Care Coordination. A process that assesses, plans, implements, coordinates, monitors, and evaluates the benefits and services required to meet the client's goals regardless of client location, health status, and types of injuries or illness. It includes advocacy, communication, asset and information management, and promotes an integrated approach to effectively manage medical and social conditions for clients.

c. Case Management. A collaborative process under the population health continuum which assesses, advocates, plans, implements, coordinates, monitors, and evaluates options and services to meet an individual's and family's health needs through communication and available resources to promote quality, cost-effective outcomes.

d. Federal Individual Recovery Plan (FIRP). The FIRP is a goal based plan that incorporates an individual's goals with input from the client's multidisciplinary health care team, and their family or caregiver across all transitions and along the continuum of recovery and care. The FIRP tracks care, management and transition through recovery, rehabilitation, and reintegration. For each of these care phases, goals are identified, responsibilities are assigned, and timelines are created. The FRC works with existing resources, DoD and VA personnel, as well as other federal, state, and private entities, to implement the FIRP.

e. Federal Recovery Coordination Program (FRCP). The FRCP is a joint program of DoD and VA designed to assist severely wounded, ill, and injured post-9/11 Servicemembers, Veterans, and their families with access to care, services, and benefits provided through the various programs in DoD, VA, other federal agencies, states, and the private sector. Eligibility for FRCP is not dependent upon the geographic location where the injury or medical diagnosis occurred or was made.

f. Federal Recovery Coordinator (FRC). FRCs are assigned to severely wounded, ill, and injured Servicemembers and Veterans. Stationed at MTFs and VAMCs, FRCs serve as the ultimate point of contact for severely wounded, ill, or

injured Servicemembers, Veterans, and their families for ensuring that the Servicemember's and Veteran's clinical and non-clinical needs are met. The FRCs are responsible for initiating and maintaining the FIRP. FRCs ensure that:

(1) the appropriate clinical and non-clinical case managers are engaged at the right time to achieve Servicemember's and Veteran's goals.

(2) the Servicemember, Veteran, or family is never alone in meeting access challenges or managing system barriers.

(3) systemic barriers to care and services are resolved at both the individual and the system level.

g. Interdisciplinary Team. The group of medical professionals including physicians, nurses, social workers, rehabilitation specialists, and other specialists who are responsible for caring for and assisting an individual.

h. Military Liaison. A Military Service representative designated to provide personalized transition assistance to active duty members and their families receiving health care at a VA medical facility.

i. Military Treatment Facility (MTF). A hospital or other health care facility operated by a military service.

j. Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF). Operation Enduring Freedom, beginning September 11, 2001 and Operation Iraqi Freedom, beginning on March 19, 2003. OIF, as used in this Handbook, also refers to Operation New Dawn (OND), a later phase of the same contingency operation. The name change was effective September 1, 2010.

k. Recovery. The acute phase of healing or recuperation during which the patient's medical status stabilizes to a point where they can begin the rehabilitation process.

l. Recovery Care Coordinator. An individual assigned by the military Services to recovering Servicemembers whose period of recovery is anticipated to exceed 180 days, but who are likely to return to active duty. Recovery Care Coordinators duties include assisting Servicemembers as they process through the DoD system of benefits and care.

m. Rehabilitation. The process of enabling achievement and maintenance of optimal physical, sensory, intellectual, psychological, occupational, and/or social functional levels.

n. Reintegration. The process of reconnecting with community and personal activities of living. Reintegration consists of education events, referrals, and

proactive outreach activities for all military personnel including the National Guard and Reserve component members, the wounded, ill, or injured Servicemembers and retired members of the Uniformed Services, their families, and associated community members to enable access to services supporting their transition from the deployment cycle to routine civilian life or return to military duty, from medical care to rehabilitation, and sustainment through other meaningful employment activities.

o. Seriously Ill or Injured. The DoD casualty status of a person who has: an injury; a physiological or psychological disease or condition; or a mental disorder that requires medical attention and a medical authority declares that the condition is life-threatening or life-altering, and/or that death is possible, but not likely within 72 hours. This may include post traumatic stress disorder and associated conditions as deemed by medical authority to be life-threatening or life-altering and/or that death is possible but not likely within 72 hours. NOTE: A casualty status is assigned at a specific point in time and could be changed.

p. Severely Ill or Injured. Individuals who, due to their physiological or psychological disease or condition, or a mental disorder, require ongoing medical care; exhibit impaired ability to function independently in their community; are vulnerable and at high risk for personal safety; and for whom informal and formal support is required for maintenance of health and safety.

q. Transition Patient Advocate (TPA). TPA serves as the liaison between the patient/family, Medical Center's staff, and the community. They are the point of contact to assist transitioning OEF/OIF Veterans and their families and serve as a personal advocate as they navigate the VA system.

r. VA Liaison for Health Care. The VHA representative to the military installation with concentrations of returning OEF/OIF Servicemembers, as well as other wounded, ill, and injured Servicemembers in need of transition of health care from a DoD facility to a VA health care facility. The VA Liaisons represent VA in all aspects of patient care, with their primary role being to ensure the smooth transition of patients and families, both inpatient and outpatient, from the MTF to the appropriate VHA facility.

s. Veterans Tracking Application (VTA). The electronic system which houses, among other elements, the FIRP and in which FRCs document their activities.

t. Wounded, Ill, or Injured. These terms are used as general classifications of Servicemembers or Veterans with regard to their medical condition. Injury means any skin, tissue, or organ damage inflicted by an external force. Wounded generally means any injury inflicted by an external force during combat. Combat wounded are a subset of all injured individuals. Ill means any disease process that changes an individual from healthy to not healthy.

6. CARE COORDINATION PROCESS

a. The need for care coordination is a manifestation of 1) the complex needs of the wounded, ill, or injured population of Servicemembers, Veterans, and their families; and (2) the need for a higher degree of service coordination among decentralized clinical and non-clinical service providers and multiple benefit delivery systems. Care coordination, an identified step in the progression of fully integrated systems of care, links access to benefits, health care, and services across agencies, people, and locations.

b. Care coordination for wounded, ill, or injured Servicemembers and Veterans involves clinical and non-clinical case managers at all levels, locations, agencies, and the private sector. By aligning services and benefits with client goals, and coordinating delivery of those services and benefits with clinical and non-clinical case managers, the challenges and burdens associated with individuals and family members navigating separate delivery and benefit systems are reduced. Evidence also suggests that outcomes and satisfaction improve when care is coordinated.

c. In order to meet its requirement to coordinate clinical and non-clinical care and assist recovering Servicemembers, Veterans, and their families, the FRCP works and interacts with many agencies programs and staff, including:

- (1) DoD's Recovery Coordination Program;
- (2) Military treatment facility command, multidisciplinary staff, and case managers;
- (3) Military Service wounded warrior programs;
- (4) VA's OEF/OIF Care Management teams;
- (5) VA's polytrauma multidisciplinary staff and case managers;
- (6) VA's system of health care management, medical teams, and case managers;
- (7) VA's benefits counselors and case managers;
- (8) Department of Labor;
- (9) Social Security Administration; and
- (10) Various state and local agencies and programs.

7. RESPONSIBILITIES

a. **Federal Recovery Coordinators (FRCs)** are responsible for:

(1) Receiving or identifying referrals to the FRCP and initiating contact with the potential client. Individuals are referred to the program from a variety of sources or identified by FRCs in review of facility census lists. See also paragraph 11, Program Operation Processes.

(2) Conducting an assessment of referral need and assures that eligibility criteria are met. See paragraph 11(e), Program Eligibility Criteria.

(3) Creating a FIRP for each enrolled client. FRCs oversee the development of a FIRP for each individual enrolled in the FRCP and monitor the FIRP to make modifications as necessary over time in response to changing needs. The FIRP is an integrated, comprehensive, and client-centered plan that sets individualized goals for recovery and helps facilitate transitions across settings and programs. The plan is created with input from the Servicemember or Veteran, and their family or caregiver, as well as from members of the Servicemember or Veteran's multidisciplinary health care team. The FIRP documents a severely wounded, ill, or injured Servicemember or Veteran's goals, and provides responsible points of contact and action timelines.

(4) Monitoring the FIRP and coordinating actions, benefits, and services to achieve goals. To ensure an efficient, effective, and smooth recovery, rehabilitation, and reintegration back to military duty or into civilian life, it is critical that the care coordination process begins as early as possible in a client's recovery. Effective and ongoing coordination with clinical and non-clinical case managers, the interdisciplinary team, and others within VA, DoD, and the community is important to successfully accomplish the goals laid out in the client's FIRP. See also paragraph 11, Program Operation Processes.

(5) Modifying the FIRP as necessary over time in response to changing needs.

(6) Ensuring the client is informed of who to contact and what to do in an emergency. Each client is provided with contacts in case of an emergency, including medical emergencies, as well as acts of nature (tornados, hurricanes, etc).

(7) Contacting the appropriate service's Casualty Assistance Office in the event of the death of a client and providing the client's family with appropriate resources for bereavement counseling. The FRC shall remain engaged for at least six weeks following the death to ensure that the family receives the resources they need.

(8) Communicating with the client. Communication with the client and family is essential in assuring that issues are resolved and goals are met. FRCs communicate as frequently as necessary to maintain contact and involvement of the client and family. The maximum time between FRC contacts with a client is 30 days, unless otherwise negotiated with the client or approved by the Executive Director, FRCP.

(9) Communicating with clinical and non-clinical case managers. FRCP personnel must also collaborate and communicate with clinical and non-clinical case managers across DoD and VA, Veterans Service Organizations, TRICARE Management Activity, the Department of Health and Human Services, the Social Security Administration, the Department of Labor, and state and local community agencies. These collaborations ensure transparent operations and ensure that Servicemembers and Veterans eligible for the FRCP receive well-coordinated services and benefits throughout the continuum of their care. FRCs communicate as frequently as necessary with clinical and non-clinical case managers based on the current status and needs of the client.

(10) Communicating with all redirected individuals and case managers to assure problem resolution.

(11) Documenting the FIRP and progress toward achieving goals in a timely manner.

(12) Developing and maintaining effective working relationships with facility and benefit delivery personnel.

(13) Attending weekly virtual staff meetings with FRCP management.

(14) Completing educational requirements including specific program, facility, and agency requirements.

(15) Maintaining active professional licensure; including completion of required training.

(16) Participating in activities to promote the program.

(17) Participating in weekly supervisory conference calls as scheduled, unless absence approved by FRCP management.

(18) Complying with other requirements as directed by FRCP management.

b. The **Executive Director** is responsible for:

- (1) Developing and implementing the program's strategic direction and policies.
- (2) Ensuring that the needs of severely wounded, ill, and injured Servicemembers or Veterans and their families served by the FRCP are appropriately met.
- (3) Serving as the primary liaison between VA and DoD regarding care of severely wounded, ill, and injured Servicemembers or Veterans, and their families.
- (4) Supervising and managing program personnel, with delegation to Deputy Directors as appropriate.
- (5) Ensuring that every employee of the FRCP completes necessary training.
- (6) Communicating with relevant VBA and VHA programs and offices.
- (7) Monitoring the program's activities and effectiveness through program evaluation.

c. The **Deputy Directors** are responsible for:

- (1) Supporting, supervising, monitoring, and evaluating the FRCs.
- (2) Assisting the Executive Director in representing the Program at inter- and intra-departmental meetings.
- (3) Assisting the Executive Director with the management of all aspects of the Program including staffing, education and training, data analysis and evaluation, and strategic planning.
- (4) Coordinating the activities of the Program with other activities and programs within VA and DoD.
- (5) Ensuring Veterans Integrated Service Network Directors are notified when an FRC is placed within their Network.
- (6) Reporting to the Executive Director as needed for program oversight and to respond to internal and external inquiries.

d. The **Veterans Integrated Service Network (VISN or Network) Director** is responsible for ensuring that VAMC Directors carry out the responsibilities listed below.

e. **VA Medical Center (VAMC) Directors**, when FRCs are located at their VAMC, are responsible for

(1) Assuring that each FRC has office space consistent with the need to hold meetings with clients during which private health care information may be discussed;

(2) Assuring that each FRC has adequate supplies and support, including computer support and maintenance, telephone, and personal digital assistant (PDA), or smartphone;

(3) Assuring that each FRC is included, where appropriate, in meetings for the purpose of coordinating care for clients;

(4) When FRCs are located at a MTF, the closest geographic VA facility Director is responsible for:

(a) Assuring that each FRC has adequate supplies and support, including computer support and maintenance, telephone, and personal digital assistant (PDA or smartphone);

(b) Assuring that each FRC is included, where appropriate, in VAMC meetings relevant to their position for the purpose of coordinating care for clients;

(c) The MTF's responsibilities are delineated in the MOAs established with each facility.

8. INFORMATION TECHNOLOGY SUPPORT RESOURCES

a. Local VAMCs provide VA Information Technology (IT) equipment and support to FRCs located at VA facilities and to FRCs based at the closest MTF. FRCP VA Central Office (VACO) personnel notify local VAMCs or MTFs prior to the time a new FRC joins the FRCP, providing the local facility enough time to supply the new FRC with the necessary equipment. Minimum equipment needs of the FRC include: a laptop computer with high-speed internet (such as broadband) and WiFi capability; a printer with fax and copier capabilities; and a personal digital assistant (PDA) or smartphone.

b. FRCs must be familiar with and have access to VA computer systems and programs. FRCs receive training in all relevant DoD and VA systems. They must complete all required security and privacy training, comply with all security and information privacy policies, and complete and maintain all requisite certification for access to these systems.

c. DoD IT support for MTF-based FRCs regarding provision of equipment is established under MOUs with each MTF.

9. DOCUMENTATION REPORTING

a. FRCs are required to document client information within the program's data management system. Documentation of contact and progress toward reaching goals is mandatory. General registration and demographic data are entered for each client referred to the program for enrollment or for assistance. In addition, workload information will be required for entry into the system for periodic collection of detailed level of effort information (desk audit or time-in-motion studies).

b. The FIRP is also maintained and updated by the FRC in the program's data management system to reflect goal changes and status as the Servicemember or Veteran progresses through recovery, rehabilitation, and reintegration.

10. PROFESSIONAL TRAINING

a. In addition to any mandatory VA training for VA personnel, and any facility specific requirements, FRCs are required to receive training in areas relevant to severely wounded, ill, or injured Servicemembers and Veterans.

b. FRCs receive training from DoD and VA personnel through the FRCP. This training includes both clinical and non-clinical system training related to: service specific wounded warrior programs; clinical specialty service programs for enrolled Servicemembers and Veterans (e.g., polytrauma centers, burn centers, psychological health programs including PTSD centers, spinal cord injury centers, TBI centers, blind and vision rehabilitation); caregiver needs and resources, creation of FIRPs; case reviews; and IT, program, and equipment usage.

c. VA and DoD also provide training focusing on the Veterans Benefits Administration (VBA), TRICARE, and the Disability Evaluation System.

d. FRCs are also expected to complete any training necessary to maintain their clinical license. FRCs may be licensed as social workers, registered nurses, or other appropriate disciplines.

11. PROGRAM OPERATION PROCESSES

a. Referral Process: Recovering Servicemembers and Veterans whose recovery is likely to require a complex array of specialists, transfers to multiple

facilities, and long periods of rehabilitation are referred to the FRCP. Referrals come from a variety of sources, including from the Servicemember's command, members of the multidisciplinary treatment team at an MTF, VAMC, or private facility, case managers, families already in the program, Veteran Service Organizations, and Non-Governmental Organizations. Servicemembers and Veterans may self-refer as well. Referring individuals complete the "Federal Recovery Coordination Program Referral Form." Referrals may be made to VACO or directly to an FRC.

b. When a referral is made to VACO, an FRCP administrator assigns it to an FRC for evaluation. The evaluation serves as the basis for problem identification and determination of the appropriate level of service.

c. In addition to receiving referrals, FRCs actively identify potentially eligible Servicemembers and Veterans who may benefit from an FRC.

d. As a result of a referral and evaluation, the Servicemember or Veteran will be categorized as:

(1) **Enrolled.** If the FRC determines that the Servicemember or Veteran meets criteria for the program, would benefit from care coordination, and the Servicemember or Veteran wishes to, he or she is enrolled as "active" in the FRCP and the process to develop a FIRP begins.

(2) **Assisted.** Short term involvement of the FRCP to assist a Servicemember or Veteran with a specific issue without enrolling the client in the FRCP.

(3) **Redirected.** If the FRC determines the Servicemember or Veteran's needs can be appropriately met by another clinical or non-clinical case manager the FRC will redirect the Servicemember or Veteran to the appropriate individual or team and inform the referring agency or individual, as well as the Servicemember or Veteran. The FRC follows up with the individual or team to which the Servicemember or Veteran was referred within five working days from the date of the redirect action to ensure that the client need is being addressed or is resolved. Any Servicemember or Veteran that is redirected to another program and is dissatisfied with the redirect may request that an FRCP administrator review the decision to determine the Servicemember or Veteran's suitability for the FRCP.

(4) **Inactive.** If a client is enrolled as "active" and either progresses such that he or she no longer needs or desires FRC assistance or is non-responsive to FRC attempts to contact and assist, the client's status is changed to "inactive." The client remains assigned to an FRC and can request FRC assistance at any time, but is not subject to the contact requirements for an actively enrolled client.

e. Program Eligibility Criteria: Specific program eligibility criteria were approved by the Senior Oversight Committee in October 2007 and include those post-9/11 Servicemembers or Veterans who are:

- (1) Receiving acute care at MTFs;
- (2) Diagnosed or referred with one of more of the following:
 - (a) Spinal Cord Injury;
 - (b) Burns;
 - (c) Amputation;
 - (d) Visual Impairment;
 - (e) Traumatic Brain Injury (TBI);
 - (f) Post Traumatic Stress Disorder (PTSD);
- (3) Considered at risk because of psychological complications;
- (4) Self or Command referred based on perceived ability to benefit; or
- (5) Considered to have high potential for life-long care needs.

Final eligibility determinations are made by FRCs upon completion of a comprehensive evaluation.

f. FRC Coordination Activities.

(1) The FRCP helps provide access to all clinical and non-clinical and governmental and non-governmental resources available for enrolled Servicemembers or Veterans and their families. Resources include: benefits; medical and clinical care; counseling services; treatment facilities; directories; support groups; insurance and grants; programs related to job placement, education, and rehabilitation; and other resources necessary for the care and support of enrolled Servicemembers and Veterans. These activities are undertaken in coordination with the Servicemember or Veteran and their family.

(2) **Coordination with Case Managers.** Enrolled Servicemembers and Veterans will be assigned a variety of case managers depending on Service branch, injury, facility, and special programs and benefits. This may include multi-disciplinary team members, Military liaisons, Military Service Wounded Warrior Program personnel, Recovery Care Coordinators, VA OEF/OIF and Polytrauma case managers, VA Liaisons for Health Care and others. FRCs must

identify, communicate with, and coordinate with these resources to ensure access to all clinical and non-clinical, and governmental and non-governmental resources available to the Servicemember or Veteran and their family and in the development and implementation of the FIRP. See also paragraph 5, Care Coordination Process.

(3) **Coordination with VBA OEF/OIF Coordinators.** FRCs utilize VBA resource personnel to assist severely wounded, ill, and injured Servicemembers, Veterans and their families as a primary resource for information about VA benefits, including when there is a question on a specific VBA claim. This would include benefits such as special adapted housing, automobile grants, compensation, and vocational rehabilitation. The VBA OEF/OIF Coordinators are the points of contact for the regional office having jurisdiction of the Veteran. VBA letter 20-07-19 Revised (2nd), dated February 6, 2009, contains the instructions for expedited processing of claims and appeals from seriously injured OEF/OIF Servicemembers and Veterans. The list of VBA OEF/OIF Coordinators is available on the VBA OEF/OIF Support Team web site at http://vbaw.vba.va.gov/bl/27/outreach/military/oef_oif/poc.htm .

12. PROGRAM EVALUATION

a. **Oversight.** Routine oversight of the FRCP occurs within the program. The FRCP Executive Director is responsible for supervising and managing all program personnel, ensuring that every employee of the FRCP completes necessary training, and that the needs of severely wounded, ill, and injured Servicemembers or Veterans and their families served by the FRCP are appropriately met.

b. **Program Evaluation.**

(1) To guarantee the continued success of the FRCP, FRCP personnel monitor and evaluate FRCP initiatives to ensure that the goals and objectives of the FRCP are met. The FRCP Deputy Directors monitor the work of the FRCs. FRCP personnel are responsible for identifying actual or potential problems areas, trends, and significant program accomplishments. In addition, FRCP personnel determine the soundness of FRCP objectives, and measure progress toward those objectives.

(2) FRCs and other FRCP personnel collect and monitor data on the demographics and medical conditions of enrolled Servicemembers and Veterans to prepare progress reports for VA and DoD senior leadership, Congress, and the public. Annual performance evaluation is conducted to assess FRCs and other FRCP personnel and ensure the continued success of the program. Feedback is solicited from staff at MTFs and VAMCs where FRCs are assigned, as well as from family focus groups involved in the program. All feedback and evaluation is recorded and utilized to monitor program successes and areas in

need of improvement. In addition, FRCP personnel respond to Congressional and media inquires as needed.

(3) Formal program evaluations will occur within VA guidelines for such activities.

13. REFERENCES

a. DoD/VA Wounded, Ill, and Injured Senior Oversight Committee, Department of Defense (DoD) and Department of Veterans Affairs (VA) Implementation of Recommendations of the President's Commission on Care for America's Returning Wounded Warriors (Dole/Shalala Report), Memorandum, August 31, 2007.

b. Executive Order: Establishing a Commission on Care for America's Returning Wounded Warriors, March 6, 2007.

c. Memorandum of Understanding Between Department of Veterans Affairs and the Department of Defense, October 30, 2007.

d. Memorandum of Understanding Between Department of Veterans Affairs, Department of Defense, and Department of Health and Human Services, September 19, 2007.

e. Memorandum of Agreement Between Department of Veterans Affairs, Department of Defense, and National Naval Medical Center and Naval Medical Center San Diego Concerning the Federal Recovery Coordination Program; and Memorandum of Agreement Between Department of Veterans Affairs, Department of Defense, and Walter Reed Army Medical Center and Brooke Army Medical Center Concerning the Federal Recovery Coordination Program, November 30, 2007.

f. Report to Congress: Comprehensive Policy Improvements on the Care, Management and Transition of Recovering Servicemembers, September 16, 2008.

g. Senior Oversight Committee Memorandum dated December 10, 2008 "Implementation of Wounded, Ill and Injured-related Standard Definitions."

h. Serve, Support, Simplify, Report of the President's Commission on Care for America's Returning Wounded Warriors, July 2007.