



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TX 78234-6000

REPLY TO
ATTENTION OF

MCCS

OTSG/MEDCOM Policy Memo 06-030

Expires 20 October 2008

20 OCT 2006

MEMORANDUM FOR

COMMANDER, NORTH ATLANTIC REGIONAL MEDICAL COMMAND, 6900
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COMMANDER, GREAT PLAINS REGIONAL MEDICAL COMMAND, 2410 STANLEY
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COMMANDER, SOUTHEAST REGIONAL MEDICAL COMMAND, BLDG 300,
FORT GORDON, GA 30905-5650
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HONOLULU, HI 96859-5000

SUBJECT: AMEDD Veterans Affairs (VA) Liaison Program

1. References:

a. The Joint Federal Travel Regulations Volume 1, Uniformed Service Members, Sections: U5246 Transportation and Per Diem of Family Members of Ill or Injured Members, U7250 Attendants/Escorts, and Part Q: Travel of Escorts and Attendants of Dependents. <https://secureapp2.hqda.pentagon.mil/perdiem/trvlregs.html>.

b. Army Regulation (AR) 40-66, Medical Record Administration and Health Care Documentation, 21 Jun 06.

c. AR 40-400, Patient Administration, 12 Mar 01.

d. MEDCOM Regulation 40-21, Regional Medical Commands and Regional Dental Commands, 22 Oct 99.

e. VHA Handbook, 1172.1, Polytrauma Rehabilitation Procedures, 22 Sep 05.

f. VA/DoD Memorandum of Agreement Regarding Referral of Active Duty Military Personnel Who Sustain Spinal Cord Injury, Traumatic Brain Injury, or Blindness to Veterans Affairs Medical Facilities for Health Care and Rehabilitative Services, 20 Apr 04.

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g. OTSG Memorandum, 15 Feb 05, Management Procedures for Soldiers in Department of Veterans Affairs (DVA) Treatment Facilities.

2. Purpose: The purpose of The VA Liaison Program is to facilitate the continuity of care between military treatment facilities (MTFs) and all VA medical treatment facilities. Regional Medical Commands will provide VA Liaisons and Polytrauma Liaison to serve as the interface between case management and administrative matters, while functioning as the primary point of contact (POC) in the transition process for injured Soldiers and their family members during the transfer of care from Army MTFs to the VA. The presence of a uniformed liaison is required to ensure that all of the Soldiers' needs, both clinical and administrative, are seamlessly addressed. A single POC for Soldiers and their family members during this critical transition period will retain a military link and preclude potential feelings of abandonment. Liaisons are currently active in the four VA Polytrauma Centers listed below:

a. Minneapolis VA Medical Center (geographic responsibility - Great Plains Regional Medical Command).

b. Hunter Holmes McGuire VA Medical Center, Richmond, VA (geographic responsibility - North Atlantic Regional Medical Command).

c. Palo Alto VA Medical Center (geographic responsibility- Western Regional Medical Command).

d. James A. Haley, VA Hospital, Tampa, FL (geographic responsibility - Southeast Regional Medical Command).

3. Proponent: The proponent for this policy is the Directorate of Health Policy and Services, VA Liaison Program Manager, Office of The Surgeon General (OTSG).

4. Policy:

a. All Soldiers at all VA facilities will receive medical treatment, case management and monitoring.

b. MTF Commanders transferring military patients to or within geographic responsibility of a VA facility are required to follow AR 40-400, Patient Administration and OTSG Memorandum, "Management Procedures for Soldiers in Department of Veterans Affairs (DVA) Treatment Facilities", 15 Feb 05 (enclosure 1). This includes patient accounting and reporting, physical disability processing, medical records, invitational travel orders (ITOs), travel voucher settlements, traumatic injury claim processing, military orders, and other administrative issues.

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c. Military patients transferred to VA facilities will be accounted for by the gaining MTFs in the Composite Health Care System (CHCS) or Armed Forces Health Longitudinal Technology Application (AHLTA). Military patients directly admitted to a VA or civilian facility will be entered by the responsible MTF as "Absent Sick" in CHCS/AHLTA.

d. A complete copy of Inpatient, Outpatient, or both medical records will be transferred with the patient to the VA facilities. Medical documentation accompanying the patient being transferred must include the following:

(1) History and physical.

(2) Physician or Integrated Progress notes, to include notes from all specialties (orthopedics, neurosurgery, ophthalmology, psychiatry, etc.).

(3) Current laboratory work (within last 12 hours, if possible), complete blood count, electrolytes, and large metabolic panel.

(4) Current medications.

(5) List of radiology studies performed.

(6) Operating Room notes.

(7) Therapy notes (Occupational Therapy, Physical Therapy, Speech and Language Pathology, etc.).

(8) Neurological-psychiatric testing results.

(9) Psychosocial history.

(10) Demographic information to include next-of-kin, address, and phone number.

(11) Nursing notes or Integrated Progress Notes and nursing report at discharge.

(12) Infectious disease reports and notes.

(13) Transfer Summary/Narrative Summary.

(14) Any additional pertinent clinical information, as appropriate.

e. If a Soldier is being transferred to one of the four Polytrauma Centers, the referring MTF is responsible to contact the gaining RMC VA Liaison and Polytrauma Liaison prior to

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transfer of the patient. Upon contacting the liaisons, the referring MTF case manager must ensure housing, transportation, financial, and all other pertinent needs, as applicable, for each referred patient and all appropriate family members are assessed and reported to the RMC VA Liaison and Polytrauma Liaison prior to arrival of the patient at the VA facility.

f. The RMC VA Liaison is responsible for addressing appropriate concerns or questions to the referring or geographically responsible MTF Commander or designated representative. They will work to identify and resolve concerns of the military patients and their family members. The RMC VA Liaison is essential to assisting the MTF in resolving responsibilities outlined in paragraph (4b) above.

5. Responsibilities.

a. OTSG Directorate of Health Policy and Services is responsible for:

(1) Establishing policies regarding the AMEDD VA Liaison Program and identifying a Program Manager to oversee program requirements.

(a) The Program Manager is responsible for day-to-day oversight of the RMC VA Liaisons and Polytrauma Liaisons and functions as the principal POC with the VA on clinical and administrative issues pertaining to Soldiers in VA treatment facilities. The Program Manager coordinates with the RMC Commander or their representative on matters, issues, or concerns related to Soldiers hospitalized in VA treatment facilities. See enclosure 2 for a detailed duty description.

(b) The Program Manager will develop an orientation program to ensure liaisons at RMCs and Polytrauma Centers are adequately trained.

(c) The Program Manager will coordinate with VA Polytrauma Centers to ensure Polytrauma Liaisons are provided office space and automation equipment to provide liaison services to patients and family members.

(2) Ensuring Program Manager conducts site visits at the VA Polytrauma Centers on a quarterly basis, at a minimum, and visits non-VA Polytrauma Centers, as required.

(3) Providing data calls and briefings to The Surgeon General as required.

b. RMC Commanders are responsible for:

(1) Appointing an individual (military or civilian) to serve as the RMC VA Liaison for their region to monitor Soldiers in all VA facilities.

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(2) Providing a uniformed service member in the rank of E8 or above (by name) to serve as the Polytrauma Liaison within their region to coordinate actions as necessary with the Program Manager to resolve issues regarding patient transfer from referring MTF to the receiving VA facilities. Liaisons should be available to respond to requests for assistance from Soldiers and family members.

(3) Maintaining visibility and active involvement through quarterly site visits to liaison and participation in the monthly VTC/Conference Call with Program Manager and Polytrauma Liaison.

c. MTF Commanders are responsible for:

(1) Identifying a POC at the MTF to coordinate clinical and administrative issues pertaining to VA patients and their family members with the RMC VA Liaison.

(2) Ensuring that open ITOs and/or Non-Medical Attendant Orders for family members have been prepared and are submitted prior to patient transfer.

(3) Ensuring the medical evaluation board is initiated IAW AR 40-400, paragraph 5-18. If a Soldier is transferred to a VA treatment facility at any time during physical disability processing, the Physical Evaluation Board Liaison Officer (PEBLO) is required to coordinate with the gaining MTF PEBLO to ensure continuous processing.

(4) MTF Commanders with geographic responsibility will ensure their POC communicates with the RMC VA Liaison to address issues that require attention and support.

(a) The referring Patient Administration Division (PAD) will ensure appropriate patient accounting and reporting of all VA military patients in their MTF geographic region.

(b) The referring PAD will facilitate physical disability processing and if a Soldier is transferred, coordinate with gaining PEBLO to transfer the case.

(c) The referring PAD/Casualty Affairs will provide support for Non-Medical Attendant Orders and travel voucher processing, as necessary.

(d) The referring Personnel Division/Medical Hold Unit will ensure military patients have appropriate orders for continuation of pay and allowances.

(e) The servicing TRICARE Office will assist RMC VA Liaisons and Polytrauma Liaisons with questions and concerns about TRICARE entitlements and benefits for patient and family members.

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d. RMC VA Liaisons are responsible for:

(1) The tracking and accountability of Active Duty patients in all VA medical treatment facilities, to include Polytrauma Centers.

(2) At a minimum, ensuring weekly phone calls and periodic visits to patients and VA facilities, to include staff.

(3) Providing the same level of information and services to Soldiers in non-VA Polytrauma Centers.

e. Polytrauma Liaisons are responsible for:

(1) The tracking and accountability for all injured Soldiers and their family members during the transfer of care from MTFs to the VA. They will provide reports on the census of all patients to the AMEDD VA Liaison Program Manager, RMC Commander or designated RMC VA Liaison, and closest responsible MTF. They will keep the patient's family members informed. They will address any issues which may arise, reference ITOs, Non-Medical Attendant Care, physical disability processing, and medical record issues from the gaining facility. They will help family members apply for Traumatic Servicemember's Group Life Insurance (TSGLI) and travel voucher processing as necessary. See enclosure 3 for a detailed duty description.

(2) Ensuring administrative accountability is completed and monitored. Military orders are important especially for Reserve Component Soldiers to maintain visibility of pay and allowances. Military members will be assigned/attached to the appropriate Medical Holdover Unit or Medical Hold Unit.

6. Procedures:

a. RMC Commanders will ensure their region is aware of this policy and that it is adequately resourced. They will ensure MTF Commanders establish POCs at their MTFs to handle the myriad issues to support the VA military patient and their families. Any issues or problems will be initially addressed by RMC VA Liaisons, and the AMEDD Polytrauma Program Manager, as appropriate.

b. The AMEDD VA Liaison Program Manager will coordinate with RMC Commanders to keep them, and the AMEDD leadership informed of initiatives and issues related to VA Active Duty patients.

c. RMC Commanders will ensure weekly reporting of Active Duty patients in the VA Polytrauma Centers and other VA facilities using the MEDCOM Soldiers admitted to VA

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VA Liaison Program Manager and MEDCOM PAD (pad.medcom@amedd.army.mil) weekly by COB Friday. RMCs will track and provide case management (administrative and clinical) for all patients admitted to their region's VA Polytrauma Center and other VA medical treatment facilities.

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KEVIN C. KILEY
Lieutenant General, MC
Commanding



REPLY TO
ATTENTION OF

MCCS

DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
5109 LEESBURG PIKE
FALLS CHURCH, VA 22041-3258

15 FEB 2005

MEMORANDUM FOR Commanders, MEDCOM Regional Medical Commands

SUBJECT: Management Procedures for Soldiers in Department of Veterans Affairs (DVA)
Treatment Facilities

1. Active duty Soldiers transferred to DVA treatment facilities for long-term hospitalization or nursing home care will be assigned to the Medical Holding Unit of the military treatment facility (MTF) in whose geographic area of responsibility the DVA treatment facility is located. They will be processed with permanent change of station (PCS) orders to the DVA treatment facility in accordance with Army Regulation 40-400 para 5-18. The MTF with geographical area of responsibility provides accountability, clinical monitoring, and final administrative processing of the Soldier. MTFs transferring Soldiers to DVA treatment facilities in another MTF's geographical area have a 48-hour requirement to notify the gaining MTF.
2. Active duty Soldiers requiring short-term care who are sent for inpatient care at DVA treatment facilities under DVA/Department of Defense Health Resources Sharing Agreements will remain in an attached status; patient management remains with the referring Army MTF.
3. Please disseminate this information to the MTFs within your regions. It is imperative that you maintain continuity and provide effective liaison with the hospitalized Soldiers and their family members while at DVA treatment facilities.
4. Our point of contact is COL Burton Briggs, Directorate of Health Policy and Services, Patient Administration Division, Commercial, 210-221-6113, DSN 471-6113.

FOR THE COMMANDER:

JOSEPH G. WEBB, JR.
Major General, DC
Chief of Staff

ENCL 1

AMEDD VA Liaison Program Manager

Duty Description

The Army Liaison Program Manager is responsible for the overall joint operations of the VA/Army Liaison Collaboration. In this capacity, the Program Manager represents the Office of The Surgeon General (OTSG) on matters affecting transition issues among Active Duty servicemembers admitted to the VA Polytrauma Rehabilitation Centers and other VA medical facilities, as appropriate.

The Program Manager works closely with the Regional Medical Commanders on Soldier/family issues within their Commands and the VA and other services on issues affecting their servicemembers. The Program Manager is available to the RMC and the assigned Polytrauma Liaisons at all times and will carry a Blackberry to ensure availability after normal duty hours.

Specific Duty Functions:

- Coordinate orientation activities for newly assigned Army Liaisons with RMCs and VA Medical Center staff.
- Conducts site Assistance Visits every 3-4 months.
- Maintains and manages the Army Liaison AKO homepage.
- Maintains and manages the updating and distribution of the Army Liaison CD resource library for Liaisons.
- Holds monthly conference calls with all Liaisons, Army Wounded Warrior (AW2) Soldier Family Management Specialist (SFMS) and key VA staff.
- Holds a monthly conference call with each site Polytrauma Liaison, senior social worker, AW2 SFMS and RMC VA Liaison to conduct a case review for each Soldier/family.
- Serves as a member of the VA National Polytrauma Center Workgroup that meets twice a month.
- Conducts introductory VTC meetings with newly arrived family members twice per month to explain the Collaboration's mission and objectives.
- Ensures that all Soldiers and/or Family members complete a survey.
- Reviews all completed Family Survey forms and initiates follow-up action as required.
- Responsible for collecting, tabulating, and reporting information on all Active Duty servicemembers involved in the collaboration.

RMC

VA Liaison /Polytrauma Liaison

Duty Description

The duties for both VA Liaison and Polytrauma Liaison are the same. The VA Liaison position resides at the RMC and may be a uniformed service member or civilian, while the Polytrauma Liaison is a uniformed servicemember and will reside at the Polytrauma Center.

The Liaison is a crucial uniformed member of the Army/VA Polytrauma Rehabilitation Center (PRC) Collaboration and functions as an integral member of the Polytrauma Rehabilitation Center team. The Army Liaison Collaboration is a joint-service initiative and the Liaison functions as the primary POC in the military transition process for the seriously injured service member and their family during the transfer of care from Military Treatment Facilities (MTFs) to the VA. Coordination with Army, Navy, and Air Force Military Treatment Facilities is a key part of the Liaison's daily operation. This is a very important time in the overall rehabilitation process of the seriously injured servicemember.

The Liaison must be able to collect, organize, record, and communicate information in a meaningful way to service members, family members, VA staff, MTF POCs and the Polytrauma Program Manager. The Liaison must also analyze the full scope of problems associated with providing the best possible service; to formulate, recommend and initiate alternate approaches for the provision of needed services to improve the care and utilization of government resources. They must also utilize automation equipment in accomplishing their duties. The Liaison is available to the family members at all times and carries a cell phone or Blackberry issued by the RMC to ensure availability after normal duty hours. The presence of a Liaison is very important in lessening feelings of abandonment from the military by both Soldiers and family members during this critical transition period.

Specific Duty Functions

- Assist in the coordination of all military transfers from MTFs to the Polytrauma Centers and VA facilities.
- Collaborates closely with the VA facility treatment team to assure clear and consistent communication between the servicemember, family members, Military Service, and VA.
- Develops and maintains effective working relationships with the VA/DoD Social Worker Liaisons assigned to major MTFs through whom the referral to the Polytrauma Center is initiated.
- Develops and maintains partnerships with their Polytrauma Rehabilitation Center's (PRC's) OIF/OEF seamless transition POC as well as the OIF/OEF Case Managers who are integral to the initial entry into the VA system.

- Develops and maintains an effective working relationship with their PRC's VA Regional Offices' OIF/OEF Coordinator pertaining to VA benefit issues.
- Assist VA Medical Center administrative and clinical staff in securing timely access to all necessary military records, forms and data to complete Soldier/patient transfers.
- Functions as the Polytrauma Center's subject matter expert (SME) on all issues pertaining to the military transfer of Soldiers.
- Provides support and assistance to family members to aid in the transition from military medical care to VA care of their servicemember.
- Coordinates care, information, and support services with the Military Seriously Injured Center, the AW2, the Marine for Life Program, the Navy Safe Harbor Program, and the Air Force Palace Hart Program as well as other Service-specific programs for seriously injured service members.
- Provides education, information and referrals to Soldiers and family members on issues pertaining to military benefits and services.
- Functions as a uniformed military advocate for Soldiers and family members.
- Works with VA Medical Center Veteran Service Organizations (VSOs) in developing services and programs to aid in the transition process for Soldiers and family members.
- Participates in media interviews as necessary and promotes a positive image for the US Army.
- Attends Polytrauma Rehabilitation Center meetings, VA Medical Center meetings, and completes all required administrative and workload reports, as necessary.
- Attends weekly VTC/conference calls with the Senior Army Program Official.
- Coordinates VTC/conference calls between the Senior Army Program Official and family members assisting servicemembers at the Polytrauma Center.

Encl 3

