

**DEPARTMENT OF VETERANS AFFAIRS LIAISON FOR HEALTHCARE  
STATIONED AT MILITARY TREATMENT FACILITIES**

**1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) Handbook establishes procedures in the transition of health care of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) active duty service members (ADSM), non-OEF and OIF ADSM, mobilized Reservists, mobilized National Guard and Veterans.

**2. SUMMARY OF CONTENTS.** This Handbook describes the role of the Department of Veterans Affairs (VA) Liaison for Healthcare. VA Liaisons are masters prepared social workers (MSWs) and Registered Nurses (RNs) stationed at designated Military Treatment Facilities (MTFs) who are transitioning the health care of OEF and OIF ADSM, non-OEF and OIF ADSM, mobilized Reservists, mobilized National Guard, and Veterans into the VA health care system. The intent of the Handbook is to establish practice standards, roles, responsibilities, and training requirements for RNs and MSWs who are functioning as VA Liaisons for Healthcare.

**3. RELATED ISSUES.** VHA Handbook 1010.01.

**4. FOLLOW-UP RESPONSIBILITY.** The 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 VA Liaison National Program Manager at (202) 461-6065.

**5. RESCISSION.** None.

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

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## DEPARTMENT OF VETERANS AFFAIRS LIAISON FOR HEALTHCARE STATIONED AT MILITARY TREATMENT FACILITIES

### 1. PURPOSE

This Veterans Health Administration (VHA) Handbook establishes procedures in the transition of health care of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) active duty service members (ADSM), non-OEF and OIF ADSM, mobilized Reservists, mobilized National Guard, and Veterans referred directly from Military Treatment Facilities (MTFs) to the Department of Veterans Affairs (VA) health care system.

### 2. BACKGROUND

Since 2003, VA has collaborated with the Department of Defense (DOD) to seamlessly transition the health care of injured or ill combat Veterans and active duty service members from MTFs to VHA facilities by assigning VA Liaisons for Healthcare at major MTFs (see App. A). VA Liaisons assist with transfers to VHA facilities and provide information to service members, Veterans, and families about VHA health care services. While the VA Liaison program pertains primarily to military personnel returning from Iraq and Afghanistan who served in OEF and OIF, it may include other active duty military personnel and Veterans who are injured or ill and transitioning to VA.

### 3. SCOPE

a. This Handbook describes the role of the VA Liaison for Healthcare stationed at designated MTFs who are transitioning the health care of OEF and OIF ADSM, non-OEF and OIF ADSM, mobilized Reservists, mobilized National Guard, and Veterans into the VA health care system. This may also include other military personnel who were injured while in support of OEF and OIF and military personnel injured in training accidents while on active duty. When transitioning health care for Veterans, unless the Veteran was discharged from the military after 2003, the VA Liaisons' role may be minimal and will mainly consist of connecting DOD case managers, or the Veteran, to an appropriate contact at a receiving VA health care facility in order to coordinate the transition of health care. *NOTE: OEF and OIF ADSM will be used to refer to active duty component, Reserve component and National Guardsman who are currently on active duty orders as established by DOD, and who recently served in a theater of combat operations or in combat against a hostile force during a period of hostilities. See Title 38 United States Code section 1710(e) for VA's authority to treat combat Veterans. For additional information about eligibility, refer to VHA policy regarding Combat Veteran Healthcare Benefits and Co-pay Exemption Post-Discharge from Military Service.*

b. The intent of the Handbook is to establish practice standards, roles, responsibilities, and training requirements for registered nurses (RNs) and masters prepared social workers (MSWs) who function as VA Liaisons for Healthcare (see App. B and App. C for VA Liaison functional statements).

#### 4. RESPONSIBILITY OF THE UNDER SECRETARY FOR HEALTH

In collaboration with DOD, the Under Secretary for Health, or designee, is responsible for ensuring that full-time MSWs and RNs are appointed as VA Liaisons for Healthcare (see App. B and App. C for required functions) for major MTFs to:

- a. Assist with the transition of care to a VA health care facility.
- b. Educate active duty OEF and OIF service members and their families about health care services.
- c. Document all pertinent transition information in the Computerized Patient Record System (CPRS).

*NOTE: Although the VA Liaisons report administratively to the VA health care facility closest to the MTF, they report programmatically to Care Management and Social Work Service (11CMSW), Office of Patient Care Services, VA Central Office. The assignment of a VA Liaison to additional MTFs will be determined collaboratively between DOD and 11CMSW and the Deputy Under Secretary for Health for Operations and Management (DUSHOM) (10N). The number of VA Liaison positions at each MTF will be based on workload.*

#### 5. RESPONSIBILITY OF THE VA LIAISON NATIONAL PROGRAM MANAGER

The VA Liaison National Program Manager is assigned to 11CMSW and is accountable for ensuring that the VA Liaison Program is standardized nationally with consistent policies and procedures across the program. The VA Liaison National Program Manager is responsible for:

- a. Standardizing the process and procedures for the VA Liaisons nationally.
- b. Providing salient direction and guidance to the VA Liaisons on a regular basis.
- c. Providing orientation and training to new VA Liaisons.
- d. Providing ongoing education and training on updated policies and procedures to VA Liaisons.
- e. Collaborating with DOD to ensure effective incorporation of VA Liaisons at identified MTFs.
- f. Collaborating with the Office of the DUSHOM when placing VA Liaisons at MTFs.
- g. Moderating regular national conference calls for all VA Liaisons.
- h. Advocating for the VA Liaison with DOD as well as senior and local VA leadership to ensure the VA Liaison has the support and resources needed to fulfill the role.

i. Standardizing the documentation in CPRS via a national template available on the Health Information Management website at <http://vaww.vhaco.va.gov/him/natldoctemplates.html>.

*NOTE: This is an internal VA web site, not available to the public.*

## **6. RESPONSIBILITY OF THE VETERANS INTEGRATED SERVICE NETWORK (VISN) DIRECTOR**

The VISN Director is responsible for:

a. Ensuring RNs or MSWs are assigned to serve as VA Liaisons for Healthcare at designated MTFs, as directed by 11CMSW, Office of Patient Care Services, VHA, VA Central Office.

b. Ensuring that appropriate care transitions and health care services are provided to OEF and OIF ADSMs and Veterans when requested by the DOD treatment team in a timely manner and coordinated with VA Liaisons.

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

The Facility Director is responsible for:

a. Assigning RNs or MSWs to serve as VA Liaisons for Healthcare at designated MTFs, as directed by 11CMSW. *NOTE: The VA Liaison reports directly to the Facility Director, or designee.*

b. Monitoring the workload of the VA Liaison for Healthcare and if necessary, assigning additional VA Liaisons based on workload. *NOTE: Requests for additional VA Liaisons need to be directed to the VA Liaison National Program Manager in coordination with 10N and the VISN.*

c. Providing health care services to authorized OEF and OIF ADSMs and eligible Veterans when requested and in a timely manner.

d. Providing VA Liaisons with the resources and support necessary to fulfill the duties of the VA Liaison position.

e. Ensuring the national VA Liaison note template is loaded into the CPRS at the local VA health care facility.

f. Performing all personnel actions for the VA Liaisons including hiring actions and professional competencies.

## **8. RESPONSIBILITY OF THE VA LIAISON FOR HEALTHCARE**

The primary role of the VA Liaison for Healthcare is to facilitate the transfer of health care, both inpatient and outpatient, from MTFs to the appropriate VA health care facility. The responsibilities of the VA Liaison include:

a. Working closely with the MTF treatment team to provide ongoing consultation regarding complex discharge planning issues, VHA health care benefits and resources, and identifying the VHA facility where care will be transferred.

b. Developing relationships and collaborating with the MTF social workers, case managers, specialty care staff, managed care staff, discharge planners, and Warrior Transition Unit and Brigade or Medical Holding Company staff, where applicable, to identify patients ready for discharge to VHA, and obtain clear referral information and authorization for VHA to treat those still on active duty. The referral needs to:

(1) Clearly identify the patient's diagnoses, health care and psychosocial needs, and requests for VHA health care services.

(2) Include the VA Form 10-0454 Referral (see App. D) and pertinent MTF medical records, such as the admission sheet, history and physical and daily clinical notes for inpatients, or recent outpatient clinical notes.

(3) If patient is still Active Duty, include clinical orders from an MTF clinician specifying which services are authorized for VHA to provide. In addition, the referral must include verification that TRICARE or other appropriate authorization, i.e., Military Medical Support Office (MMSO), TRICARE Managed Care Support Contractor (MCSC), or VA and DOD Sharing Agreement has been requested. *NOTE: If the patient will be discharged from Active Duty prior to the time of the first appointment at the VA health care facility, no TRICARE authorization will be needed.*

c. Include a meeting with the ADSM and family to provide education and an overview of VHA health benefits and resources to address current medical issues identified as part of the service member's treatment plan. The VA Liaison will provide contact information for the OEF and OIF Program Manager and Case Manager at the receiving VA health care facility. In collaboration with the MTF treatment team, the VA Liaison must consider the patient and family's psychosocial situation, their ability to comprehend and comply with VA treatment plan, and any special needs of the patient and family that may impact reaching optimal psychosocial functioning. *NOTE: Regular onsite collaboration and coordination is crucial to provide effective consultative services and the referral, linkage, education, and assessment functions. The provision of direct services may be necessary to enhance the communication and relationship with service members and their families.*

d. Ensure, through direct coordination with the Eligibility, Business Office, and Enrollment Coordinator, or designated point of contact, that all referrals and authorizations are entered into CPRS at the Liaison's home facility. It is expected for the ADSM and Veteran to be enrolled and registered in the Liaison's home facility CPRS within 72 hours after the receipt of the referral. The VA Liaison needs to coordinate with their Eligibility, Business Office, and Enrollment Coordinator or designated point of contact to establish a means of securely transferring this information to the receiving VA health care facility Veterans Health Information Systems and Technology Architecture (VistA) and CPRS. *NOTE: Patient Data Exchange (PDX) is one means of information transfer.*

e. Identifying and communicating with the facility OEF and OIF Program Manager, and if indicated, a specialty program admissions coordinator, i.e., Polytrauma Rehabilitation Center (PRC), Spinal Cord Injury Rehabilitation Center, etc., at the receiving VA health care facility via telephone and email to initiate the requested health care.

(1) The Liaison must transmit the referral form and pertinent health records to the OEF and OIF Program Manager and admissions coordinator via fax or encrypted electronic mail attachment.

(2) Outpatient appointments need to be given to the ADSM prior to leaving the MTF, however, it must be for a date after their expected discharge or release from the military or appropriate authorization is required.

(a) Appointments that will occur after an ADSM is discharged from active duty and is a Veteran need to be made in advance while a service member is still on active duty.

(b) If the appointments are not available at the time the ADSM is leaving the MTF, the VA Liaison must make arrangements for the ADSM to be notified. The VA Liaison or OEF and OIF Program Manager may contact the ADSM with the appointment information. *NOTE: A primary care appointment will be established within 30 days of the ADSM's desired appointment date, generally within 30 days of the military discharge date. If specialty appointments are also needed within 30 days to continue the ADSM's treatment plan, the VA Liaison will coordinate with the OEF and OIF Program Manager to schedule those appointments.*

(3) If the patient will still be on active duty at the time of any appointments, TRICARE authorization will be required and the Liaison needs to assist in obtaining clinical orders from an MTF clinician to obtain TRICARE authorization for the appointment(s). There must be a designated person at the receiving VA health care facility to then acquire the required authorization number from the MTF initiating the referral or the MCSC.

(4) The VA Liaison will collaborate with the OEF and OIF Program Manager regarding the patient's need for services from a Transition Patient Advocate (TPA). In cases where the patient is receiving care at a VA health care facility which is not his or her preferred VA health care facility, the Liaison will collaborate with the preferred VA health care facility OEF and OIF Program Manager to determine the need for a TPA.

f. The Liaison will ensure the receiving VHA facility OEF and OIF Program Manager or specialty program admissions coordinator has contact information for pertinent DOD points of contact, i.e., military case manager, WTU case manager, etc., needed for ongoing communication and collaboration about an ADSM's health care.

g. The Liaison will address any barriers to health care and communicate those barriers to the OEF and OIF Program Manager or specialty program admissions coordinator to reduce or eliminate these barriers as appropriate.

h. Documenting all VA Liaison activity as follows:

(1) Every referral will be documented in CPRS using the appropriate national template available on the Health Information Management website at <http://vaww.vhaco.va.gov/him/natldoctemplates.html>.

(2) Every referral will be registered in the Veterans Tracking Application (VTA). **NOTE:** *Severely Ill and Injured or Non-severely Ill and Injured must be indicated within VTA. The designation of Severely Ill and Injured will trigger a performance measure for the receiving VA health care facility.*

(3) Each week, the VA Liaison will document workload in the web-based workload report, which is monitored by VA Central office.

i. Maintaining a relationship and collaborating where applicable with Federal Recovery Coordinators (FRCs) on-site at the MTF.

j. Maintaining a relationship where applicable with the Veterans Benefits Administration (VBA) staff on-site at the MTF.

k. Representing VHA at the MTF on a global, non-patient specific basis at briefings, participating in educational opportunities, meeting with the MTF Command, etc.

l. Reporting programmatically to the VA Liaison National Program Manager, Care Management and Social Work Service, in VA Central Office. This includes, but is not limited to:

(1) Implementing the national standardized procedures of the VA Liaison Program.

(2) Reporting programmatic issues directly to the VA Liaison National Program Manager in a timely fashion.

(3) Responding to regular direction and requests from the VA Liaison National Program Manager.

(4) Participating in regular national conference calls for VA Liaisons.

(5) Participating in special projects as assigned by the VA Liaison National Program.

(6) Informing the VA Liaison National Program Manager of any high profile or high priority issues that may be of interest to VA Central Office leadership.

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

1. Walter Reed Army Medical Center (Washington, DC).
2. National Naval Medical Center (Bethesda, MD).
3. Brooke Army Medical Center, Fort Sam Houston (San Antonio, TX).  
Center for the Intrepid
4. Darnall Army Community Hospital (Ft. Hood, TX).
5. Madigan Army Medical Center, Fort Lewis (Tacoma, WA).
6. Eisenhower Army Medical Center, Fort Gordon (Augusta, GA).
7. Evans Army Community Hospital (Ft. Carson, CO).
8. Naval Medical Center (San Diego, CA).
9. Naval Hospital, Camp Pendleton (Oceanside, CA).
10. Womack Army Medical Center (Ft. Bragg, NC).
11. Martin Army Community Hospital (Ft. Benning, GA).
12. Winn Army Community Hospital (Ft. Stewart, GA).
13. Ireland Army Community Hospital (Ft. Knox, KY).
14. Irwin Army Community Hospital (Ft. Riley, KS).
15. William Beaumont Army Medical Center (Ft. Bliss, TX).
16. McDonald Army Health Center (Ft. Eustis, VA).
17. U.S. Army Medical Department Activity (Ft. Drum, NY).
18. Blanchfield Army Community Hospital (Ft. Campbell, KY).

**NOTE:** *The OEF and OIF Program Manager at the receiving VA health care facility can be contacted directly for referrals from the remaining MTFs.*

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

**A. Qualifications**

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

**B. Education and Experience Requirements**

- a. Masters degree in nursing or related field with a Bachelor of Science degree in nursing (BSN) or bachelors degree in a related field (if Master of Science degree in nursing is obtained in a bridge program, no BSN is required) or doctoral degree in nursing or a related field.
- b. Three to five years of clinical nursing experience, preferably in care of patients with polytrauma injuries, as well as returning service members with both severe and non-severe combat injuries.
- c. Knowledge of discharge planning.
- d. Demonstration of clinical competencies specified for the Veterans Health Administration (VHA) liaison role.

**C. Scope of Practice**

a. The VA Liaison is seen as the VHA representative to the military installation, as designated by the Under Secretary for Health, and must represent VA in all aspects of the patient care, patient transfer, and patient outreach. The primary role of the VA Liaison is to ensure the smooth transition of patients and families, both inpatient and outpatient, from the MTF to the appropriate VA health care facility. The VA Liaisons must work on site at the MTF with clinical and administrative staff, service member(s), families, and Veterans to ensure priority access to needed health care services and education regarding VHA benefits is met. The service members or Veterans are primarily returning from Iraq and Afghanistan and may have severe and complex injuries, minor injuries, and mental health needs. Although the liaisons must report administratively to the VA health care facility closest to the MTF, they must report programmatically to the Care Management and Social Work Service, Office of Patient Care Services (11CMSW).

b. Additionally, the VA Liaison develops a high level of clinical practice, leadership, and skills to improve and coordinate patient care. The practice of each VA Liaison is based on

knowledge, experience, and research, and is expected to impact patient outcomes and improve care coordination and continuity for patients with both severe and non-severe combat injuries. The VA Liaison executes position responsibilities that demonstrate leadership, experience, and creative approaches in the management of complex care of severely injured patients.

#### **D. Responsibilities**

a. The VA Liaison is responsible to the VA health care facility clinical executive team (Chief of Staff and Chief Nurse Executive) with matrix responsibility to the Nurse Executive at the MTF. Programmatic oversight of activities of all VA Liaisons is provided by the VA Liaison National Program Manager in VA Central Office, Care Management and Social Work Service, Office of Patient Care Services (11CMSW). The VA Liaison possesses the knowledge and skills to effectively apply all aspects of the nursing process and care management principles within a collaborative, interdisciplinary practice setting. The VA Liaison will demonstrate knowledge and skills necessary to provide a smooth transition for the patient with both severe and non-severe combat injuries and the patient's family and significant other to VHA. This includes understanding specific age-related competencies that pertain to the principles of growth and development relevant to the adult and young adult population.

b. The responsibilities of the VA Liaison include:

- (a) As an independent clinical practitioner, working closely with the MTF treatment team using advanced practice skills and expertise to provide ongoing consultation regarding complex discharge planning issues, VHA health care benefits, resources, and facilities. This will require an intimate knowledge of VHA programs and services nationwide, and the ability to match Veterans' needs with appropriate resources.
- (b) Developing relationships and collaborations with the VA and MTF social workers (SW), nurses, RN and SW case managers, managed care staff, and discharge planners to identify patients ready for discharge to a VA health care facility, and to obtain clear referral information and authorization for VHA to treat those still on active duty. This referral needs to:
  1. Include appropriate sections and documentation from the MTF Medical Records; VA Referral Form (entitled *Military Treatment Facility Referral Form To VA Liaison*); Admission Sheet; Clinical and Consult Orders; or other authorization for VHA to provide services and bill TRICARE or other appropriate entity through a VA-Department of Defense (DOD) Sharing Agreement.
  2. Clearly identifying the patient's health care and psychosocial needs, and requests for VHA health care services to ensure Clinical and Consult Orders or authorizations, specifying which VHA services are authorized and are completed prior to transfer of any patient(s) to their preferred facility.

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

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

- (d) Coordinating with the Liaison's home facility Enrollment Coordinator and case manager to initially register active duty Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) service members, or enroll OEF and OIF Veterans at their facility utilizing the referral information.
- (e) Collaborating with MTF social workers, nurses, and case managers in identifying the VA health care facility where care will be transferred to an accepting physician at that facility. To ensure ease of registration or enrollment procedures, information must be transmitted using Patient Data Exchange (PDX) or Network Health Exchange (NHE) from the liaison's facility to the identified receiving VA health care facility.
- (f) Identifying and communicating with the OEF and OIF Program Manager and RN or SW Case Managers at the receiving VHA facility to initiate and process referrals and linkages for transfer of care.
- (g) Documenting all liaison activity in the Computerized Patient Record System (CPRS) nationally standardized template that is available on the Health Information Management website at <http://vaww.vhaco.va.gov/him/natldoctypeplates.html>, as well as in the Veterans Tracking Application (VTA) or its equivalent.
- (h) To facilitate the seamless transition of care, communicating the transfer plans to the patient and family while determining any unique patient or family needs requiring attention.
- (i) Communicating ongoing needs of the patient and family to the receiving VA medical center OEF and OIF Program Manager to further facilitate the seamless transition of care.

- (j) Maintaining contact with the facility OEF and OIF Program Manager at the accepting VA health care facility and with MTF staff, and coordinating the transfer of care upon discharge from the MTF. Assists in identifying and obtaining additional information needed from the MTF staff to optimize the transfer of care to the case manager at the designated VA health care facility.
- (k) Providing patient level referral and outcome information on all transfers of care from the MTF to the VA Liaison National Program Manager, Care Management and Social Work Service, Office of Patient Care Services (11CMSW), on a monthly basis through the use of a spreadsheet, inputting summary information into an automated intranet workload report on a weekly basis, and attending regularly scheduled conference calls.
- (l) Collaborating programmatically and communicating pertinent patient referral information with Veterans Benefit Administration (VBA) staff also located at the MTF.
- (m) Collaborating and communicating with various agencies and departments at the national, state and local level in ensuring the seamless transition of health care.
- (n) Preparing reports, briefs, and presentations for VA staff at all levels, DOD staff, Congressional Staff, community organizations, etc., regarding the seamless transition process and specific mechanics of their program.
- (o) Managing the day-to-day operations of the liaison initiative and providing accountability to program effectiveness and modifications of service patterns to enhance customer service. Identifying gaps in the transition system and collaborating with MTF and DOD staff and other departments to enhance the seamless transition process.
- (p) Protecting printed and electronic files containing protected health information and sensitive data in accordance with the Privacy Act of 1974 and other applicable laws, Federal regulations, and VA statutes and policies. Protecting the data from unauthorized release or from loss, alteration, or unauthorized deletion. Following applicable regulations, the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security procedures and instructions regarding access to computerized files, releases of access codes, etc.
- (q) Using word processing software to execute office automation functions such as storing and retrieving electronic documents and files, activating printer, inserting and deleting text, formatting letters, reports and memoranda, and transmitting and receiving email. Competent in Microsoft Office programs to include, but not limited to, Word, Excel, and Power Point. Must be competent using the intranet and internet to access resources and utilize web based tracking systems. Uses the Veterans health Information and Technology Architecture (VistA) and CPRS to document VA Liaison activities appropriately.

## **E. Professional Nursing Practice**

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

**Nursing Practice. The effective use of the nursing process to make practice decisions in an ethical manner. Practice encompasses factors related to safety, effectiveness, and cost in planning and delivering care.**

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

- a. Using discharge planning concepts, provides holistic assessments of patients and family relating to the transition of care. Integrates bio-psychosocial concepts, cognitive skills, and cultural and age-specific patient characteristics to coordinate improved holistic outcome-based health care services.
- b. Demonstrates advanced knowledge and skills necessary to provide customer service appropriate to the age of the patient population, including the ability to obtain and interpret information to identify patient and family concerns to resolve issues to the patient and family's satisfaction when at all possible.
- c. Uses sound clinical judgment in assessing, planning, implementing, documenting and evaluation patient and family concerns at the program and service level.
- d. Collaborates and consults with patient and multidisciplinary staff at DOD and VHA to effect plan of care.
- e. Articulates differences in responses to illness and therapies considering individual's cultural, ethnic, socioeconomic, linguistic, religious, and lifestyle preferences.
- f. Utilizes a repertoire of strategies to coordinate advance care planning and address responses to care planning decisions in order to effect the smooth transition of care. Ensures continuity during the transition of care.

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

- a. Demonstrates sensitivity to the cultural values and belief of patients and staff, identifies ethical issues and advocates for patient and family rights related to all facets of care.
- b. Supports the American Nurses' Association Code of Ethics.

- c. Safeguards patient privacy and maintains confidentiality of patient information.
- d. Promotes VHA and DOD mission, vision and values.

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

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

**Professional Development. Demonstrated by active pursuit of learning opportunities for self and others, as well as evaluation of his or her own practice and the performance for others.**

**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. Applies nursing standards and guidelines to clinical practice and care of polytrauma patients.
- b. Keeps self and staff equipped with current knowledge and skills to meet changing program and service needs. Recommends valuable programs to colleagues and staff.
- c. Develops and provides ongoing in-service to staff to facilitate and increase sensitivity and understanding about patient perceptions and satisfaction.
- d. Contributes to the achievement of applicable performance measures.

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

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

- b. Initiates and leads interdisciplinary team meetings to mediate or resolve identified patient and family issues.
- c. Works effectively with patient, families, significant others, as well as with professionals and support personnel.

**Collaboration. Creates an atmosphere in which nurses build professional relationships with peers and colleagues in the interdisciplinary team. Provides opportunities for nurses to share knowledge through coaching and mentoring.**

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

- a. Serves as a resource to both VA and DOD.
- b. Facilitates team efforts to achieve positive patient outcomes of program and service goals.
- c. Shares clinical expertise with other professionals within or outside the facility.

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

- a. Interacts with patients, family, significant others, and members of VA and DOD interdisciplinary teams, consistently demonstrating skilled communication techniques.
- b. Works collaboratively with all members of the health care team at both VA and DOD settings to review and discuss any practices which appear to infringe on patient rights, or may cause unnecessary discomfort or embarrassment to patient(s) and families.
- c. Initiates and conducts interdisciplinary team conferences to mediate and resolve identified patient and family issues and improve their quality of care.
- d. Serves as a mentor and preceptor to nurses in VA and DOD facilities.

**Scientific Inquiry. Established by the extent to which the RN systematically evaluates and improves the quality and effectiveness of nursing practice and health care delivery based on research.**

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

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

- b. Collaborates with the interdisciplinary teams, patients, and families to establish satisfactory outcomes and goals for patient and family concerns.
- c. Continually evaluates the achievement of the VA Liaison program goals and objectives.
- e. Demonstrates ability to work effectively with polytrauma patients, and professional and supportive personnel in both VA and DOD.

**2. Research. Collaborates with others in research activities to improve care. Uses a body of research to validate and change work group practice.**

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

**FUNCTIONAL STATEMENT FOR DEPARTMENT OF VETERANS AFFAIRS (VA)  
LIAISON FOR HEALTHCARE (SOCIAL WORKER) ASSIGNED TO MILITARY  
TREATMENT FACILITY (MTF)  
GS-12**

**1. GENERAL DESCRIPTION**

There is a nationally recognized initiative to seamlessly transition the health care of injured and ill service members and Veterans from the Department of Defense (DOD) to the Department of Veterans Affairs (VA) health care system. The initiative is led by the VA Central Office, Care Management and Social Work Service, Office of Patient Care Services (11CMSW). The VA Liaison for Healthcare (hereinafter referred to as VA Liaison) is seen as the Veterans Health Administration (VHA) representative to the military installation and must represent the VA in all aspects of patient care, transfer and outreach. The primary role of the VA Liaison is to ensure the transfer of health care, both inpatient and outpatient, from the Military Treatment Facility (MTF) to the appropriate VA health care facility. The VA Liaisons must work on-site at the MTF with staff, service member(s), families, and Veterans to ensure priority access to needed health care services and education regarding VHA benefits. Service members and Veterans returning from Iraq and Afghanistan may have severe and complex injuries, minor injuries, and mental health needs. Although the VA Liaisons must report administratively to the VA health care facility closest to the MTF, they must report programmatically to the VHA Care Management and Social Work Service, Office of Patient Care Services (11CMSW).

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

The VA Liaison is accountable for clinical program effectiveness and modification of service patterns. They are also assigned in a setting where they have no access to social work supervision, and are assigned to work with special patient populations with highly complex health or mental health problems.

**2. FUNCTIONS OF POSITION**

The responsibilities of the VA Liaison for Healthcare include:

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

(2) Developing relationships and collaborating with the MTF social workers, nurses, case managers, managed care staff, and discharge planners to identify patients ready for discharge to a

VA health care facility and to obtain clear referral information and authorization for VHA to treat those still on active duty. This referral needs to:

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

(b) Clearly identify the patient's health care and psychosocial needs, and include requests for VHA health care services to ensure Clinical and Consult Orders or authorizations, specifying which VHA services are authorized and are completed prior to the transfer of any patient(s) to a VA health care facility.

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

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

(4) Coordinating with the liaison's home VA health care facility Enrollment Coordinator, to initially register active duty service members or enroll Veterans at their facility utilizing the referral information. Registering active duty service members in the VA computer system eases transfer of care to the VA health care facility.

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

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

(7) Documenting all liaison activity in the Computerized Patient Record System (CPRS) nationally standardized templates that are available on the Health Information Management website at <http://vaww.vhaco.va.gov/him/natldoctemplates.html>, as well as documenting in the Veterans Tracking Application (VTA) or its equivalent.

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

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

(10) Providing patient level referral and outcome information on all transfers of care from the MTF to the VA Liaison National Program Manager, Care Management and Social Work Service, Office of Patient Care Services (11CMSW), on a monthly basis through the use of a spreadsheet, inputting summary information into an automated intranet workload report on a weekly basis, and attending regularly scheduled conference calls.

(11) Collaborating and communicating pertinent patient referral information with Veterans Benefit Administration (VBA) staff also located at the MTF.

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

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

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

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

(16) Interpreting guidelines consisting of VHA general administrative and clinical management policies, Directives, Handbooks, nationwide patient care initiatives, VA and VBA policies and procedures, Public Law, Federal Regulations, the Joint Commission (JC) and Commission on Accreditation of Rehabilitation Facilities (CARF) standards, and other program-specific guidelines.

(17) Utilizing the above guidelines, the incumbent exercises considerable judgment in designing, writing, developing, coordinating, and implementing plans, data collection, reporting requirements, and evaluation of seamless transition services provided by VHA staff. The incumbent is recognized as an expert in the development and interpretation of guidance for seamless transition.

(18) Collaborating with many VA, VHA, and VBA offices, including field staff, VISN offices, VHA facilities, VA Central Office programs, DOD, Veterans Service Organizations, and other Federal agencies. Collaborating also with professional organizations, accrediting bodies, the general public, and VA offices external to VHA, including General Counsel, Office of Human Resources Management, Office of Acquisition and Materiel Management, and Congressional Affairs. The work assignments require an interdisciplinary, integrated approach and collaboration with other agencies and departments. The issues are interrelated, as the work involves planning and policies affecting the VA national health care system as well as the administration and application of organizational policies and procedures related to other VA Central Office program offices. The work may also require partnerships, collaborations and reporting to the following VA and DOD groups: Joint Executive Committee, the Health Executive Committee, and the Benefits Executive committee.

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

(20) Developing, gathering, and applying new data as needed in order to successfully plan for and implement program goals and projections. Changes in policies and procedures, program resources and functions, and new legislation add to the complex coordination and implementation of seamless transition activities. Also, changes in mission, objectives, and proposed initiatives (from DOD, Office of Management and Budget (OMB), etc.) must be considered in reviewing and analyzing reports and studies for the Seamless Transition Liaison Program Manager.

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

(22) Assessing and improving the quality of services provided by VHA staff assigned to seamless transition activities. Work affects many clinical programs and all sites of health care delivery in VHA, as well as national assessment of the quality of care provided.

### **3. SUPERVISORY CONTROLS**

The VA Liaison will report administratively to a designated supervisor at the VA health care facility closest to the incumbent's designated MTF and will report programmatically to the VA Liaison Program Manager in the Care Management and Social Work Service (11CMSW), VA Central Office. The VA Liaison is responsible to the Medical Center Director at the VA medical center closest to the incumbent's designated MTF, with matrix responsibility to Care

Management and Social Work Service, Office of Patient Care Services (11CMSW) in VA Central Office. The incumbent works with substantial independence and on own initiative, and is expected to identify additional necessary functions and employ well developed problem solving approaches. The program management responsibilities of this position are such that the incumbent must exercise individual initiative in planning and implementing program policies and procedures. Work is evaluated on the basis of results achieved and overall quality of reports and analysis.

The VA Liaisons are stationed at major MTFs nationwide. Other sites may be added as needs warrant and are identified by the Care Management and Social Work Service, Office of Patient Care Services (11CMSW) in VA Central Office.

#### **4. QUALIFICATIONS REQUIREMENT**

Meets the qualification standard for the GS 12 Senior Social Worker as defined in VA Handbook 5005, Part II Appendix G, Social Worker Qualification Standard GS-185 Veterans Health Administration.

A master's degree in social work from a school fully accredited by the Council on Social Work Education is required. VA Liaisons must be licensed or certified by a state at the advanced practice level which included an Association of Social Work Boards advanced generalist or clinical examination, unless they are grandfathered by the state in which they are licensed to practice at the advanced practice level (except for licenses issued in California, which administers its own clinical examination for advanced practice). VA Liaisons may have certification or other post masters training from a nationally recognized professional organization or university that includes a defined curriculum and course of study and internship or equivalent supervised professional experience in a specialty. Clinical and administrative experience is also required.

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

The incumbent possesses detailed knowledge of mission, goals, objectives, organization, and programs of VHA health care service and delivery systems and an awareness of VBA benefits delivery systems. Comprehensive knowledge of management techniques and practices, especially related to patient care activities and how they relate to the complex and evolving health care environment.

Projects are of a specialized nature and therefore require a person with knowledge, experience and expertise in VA health care facility operations and clinical management. Requires

comprehensive knowledge of VA and VHA policies, issues, clinical and political complexities essential to the management of a complex system-wide health care delivery system.

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

A VA Liaison has experience that demonstrates possession of advanced practice skills and judgment. The VA Liaison has the ability to expand clinical knowledge in the profession, provide consultation and guidance to colleagues, role model effective social work practice skills, teach or provide orientation to less experienced social workers, develop innovations in practice interventions, and provide clinical supervision for social work licensure or certification. The incumbent has comprehensive professional expertise in policy development, performance standards and strategic planning initiatives.

A high level of physical energy is required as the incumbent is expected to meet with many people in many different locations in the course of a work day. There may be some field travel involved with this position. Work is normally performed in an office environment with adequate lighting, heating, and ventilation.

## **5. CUSTOMER SERVICE REQUIREMENTS**

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

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

The incumbent 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 young adult through 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.

Take into consideration the age-related difference of the various Veterans populations served:

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

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

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

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

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

## **7. COMPUTER SECURITY REQUIREMENTS**

Incumbent protects printed and electronic files containing sensitive data or protected health information 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, Health Information Portability and Accountability Act (HIPAA) Privacy and Security procedures, and instructions regarding access to computerized files, release of access codes, etc.

Incumbent 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. Incumbent uses the Veterans Health Information and Technology Architecture (Vista and CPRS) to access information in the medical center computer system and to document Liaison activities appropriately. Incumbent is competent in Microsoft Office programs to include, but not limited to: Word, Excel, and Power Point, as well as the intranet and internet to access resources and utilize web based tracking systems.

## **8. SAFETY**

- a. Appropriately uses equipment and supplies.
- b. Maintains safe, orderly work areas.
- c. Reports any accident involving self or patient(s) and complete appropriate form(s).
- 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), and waste management. Follows the Emergency

Preparedness plan. Follows security policies and 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, and isolation procedures, including tuberculosis (TB) requirement and precautions.
- f. Health and Safety: Fosters a high profile of VA's Occupational Safety and Health Program by ensuring 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.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**Department of Veterans Affairs (VA) Form 10-0454, Military Treatment Facility Referral  
To VA**

Department of Veterans Affairs (VA) Form 10-0454, Military Treatment Facility Referral To VA, will be available on the VA forms intranet web site <http://vaww.va.gov/vaforms> and internet forms web site <http://www.va.gov/vaforms> within 48 hours of the issuance of this Handbook.



10-0454-fill.pdf