

**TRACKING ILL OR INJURED TRANSITIONING SERVICEMEMBERS AND
VETERANS BEING CARE MANAGED USING THE NON-PRIMARY CARE TEAM
FUNCTION IN THE PATIENT CENTERED MANAGEMENT MODULE (PCMM)**

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive establishes VHA policy on the creation and use of a Non-Primary Care Team in the Patient Centered Management Module (PCMM) to manage and track ill or injured transitioning Servicemembers and Veterans receiving case management services.
- 2. SUMMARY OF MAJOR CHANGES:** The most significant change includes updating the name of the Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) Care Management Program to the Transition and Care Management Program to more accurately reflect the purpose, target population, and future vision of the program.
- 3. RELATED ISSUES:** VHA Directive 1010.
- 4. RESPONSIBLE OFFICE:** The Chief Consultant, Care Management and Social Work Services (10P4C), Office of Patient Care Services is responsible for the contents of this Directive. Questions regarding implementation of this new tracking program may be directed to 202-461-6780.
- 5. RESCISSION:** VHA Directive 2009-018, dated March 24, 2009, is rescinded.
- 6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of January 2022. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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Under Secretary for Health

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TRACKING ILL OR INJURED TRANSITIONING SERVICEMEMBERS AND VETERANS BEING CARE MANAGED USING THE NON-PRIMARY CARE TEAM FUNCTION IN THE PATIENT CENTERED MANAGEMENT MODULE (PCMM)

1. PURPOSE

This Veterans Health Administration (VHA) directive establishes VHA policy on the creation and use of a Non-Primary Care Team in the Patient Centered Management Module (PCMM) to manage and track ill or injured transitioning Servicemembers and Veterans receiving case management services. **AUTHORITY:** Title 38 United States Code (U.S.C.) 1710, 8111.

2. BACKGROUND

a. According to VHA Directive 1010, it is VHA policy that the transition and case management of all ill and injured Servicemembers and Veterans treated at VA medical centers is coordinated, monitored, and tracked, and all Servicemembers and Veterans who served on or after September 11, 2001 are screened for the need for case management services upon entering the VA health care system. Eligibility for care in a VA medical facility depends upon obtaining any required authorizations and complying with any governing VA-Department of Defense sharing agreements. See VHA Directive 1010 and VHA Handbook 1660.04.

b. Direction provided by VHA Directive 1010 establishes nurse or social worker Program Manager and Case Manager positions at Department of Veterans Affairs (VA) medical facilities, and Transition Patient Advocate (TPA) positions distributed to each Veterans Integrated Service Network (VISN) for placement in VA medical facilities.

c. According to the Interagency Complex Care Coordination Memorandum of Understanding (MOU), July 2014, each service member and Veteran requiring complex care coordination must have a Lead Coordinator assigned. The Lead Coordinator facilitates communication and serves as the primary point of contact to the service member, Veteran, family or caregiver in order to avoid or reduce confusion.

d. As provided in VHA Directive 1010, each VA medical facility must have a Transition and Care Management (TCM) team consisting of (at a minimum):

- (1) Program Manager.
- (2) Case Managers who may serve as Lead Coordinators.
- (3) TPA.

3. POLICY

It is VHA policy that ill or injured transitioning service members and Veterans whose care is managed at each VA medical facility are assigned within the PCMM software to

a PCMM non-primary care TCM team. In addition, the Program Manager and a Lead Coordinator must be designated within the software.

4. RESPONSIBILITIES

a. **VA Medical Facility Director.** The VA medical facility Director is responsible for ensuring:

(1) Ill or injured transitioning service members and Veterans being case managed are assigned to Transition and Care Management Teams using the PCMM software. Assignment of ill or injured transitioning service members and Veterans to the TCMs using PCMM facilitates local and national tracking of ill and injured transitioning service member and Veteran caseloads. **NOTE:** Reports are available for Program Managers and others within the Veterans Health Information and Technology Architecture (Vista) PCMM Main Menu.

(2) Data are transmitted to the Austin Information Technology Center (AITC) for National reporting. Data related to the TCM team, assigned staff, and assigned patients are automatically transmitted to the Austin National Patient Care Database (NPCD) and provided to the VHA Support Service Center (VSSC) in the same manner as primary care data.

b. **Facility PCMM Coordinator.** The facility PCMM Coordinator is responsible for:

(1) Setting up one TCM team in PCMM at each VA medical facility (i.e., 3 digit station) using the care type: Transition and Care Management. The institution chosen for the team must be the main facility. Duplicate teams for Community-based Outpatient Clinics (CBOCs), etc., are not to be created.

(2) Setting up team positions for the following personnel:

(a) Program Manager must be a Registered Nurse (RN) or Master's prepared Social Worker (MSW).

(b) Case Managers or Lead Coordinators, must be an RN or MSW.

(c) TPA(s).

(d) Other team positions and associated team members, as assigned.

(3) Assigning each patient, identified by the facility TCM Program Manager as belonging to the PCMM TCM team, to the:

(a) Program Manager in PCMM

(b) TPA or the Lead Coordinator who will actively manage the patient. **NOTE:** If a TPA works at multiple facilities, a New Person file must be set up at each facility where the TPA works.

(4) Assisting with team position assignment maintenance. Access to PCMM to complete patient assignment option is to be limited, and each user delegated this ability must be thoroughly trained in its use.

c. **Facility TCM Program Manager.** The facility TCM Program Manager is responsible for:

(1) Meeting with the PCMM Coordinator to assign staff to the TCM Team Positions.

(2) Keeping all team position and patient assignments up to date. Patients are not to be inactivated from the TCM team automatically due to inactivity.

(3) Ensuring ill or injured transitioning service members and Veterans being case managed are assigned to the PCMM team and associated positions or staff, until the Veterans are no longer case managed. At this point, the Veteran patient is unassigned.