DEPARTMENT OF VETERANS AFFAIRS LIAISON FOR HEALTHCARE SERVING MILITARY TREATMENT FACILITIES AND PUBLIC-PRIVATE PARTNERSHIPS

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive states mandatory standards in the transition of health care of ill or injured active duty Service members, mobilized Reservists, mobilized National Guard and Veterans as they transition from the Department of Defense (DoD) to the Department of Veterans Affairs (VA) health care system as well as Veterans transitioning to VA from a facility participating in a public-private partnership (P3) with VA.

2. SUMMARY OF MAJOR CHANGES: This revised VHA directive:

a. Expands VA Liaison transition support beyond Military Treatment Facilities (MTFs) to include VA Liaisons placed with one of VA's P3 facilities (paragraph 5).

b. Incorporates newly established virtual VA Liaisons to support MTFs and DoD installations that do not currently have VA Liaisons located onsite.

c. Updates and adds responsibilities for the Assistant Under Secretary for Health for Patient Care Services; Assistant Under Secretary for Health for Operations; Executive Director, Care Management and Social Work, Office of Patient Care Services; National Director, Post-9/11 Transition and Case Management; and Post-9/11 Transition and Case Management Leadership Council (paragraph 5).

3. RELATED ISSUES: VHA Directive 1010, Transition and Care Management of Ill or Injured Servicemembers and New Veterans, dated February 23, 2022; VHA Directive 1110.04(1), Integrated Case Management Standards of Practice, dated September 6, 2019; VHA Directive 1230(5), Outpatient Scheduling Processes and Procedures, dated July 15, 2016; VHA Directive 1601A.01, Registration and Enrollment, dated July 7, 2020; VHA Directive 1660, Healthcare Resources Sharing with the Department of Defense, dated July 29, 2015; VHA Directive 1660.06, VA-TRICARE Network Agreements, dated June 28,2019.

4. RESPONSIBLE OFFICE: The Executive Director, Care Management and Social Work (12CMSW), Office of Patient Care Services, is responsible for the content of this directive. Questions may be addressed to the VA Liaison National Program Manager at vha12cmswcaremgmttcmssection@va.gov.

5. RESCISSIONS: VHA Directive 1011, Department of Veteran Affairs Liaison for Health Care Stationed at Military Treatment Facilities, dated January 27, 2017, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of May 2027. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

BY DIRECTION OF THE OFFICE OF THE UNDER SECRETARY FOR HEALTH:

/s/ Beth Ann Taylor, DHA, RN, FAAN, NEA-BC
Assistant Under Secretary for Health for Patient Care Services/CNO

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

DISTRIBUTION: Emailed to the VHA Publications Distribution List on May 12, 2022.

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DEPARTMENT OF VETERANS AFFAIRS LIAISON FOR HEALTHCARE SERVING MILITARY TREATMENT FACILITIES AND PUBLIC-PRIVATE PARTNERSHIPS

1. PURPOSE

This Veterans Health Administration (VHA) directive states mandatory standards in the transition of health care of ill or injured active duty Service members, mobilized Reservists, mobilized National Guard and Veterans referred directly from Department of Defense (DoD) installations and Military Treatment Facilities (MTFs) to the Department of Veterans Affairs (VA) health care system, as well as Veterans transitioning to VA from a facility participating in a public-private partnership (P3) with VA. This directive also states responsibilities for master's degree social workers (MSWs) and master's degree registered nurses (MSN, RNs) who function as VA Liaisons for Healthcare. **AUTHORITY:** 38 U.S.C.§§ 1706, 7301(b).

2. BACKGROUND

a. Since 2003, VA has collaborated with DoD to transition the health care of ill or injured Service members and Veterans (SM/V) from DoD installations and MTFs to VA medical facilities by assigning VA Liaisons for Healthcare (referred to as VA Liaisons in this directive) at designated DoD installations and major MTFs. VA Liaisons ensure clear and timely communication with the SM/V and family, within the care management team, and across both DoD and VA care locations to support a successful transition of care. VA Liaisons assist with transfers to VA medical facilities and provide information to SM/Vs and their families about VA health care services, provide onsite consultation and collaborate with DoD treatment teams regarding VA resources and treatment options. While the VA Liaison Program was originally established to transition military personnel returning from theaters of combat, VA Liaisons now transition other ill or injured military personnel and Veterans to VA. ***NOTE:*** *Service member is used to refer to active duty components, as well as Reserve components and National Guard elements currently on active duty orders as established by DoD.*

b. This directive describes the role of the VA Liaison stationed at designated DoD installations, MTFs and P3 facilities who coordinate the transition of health care of wounded, ill or injured SM/V into the VA health care system. This includes military personnel who were injured while in support of combat operations, military personnel injured in training accidents while on active duty, as well as other military personnel and Veterans who are ill or injured and transitioning to VA.

c. In 2020, VA established five virtual VA Liaisons for Healthcare via a DoD/VA Joint Incentive Fund project to support DoD installations and MTFs without VA Liaisons onsite to ensure health equity and access to coordinated care for Service members transitioning from DoD to VA.

d. In addition, via a P3 with the Wounded Warrior Project, VA placed VA Liaisons at each of four academic medical centers in the Warrior Care Network (WCN) (Emory Healthcare, Atlanta, GA; Massachusetts General Hospital, Boston, MA; Rush

University, Chicago, IL; and University of California Los Angeles, Los Angeles, LA). WCN sites provide intensive outpatient treatment to Veterans suffering from Post-Traumatic Stress Disorder, Traumatic Brain Injury and co-morbid conditions. VA Liaisons coordinate the transition of care for Veterans leaving the WCN facility and entering the VA health care system. Similarly, VA placed a VA Liaison at the Marcus Institute for Brain Health (MIBH) and expanded VA Liaison support to the Gary Sinise Foundation Avalon Network to transition Veterans back into the VA system following their treatment at MIBH. By employing RNs and MSWs in the role of a VA Liaison assigned to the P3 facility, VA ensures that transitioning SM/Vs receive individualized, coordinated transitions of care. ***NOTE:*** *In this directive, P3 facilities refer to both WCN sites and MIBH.*

e. The primary role of the VA Liaison is to facilitate the transfer of health care from DoD installations, MTFs and P3 facilities to the appropriate VA medical facility. VA Liaisons are MSWs or RNs working closely with DoD, public-private partners and VA case management teams using advanced practice skills and expertise to provide ongoing consultation regarding complex medical, mental health and psychosocial needs of SM/Vs in transition, VA health care benefits, resources and facilities. This requires an intimate knowledge of DoD, affiliated partners and VHA programs and services nationwide and the ability to match SM/Vs needs with appropriate resources to mitigate risk and optimize care transition. As clinicians, VA Liaisons integrate with DoD and P3 clinical teams and provide onsite clinical consultation and education to DoD and P3 clinical staff. Although VA Liaisons report administratively to the VA medical facility closest to the DoD installation, MTF or P3 facility to which they are assigned, they programmatically report to the VA Liaison National Program Manager.

3. DEFINITIONS

a. **Care Coordination.** Care coordination is a system-wide approach to the deliberate organization of all Veteran care activities between two or more participants or systems to facilitate the appropriate delivery of health care services. It can include, but is not limited to, care management and case management. Within the VHA level of care coordination framework, care coordination falls within the basic level.

b. **Care Management.** Care management is a population health approach to longitudinal care coordination focused on primary or secondary prevention of chronic disease and acute condition management. It applies a systems approach to collaboration and the linkage of Veterans, their families and caregivers to needed services and resources. Care management manages and maintains oversight of a comprehensive plan for a specific cohort of Veterans. Within the VHA level of care coordination framework, care management falls within the moderate level.

c. **Case Management.** Case management is a proactive and collaborative population health approach to longitudinal care coordination focused on chronic disease and acute condition management. Case management includes systems collaboration and the linking of Veterans, families and caregivers with needed services and resources, including wellness opportunities. Case management includes responsibility

for the oversight and management of a comprehensive plan for Veterans with complex care needs. Within the VHA level of care coordination framework, case management falls within the complex level.

d. **Electronic Health Record.** Electronic health record (EHR) is the digital collection of patient health information resulting from clinical patient care, medical testing and other care-related activities. Authorized VA health care providers may access EHR to facilitate and document medical care. EHR comprises existing and forthcoming VA software including Computerized Patient Record System (CPRS), Veterans Information Systems and Technology Architecture (VistA) and Cerner platforms. ***NOTE:*** *The purpose of this definition is to adopt a short, general term (EHR) to use in VHA national policy in place of software-specific terms while VA transitions platforms.*

4. POLICY

It is VHA policy to ensure that ill or injured active duty Service members, mobilized Reservists, mobilized National Guard, and Veterans transitioning into the VA health care system receive transition assistance and care coordination.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Patient Care Services.** The Assistant Under Secretary for Health for Patient Care Services is responsible for supporting Care Management and Social Work (CMSW) with implementation and oversight of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Network (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Executive Director, Care Management and Social Work, Office of Patient Care Services.** The Executive Director, CMSW is responsible for providing oversight for the VISN and VA medical facility compliance with this directive and ensuring corrective action is taken when non-compliance is identified.

e. **National Director, Post-9/11 Transition and Case Management.** The National Director, Post-9/11 Transition and Case Management (TCM), CMSW is responsible for:

(1) Collaborating with the VA Liaison National Program Manager, DoD and P3 facilities to assign VA Liaisons to additional DoD installations, MTFs or P3 facilities. ***NOTE:*** *The number of VA Liaison positions at any site is monitored and can be adjusted based on population and workload. A current listing of DoD installations, MTFs and P3 facilities with the number of assigned VA Liaisons can be found at https://www.va.gov/POST911VETERANS/Locator.asp.*

(2) Ensuring that VA Liaisons comply with the standards defined in this directive.

(3) Providing consultation to VA medical facility leadership to support the program in accomplishing its mission.

(4) Ensuring internal and external stakeholders are aware of the VA Liaison Program and services.

(5) Providing oversight of the Post-9/11 TCM Leadership Council that reports directly to the National Director.

(6) Establishing and overseeing national performance metrics and measures based on data available via VA Liaison tracking systems and reporting results to the Executive Director, CMSW. ***NOTE:*** *VA Liaison Program metrics and measures are located on the Post-9/11 TCM Hub site at https://r03cleapp05.r03.med.va.gov/hub2/tcms/index.html under the Data Dashboard section. This is an internal VA website that is not available to the public.*

f. **VA Liaison National Program Manager.** The VA Liaison National Program Manager is responsible for:

(1) Standardizing procedures for VA Liaisons nationally and providing regular direction and guidance to VA Liaisons.

(2) Providing orientation to new VA Liaisons.

(3) Ensuring VA Liaisons have the current knowledge, skills and abilities to perform the duties of their position.

(4) Providing ongoing information regarding updated policies and procedures.

(5) Monitoring the VA Liaison's documentation of weekly activities in the Federal Case Management Tool (FCMT).

(6) Moderating regular national conference calls for all VA Liaisons.

(7) Collaborating with DoD and P3 facility leadership to ensure effective incorporation of VA Liaisons at identified DoD installations, MTFs and P3 facilities.

(8) Advocating for VA Liaisons with DoD, P3 facility leadership and senior and local VA leadership to ensure VA Liaisons have the support and resources needed to fulfill

the role. This includes but is not limited to office space, telephone, equipment and appropriate identification cards to access buildings and computer systems.

(9) Standardizing the documentation in the EHR through creation of national note templates.

(10) Overseeing the national VA Liaison professional practice peer review process.

g. **Post-9/11 Transition and Case Management Leadership Council.** The Post-9/11 TCM Leadership Council is responsible for:

(1) Consulting with the National Post-9/11 TCM Office once a month, at minimum.

(2) Providing oversight to the Post-9/11 TCM National Committees. ***NOTE:*** *See VHA Directive 1010, Transition and Care Management of Ill or Injured Servicemembers and New Veterans, dated February 23, 2022, for more information regarding the Post-9/11 TCM Leadership Council and Post 9/11 TCM National Committees.*

(3) Promoting high quality care through development of data-driven clinical best practices, education and strategic communications for VA Liaisons, to support the provision of services to transitioning SM/Vs.

h. **Veterans Integrated Services Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

(2) Ensuring RNs or MSWs are assigned to serve as VA Liaisons at designated DoD installations, MTFs and P3 facilities, as directed by the National Director, Post-9/11 TCM.

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

(1) Ensuring overall VA medical facility compliance with this directive and that appropriate corrective action is taken if non-compliance is identified.

(2) Assigning RNs or MSWs to serve as VA Liaisons at designated DoD installations, MTFs and P3 facilities, as directed by the National Director, Post-9/11 TCM. VA Liaisons are assigned at a minimum at the locations specified at https://www.va.gov/POST911VETERANS/Locator.asp. ***NOTE:*** *The VA medical facility Director designates to whom the VA Liaison reports. Requests for additional VA Liaisons must be directed to the VA Liaison National Program Manager in coordination with the National Director, Post-9/11 TCM. Additional VA Liaisons are incorporated into the National VA Liaison Program, ensuring consistency and standardization across VA, DoD and P3 facilities.*

(3) Ensuring that appropriate care transitions and health care services are provided to eligible SM/Vs when coordinated by VA Liaisons, including care authorized via TRICARE if indicated.

(4) Ensuring administrative and clinical VA medical facility staff are informed and authorized to provide health care services to eligible transitioning SM/V when requested by the VA Liaison to include transitioning Service members under Executive Order 13822 of January 9, 2018, Supporting Our Veterans During Their Transition from Uniformed Service to Civilian Life.

(5) Providing VA Liaisons with the resources and support necessary to fulfill the duties of the position *(applicable only to those VA medical facilities with administrative responsibility for VA Liaisons)*.

(6) Ensuring the national VA Liaison note template is available in the EHR at the VA medical facility *(applicable only to those VA medical facilities with administrative responsibility for VA Liaisons)*.

(7) Ensuring that all personnel actions for VA Liaisons including hiring actions and professional credentialing, privileging, competencies and scope of practice are completed *(applicable only to those VA medical facilities with administrative responsibility for VA Liaisons)*.

(8) Ensuring that transitioning Service members referred by a VA Liaison are registered and enrolled by VA medical facility enrollment and eligibility staff into the VA enrollment system in accordance with VHA Directive 1601A.01, Registration and Enrollment, dated July 7, 2020.

(9) Ensuring appointments are scheduled by an appropriate VA medical facility scheduler or designee for transitioning SM/Vs referred by a VA Liaison, per Appendix N in VHA Directive 1230(5), Outpatient Scheduling Processes and Procedures, dated July 15, 2016.

j. **VA Liaison for Healthcare.** The VA Liaison for Healthcare is responsible for:

(1) Meeting with the SM/V, family and caregiver to provide education and an overview of VA health care benefits and resources which address current medical issues identified in the SM/V treatment plan.

(2) Providing contact information to the SM/V, family and caregiver for the Post-9/11 Military2VA Case Management (M2VA CM) Program Manager and Lead Coordinator, if applicable, at the receiving VA medical facility. ***NOTE:*** *The Post-9/11 M2VA CM Program Manager collaborates and provides subject matter expertise at the VA medical facility and VISN levels. Responsibilities for the Post-9/11 M2VA CM Program Manager are located in VHA Directive 1010.*

(3) Assessing the SM/V and family's psychosocial situation and any special needs of the SM/V, family and caregiver that may impact reaching optimal psychosocial functioning.

(4) Collaborating with the referring treatment team to provide ongoing clinical consultation regarding complex discharge planning issues, linking to VA health care benefits and resources and identifying a VA medical facility where the care of the SM/V is to be transferred. VA Liaisons actively participate in interdisciplinary discharge and treatment planning and coordinating VA health care.

(5) Collaborating with the VA medical facility Lead Coordinator, if applicable, to ensure the SM/V, family and caregiver are fully informed, understand and participate in the plan for transition and initial VA plan of care. ***NOTE:*** *For further information on the responsibilities of the VA medical facility Lead Coordinator, see VHA Directive 1010.*

(6) Providing onsite VA expertise at the DoD installation, MTF or P3 facility and educating treatment teams on the specialized care, benefits and services provided in the VA health care system to optimize the transition for SM/Vs.

(7) Developing relationships and collaborating with the referring facility staff (e.g., social workers, case managers, specialty care staff, managed care staff, discharge planners, Integrated Disability Evaluation System (IDES) staff and Wounded Warrior program staff).

(8) Identifying SM/Vs ready for discharge to VA and obtaining clear referral information and authorization for VA to treat those still on active duty. The referral must:

(a) Clearly identify the SM/V's diagnoses, health care and psychosocial needs and requests for VA health care services.

(b) Include VA Form 10-0454, Military Treatment Facility Referral Form to VA Liaison, dated August 6, 2017, and pertinent medical information and records, such as the admission sheet, history and physical and daily clinical notes for inpatients, or recent outpatient clinical notes. ***NOTE:*** *This form is available on the VA forms website at http://www.va.gov/vaforms and VA forms intranet website at http://vaww.va.gov/vaforms. The latter is an internal VA website and is not available to the public.*

(c) Specify whether the transitioning Service member requires VA health care while still active duty and include TRICARE or other appropriate authorization. ***NOTE:*** *If the Service member is discharged from active duty prior to the time of the first appointment at the VA medical facility, no TRICARE authorization is needed.*

(9) Coordinating with DoD clinicians to obtain TRICARE authorization if VA care is required while the Service member is still on active duty and providing TRICARE authorization to the receiving VA medical facility.

(10) Coordinating referrals from non-clinical sources such as Veterans Benefits Administration (VBA), IDES, DoD Wounded Warrior Support Programs and self-referrals from transitioning SM/Vs.

(11) Ensuring, through direct coordination with the Eligibility, Business Office and Enrollment Coordinator or other designated point of contact, that all SM/Vs being transitioned through a VA Liaison are registered at the VA Liaison's home VA medical facility within 72 business hours after receipt of the referral.

(12) Identifying and communicating with the receiving VA medical facility Post-9/11 M2VA CM Program Manager and if indicated, a specialty program admissions coordinator (e.g., Polytrauma Rehabilitation Center, Spinal Cord Injuries/Disorders Center) at the receiving VA medical facility to initiate the requested health care.

(13) Transmitting the referral form (VA Form 10-0454) and pertinent health information to the Post-9/11 M2VA CM Program Manager and specialty program admissions coordinator via fax or encrypted email attachment.

(14) Providing outpatient appointments to the SM/V prior to the discharge date from the military or P3 facility utilizing the protocols outlined in paragraph 5.i.8.

(15) Coordinating with the M2VA CM team/schedulers and keeping the referral open until the appointment is scheduled in the EHR.

(16) Ensuring appointments occurring after a Service member is discharged from active duty and becomes a Veteran are created in the EHR prior to the Service member's military discharge date.

(17) Linking SM/Vs, families and caregivers with appropriate providers and resources across the care setting and ensuring the VA, DoD or P3 facility points of contact (i.e., VA medical facility Lead Coordinator, case manager, social worker, Wounded Warrior clinical or non-clinical case manager) are connected and able to communicate and collaborate regarding the SM/V transition.

(18) Facilitating communication between the transferring and receiving DoD and VA medical facility Lead Coordinators for those SM/V with complex care coordination needs.

(19) Identifying and resolving barriers to health care and communicating those barriers to the Post-9/11 M2VA CM Program Manager or specialty program admissions coordinator.

(20) Documenting all VA Liaison activity as follows:

(a) Documenting every referral in the EHR using the appropriate national templates.

(b) Registering every VA Liaison referral in FCMT. ***NOTE:*** *The SM/V must be designated as either "Severely Ill and Injured" or "Non-severely Ill and Injured" within*

FCMT. The designation of "Severely Ill and Injured" triggers a performance measure for the receiving VA medical facility.

(c) Documenting weekly activities in the workload activity log in FCMT, which is monitored by the VA Liaison National Program Manager.

(21) Maintaining a relationship and collaborating, where applicable, with Federal Recovery Consultants and VBA staff onsite at the DoD installation or MTF.

(22) Representing VHA at the DoD installation, MTF or P3 facility to include conducting briefings, participating in educational opportunities and meeting with leadership.

(23) Reporting programmatically to the VA Liaison National Program Manager. This includes, but is not limited to:

(a) Implementing the national standardized procedures of the VA Liaison Program and participating in special projects as needed.

(b) Reporting programmatic issues directly to the VA Liaison National Program Manager, as needed, and informing them and local leadership of any high profile or high priority issues that may be of interest to VHA Central Office leadership.

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

(d) Participating in regular national conference calls for VA Liaisons and individual site calls with the VA Liaison National Program Manager.

(e) Participating in the national VA Liaison professional practice peer review process.

6. TRAINING

There are no formal training requirements associated with this directive.

7. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

8. REFERENCES

a. 38 U.S.C. §§ 1706, 7301(b).

b. Executive Order 13822 of January 9, 2018, Supporting Our Veterans During Their Transition from Uniformed Service to Civilian Life.

c. VHA Directive 1010, Case Management of Transitioning Service members and Post-9/11 Era Veterans, dated February 23, 2022.

d. VHA Directive 1230(5), Outpatient Scheduling Processes and Procedures, dated July 15, 2016.

e. VHA Directive 1601A.01, Registration and Enrollment, dated July 7, 2020.

f. VA Form 10-0454, Military Treatment Facility Referral Form to VA Liaison, dated August 6, 2017.