

**The Foundations of
Care, Management and Transition Support
for Recovering Service Members and
Their Families**

September 15, 2008



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Executive Summary

The experience of wounded, injured or ill service members, veterans, and their families has been described in testimony and in reports as often:

- Filled with multiple transitions across providers and sites
- Lacking a comprehensive approach to care and service delivery
- Challenging family caregivers to fill gaps in services
- Confusing and complex

The President's Commission on Care for America's Returning Wounded Warriors and Title XVI, "Wounded Warrior Matters," of the National Defense Authorization Act (NDAA) for 2008 addressed these concerns with direction to:

- Provide a corps of recovery coordinators for oversight
- Utilize a patient-centered recovery plan
- Strengthen family support
- Improve access to information on services and resources

Through their joint Senior Oversight Committee, the Department of Defense (DOD) and Department of Veterans Affairs (VA) are working together to address these and other recommendations¹ and requirements and implement reforms through a comprehensive policy of care, management and transition support. They are collaborating with: federal, state and local governmental agencies; Veterans Service and Benefits Organizations; non-profit and faith-based organizations; academic institutions and professional provider associations and private sector philanthropic groups.

This policy, and associated practices, procedures and programs, will improve the way recovering service members and veterans with a serious or severe injury or illness, and their families, are supported across all stages of care through a uniform ten step program with four cornerstones:

- Recovery coordinators
- Recovery plans
- Recovery teams and family support
- National Resource Directory and Wounded Warrior Resource Center

This policy of care coordination will ensure oversight of and assistance to recovering service members and their families from recovery, through rehabilitation to reintegration. It will support their achievement of personal and professional goals and help them move from "survive to thrive."

¹ Institute of Medicine (IOM), "Crossing the Quality Chasm: A New Health System for the 21st Century, National Academy Press (2001)" and IOM, "Rewarding Provider Performance: Aligning Incentives in Medicare Report Brief 2" (September, 2006).

Introduction

From “Survive to Thrive”

“In the Vietnam era, five out of every eight seriously injured service members survived; today seven out of eight survive, many with injuries that in previous wars would have been fatal. This is a remarkable record.”

- The President’s Commission on Care for America’s Returning Wounded Warriors

Our nation’s injured or ill service members have access to an unprecedented array of rapid response, cutting-edge, integrated medical care, regardless of their medical problems, whether on the battlefield, in a military treatment facility, or in a VA Medical or Polytrauma Rehabilitation Center.

For injured or ill service members in Iraq and Afghanistan, medical treatment begins with self-aid and buddy care or Combat Lifesaver care performed by a combat medic or corpsman. The injured or ill service member is then transported by ground ambulance or helicopter to the next level of care, such as 332d Air Force Theater Hospital at Balad Air Base Iraq where life-saving treatment is provided.

Once stabilized, service members are prepared for the eight hour aeromedical evacuation flight to Ramstein, Germany, where care will continue at Landstuhl Regional Medical Center. The more seriously injured or ill are accompanied by a Critical Care Air Transport Team. The final leg of patient transportation involves a ten hour flight to Andrews Air Force Base and subsequent movement to a military treatment facility. This “state of the art” medical care and treatment at the earliest point of a wound, injury or illness, is critical to “survival” and begins the complex process of recovery.

From the first notification call through inpatient and outpatient treatment to their loved one’s return to duty or separation of retirement and eventual community based living, family members will also receive the support needed from their military services and many other DOD and VA services and resources.

Recovering service members and families are supported by doctors (primary care providers), nurses (Medical Care Case Managers), Wounded Warrior and Family Support Program specialists, and transition liaisons and advocates (Non-Medical Care Managers) as they transition from recovery through rehabilitation to community reintegration.

Moving Forward

The involvement of many skilled care and service providers across numerous settings is essential for the care delivery, but has been found in the private sector to create challenges for management including:

- Inconsistent monitoring
- Lack of follow-through
- Limited resource access
- Patient or caregiver confusion

Testimony before the President's Commission on Care for America's Returning Wounded Warriors and reports by DOD/VA Inspectors General identified similar challenges for injured or ill service members and their families. The need for better coordination of care and additional support for families is among many recommended reforms that have been identified.²

“Ted joined the Army's 82nd Airborne Division during the summer of 2000 and he was called on to serve first in Afghanistan and later Iraq. On February 14, 2004, his Humvee was hit by an Improvised Explosive Device on a mission in Mahmudiyah. He sustained a very severe traumatic brain injury, his right arm was completely severed above the elbow, and he suffered a fractured leg and right foot, shrapnel injuries, visual impairment, complications from anemia, hyperglycemia, and infections, and would later be diagnosed with Post Traumatic Stress Disorder. He remained in a coma for over 2 ½ months, and withdrawal of life support was considered, but thankfully he pulled through.

“After Ted won the battle to survive, our war for proper care and benefits began. Due to the severity of his brain injury, Ted was unable to fight for himself, so his struggle became my own. I was neither prepared for the mission, nor trained to serve in the many roles expected of me. I became his accountant, attendant, care coordinator, case manager, driver, and personal assistant. I was consumed twenty-four hours a day by these responsibilities, leaving me no time to continue my studies, return to regular employment, or be a wife.

“I think there needs to be better case management continuity, but also there needs to be a primary case manager to manage all the other case managers. My husband has had five or six case managers at every given time. And I end up being their case manager and it's an impossible job because I'm also trying to take care of him. I really need someone that knows the DOD benefits, the Medicare benefits, and the VA benefits because it's a really complex web.”

- Sarah Wade, wife of Sgt. Ted Wade, Testimony before the Dole-Shalala Commission, June 18, 2007

² VA Office of the Inspector General, Healthcare Inspection Health Status of and Services for Rehabilitation, July 12, 2006.

The Vision

The DOD/VA Senior Oversight Committee's Care Management Reform Team (Line of Action 3) and its inter-service and interagency Care Management Working Group are partnering with: federal, state and local governmental agencies, veterans service and benefits organizations, non-profit organizations, community and faith-based organizations, academic institutions, professional provider associations and private sector philanthropic groups to bring the best practices and expertise to bear in the reform of the care, management and transition for injured or ill service members, veterans, and their families. The shared vision is shown in Exhibit 1.

Vision for Care, Management and Transition Reform

- Provide integrated continuity of world-class quality care and service delivery for recovering service members, veterans and their families
- Apply case/care management coordination processes to ensure quality and improve resource allocation throughout the continuum of care from recovery and rehabilitation to reintegration
- Ensure inter-service, interagency, public and private collaboration through common standards of care and practice using a recovery care coordinator, a multidisciplinary recovery team and a comprehensive recovery plan

Exhibit 1. DOD/VA Vision for Care, Management and Transition Reform

The DOD and VA are working together to develop policies, practices, and programs that will implement this vision and limit confusion, increase accountability and provide oversight. Four cornerstones and ten steps provide the foundation of this reformed process to ensure the right care is provided at the right time, at the right place by the right person to fully support recovering service members and their families through the phases of recovery, rehabilitation and reintegration. It will provide a more understandable, uniform and seamless experience of care, management and transition for recovering service members and their families.

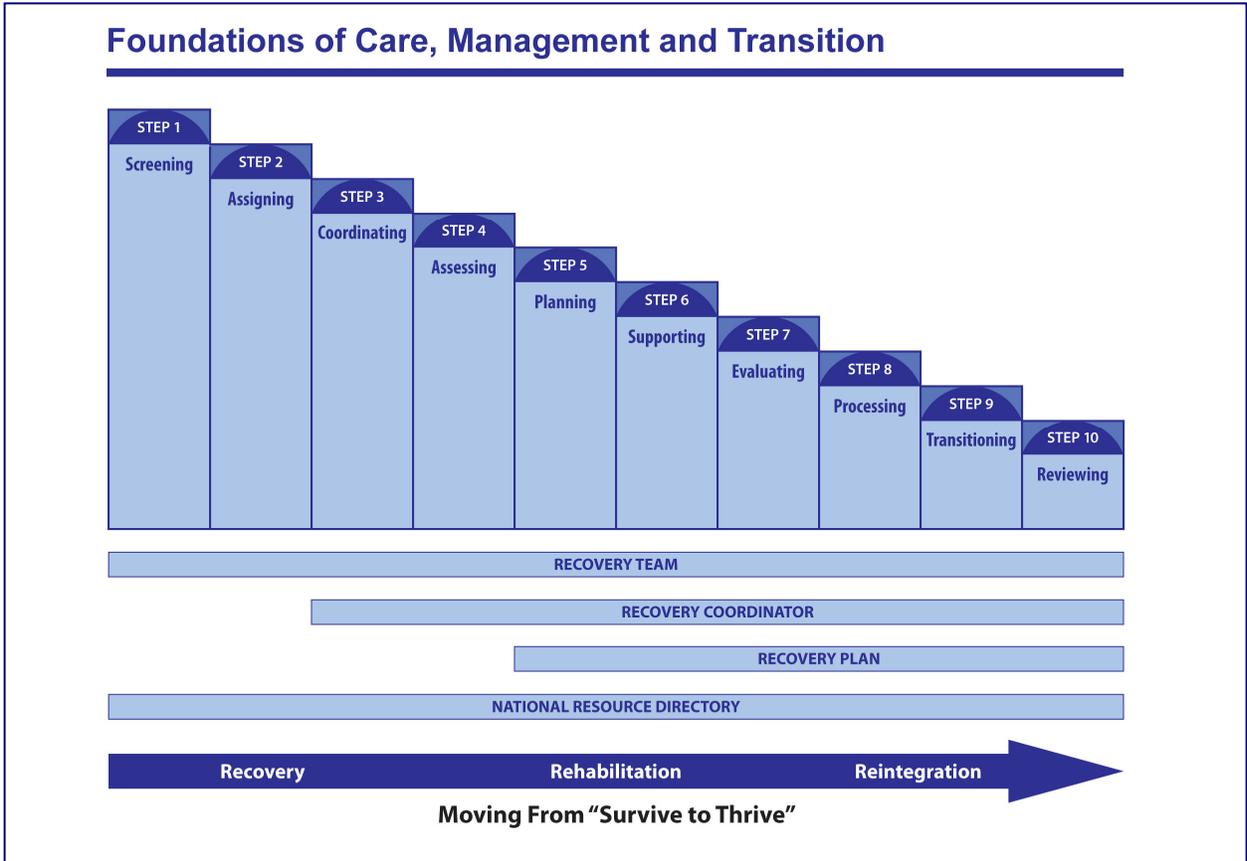


Exhibit 2. Foundations of Care, Management and Transition

The joint DOD/VA reform of care coordination started in 2007 with the Senior Oversight Committee direction to establish the Federal Recovery Coordination Program for severely injured or ill service members. In 2008, the NDAA provided authority for DOD, in consultation with the VA, to extend this effort further through a Recovery Coordination Program for seriously injured or ill recovering service members.

These recovery programs will have as a common foundation, four cornerstones of care - recovery coordinator, a recovery plan, a recovery team and access to services and resources nationwide and a uniform ten step process of care, management and transition support for seriously or severely injured or ill service members, veterans and their families (Exhibit 2).

Ten Steps of Care, Management and Transition Coordination

Step 1. Screening

Screen all injured or ill service members

Every injured or ill service member routinely receives medical and psychosocial screening and the appropriate treatment. Those who are unlikely to return to duty within 180 days, including those who have been medically evacuated from the theater, will be referred to Step 2 in the recovery coordination process.

Step 2. Assigning

Assign all injured or ill service members to a care category and needed oversight and assistance

The information from the screening, combined with input from the service member and unit Commander, will be used to determine which care category the injured or ill service member is assigned to. The uniform category assignment tool provides a designation of three care categories: Category 1 (CAT 1), Category 2 (CAT 2) or Category 3 (CAT 3) (Exhibit 3). The care category designation determines the subsequent referral to a recovery program.

Recovering Service Member Care Categories

CAT 1 recovering service member:

- Has a mild injury or illness
- Is expected to return to duty in less than 180 days
- Receives primarily local outpatient and short-term inpatient medical treatment and rehabilitation

CAT 2 recovering service member:

- Has a serious injury or illness
- Is unlikely to return to duty in less than 180 days
- May be medically separated from the military

CAT 3 recovering service member:

- Has a severe/catastrophic injury or illness
- Is highly unlikely to return to duty
- Will most likely be medically separated from the military

Exhibit 3. Recovering Service Member Care Categories

The recovering service members in CAT 1 will receive local outpatient and short-term inpatient medical treatment and rehabilitation. Unless their medical/psychological condition worsens, they will not be referred to the recovery coordination program.

Those recovering service members designated CAT 2 and referred to the DOD Recovery Coordination Program will be assessed and enrolled, as needed. Once enrolled in the program, a DOD Recovery Care Coordinator will oversee the development and implementation of a personal Comprehensive Recovery Plan that will be implemented by the direct services of a multidisciplinary recovery team of health care providers, Medical and Non-Medical Care Managers, family support personnel, and transition liaisons and advocates. DOD and the military services, in consultation with the VA, are implementing this uniform recovery coordination process for CAT 2 injured or ill service members throughout the fall of 2008.

Recovering service members designated as CAT 3 will be referred to the DOD/VA Federal Recovery Coordination Program. Once assessed and enrolled in the program, a Federal Recovery Coordinator will collaborate in the development and implementation of their Federal Individual Recovery Plan. Elements of the Plan will be executed by a multidisciplinary recovery team of health care providers, Medical and Non-Medical Care Managers, family support personnel and transition liaisons and advocates. Starting in fall of 2007, DOD, VA and the military services collaborated on the implementation of this program for CAT 3 injured or ill service members. The program began operations in January of 2008.

Injured or ill service members in either CAT 2 or CAT 3 will be supported by the Wounded Warrior and Family Support Programs of their military service which have locations throughout the country (Exhibits 4, 5, 6, 7). These programs are primarily responsible for the delivery of non-medical services and resources. They provide direct support for CAT 2 and CAT 3 active duty, National Guard and Reserve service members. The Wounded Warrior programs remain engaged with the recovering service members and their families as long as they have services that can meet their needs.

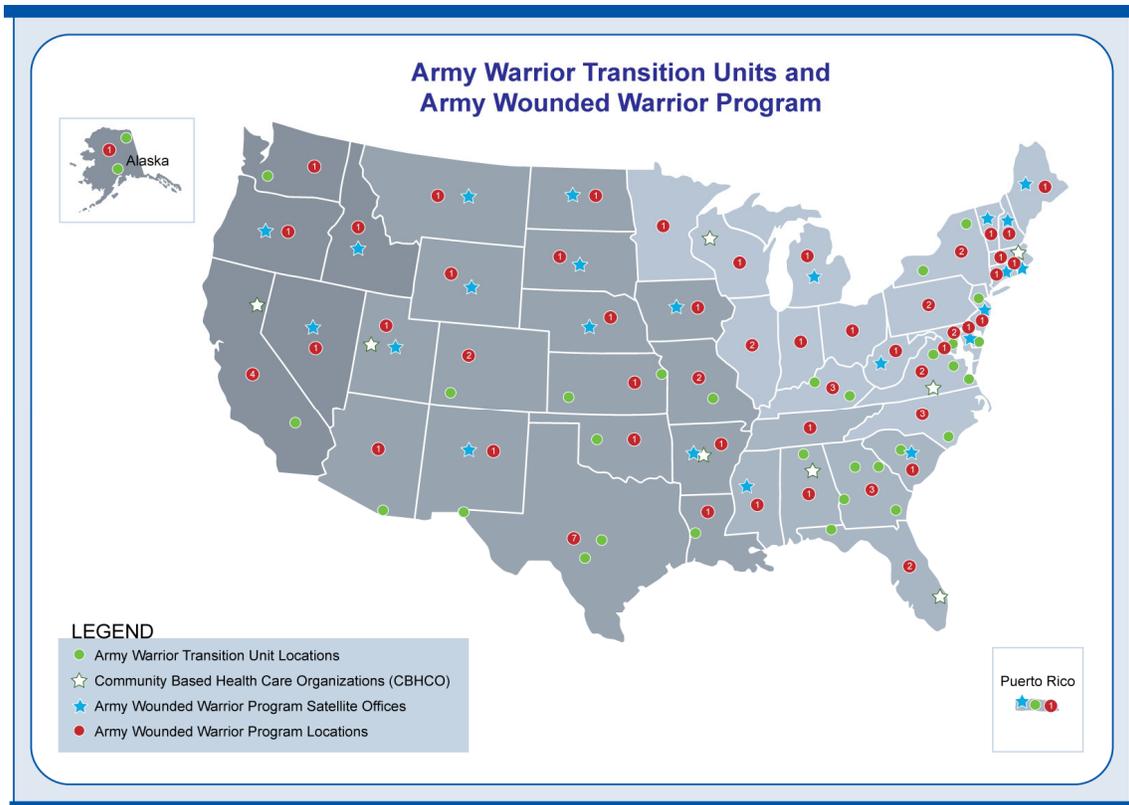


Exhibit 4. Army Wounded Warrior Program Locations

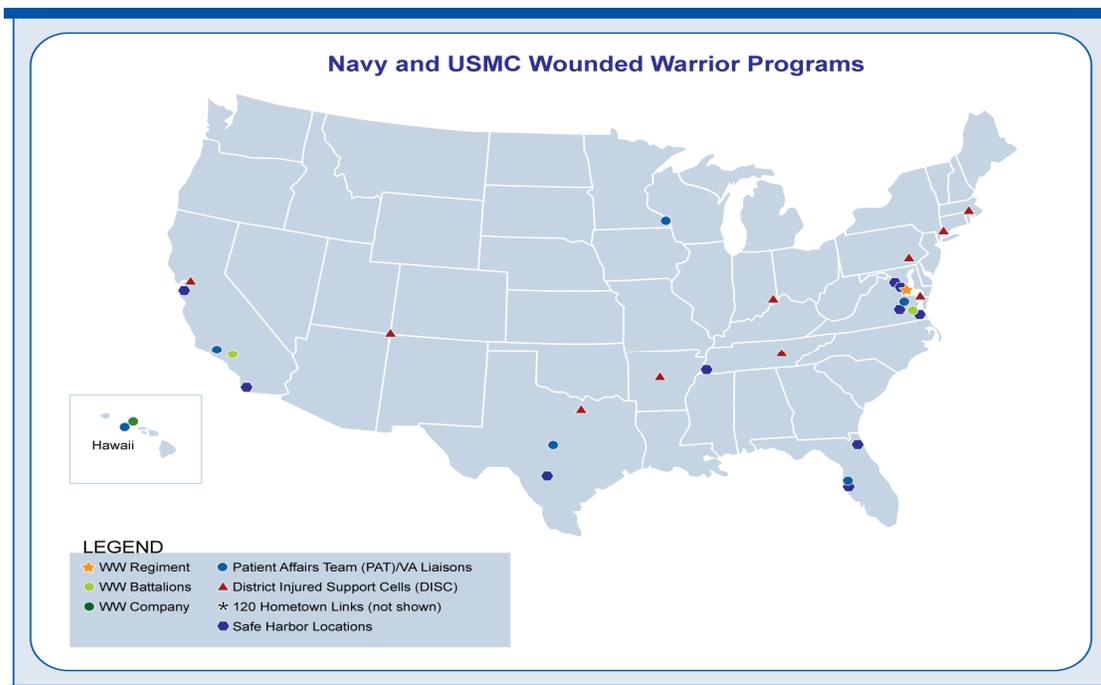


Exhibit 5. Navy and Marine Corps Wounded Warrior Program Locations

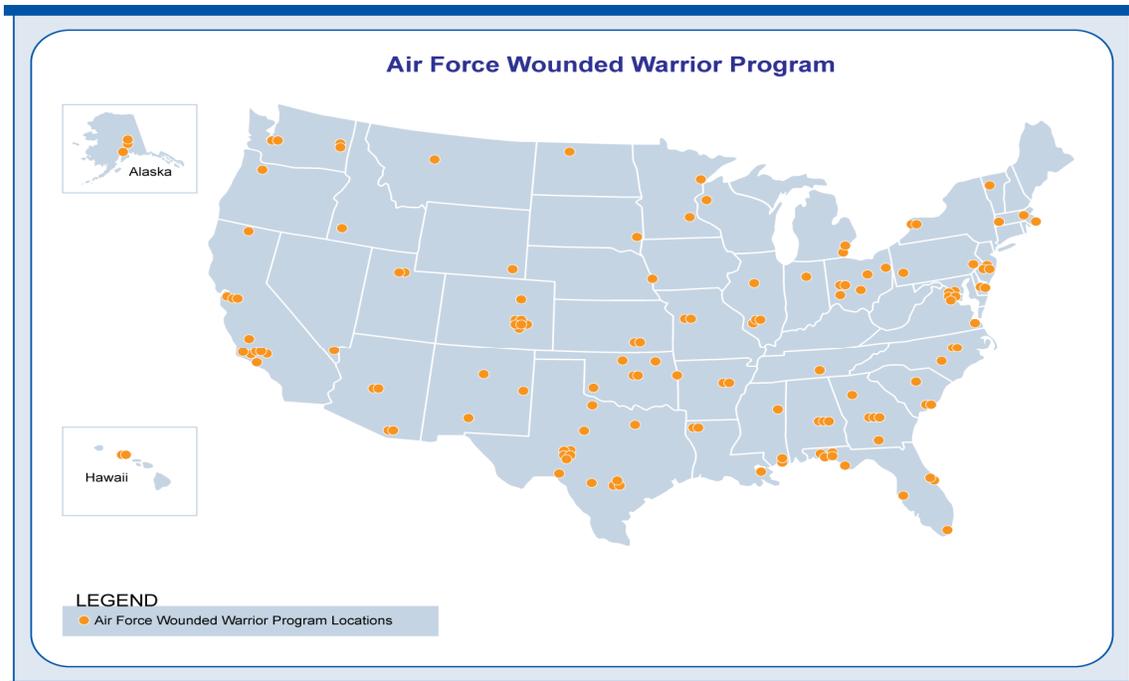


Exhibit 6. Air Force Wounded Warrior Program Locations

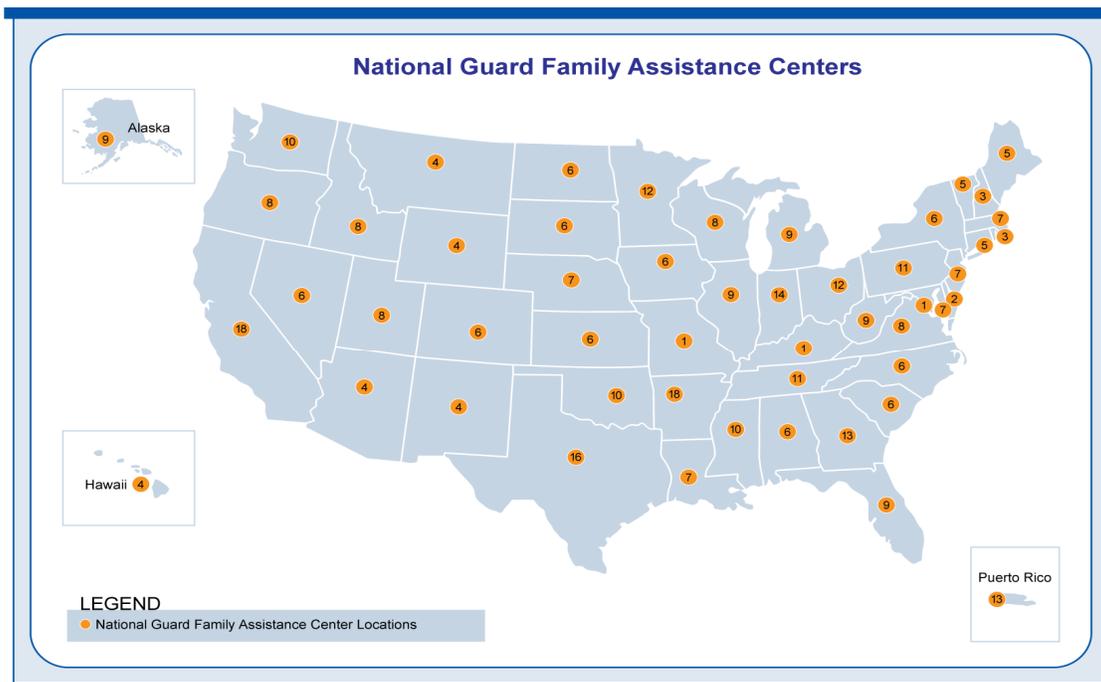


Exhibit 7. National Guard Family Assistance Centers

Step 3. Coordinating

Coordinate care with recovery coordinator oversight and care manager assistance

Seriously and severely injured or ill service members are supported by doctors (primary care managers), nurses (Medical Care Case Managers) and personnel in the Wounded Warrior and Family Support Programs (Non-Medical Care Managers). These Medical and Non-Medical Care Managers come from many disciplines and programs. Together they make up the recovery team who provide direct care and service.

In Step 3, a recovery coordinator will also be assigned to each enrolled recovering service member to oversee the development of a custom recovery plan and its implementation through the coordination of the delivery of direct services by the appropriate recovery team members.

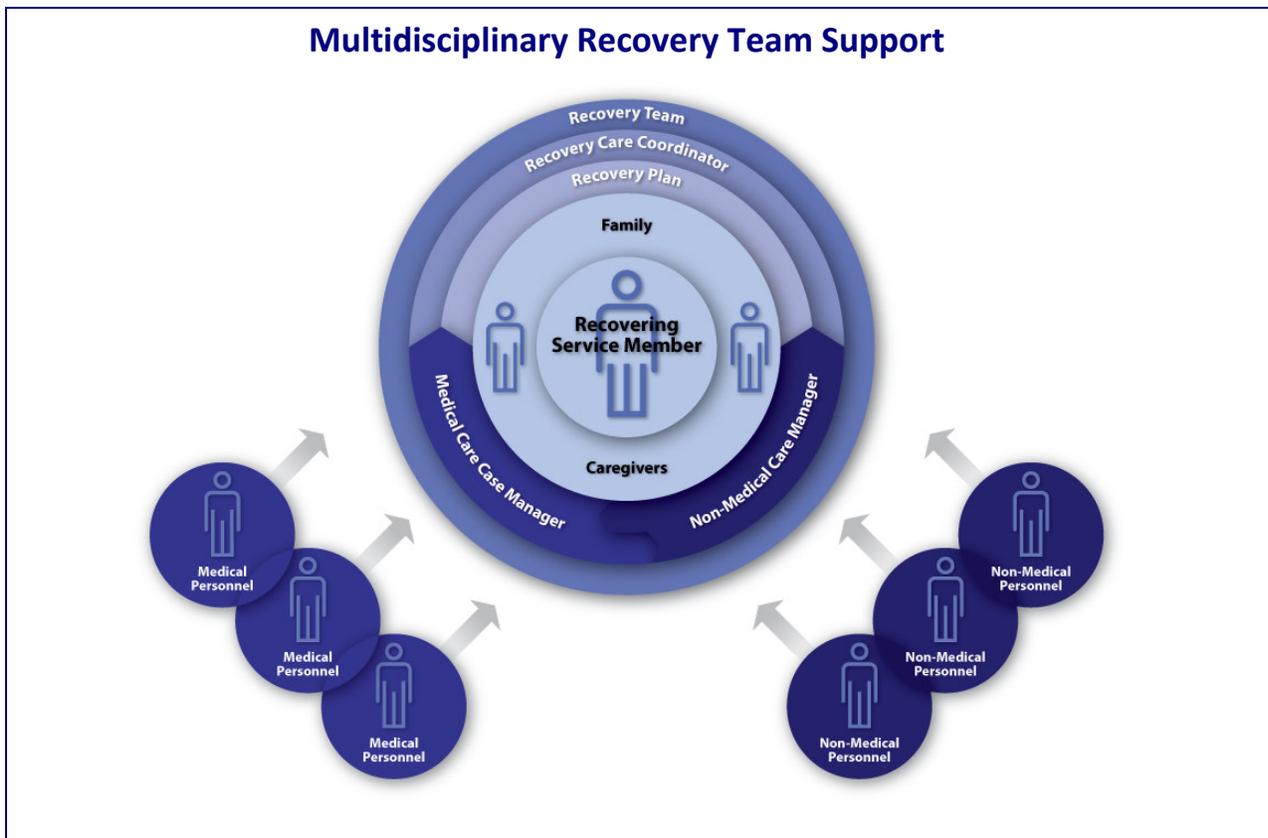


Exhibit 8. Multidisciplinary Recovery Team Support

Recovery Care Coordinators and the military service Wounded Warrior Program Non-Medical Care Manager will prepare the CAT 2 recovering service members who are leaving the military for their transition to veteran status with the introduction and “warm handoff” to VA and community-based Non-Medical Care Manager partners. They will gradually reduce their oversight and assistance after medical separation or retirement.

The Federal Recovery Coordinator assigned while the CAT 3 recovering service member is still on active duty status will continue to be available as needed after they have been medically separated or retired.

DOD Medical Care Case Manager

Medical Care Case Managers, typically nurses, ensure that the recovering service member and family understand and have timely access to, recommended treatment. They make sure quality medical and behavioral health care is provided during lengthy inpatient treatments at military treatment facilities or medical centers, or during outpatient treatment for medical or behavioral health services.

A nurse Medical Care Case Manager was assigned to support a Reservist who sustained extensive injuries, requiring over five months of physical and occupational therapy. She found specialized spinal cord care for the Reservist within the TRICARE/HealthNet network; filled out insurance applications and faxed medical documents every 45 days to ensure continuous coverage; helped obtain medical supplies; and assisted with coordination of VA benefits. The Reservist remarked that the Medical Care Case Manager was “instrumental” in his care, explaining, “She knocked down roadblocks and moved mountains, providing the specialized care I needed.”

Source: Navy Bureau of Medicine and Surgery

DOD Non-Medical Care Manager

Non-Medical Care Managers from the Wounded Warrior or Family Support programs ensure that the recovering service member and family receive all the non-medical (e.g., travel orders, housing, child care, benefits information and access) support they need during inpatient and outpatient treatment and transitions. They help resolve problems related to finances, benefits and compensation, administrative and personnel paperwork, housing and transportation and other matters that arise.

The Marine Corps provided a Non-Medical Care Manager for a Staff Sergeant who returned home with severe post-traumatic stress disorder. The Non-Medical Care Manager was able to build a rapport with the recovering Marine and help him decide to re-enroll in substance abuse treatment, as well as qualify for other benefits. The Non-Medical Care Manager also worked to arrange for financial assistance to support the family during the treatment, including covering expenses for two trips to visit him in his treatment facility. This was a source of encouragement and hope for his family, as they saw the progress he made toward recovery.

Source: Marine Corps Wounded Warrior Regiment

The Medical Care Case Manager and Non-Medical Care Managers regularly discuss the status of their activities with the recovery coordinator as they support the implementation of the recovering service member's recovery plan. This continuous exchange of information ensures accountability across providers and eliminates gaps or redundancy in care support.

DOD Recovery Care Coordinator

Recovering service members who are seriously injured or ill (CAT 2) and are enrolled in the Recovery Coordination Program will be assigned a DOD-employed Recovery Care Coordinator who provides oversight and assistance for care, management and transition. Recovery Care Coordinators are the ultimate resource, responsible for providing oversight of the development and implementation of the personalized Comprehensive Recovery Plan. They are attached to a military department Wounded Warrior Program or, in the case of the Air Force, will be assigned to the Airman and Family Readiness Center.

DOD/VA Federal Recovery Coordinator

Severely injured or ill service members (CAT 3) who are enrolled in the Federal Recovery Coordination Program will be referred to a VA-employed Federal Recovery Coordinator who will provide oversight and assistance for the care, management and transition of recovering service members on active duty and when they transition to veteran status. They oversee the development and execution of the personalized Federal Individual Recovery Plan and help eliminate barriers to the services and resources identified in the plan.

An Army Sergeant suffered severe injuries from an Improvised Explosive Device explosion, resulting in severe traumatic brain injury, burns on 32% of his body and multiple fractures. He was referred to a Federal Recovery Coordinator, who helped him create a Federal Individual Recovery Plan and transition from the military treatment facility. The Federal Recovery Coordinator worked with the Operation Iraqi Freedom/Operation Enduring Freedom Coordinator at the state VA facility, the Transition Patient Advocate, the Medical Care Case Manager, Primary Care Manager, behavioral health provider, traumatic brain injury provider and the military treatment facility multidisciplinary team to facilitate the Sergeant's treatment and long-range goals. Once the support was coordinated, the Sergeant was transported to his aunt's home. Later, the Sergeant decided to relocate to his mother's home. The Federal Recovery Coordinator again coordinated the support team and made referrals for intake and appointments. The Sergeant is recovering and is interacting positively with his family and care providers.

Source: Veterans Health Administration

The roles and responsibilities, workload determinations, resources support, supervision, and uniform standards for training, evaluation, and measurement for the DOD Medical Care Case Managers, Non-Medical Care Managers, and Recovery Care Coordinators and their work with the DOD/VA Federal Recovery Coordinators are stipulated in the comprehensive policy for care, management and transition. Currently, interagency Memorandums of Understanding (MOUs) and Memorandums of Agreement (MOAs) provide additional guidelines for the DOD/VA Federal Recovery Coordinators.

Multidisciplinary Recovery Team Members		
Role	Recovering Service Member <i>Active Duty Status</i>	Recovering Service Member <i>Veteran Status</i>
Primary Care Manager	Physician	
Medical Care Case Manager	Nurse	
Non-Medical Care Manager	Army – Army Wounded Warrior Case Manager and Warrior Transition Unit Squad Leader Navy – Non-Medical Care Manager Air Force- Family Liaison Officer Marine Corps – Patient Advocate Team	OEF/OIF Program Manager Liaison Transition Patient Advocate VA Liaison
Recovery Coordinator – CAT 2 Recovering Service Member	Recovery Care Coordinator	
Recovery Coordinator – CAT 3 Recovering Service Member	Federal Recovery Coordinator	

Exhibit 9. Multidisciplinary Recovery Team Members

Workload

The maximum number of recovering service members in CAT 2 that the DOD Recovery Care Coordinators and Non-Medical Care Managers will be assigned to serve will be 40. The actual number will depend on the acuity of the member’s medical condition and complexity of the non-medical needs. This maximum is based on a review of current cases assigned to Non-Medical Care Managers in the Wounded Warrior Programs and various acuity-based models such as that used for Medical Care Case Managers in the Military Health System. The actual number of cases assigned to each Recovery Care Coordinator will be closely monitored.

The number of recovering service members assigned to the Recovery Care Coordinators and Non-Medical Care Managers will be reviewed as part of the overall evaluation of the program and modifications will be made and published. The number of recovering service members assigned to the Medical Care Case Managers will be consistent with the established number of cases under TRICARE guidance of 2006. Any departure from the maximum number established in the policy will require a waiver by the military department Secretary.

Training

The uniform basic training curriculum for Recovery Care Coordinators is being developed and aligned with the DOD/VA learning objectives and instructional content created for the Federal Recovery Coordinators and personnel in the Wounded Warrior Programs and the Medical Health System.

This curriculum will comply with Department of Defense Instruction ((DODI) 1322.26) and will apply train-the-trainer models and distance learning approaches as needed to ensure all recovery coordinators, and DOD Medical Care Case Managers, and Non-Medical Care Managers, receive common content and instruction according to their roles and responsibilities (Exhibit 10). It will also incorporate relevant content from professional development and degree granting programs and the Case Management Society of America, among others.



Exhibit 10. Training Topics for Recovery Coordinators

Step 4. Assessing

Conduct a needs assessment for recovering service members

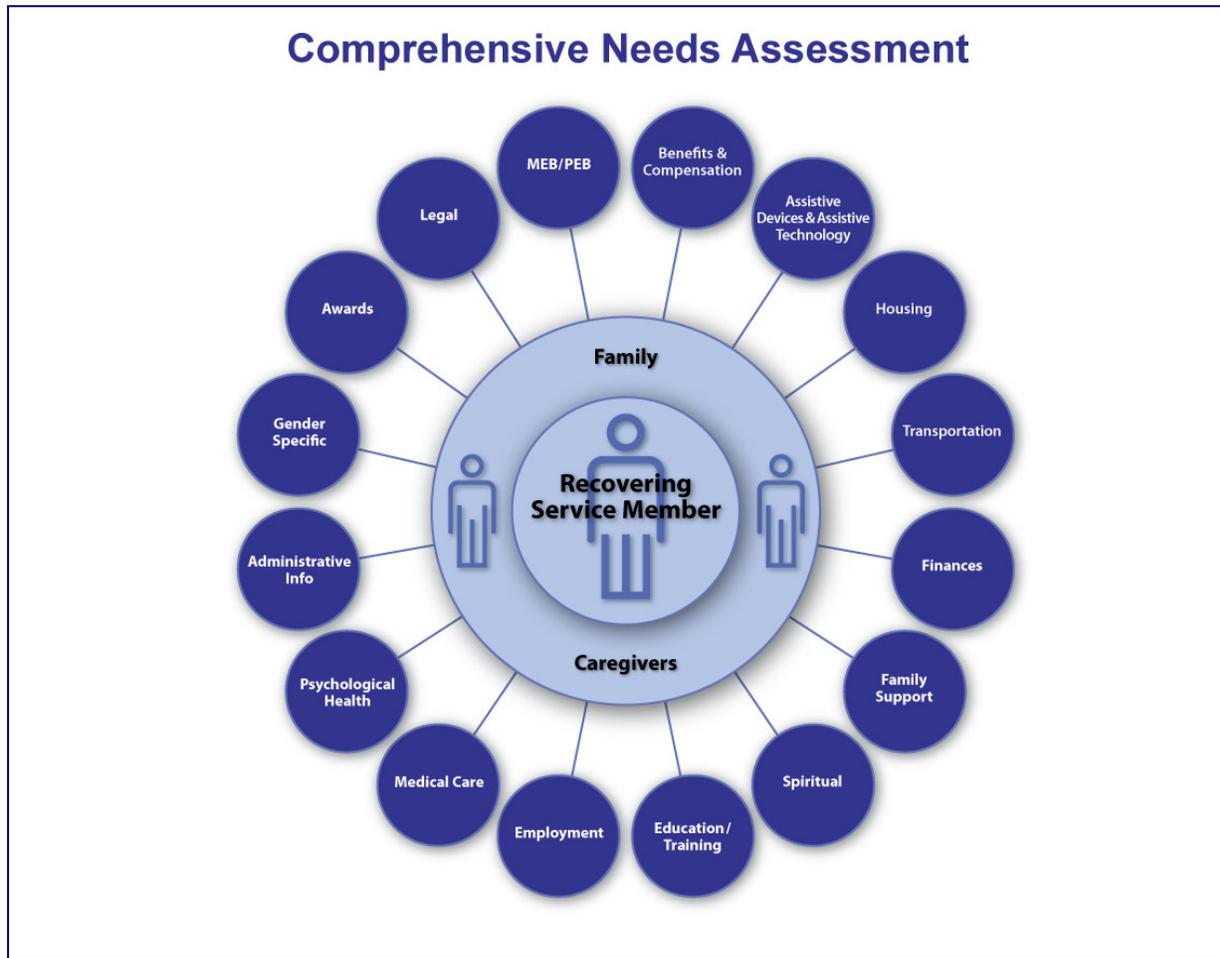


Exhibit 11. Key Areas of the Comprehensive Needs Assessment

In Step 4, a comprehensive needs assessment will provide “a systematic, ongoing process of collecting comprehensive information about a beneficiary’s situation to identify individual needs.”³ It will be used to identify needs in key areas (Exhibit 11) of the lives of enrolled recovering service members and their families. Information from the assessment will help the recovery coordinator develop the recovery plan with the service member and family.

³ 2006 TRICARE Medical Management Guide, Version II, Page 10, http://www.tricare.mil/ocmo/download/MM_Guide_2006.pdf

Step 5. Planning

Develop a recovery plan for recovering service members

“The Recovery Plan should smoothly and seamlessly guide and support service members and their families through medical care, rehabilitation and disability programs.”

*-The President’s Commission on Care for America’s Returning Wounded
Warriors Report, July 2007*

Information collected from the comprehensive needs assessment will be used to develop a recovery plan for those service members enrolled in either recovery coordination program. The plan will identify the personal and professional goals of the recovering service member and the services and resources needed to meet them. The members of the recovery team, who will provide the relevant service and resources, including the community-based partners, will also be identified in the plan.

A prototype Federal Individual Recovery Plan is currently being used by Federal Recovery Coordinators for those CAT 3 recovering service members enrolled in the Federal Recovery Coordination Program. A prototype of the Comprehensive Recovery Plan is under development for use by Recovery Care Coordinators with CAT 2 seriously injured or ill recovering service members. The content and goal setting process will be similar for both plans.

The recovery plan will identify the recovery team members, including those who will provide direct services and resources once the service member is living in the community. The recovery team members and care partners will be identified with the help of the National Resource Directory (Exhibit 12). This "yellow book" of information on over 10,000 services and resources for recovering service members, veterans and their families will be launched this fall and will contain information from: federal, state and local governmental agencies; veterans service and benefits organizations; non-profit, faith-based and community-based organizations; academia institutions; professional provider associations; and private philanthropic groups.

“It is critically important to locate and maximize resources at local, state, and federal levels to not only meet the immediate needs of the patient, but to also put in place resources that sustain the patient’s care over the long term.”

*- From the TRICARE Office of the Chief Medical Officer, Clinical Ops Corner,
Volume IV No. 2, March 2003,
http://www.tricare.mil/ocmo/documents/COC_VOL-IV-No-2-Mar-03.doc*

National Resource Directory Home Page

The screenshot shows a web browser window displaying the National Resource Directory home page. The browser's address bar is empty, and the page title is "National Resource Directory". The page features a navigation menu with categories such as "About Us", "Benefits & Compensation", "Education, Training & Employment", "Family & Caregiver Support", "Health", "Housing & Transportation", and "Services & Resources". A search bar is located in the top right corner, with a "SEARCH" button and a link to "Advanced Search". The main content area includes a welcome message, a list of resource categories with brief descriptions and "Learn More" links, and a footer with contact information and a disclaimer.

National Resource Directory
An Online Partnership for Wounded, Ill and Injured Service Members, Veterans, Their Families and Those Who Support Them

Wounded Warrior Resource Center: 1-800-342-9647
Text Size: A A | Graphics: High Low None | Contact Us

SEARCH Advanced Search

About Us Benefits & Compensation Education, Training & Employment Family & Caregiver Support Health Housing & Transportation Services & Resources

Welcome to the National Resource Directory
An online partnership of "shared care" providing information on, and access to, services and resources for wounded, ill, and injured service members, veterans, and their families and those who support them from recovery and rehabilitation to community reintegration.
It is maintained by the Departments of Defense, Labor and Veterans Affairs. The information in the Directory is from federal, state and local governmental agencies; veteran service and benefit organizations; non-profit community-based and faith-based organizations; academic institutions, professional associations and philanthropic organizations.
To learn more about the features and capabilities of the National Resource Directory, please [click here](#).

Benefits & Compensation
Available benefits, eligibility requirements, application forms, help filing claims and appeals processes.
- [Learn More about Benefits & Compensation](#)

Education, Training & Employment
College and university programs, financial aid, scholarships, apprentice and internship programs, job training and placement.
- [Learn More about Education, Training & Employment](#)

State & Local Resources
Search for resources near you by selecting your state.
- [Search State & Local Resources](#)

FAQs » [View All FAQs](#)
- [National Resource Directory](#)
- [Wounded Warrior Resource Center](#)
- [Recovery Coordination Program](#)

Family & Caregiver Support
Family support programs, child care services, child and youth programs, counseling and support groups.
- [Learn More about Family & Caregiver Support](#)

Health
Medical care, psychological and behavioral conditions, treatment and support groups.
- [Learn More about Health](#)

Checklists » [View All Checklists](#)
- [Key Contact Information](#)

Housing & Transportation
Auto and housing grants and loans, homebuying, rentals, renovation and assistive adaptations.
- [Learn More about Housing & Transportation](#)

Services & Resources
Financial and legal support, recreational programs, assistive technology and research.
- [Learn More about Services & Resources](#)

The National Resource Directory does not endorse the views and/or facts presented, or any commercial products that may be advertised or available on external links. The presence of a link to other internet sites should not be construed as an endorsement of the views or privacy policies contained therein.

VA Suicide Hotline: 1-800-237-TALK (8255) | [Participation Policy](#) | [Suggest A Resource](#) | [Accessibility Statement](#) | [Privacy & Security](#) | [Site Map](#)

Exhibit 12. National Resource Directory Home Page

Step 6. Supporting

Ensure support for families of recovering service members

"We provide somebody who puts their arms around you after you've received that phone call."

- Program Manager of the Soldier and Family Assistance Center at
Brooke Army Medical Center

Families play a critical role in the ability of injured or ill service members or veterans to move from "survive to thrive." Families are spouses and children, but they are also parents, siblings and other relatives who assume the role of designated caregiver to the recovering service member. Family members encounter many challenges when assuming this role including: job absences; lost income; travel and relocation costs; temporary housing arrangements; and emotional and psychological stress.

The ten steps of care, management and transition will ensure that the needs of families are identified and addressed, particularly when a recovering service member is assessed, when the plan is developed and when preparations are made for transitions across locations of care and to community living. The recovery coordinator will work with the recovery team to ensure that the family is connected to the multitude of governmental and non-governmental services and resources that offer support across all phases of care.

DOD Support for Recovering Service Members' Families

	Wounded Warrior Program	Call Center	Web Site	Family Support Center	Recovery Plan	National Resource Directors	Recovery Care Coordinator	Family Support Retreats	Military Family Life Consultants	Community Based Support	Multi-agency Programs	Child Care	Respite Care	Spouse Employment	Financial Readiness
OSD (PA, MCFP, DCOE)		X	X			X				X	X			X	X
Army	AMAP/AW2	X	X	SFAC	X	X	X	X	X	X	X	X	X	X	X
Navy	Safe Harbor	X	X	FFSP	X	X	X	X	X	X	X	X	X	X	X
Marine Corps	WWR	X	X	MCCS	X	X	X	X	X	X	X	X	X	X	X
Air Force	AFW2	X	X	A&FRC	X	X	X	X	X	X	X	X	X	X	X

Exhibit 13. DOD Support for Recovering Service Members' Families

Advice and Training for Family Members

Family members usually begin their involvement in the care of their recovering service member during an inpatient hospitalization. This involvement often continues after discharge when the recovering service member returns home and needs rehabilitation or long-term care. To support family stability and resiliency, the comprehensive policy will establish uniform guidelines for advice and training for family members of recovering service members.

The focus of this education will be on the medical (e.g., use of medications), psychological (e.g., detection and notification), and non-medical (e.g., adaptive housing) needs of recovering service members. These needs will be expressed as goals in the recovery plan and information on services and resources will be specified in the plan through the National Resource Directory.

All families of recovering service members will also receive the DOD Recovery Care Family Handbook. It will:

- Offer a “one stop” reference guide to the ten steps of the care, management, and transition
- Identify the recovery coordinator and members of the multidisciplinary recovery team and their distinct roles and contact information
- Provide answers to Frequently Asked Questions and checklists for easier access to information, services and resources

Job Placement Services for Family Members

When family members take time off, or leave their jobs, in order to care for a recovering service member, their earnings often decrease and their career may be negatively affected. The comprehensive needs assessment will evaluate the family’s financial challenges. The recovery plan will then identify benefits, compensation, services and resources for which they are eligible. Federal and non-federal resources such as grants from non-profit organizations (e.g., the Air Force Aid Society) will also be identified and accessed.

The Departments of Defense, Labor and Veterans Affairs have developed joint efforts to support these family members with job training and placement services. These collaborative efforts include REALifelines, a program to enhance job protection, access to career opportunities, training information, and education options for family members who are placed on leave or displaced from employment while caring for a recovering service member or veteran.

The Departments of Defense and Labor also support active duty spouses in their career development through the Military Spouse Career Advancement Account pilot program. This initiative provides funding of \$3,000 for one year (renewable a second year for \$3,000) to pay for expenses directly related to post-secondary education and training.

Step 7. Evaluating

Evaluate a recovering service member's fitness for duty

A key step in the care, management and transition of the recovering service member is the Disability Evaluation System with its Medical and Physical Evaluation Boards. The Service Physical Evaluation Board (PEB) will determine whether a service member may continue to serve or not. The Board will take make one of three determinations: fit for duty, unfit for duty and separation, or unfit for duty and retirement.

When a service member is found fit, he or she returns to duty and continues to serve the military department. A service member may be found unfit for duty and separate or retire from the military, depending on the extent of the injury and/or length of time in the service.

The DOD Physical Evaluation Board Liaison Officer and VA Military Service Coordinator provide the recovering service member and family with information on the process and benefits. They handle the case file throughout the Disability Evaluation System processes and help coordinate medical appointments. They know the recovering service member's unique issues and work closely across the DOD and VA with the multiple health care professionals, care managers, patient administration personnel, the Command, Wounded Warrior Programs and recovery coordinators.

Step 8. Processing

Prepare recovering service members to return to duty, separate or retire

Recovering service members, who are found unfit for duty, receive pre-separation transition counseling with their families on such key issues as benefits, employment, education, healthcare and re-location. The recovering service member formally leaves the military once a DD-214 form -- which summarizes their active military service, benefits and why they are leaving the service -- is filed. At this point, separated or retired service members and their families receive post-transition counseling and lifelong assistance from the VA.

Step 9. Transitioning

Assist recovering service members and families with the transition to community living

“The ultimate vision of transition should be the continuation and fulfillment of a quality life for our nation’s veterans, especially for those disabled while on active duty.”

- <http://www.vetscommission.org/pdf/Transition-ch-10.pdf>

Transition support is needed by recovering service members and families before, during and after relocation from one treatment or rehabilitation location to another or to community living. Preparations are made for transitions with sufficient advance notice and information so that upcoming changes across locations of care or caregivers are anticipated and arrangements are made for needed services and resources.

Based on the PEB outcome in Step 8, the recovering service member’s recovery plan is revised to reflect the medical and non-medical services and resources needed to meet new personal and professional goals such as employment, education and vocational training and the rehabilitation necessary to meet those goals. Options will be identified in the recovery plan with sufficient time for acquiring services and resources such as financial aid, housing adaptation, assistive technology, employer support, and college or university assistance. Introductions will be made to new recovery team members or care partners.

A wide variety of federal, state, local agency and private sector programs, identified in the National Resource Directory, will deliver these service and resources including:

- Departments of Defense, Labor and VA Transition Assistance and Disabled Transition Assistance Programs
- VA’s Vocational Rehabilitation and Employment Program Services, Vocational Educational Counseling, Readjustment Counseling Service, and the Office of Rural Health
- Department of Labor’s Veterans Employment and Training Service, REALifeLines, Transition Training Academy, America’s Heroes at Work, eVets Resource Advisor, and Hire Vets First programs
- State Departments of Veterans Affairs and State Benefits Seamless Transition Program
- Yellow Ribbon Reintegration Program for National Guard service members and families
- National Guard Transition Assistance Advisors at the state headquarters
- The American Legion, which collaborates with DOD to execute the “Heroes to Hometowns” program

After being wounded in Iraq, a Marine was assigned a Non-Medical Care Manager to help him obtain the benefits to which he was entitled. The Non-Medical Care Manager helped the Marine enroll in appropriate vocational rehabilitation and apply for the Traumatic Service Members' Group Life Insurance benefit. He also arranged financial assistance for the Marine through the Injured Marine Semper Fi Fund, and assisted him with taking advantage of the Montgomery GI Bill. The Marine is currently in his second year of college, studying law, and is doing well in school.

Source: Marine Corps Wounded Warrior Regiment

Step 10. Reviewing

Provide ongoing review to identify needed services and resources

Recovery coordinators and members of the multidisciplinary recovery team will continue to regularly review the services and resources needed by recovering service members and their families as their conditions and needs change.

The DOD Recovery Care Coordinators will ensure that their seriously injured or ill recovering service members are connected to the Medical and Non-Medical Care Managers in the VA or TRICARE before their medical separation or retirement occurs so they can receive the services and resources identified in their recovery plan. They will continue to review the recovering service members' experience during transition to ensure a successful reintegration to community living. Recovering service members with the most severe illness or injuries will receive the ongoing oversight of their VA Federal Recovery Coordinators as long as necessary following their separation or retirement from the military service.

Program Evaluation

To ensure continuous process improvement (DOD Directive 5010.42) within the recovery programs, a system of program metrics and evaluation processes is being put into place. The evaluations will include a review of the roles and responsibilities of the recovery coordinators and the service members', veterans' and families' experience with the programs.

The evaluation design and methodology is being developed with reference to the guidelines and criteria identified by entities such as the National Committee for Quality Assurance and the National Quality Forum that address the transition of care between practitioners or providers and across care sites. The evaluation will also assess family satisfaction with the non-medical care coordination services provided to them and their recovering service members.

The military medical departments' measurement of family satisfaction with the health care provided to recovering service members will continue through mail-in surveys, face-to-face interviews, and telephone surveys that measure:

- Timeliness of service
- Staff responsiveness
- Understanding of the diagnosis and the care plan
- Access to services and resources

The results of these assessments of patient experience and family satisfaction will be used to implement improvements in the care, management and transition of recovering service members. They will help ensure quality in the delivery of health and supportive services in inpatient and outpatient settings.

Conclusion

The comprehensive reform of the care, management and transition support for recovering service members will continue to be of the highest priority for the DOD and VA to ensure world class quality care and services through the coordination of care management throughout the continuum of recovery, rehabilitation to reintegration that truly support their movement beyond "survive to thrive."

DOD and VA are working together to engage recovering service members and their families in the creation of their own pathway from "survive to thrive" through the development and implementation of a recovery plan or "life map" that will chart their course to achieving personal and professional goals. This process of coordinated care will help avoid gaps in care and overcome barriers to services and resources across transitions with the support of a recovery coordinator and a team of care managers and provider partners along the journey from recovery, through rehabilitation to community reintegration.

“After Ted won the battle to survive, our war for proper care and benefits began. Due to the severity of his brain injury, Ted was unable to fight for himself, so his struggle became my own. I was neither prepared for the mission, nor trained to serve in the many roles expected of me. In addition to advocating for my husband, I became his accountant, attendant, care coordinator, case manager, driver, and personal assistant. I was consumed twenty-four hours a day by these responsibilities, which left me no time to continue my studies, return to regular employment, or be a wife.

“Four-and-a-half years later, my life continues to be hectic and our income is still tight, but, due to several changes, I do not feel like I am drowning any more. One of the most significant changes has been the introduction of an FRC for Ted and others like him who have severe injuries. Our FRC has alleviated a tremendous burden by taking on a number of the administrative responsibilities involved in coordinating Ted's care and ensuring the implementation of our recovery plan.

“It will take months to get him up to speed on all the details of the last few years, but once we do, it will be well worth the effort. An FRC will allow me to be less involved in Ted's recovery plan, take a back seat, and enjoy my time with him. I cannot begin piecing my life back together or caring for myself, until Ted is cared for first. I am hoping, in the next few months, I will be able to embark on my own road to recovery.”

- Statement by Sarah Wade, wife of Sgt. Ted Wade, September 12, 2008