
Recovering Warrior Task Force

CNTIC

★ FLEET ★ FIGHTER ★ FAMILY



CAPT Stephen Hall
Navy Wounded Warrior - Safe Harbor (N95)
27 February 2013

Recommendation 11

Provide more access to and input into the CRP for RWs and families

Process: A Comprehensive Needs Assessment is conducted with the RW and family which directs goals and action items developed in the Comprehensive Recovery plan

Current state: NMCMs works with RWs and their care providers placing equal emphasis on engaging their families and then collaborating with them to identify needs and develop the Comprehensive Recovery Plan

Future state: There is a DoD-VA Interagency Committee working on a Recovery plan that would allow more access to RWs and their families as well as recovery team members throughout the continuum of care

Recommendation 13

Send non-RCC RW proponents to joint DoD RCC training

- Navy Safe Harbor standard practice is to send all Non Medical Care Managers and Subject Matter Experts to RCC training
- On average Navy Safe Harbor sends 4 staff members to the RCC training each quarter
- Current initiative is to cycle all staff through the RCC training every two years for refresher training

Recommendation 14

Support to family members/caregivers unconstrained by HIPPA

- Navy Safe Harbor standard practice is to work with the RW and their families to identify their needs as soon as possible
- HIPPA and the privacy act do not interfere or impede with the non-medical case management process. Much of the non-medical process involves identifying RW and family needs and providing support which does not directly involve any HIPPA protected information.
- DD Form 2870: Authorization for Disclosure of Medical Information is signed by the RW when medical information is released to Navy Safe Harbor

Recommendation 16

Educate family members/caregivers about VA/other resources

- Navy Safe Harbor has a Federal Recovery Coordinator (FRC) assigned to CNIC HQ who consults on cases regarding VA programs, entitlements and benefits.
- Non Medical Care Managers also have a close working relationship with VA resources at the MTFs as well OEF/OIF Coordinators and other resources available at the VA
- Navy Safe Harbor has 3 Non Medical Care Managers assigned to VA facilities on a full time basis
 - VA Poly-Trauma Center, Palo Alto
 - VA Poly-Trauma Center, Tampa
 - Captain James A. Lovell Federal Health Care Center

Recommendation 20

Resource based family support centers and specify relationships with RW programs

- Oct 1, 2012 Navy Safe Harbor realigned to the Commander, Navy Installations Command (CNIC) under the Director, Fleet and Family Readiness.
- CNIC owns the Fleet and Family Service Centers which provides synergy between Navy Safe Harbor Non Medical Care Managers and Fleet and Family Services.
- The new alignment of Navy Safe Harbor to CNIC and its regions will provide for optimum delivery of services to Sailors and their families.



Recovering Warrior Task Force

**CAPT Constance J. Evans
Director, Care Management
Wounded, Ill, and Injured
BUMED (M9-B3)**



Recommendation 6

Provide needed resources on station for 29 Palms

- BUMED Instruction 6300.17 “Navy Clinical Case Management” provides standards for NCM workload of 10 to 50 patients depending upon acuity.
 - M9 supports NCM positions at Twenty-nine Palms.
 - There are 8 CMs assigned
 - 2 additional positions are vacant.
 - 2 CMs are assigned to the WWR with a caseload of 20 each. These CMs also manage non-WWR beneficiaries. Currently, CMs caseload is approx 40 but due to low acuity, they are managing without difficulty.
 - Twenty-nine Palms continues to recruit the additional 2 CM positions.
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Recommendation 8

Ensure training for evidence based PTSD treatment/identification

- DoD must ensure that 100 percent of behavioral health providers receive training in evidence based PTSD treatment and all primary care providers receive training in identification of PTSD patients.
- Response: A DOD/VA Clinical Practice Guideline for PTSD have been developed and DCOE provides behavioral health provider training in evidence-based approaches—live, web-based and via webinars, including ongoing clinical consultation. BHIP program, in progress, ensures primary care providers have training and consultants to help with identifying PTSD patients.



Recommendation 9

Audit records for completed evidence based PTSD treatment

- DoD should audit military treatment records for RWs with diagnoses of PTSD to assess completion rates of evidence based PTSD treatment and incorporate lessons learned into clinical practice guidelines.
- **Response:** Peer review of treatment records is part of Quality Assurance, which looks at appropriateness of care.
- DOD/VA Clinical Practice Guidelines already have been developed.



Recommendation 15

Designate principal point of contact for family/caregiver

Current state: The Navy Safe Harbor Non Medical Care Manager is the designated point of contact for all non-clinical issues and support to Navy RWs and their families. The Medical Care Case Manager is the designated point of contact for medical issues.

Future state: There is a DoD-VA Interagency Committee developing a Lead Coordinator concept that would rotate the lead coordinator function between clinical, non-clinical and VA staff and serve as the single POC for the RWs and their families.



Recommendation 18

Unify families/caregivers with RW

- The Department of the Navy will follow DoD Guidance;
- The Navy continues to work to improve IDES performance to minimize family separation.



Recommendation 21

The Services Should Establish Centralized Case Management for RC RWs on Title 10 Orders

- Currently there is not a standardized Medical Care Case Management program to support the needs of this population in accordance with DTM09-033 and BUMEDINST 6300.17.
 - **Response:** The development of a centralized case management program for RC RWs on Title 10 orders is in alignment with BUMED's strategic goals.
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Secretary of the Navy Physical Evaluation Board (PEB) →



Presentation to Recovering Warrior Task Force

by

Robert Powers

**Secretary of the Navy,
Council of Review Boards
Physical Evaluation Board (PEB)**

December 2011 →

Recommendation 17

PEBLOs should brief EFMP families on potential loss of TRICARE

- Department of the Navy concurs with Recommendation 17;
- Notification of this valuable program has been implemented by the Department of the Navy Disability Evaluation System PEBLOS;
 - ✓ At delivery of post-PEB-results/findings PEBLOs are required to check off this requirement as part of the DES counseling process.
 - ✓ Unfortunately, this notification does not resolve the loss of the benefit to the RW.

PEBLOs should brief EFMP families on potential loss of TRICARE

- *RW/families/caregivers covered under Exception Family Member Program(EFMP) should be educated regarding potential loss of Extended Care Health Option(ECHO) benefits upon completion of IDES if discharged.*
- *Response: PEBLOs provide contact information for the MTF Health Benefit Advisors(HBAs), who are the SMEs on all Tricare benefits. HBAs educate SMs on all benefit information.*

Recommendation 33

Develop staffing models/ensure adequate PEBLO staffing

- Department of the Navy concurs with Recommendation 33;
- HASC Report 112-479, requested SECDEF submit a Report on various aspects of PEBLO management, training, and adequacy of PEBLO ratios;
- DoN is actively involved in the OSD led, two-part Congressionally mandated PEBLO study;
 - ✓ DoN supported Phase I of the Study involving site visits to key Military Treatment Facilities and the DoN PEB;
 - ✓ For Phase II, DoN is conducting a manpower review (to be completed 4SEPT13) to determine how many PEBLOs are needed to meet the IDES requirements.

Recommendation 34

Provide legal outreach to RWs during the IDES process

- Navy Safe Harbor and the IDES Attorney Outreach Program have recently established a referral process.
- Non Medical Care Managers will refer all RWs in Navy Safe Harbor who are enrolled in IDES to the Outreach Attorney for that region.
- In addition to assisting enrollees with IDES the Navy IDES Outreach Attorney Program has agreed to assist enrollees with TSGLI appeals.
- The DoN IDES Outreach Attorney Program has 18 field attorneys whose contact information has been distributed to each PEBLO, Patient Admin Office, and all Navy Safe Harbor staff.

Market VA services and benefits to DoD leadership at all levels

- Department of the Navy DES Leadership concurs with Recommendation 35;
- The Concept of Seamless transition involves the notification of VA benefits that fosters the RW's awareness, understanding, and informed consent to avail themselves of these pending benefits;
- DoN PEBLOs are required to fully inform the RW of the availability of VA benefits such as:
 - ✓ eBenefits and where and how to register; *TurboTap* Transition Assistant Program; and especially
 - ✓ VA Vocational Rehabilitation and Employment programs that assist the RW & their families;
 - ✓ Further, the PEBLOS develop a sustained relationship with the VA Military Service Coordinators (MSC) so the MSC can re-enforce to the RW to use their VA benefits.



Questions?