MEMORANDUM OF UNDERSTANDING BETWEEN DEPARTMENT OF VETERANS AFFAIRS AND THE DEPARTMENT OF DEFENSE

SUBJECT: The role and contribution of the Department of Veterans Affairs (DVA) and the Department of Defense (DOD) in the establishment and operation of the Federal Recovery Coordination Program (FRCP) to serve wounded, ill and injured service members, veterans, and their families.

1. **PURPOSE:** The 31 August 2007 memorandum signed by the Deputy Secretary of Veterans Affairs and the Deputy Secretary of Defense required the establishment of the FRCP. A Memorandum of Understanding (MOU), signed not later than 15 October 2007 between the Under Secretary for Health for the Veterans Health Administration (VHA) and the Under Secretary of Defense for Personnel and Readiness (P&R) will accomplish this requirement.

2. **LEGAL AUTHORITY:** 38 U.S.C. 523 (a), 8111

3. **SCOPE:** This MOU applies to Wounded, Ill and Injured (WII) service members, veterans, and their families assigned to receive supplementary services under the FRCP. Its focus is on the activities of the Federal Recovery Coordinator (FRC) in the execution of the clinical and non-clinical case/care management services identified in the Federal Individual Recovery Plan (FIRP).

4. **RESPONSIBILITIES**: The FRCP will have two primary operational efforts: the Federal Recovery Coordinator (FRC) and the Federal Individual Recovery Plan (FIRP).
    a. The Federal Recovery Coordinator is designated by the DOD and DVA as the single individual, with delegated authority for oversight/coordination of the clinical/non-clinical care identified in the FIRP. The FRC is the WII service members, veterans and families ultimate resource for monitoring the implementation of services through the FIRP across the continuum of care from recovery through rehabilitation to reintegration, in coordination with relevant DOD Service and VA programs. The FRCs will consult with the interdisciplinary team at fixed facilities such as the host Military Treatment Facility (MTF) and with case managers providing needed services at non-fixed facilities across the continuum of care. Based on this consultation they will develop and maintain the FIRP. The FIRP will be monitored by the FRC and regularly modified in conjunction with the interdisciplinary team to reflect needed changes in services based on transitions between fixed and non-fixed facilities and changes in family support requirements. In addition, the FRC will oversee the execution of the FIRP by this same interdisciplinary team and others as identified

across the continuum of care. The Federal Recovery Coordinators will be provided by the Department of Veterans Affairs.

b. NLT December 1, 2007 the DVA Under Secretary for Health for the Veterans Health Administration (VHA) and the Under Secretary of Defense for Personnel and Readiness (P&R) will ensure that the following program components are in place: position descriptions and competencies; standards of care; functional statements; joint training and education for the FRC and appropriate DoD/VA clinical and non-clinical personnel participating in the development and execution of the FIRP; an interim Federal Individual Recovery Plan (FIRP) tool for use in Phase 1 of the FRCP; a program evaluation plan; and a plan to educate all stakeholders on the programs, mission and operations of the FRCP. Phase 1 of the FRCP has commenced and will extend through April 18, 2008.

c. As soon as possible, DVA will detail two senior individuals as full-time employees with the subject matter expertise in identified areas of case management including training, program development, IM/IT and evaluation experience, to the office of The Chief Consultant, Care Management and Social Work, Office of Patient Care Services, Veterans Health Administration (VHA), who will have overall responsibility for the management of the personnel in the Federal Recovery Coordination Program, including their implementation of the FIRP.

d. NLT October 29, 2007, DOD will detail two senior personnel as full-time employees with the subject matter expertise in identified areas of case management including training, program development, IM/IT and evaluation experience to serve in the DVA Federal Recovery Coordination Program Office on a non-reimbursable detail. These personnel will serve as the subject matter experts for the development and implementation of the joint components of the Federal Recovery Coordination Program, including the FIRP. Details of DOD personnel shall be in accordance with DOD Directive 1000.17, "Detail of DOD Personnel to Duty Outside the Department of Defense" February 24, 2007.

e. In order to ensure the success of the FRCs in meeting the DOD mission requirements, DOD will, subject to the availability of appropriations: NLT December 1, 2007, fully fund the development, delivery and training of all FRCs hired in Phase 1. NLT January 30, 2008 the DOD will fully fund the development, delivery and training for the clinical and non-clinical interdisciplinary team that will work with the FRCs on the execution of the FIRP.

f. NLT January 1, 2008, DVA will hire and fully fund a full time Federal Recovery Coordination Program Manager and the ten initial FRCs for Phase 1. The FRCs will be stationed at key MTFs having a significant volume of care for the WII. The FRCs will be GS 14 or Nurse 4 DVA employees. The MTF Commanders will provide input to the performance appraisals.

g. VA will ensure that all necessary credentialing and privileging requirements are met prior to the FRC reporting for duty.

5. **IMPLEMENTATION:**

a. The signatories are each responsible to develop and put into effect any and all oversight and operational procedures to ensure the purposes of this MOU are met. Delegations of authority may be used where appropriate to meet the specifications and directions of this agreement.

b. The FRCs will have access to, and the support of the Under Secretary for Health for the Veterans Health Administration (VHA) and the Under Secretary of Defense for Personnel and Readiness, as well as the Commander of the fixed and non-fixed facilities and the Joint Task Force Medical National Capital Region Commander, as needed, in order to take swift and effective action in resolving barriers to care and benefits for the service members and veterans and their family members. Senior leadership from both agencies will ensure cooperation and responsiveness with the FRC from all levels of the organizations.

c. NLT April 30, 2008 the FRCP will delivery a joint DOD/DVA report on the evaluation of the program and its FRCs and the FIRP including lessons learned.

d. NLT 30 September 30, 2008 and annually thereafter a joint DOD/DVA report on the FRCP will be submitted to the Joint Executive Council (JEC). At a minimum the reports will include results of program evaluation including demographics on WII/families served, process and outcome evaluation data, staffing, resources requirements, lessons learned and recommendations for modifications or enhancements to the program.

e. A Memorandum of Agreement will be signed between the Under Secretary of Defense for Personnel and Readiness, and/or the relevant leadership command at each fixed facility such as the MTF hosting a FRC, or a non-fixed facility across the continuum of care; and the Under Secretary of Health for DVA, regarding the specific roles, responsibilities, and standards of practice for the FRC (to include privileging as appropriate in accordance with DOD Directive 6025.13R, "Medical Health System (MHS) Clinical Quality Assurance (COA) Program Regulation", June 11, 2004 assigned to that MTF and for the clinical/non-clinical care providers interacting with the FIRP as part of the WII service member, veteran and family interdisciplinary team. These MOAs will include but not be limited to: authority, problem resolution process, briefing schedules, access to patient information and staff, space, equipment, administrative support, technological support and acceptable response times.

6. **EFFECTIVE DATE, TERMS OF MODIFICATION, TERMINATION:**

This agreement becomes effective on the date of the later signature and may be modified by mutual consent in writing of both signatories, or their designees, or successors.

Requests for modification of this agreement will be submitted in writing from one party to the others not less than 60 days before the desired effective date of such modification.

Gordon Mansfield
Acting Secretary
Department of Veterans Affairs

Robert Gates
Secretary of Defense
Department of Defense

October 30, 2007