STATEMENT

OF

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POLICY

DEPARTMENT OF DEFENSE

BEFORE THE

SUBCOMITTEE ON HEALTH
HOUSE COMMITTEE ON VETERANS' AFFAIRS

HEARING

ON

FEDERAL RECOVERY COORDINATION PROGRAM

MAY 13, 2011

Madame Chairwoman and Members of the Subcommittee:

Thank you for the opportunity to discuss the Department of Defense's (DoD) role in the Federal Recovery Coordination Program (FRCP). While the FRCP was jointly developed by DoD and Department of Veterans Affairs (VA) leaders on the Senior Oversight Committee (SOC), the program itself is implemented by VA.

Overview of DoD Recovery Coordination Program

The DoD Recovery Coordination Program (RCP) was established by Section 1611 of the FY2008 National Defense Authorization Act. This mandate called for a comprehensive policy on the care and management of covered Service members, including the development of comprehensive recovery plans, and the assignment of a Recovery Care Coordinator for each recovering Service member. In December 2009, a Department of Defense Instruction (DoDI 1300.24) set policy standardizing non-medical care provided to wounded, ill and injured Service members across the military departments. The roles and responsibilities captured in the DoDI are as follows:

- **Recovery Care Coordinator**: The Recovery Care Coordinator (RCC) supports eligible Service members by ensuring their non-medical needs are met along the road to recovery.
- **Comprehensive Recovery Plan**: The RCC has primary responsibility for making sure the Recovery Plan is complete, including establishing actions and points of contact to meet the Service member's and family's goals. The RCC works with the Commander to oversee and coordinate services and resources identified in the Comprehensive Recovery Plan (CRP).
- **Recovery Team:** The Recovery Team includes the recovering Service member's Commander, the RCC and, when appropriate, the Federal Recovery Coordinator (FRC), for catastrophically wounded, ill or injured Service members, Medical Care Case Manager and Non-Medical Care Manager. The Recovery Team jointly develops the CRP, evaluating its effectiveness and adjusting it as transitions occur.
- **Reserve/Guard**: The policy establishes the guidelines that ensure qualified Reserve Component recovering Service members receive the support of an RCC.

There are currently 146 RCCs in 67 locations placed within the Army, Navy, Marines, Air Force, United States Special Operations Command (USSOCOM) and Army Reserves. Care Coordinators are hired and jointly trained by DoD and the Services' Wounded Warrior Programs. Once placed, they are assigned and supervised by Wounded Warrior Programs but have reach back support as needed for resources within the Office of Wounded Warrior Care and Transition Policy. DoD RCCs work closely with VAFRCs as members of a Service member's recovery team.

In the DoDI we have codified that severely injured and ill who are highly unlikely to return to duty and will most likely be medically separated from the military (Category 3) will also be assigned a FRC. The DoDI 1300.24 establishes clear rules of engagement for RCCs and FRCs. The RCC's main focus is on Service members who will be classified as Category II. A Category II Service member has a serious injury/illness and is unlikely to return to duty within a time specified by his or her Military department and may be medically separated. The FRC's main focus is on the Service members who are classified as Category III. A Category III Service member has a

severe or catastrophic injury/illness and is unlikely to return to duty and is likely to be medically separated.

While defined in the DoDI, Category 1and 2and 3 are all administrative in nature and have been difficult to operationalize. The intent of the controlling DoDI is to ensure that wounded, ill, and injured Service members receive the right level of non-medical care and coordination. DoD is working with the FRCP to make sure that Service members who need the level of clinical and non-clinical care coordination provided by a FRC are appropriately referred.

Government Accountability Office (GAO) Report on Federal Recovery Coordination Program

Although the FRCP is exclusively run and managed by VA, there is a presumptive "hand-off" from DoD Recovery Care Coordinators, and DoD medical case managers to the Federal Recovery Care Coordinators at the point that it is clear that the catastrophically wounded, ill, or injured Service member will not return back to duty. This determination is highly complex and individualized based on a variety of factors including the Service members' condition, and their desire to stay on active duty.

The majority the findings of the March 2011 GAO Report "Federal Recovery Coordination Program Continues to Expand, but Faces Significant Challenges," pertain to implementation and oversight of the FRCP. There are, however, two areas of the report that directly involve DoD:

- Duplication of case management efforts between VA and DoD
- Lack of access to equipment at installations

<u>Duplication of case management efforts between VA and DoD</u>

The report outlines the confusion and inefficiency that arises as a result of a Service member who may have multiple case managers. The GAO report shows a matrix with the various DoD and VA care/case management programs in place. As many as 84% of Service members in the FRCP are also enrolled in a Military Service Wounded Warrior Program. While the programs vary in the populations they serve and services they provide, there is significant overlap in functions.

The GAO outlined one instance where a recovering Service member was receiving support and guidance from both a DoD Recovery Care Coordinator and a VA Federal Recovery Coordinator. The two coordinators were effectively providing opposite advice and the Service member was in receipt of conflicting recovery plans. The Service member had multiple amputations and was advised by his FRC to separate from the military in order to receive needed Services from the VA, whereas his RCC set a goal of remaining on active duty.

The SOC subsequently directed RCP and FRCP leadership to establish a DoD-VA Recovery Care Coordination Executive Committee to identify ways to better coordinate the efforts of FRCs and RCCs and resolve issues of duplicative or overlapping case management. The Committee conducted its first meeting in March and its final two-day meeting earlier this week. The results of the Committee's efforts will be briefed to the SOC at its next meeting.

In March 2011, DoD also conducted an intense 2 ½ day Wounded Warrior Care Coordination Summit that included focused working groups attended by subject matter experts who discussed and recommended enhancements to various strategic wounded warrior issues requiring attention. One working group focused entirely on collaboration between VA and DoD care coordination programs and best practices within recovery care coordination and wounded warrior family resiliency. Actionable recommendations are currently being reviewed, have been presented to the Overarching Integrated Product Team (OIPT) and will continue to be worked until the recommendations and policies are implemented.

Lack of access to equipment at installations

FRCs reported to the GAO that "logistical problems" impacted their ability to conduct day-to-day work. Specific areas causing this include: a) provision of equipment, b) technology support and c) private work space. There are existing Memoranda of Agreement between the FRCP and the DOD and VA facilities where FRCs work, however compliance with these MOAs remains a challenge.

DoD's Office of Wounded Warrior Care and Transition Policy (WWCTP) is currently evaluating the resources required at DoD facilities for both Recovery Care Coordinators and Federal Recovery Coordinators. WWCTP will work with the Services and the VA to ensure that daily duties are not interrupted by equipment, technology or space constraints.

Conclusion

DoD is committed to working closely with the VA Federal Recovery Coordination Program leadership to ensure a collaborative relationship exists between the DoD RCP and the VAFRCP. The Military Department Wounded Warrior Programs will also continue to work closely with FRCs in support of Service members and their families.

Madame Chairwoman, this concludes my statement. On behalf of the men and women in the military today and their families, I thank you and the members of this Subcommittee for your steadfast support.