

1 September 2009

MCEUB-WTU

MEMORANDUM FOR: See Distribution

SUBJECT: Warrior Transition Unit Soldiers Processing Standing Operating Procedures

C-CO Warrior Transition Battalion-Europe Standing Operating Procedures

Summary: This Standing Operating Procedure (SOP) provides instructions for processing Soldiers into the Warrior Transition Unit at the Schweinfurt, Bamberg, and Katterbach Health Clinics Germany.

Applicability: This SOP is applicable to United States Army Active Duty, Reserve and National Guard Soldiers belonging to units at USAG Schweinfurt, USAG Bamberg, USAG Ansbach and Soldiers transferred to C CO Warrior Transition Unit from outlying units.

Suggested Improvements: The proponent agency of this SOP is C CO Warrior Transition Battalion-Europe. DSN: 314-354-6174/7088, COMM: 09721-96-6174/7088.

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CHAPTER 1 INTRODUCTION

1-1. Purpose

The purpose of this Standing Operating Procedure (SOP) is to provide Warrior Transition Units (WTU) Charlie Company with guidance on policies and procedures.

1-2. Applicability

This SOP applies to Warrior Transition Units (WTU) Charlie Company within the USAREUR area of responsibility (AOR). Reading and familiarization of this SOP is mandatory for all cadre. The standards will be practiced and enforced.

1-3. Scope

This SOP was developed to synchronize and consolidate policies and guidance for the care and management of warriors in transition (WT) in Europe. The WTs are managed by the WTU which is a multi-compo TDA organization. This document addresses specific policy guidance regarding assignments/attachments to the WTU, the order process, etc. It summarizes existing personnel policies for family escort, non-medical attendants (NMA), housing prioritization, leave, etc., when Soldiers are in the WTU. Further, it provides information on the Physical Disability Evaluation System (PDES) for Soldiers processing through this system.

1-4. Responsible Agencies

a. Warrior Transition Units (WTU) Charlie Company is tasked to monitor and update this publication on a quarterly basis.

b. WTU Authority:

1) Department of the Army EXORD 118-07 Healing Warriors, DTG 021000Q June 2007.

2) Department of the Army FRAGO 1 to EXORD 118-07 Healing Warriors, DTG 161400Q AUG 2007.

c. Medical Readiness Processing (MRP) Authority: Memorandum from ASA (M&RA), Subject: Transition of Reserve Component Soldiers from Partial Mobilization Orders to Medical Retention Processing, 6 March 2004.

CHAPTER 2 OVERVIEW

2-1. Warrior Transition Unit (WTU) Overview

- a. Vision: Create an institutionalized, Soldier-centered WTU Program that ensures standardization, quality outcomes, and consistency with seamless transitions of the Soldier's medical and duty status from points of entry to disposition.
- b. Goal: Expeditiously and effectively, evaluate, treat, return to duty, and/or administratively process out of the Army, and refer to the appropriate follow-on health care system, Soldiers with medical conditions.
- c. Intent: Provide Soldiers with optimal medical benefit, expeditious and comprehensive personnel and administrative processing, while receiving medical care. The Army will take care of its Soldiers through high quality, expert medical care. For those who will leave the Army, the Army will administratively process them with speed and compassion. The Army will assist with transitioning Soldiers' medical needs to the Department of Veterans Affairs (DVA) for follow-on care.

2-2. Objectives

- a. Address and ensure resolution on all aspects of personnel administration and processing for the WT from points of entry through disposition, to include processing through PDES. Final disposition occurs when the WT is determined/found medically cleared for duty or the PDES process is complete, including appeals.
- b. Address and ensure resolution on the administrative aspect of medical management for the WT, including Tri-Service Medical Care (TRICARE) and/or Veterans Health Administration (VHA) follow on medical care.
- c. Address and ensure resolution on command and control (C2), including logistical support, for the WT assigned or attached to garrison units, Medical Treatment Facilities (MTF), WTUs, and Community Based Health Care Organizations (CBHCO).
- d. Address and ensure resolution on the accountability and tracking of the WT in real time as he/she progresses through the WT process and if necessary, the PDES process.

CHAPTER 3 ORGANIZATION

3-1. Warrior in Transition Units (WTUs)

- a. WTUs in USAREUR use a leader-to-led command and control structure made up of combat-experienced officers and NCOs. Each wounded Warrior in a WTU has a primary care manager (PCM), a nurse case manager (NCM), and a squad leader (SL). Warriors assigned to a WTU are there to heal and to complete the Medical Evaluation Board (MEB) process.
- b. Assigning all WTs, regardless of component and under one command, ensures equity of care, leadership, and administrative support. WTUs are part of the Army healthcare system that cares for Warriors in Transition. WTUs provide a means for wounded

Warriors to continue with productive careers and lives. They are valuable assets for unit commanders and the wounded Warriors. WTUs reduce the probability of Warriors getting lost in the system and guarantee continued outstanding medical treatment.

c. WTU locations in USAREUR include a Warrior Transition Battalion (WTB) Headquarters (HQ) located in Heidelberg and four Warrior Transition Companies (WTC) located as follows:

- 1) Alpha Company – Landstuhl
- 2) Bravo Company - Heidelberg
- 3) Charlie Company - Schweinfurt
- 4) Delta Company - Vilseck

3-2. Warrior in Transition Mission

“I am a Warrior in Transition. My job is to heal as I transition back to duty or become a productive, responsible citizen in society. This is not a status but a mission. I will succeed in this mission because I am a Warrior.”

3-3. Mission Essential Task List

- a. Provide command and control
- b. Provide quality primary care and case management services
- c. Synchronize clinical care, disposition and transition
- d. Provide administrative and support services for Warriors, Families, and Cadre
- e. Promote readiness to return to the force or transition to a productive civilian life

3-4. WTU Concept of Operation

- a. Provide Soldiers high-quality living conditions
- b. Prevent unnecessary procedural delays
- c. Establish conditions that facilitate Soldiers’ healing process by developing a comprehensive care plan for each WT that encompasses the physical, mental, and spiritual aspects of healing

d. Provide a triad of Warrior support that consist of Squad Leader (SL), Nurse Care Manager (NCM), and Primary Care Manager (PCM), working together to ensure advocacy for WT Soldiers, continuity of care, and a seamless transition in the force or return to a productive civilian life.

CHAPTER 4 FLOWCHART & RESPONSIBILITIES

4.1 Flowchart of Accepting/Rejecting and In-Processing WTU Warriors.

a. All Soldiers going into the WTB - AC, ARNG or USAR are treated and facilitated the same. They should all be assigned to the WTU if they are being Case Managed (CM) and Command and Controlled (C2). The same rules apply for the Soldiers assigned to remote other services facilities and to civilian facilities.

(1). The NCM at the losing command contacts the NCM at the gaining command and presents the Soldier and case.

(2). The NCM at the gaining command communicates with his/ her own C2 and the PCM to discuss if this Soldiers is best served at their facility and if they can accommodate him/her in their WTU.

(3). Once agreement has been made the gaining NCM communicates with the losing NCM to discuss the decision. This should be completed in no more than 5 days.

(4). The losing NCM discusses the decision with the losing WTU C2 and PCM and gets the transfer process started, if the transfer has been approved.

(5). All administrative functions, orders, etc, must be completed prior to the transfer and a PCM summary or H&P and all medical documents must be forwarded to the new WTU to facilitate continuity of care and C2.

(6). This is called the 3-prong (NCM, C2, and PCM) or TRIAD hand off and cannot be short circuited. Sending a Soldier without this procedure is not appropriate.

4-2. Nurse Case Manager Responsibilities.

a. Retrieves all available and relevant medical documentation including AHLTA notes to assist in the decision making process.

b. Receives contact from losing NCM to discuss Soldiers and their healthcare treatment plan. Ensure discussions with losing NCM include any behavioral health issues for awareness and care planning.

c. Reviews AR 40-400 guidance to determine if the Soldier meets eligibility criteria.

d. Discusses patient care requirements with gaining WTB PCM, to verify if care and accommodations are appropriate.

4-3. Primary Care Manager (PCM).

a. Discusses patient care requirements with gaining Nurse Case Manager, to determine if necessary healthcare resources are available and care and accommodations are available.

b. Contacts losing unit PCM, if applicable, to discuss patient treatment and care requirements.

c. Completes Suicide and Homicide Risk Screening on WT prior to their departure for barracks or place of residence on the first night. If WT will arrive after duty hours, weekends or holidays, arrangements will be made to have the PCM or Behavioral Health (BH) meet with the Soldiers prior to them spending the first night in their barracks or place of residence.

d. All suicide and homicide risk screenings will be conducted face-to-face. Phone calls or questionnaire will not suffice to meet this intent. Screenings at a minimum will include:

(1) Have you had any thoughts recently that life isn't worth living?

(2) Have you had any thoughts recently of harming yourself or someone else?

e. The PCM will determine if immediate BH intervention is needed and arrange if indicated. The outcome of the meeting will be verbally given to the PSG, and electronically communicated to the NCM. Documentation will also occur in AHLTA for each screening.

f. Ensures that a screener, nurse, or the WT escort remains in the clinic until Suicide and Homicide Risk Screening is complete and Soldier has departed.

4-4. Chief, Human Resources.

a. Overall responsibility is for the in-processing, out-processing, and personnel action requirements of all Warriors.

b. Notifies the accommodating Adjutant General (AG) Branch on any potential incoming Warriors.

c. Contacts losing WTB, once Warrior is accepted, requesting orders assigning the Warrior to the WTU.

d. Submits copy of incoming Warrior's orders to AG.

e. Schedules in/out-processing with the Soldier Family Action Center (SFAC).

f. Completes and submit TDA GAP and RPA Analysis to GPRMC EOC weekly.

4-5. WTU Commanders' Responsibilities.

a. Contacts the Soldier's Company commander and discuss the following:

(1) Can the Soldiers contribute to the unit's mission in his/her current status?

(2) Is the Soldiers flagged, or facing any disciplinary, or UCMJ action?

Soldiers who are facing administrative separation or any UCMJ action will not be accepted into the WTU.

b. Accepts/Rejects potential Warriors on the guidance of AR 40-400 guidance, if the Soldiers meets the eligibility (or ineligibility) criteria.

4-6. Platoon Sergeant.

a. Coordinates with losing unit on travel arrangements for Warriors. Every effort should be made to transfer WT between WTUs during the duty hour to facilitate the necessary screenings and evaluations within 24 hours of assignment.

b. Coordinates pick-up of Warriors and/or Family members at airport, if applicable.

- c. Coordinates with PCM on Suicide and Homicide Risk Screening. Must be conducted prior to the WT spending their first night in the barracks or place of residence.
- d. Contacts and coordinates with the Triad when new WTs will be arriving.
- e. Coordinates with Personnel Division to schedule in/out-processing of Warrior.
- f. Assigns Warrior to Squad Leader.

4-7. Squad Leader.

- a. Accompanies Warriors during in/out-processing.
- b. Ensures Warriors are in/out-processed according to in/out-processing sheet.
- c. Keeps chain of command informed at all times.
- d. Accountability will be conducted twice daily Monday through Fridays either visually or telephonically. WTs will be contacted at the minimum of once telephonically on Saturdays and Sundays. WTs, who have been designated a high risk will be contacted, at minimum, twice on Saturdays and Sundays, respectively.
- e. Provide support to WTs and the command at all times.

CHAPTER 5 ELIGIBILITY/ADMISSION INTO THE WTU

5-1. Warrior in Transition Definition

a. A Warrior in Transition is a Soldier who is a Medical Holdover, Active Duty Medical Extension, Medical Hold and/or any other Active Duty (including Active Guard Reserve) Soldier who requires a Medical Evaluation Board or an Active Duty Soldier (including Active Guard Reserve) with complex medical needs requiring six months or more of treatment or rehabilitation. A Soldier's mission while assigned to a WTU is to heal. Soldiers assigned to a WTU may have work assignments in the unit, but such work may not take precedent over the Soldier's therapy and treatment.

b. Unit Commanders must clear UCMJ actions, other legal actions, investigations, property/ hand receipt issues, complete NCOER/OER and Line of Duty (LOD) determinations prior to the transfer to the WTUs.

c. The eligibility criteria for a WTU is consistent with the criteria outlined in AR 40-, Chapter 8. A Soldier will be eligible for WT status and may be assigned or attached to a WTU if the Soldier meets the following criteria:

1) An Active Army Soldier:

(a) Who requires a temporary profile of more than 6 months duration.

(b) Who requires an MEB.

(c) Whose profile limitations preclude deployment (AR 40-501, Chapter 5) within the next 60 days.

2) An RC Soldier who qualifies for WTU according to current personnel policy guidance (PPG) including RC Soldiers on medical retention processing, medical retention processing 2, and active duty medical extension (ADME) orders.

3) An Active Guard and Reserve Soldier (10 USC or 32 USC) who meets the WTU criteria of Active Army Soldiers.

5-2. Assigning Soldiers to the WTU

a. Step 1: MTF Physical Evaluation Board Liaison Officer (PEBLO) informs Unit Commander of Soldier MEB and eligibility for WTU or Unit Commander identifies eligible Soldiers with complex care needs.

b. Step 2: Unit Commander prepares three documents to request reassignment:

1) DA Form 4187: per ALARACT message, requires an O5 signature on 4187.

2) Letter requesting reassignment and certification letter.

(a) Provides justification for reassignment, profile injury and previous rehabilitative measures.

(b) Verify Soldier is cleared of any UCMJ, legal, finance actions.

3) Copy of profile – temporary or permanent.

c. Step 3: Unit Commander emails three requirements to the WTU in their footprint

1) WTU.Heidelberg@amedd.army.mil

2) WTU.Landstuhl@amedd.army.mil

3) WTU.Bavaria@amedd.army.mil

d. Step 4: WTU Commander coordinates with MTF Commander, Primary Care Manager (PCM) and Nurse Case Manager (NCM). Determines eligibility/ability to accept Soldier into WTU.

e. Step 5: MTF notifies unit of approval/disapproval of transfer to WTU.

1) Approval: WTU assigns Soldier a PCM, a Nurse Case Manager (NCM), and a Squad Leader (SL) and develops a care plan.

- 2) Disapproval: WTU will notify unit commanders of Soldiers not accepted into the WTU, and state which reason the Soldier was not accepted.
 - 3) Unit commanders electing to retain WTU Soldiers in their unit must complete a risk assessment along with completing documentation indicating the command's election to retain the Soldier and reason for retaining the Soldier.
 - 4) Soldiers evacuated to Europe from combat zone will be attached to the local WTU for evaluation before being assigned to the WTU or returning to their Rear Detachment Unit.
- f. Step 6: MTF prepares order reassigning to WTU.
 - g. Step 7: Soldier out-processes current unit and in-processes WTU.
 - h. Step 8: Soldier completes care; returns to duty or transitions to civilian life.

5-3. Creating an Acceptance Packet for a Medical Evaluation Board (MEB) Soldier

- a. After receiving the reassignment request from the unit commander, the MTF Commander will accept the MEB Soldier into the WTC within 5 working days.
- b. At a minimum, the Human Resources Specialist will assemble the MEB Soldier's acceptance packet in the following format:
 - 1) Assignment to the WTC approval memorandum for MTF Commander's signature.
 - 2) Unit commander's request for reassignment memorandum.
 - 3) Pertinent DA Form 4187 for a No Cost Move (NCM), Low Cost Move (LCM), or Full Cost Move (FCM). (Annex B)
 - 4) DA Form 3349, P3 or P4 Physical Profile.
 - 5) Pertinent medical information (DA Form 3947-MEB Proceedings, SF 600-Chronological Record of Medical Care, etc).
 - 6) Soldier's Enlisted Record Brief (ERB)/Officer Record Brief (ORB).
- c. Additional information submitted by the unit commander will be included in the packet and tabbed as appropriate.
- d. On the inside of a folder, the tabbed documentation will be attached to the right hand side. On the outside of the folder, both AE Label 2 (Personal in Nature) coversheet and OF 41 (Routing and Transmittal) will be attached. AE Label 2 will be stapled over OF 41. OF 41 will route the packet from the WTC Commander to the MTF Commander.

Furthermore, the packet will be routed back to the WTC Commander after the approval memorandum is signed by the MTF Commander.

e. After the WTC Commander receives the signed acceptance packet from the MTF Commander, the WTC Commander will route the acceptance packet to the Human Resources Specialist. The Human Resources Specialist will be required to prepare orders assigning the MEB Soldier to the WTC.

5-4. Creating an Acceptance Packet for a Complex Care Soldier

a. For complex care Soldiers, after submitting the reassignment request, the unit commander can expect a response from the MTF Commander within 14 working days but no later than 30 working days.

b. At a minimum, the Human Resources Specialist will assemble the complex care Soldier's acceptance packet in the following format:

1) Assignment to the WTC approval/disapproval memorandum for MTF Commander's signature.

2) Unit commander's request for reassignment memorandum.

3) Pertinent DA Form 4187 for a NCM, LCM or FCM. (Annex B)

4) Pertinent medical information (DA Form 3947-MEB Proceedings, SF 600-Chronological Record of Medical Care, etc)

5) Soldier's ERB/ORB.

c. Additional information submitted by the unit commander will be included in the packet and tabbed as appropriate.

d. On the inside of a folder, the tabbed documentation will be attached to the right hand side. On the inside of the packet, on the left side, both ERMC's Information Paper, Warrior Transition Unit Definition of Complex Care dated 27 August 2007 (Appendix B-7), and the medical guidance provided by both the NCM and PCM will be attached. The medical guidance will be stapled over the information paper.

e. On the outside of the folder, both AE Label 2 (Personal in Nature) coversheet and OF 41 (Routing and Transmittal) will be attached. AE Label 2 will be stapled over OF 41. OF 41 will route the packet from the WTC Commander to the MTF Commander. Furthermore, the packet will be routed back to the WTC Commander after the approval memorandum is signed by the MTF Commander.

f. After the WTC Commander receives the signed acceptance packet from the MTF Commander, the WTC Commander will route the acceptance packet to the Human

Resources Specialist. The Human Resources Specialist will be required to prepare orders assigning the MEB Soldier to the WTC.

5-5. USAREUR Soldiers MEDEVAC'd through LRMC

a. Attached to a CONUS WTU.

1) Unit responsibility:

(a) Submit Nomination packet to WTU, the Soldier be assigned to the ERMCMC WTU.

NOTE: Packet will include DA 4187 NCM and Commander's Letter.

(b) Inform WTU of background information on Soldier, to include where Soldier's family and household goods (HHG)/car are located.

(c) Appoint a representative to fully clear the Soldier from the base and submit completed clearing papers to the WTU.

(1) Include copy of HHG/Car storage paperwork

(2) OR Unit will put HHG/Car in storage prior to transfer to WTU

(3) Clear Soldier from Central Issue Facility (CIF) prior to transfer to WTU

(4) Submit close out NCOER/OER and provide WTU with copy

(5) Submit Permanent Change of Station (PCS) award and provide WTU with copy

(d) Unit will complete the eMILPO as outlined in paragraph (c) below.

b. WTU Responsibility:

1) Accept completed WTU packet from the unit.

2) Confirm with Continental United States (CONUS) WTU on Soldier's preference for assignment or attachment to CONUS WTU.

3) If Soldier chooses to be attached to CONUS WTU, provide unit with WTU assignment orders.

4) Verify Unit has fully cleared the Soldier from post, to include housing/barracks, CIF, car registration, etc.

(a) Appropriately manage Soldiers storage of HHG/Car documents for action when Soldier is dispositioned from CONUS WTU.

- 5) Inprocess the Soldier into the WTU and complete eMILPO gaining transaction.
- 6) Determine if Soldier has family residing in Europe and provide appropriate level of support to the family with a Soldier attached to a CONUS WTU.
- 7) Using Medical Operational Data System (MODS) WT, the Soldier Patient Tracking Tool and eMILPO, and phone contact with CONUS WTU, NCM, track the Soldier attached to the CONUS WTU until Soldier is dispositioned.
- 8) Add Soldier to WTU Weekly reports under column "assigned/attached to CONUS WTU".

c. Complete the appropriate eMILPO transaction:

- 1) Upon departure, CONUS WTU where the Soldier is attached completes a "release from attachment" transaction.
- 2) Parent unit in USAREUR completes a "departure" transaction.
- 3) ERMC WTU where the Soldier is reassigned completes an "arrival" transaction.
- 4) Upon arrival, CONUS WTU where the Soldier is attached completes an "attachment" transaction.

d. Assigned to a ERMC WTU

e. Return to duty (RTD) back to Rear Detachment

5-6. WT Soldiers Transferred from ERMC WTU to CONUS WTU

a. WT Soldier is assigned to one of the WTUs in USAREUR.

b. During the first week of inprocessing the WT (includes both MEB and Complex Care WTs) states in writing if they would prefer to be Medically PCSed from USAREUR and assigned to a CONUS WTU that has the clinical capability/capacity to care for their complex care needs/MEB processing.

1) Soldier puts in writing their request to be transferred and lists their top 3 WTU choices. WTU CONUS Location will be determined by the CONUS WTU that has the clinical capability and capacity to care of the Soldier, closest to the preferred Army WTU location. Only locations that have an Army WTU will be considered.

2) Soldier understands that they would be ASSIGNED to the CONUS WTU, not attached.

3) Soldier understands that choosing to be Medically PCSed to a CONUS WTU MAY delay their MEB processing and or disrupt the continuity of care for their complex care treatment.

c. During inprocessing, the Nurse Case Manager (NCM) also identifies WT's whose medical condition or family support care issues indicate that the WT can be better cared for in CONUS WTU.

d. NCM calls CONUS WTU and requests accepting physician from the gaining WTU.

e. If an accepting physician is not received, the NCM has two options:

1) Request accepting physician from the Soldier's second choice on his preference list

2) Or raise the issue to the Simple Triage and Rapid Transport – CONUS (START-C) cell for mitigation/decision.

f. Once the accepting physician is received, the WTU S-1 cuts the medical PCS orders ASSIGNING the WT to the CONUS WTU.

g. The Soldier uses the Medical PCS orders to arrange for the shipment of family/car/HHG to the CONUS WTU.

h. The NCM assesses the Soldier's medical condition and works with the WTU personnel clerk to cut Non Medical Attendant (NMA) orders when appropriate. (i.e., mandatory for TBI pts, recommended for certain WT's with psychiatric conditions or mobility issues).

i. The NCM sends the Soldier's travel itinerary to the gaining CONUS WTU so that the gaining unit knows what day/time to pick up the WT and family.

CHAPTER 6 ADMINISTRATIVE

6-1. WTU In-processing

a. Soldiers from units within the same community

1) Soldiers accepted into the WTU from units within the same community will report to the WTU with a copy of the following:

(a) Orders assigning them to the WTU

(b) Copy of current profile.

(c) Signed clearing papers or memo from losing unit, and any training records held by losing unit.

2) Installation in-processing is not necessary for these Soldiers. WTU only in-processing will be completed.

b. Soldiers from units outside the community

1) Soldiers accepted from units outside the community will report to the WTU with the same records as listed above, as well as clearing papers from losing community and leave form.

2) Soldiers will in-process through the local MTF and applicable organizations within the community.

c. Soldiers from WTU to WTU within Europe

1) Soldiers accepted from units outside the community will report to the WTU with the same records as listed above, as well as clearing papers from losing community and leave form.

2) Soldiers will in-process through the local MTF and applicable organizations within the community.

6-2. Finance Support

Finance support for Warriors in Transition (WT's) will be provided by the Financial Management Specialist (FMS) assigned to the WTU and the Pay Center of Excellence.

a. The FMS will be responsible for providing the following support:

1) Process pay transactions for outpatient Soldiers assigned or attached to the WTU (excluding the WTU staff, cadre, and permanent party).

2) Conduct finance customer service: In and out processing, military pay actions, travel pay voucher preparation, request for advance /casual pay, pay inquiries and family member assistance.

3) Serve as the finance liaison at all town hall meetings.

4) Maintain all finance related substantiating pay documents.

5) Develop an SOP for the day to day finance operations.

b. The Pay Center of Excellence will provide the following support:

1) Provide Financial Management System (FMS) access provided the WTU FMS completes all mandatory training and certification.

- 2) Provide an input source code for coding pay transactions.
- 3) Audit and Upload all pay transactions coded by the FMS.
- 4) Furnish rejected pay transaction to the FMS to resolve.
- 5) Provide financial management technical training necessary to perform the finance mission.
- 6) Receive and process SDAP orders (start, stop, and change) for WTU Cadre.

6-3. Missed Appointments

Failure to show for any scheduled appointments to include meetings with a Nurse Case Manager (NCM), may result in disciplinary action IAW UCMJ. Warriors are to turn in Medical Records once they have completed the needed medical appointment. Medical records are the property of the U.S. Government. Warriors should ask for copies at the conclusion of appointments.

6-5. Line of Duty (LOD)

- a. All Warriors who are injured or wounded while on active duty must have a Line of Duty (LOD) statement. The only exception is Warriors going through the MEB / Physical Evaluation Board (PEB) process (resulting paperwork from process used in lieu of LOD).
- b. LOD is written by the Warrior's physician, signed by the company commander and certified by Military Personnel Directorate.
- c. Warrior's case manager can assist in initiating an LOD for the Warrior.
- d. LOD determinations are essential for protecting the interest of both the individual Warrior and the US Government where service is interrupted by injury, disease, or death.
- e. To ensure Warriors receive appropriate medical care after leaving active duty, commanders must complete an LOD investigation or prepare a presumptive (that is, one that may be subject to further review and is not necessarily administratively final) LOD determination memo for Warriors who incur or aggravate injuries while on active duty.

NOTE: It is not recommended to have a presumptive LOD memo. All Warriors should have an LOD.

- f. Warriors with an LOD are eligible for care through the Veteran's Administration (VA) for the rest of their life. Without an LOD, a Warrior will have to prove their condition occurred during active duty before they can receive medical care.

g. An LOD cannot be completed for pain, i.e., leg, back, arm pain. The pain that a Warrior has must be attributable to an injury, i.e., leg, back or arm injury.

h. It is the Warrior's responsibility to prove that the injury occurred by providing medical documentation of treatment for the injury.

i. In addition to current distribution requirements, completed LOD documentation should be distributed to the following:

1) Warrior's Official Military Personnel File (OMPF) and field personnel file.

2) Copy to individual Warrior

3) Warrior's medical record.

4) Copy to Warrior's home unit.

6-6. Legal Jurisdiction for WTO Warriors

a. General Courts-Martial Convening Authority (GCMCA) will be exercised in accordance with USAREUR area jurisdiction, as established in Army in Europe Regulation 27-10 and the current area jurisdiction memorandum. Subordinate Uniform Code of Military Justice (UCMJ) authority will be designated by the area jurisdiction GCMCA. All UCMJ authorities are subject to change as designated by the Commanding General, USAREUR.

b. Area jurisdiction will be applied to all levels of UCMJ action, to include but not limited to non-judicial punishment, summary courts-martial convening authorities, and special courts-martial convening authorities. The GCMCA with area jurisdiction over each health clinic will determine the appropriate jurisdictional chain of command for all UCMJ actions for WTC Warriors assigned with duty at those clinics.

CHAPTER 7 PERSONNEL

7-1. WT Reassignments/Separations

a. Soldiers Medically Separated: Soldiers separating from the Army at the WTU through a medical board will out process in the following manner:

1) Once a separation order is received by a Soldier, they will begin clearing through the community as well as the unit.

2) The Soldier will provide a copy of the separation order to the company who will provide the Soldier with a unit out-processing checklist. Soldiers will process through community central in/out processing.

3) When all clearing is complete, Soldiers will final out ensuring he/she has a copy of completed clearing papers, DD214, orders, and DA 3955 (Change of address).

b. Soldiers Returned to Duty (RTD): When a WT is found fit for duty the WTU Company Commander/leadership will contact the WTB S1 to assist with the reassignment.

1) The WTU will submit the appropriate action (No Cost Move (NCM), Low Cost Move (LCM), Operational Move (OPMOVE), or Consecutive Overseas Tour (COT)) based on the coordination between the WTB S1, ERMC G1 and USAREUR G1.

2) USAREUR G1 will make all attempts to assign the Soldier back to his/her previous unit or the Soldier's preferences. However, when a Soldier is deemed fit for duty and the Soldier's preference can not be achieved, they will be assigned in accordance with the needs of the Army.

3) The Soldier's current Date Eligible for Return from Overseas (DEROS) will determine whether coordination with Human Resource Command (HRC) is necessary for reassignment back to CONUS.

4) Soldiers will out process in the same manner as paragraph 7-1a, with the following exceptions:

(a) Once a Soldier is retained and receives a PCS order, the Soldier will begin clearing through the community as well as the WTU. The WTU will provide the Soldier with an out-processing checklist.

(b) When all clearing is complete, Soldiers will final out ensuring they have at least nine copies of PCS orders, DA 3955, completed clearing papers, and DA 31 for leave.

c. United States Army Reserve/National Guard (USAR/NG) who will REFRAD back to their USAR/NG unit will out process in the same manner as above, with the following exceptions:

1) Once the Soldier receives a medically cleared status, the WTU will coordinate with ERMC or HRC to receive orders to REFRAD the Soldier back to his/her parent unit. Once orders are received, he/she will begin clearing the WTU following the provided out processing checklist.

2) When all clearing is complete, Soldiers will final out ensuring they have a copy of REFRAD orders, DD214, DA 3955, completed clearing papers, and DA 31 for leave.

7-2. Cadre Assignments/Reassignments

a. All cadre assignments/reassignments are initiated and coordinated by ERM C G1 as requirements are identified and validated by WTU's.

1) ERM C G1 will coordinate with USAREUR G1 to see if there are available NCOs from within theater that may fill cadre positions. Such assignments are made by the USAREUR G1 in coordination with the ERM C G1.

2) The USAREUR G1 will make every opportunity to utilize volunteer assets from within Europe or to cross-level from inactivating/transforming units to support all WTU Cadre vacancies and "surge" requirements.

b. ERM C G1 will coordinate with HRC for WTU Cadre fills if there are no available personnel in the European theater.

7-4. TDA/Cadre Requirements

a. Assignment Criteria for Primary Duty Positions: Leaders desiring to become part of the WTU need to be of strong character and conviction to provide for WTs and their Families in a new and challenging environment. The challenges of leading and mentoring such a diverse population take time, patience, strong leadership skills, and compassion. In the WTU, all cadre, support personnel, and medical personnel develop relationships that are based on trust and compassion. The WTs have experienced traumatic injuries and many of the leadership techniques that cadre have learned in previous leadership assignments often may not work the same way in the WTU.

b. Length of Cadre Assignments: The typical length of cadre assignments will be 24 months. Soldiers on a three year tour will have the option of moving to an assignment of choice within Europe, depending on current unit strengths. The USAREUR G1/ will publish the appropriate order to move the Cadre member back to the field.

7-5. Personnel Actions

a. All WTU Cadre personnel actions are processed from the WTU to the WTB S1 and thru the ERM C G1 as appropriate. Cadre requests for Foreign Service Tour Extension (FSTE) and COT will be processed thru USAREUR G1

b. The Warrior Transition Unit (WTU) processes all actions to include:

1) Evaluations (OER/NCOERS)

2) In/Out processing (Arrival / Installation clearance)

3) Awards

4) eMILPO transactions(Unit level)

5) Promotions (Reserve Components, LNOs with WTU)

6) MilPay

7) Personnel service actions

8) Special Duty Assignment Pay (SDAP)

(a) Cadres assigned to the WTU (PLT SGT's and Squad Leaders) are authorized to receive special duty assignment pay in accordance with MILPER message 08-027.

(b) SDAP will be processed as follows:

(1) The ERMC S-1 must issue orders to award, change, terminate or reinstate SDAP IAW AR 614-200, section IV, paragraph 3-20 through 3-24.

(2) ERMC G-1 will prepare a spreadsheet consolidating all required documents (orders, certificate of training, and ERB). This spreadsheet with documents will be submitted to the 266th Pay Center of Excellence (PCE) or local Finance Customer Support Team (CST) for final processing.

(3) The 266th PCE will input the start transaction to offset the Soldiers pay.

c. Losing Unit Personnel Action Responsibilities:

1) Evaluations (NCOER/OER): Soldiers being reassigned to the WTU will require a Change of Duty evaluation report for Officers and Change of Rater report for NCOs, per the requirements of AR 623-3) from the Losing command. Once assigned to the WTU, no evaluation is required. Time spent in the WTU will be non-rated.

2) Awards: Soldiers reassigned to the WTU will require either a service award or letter of continuity addressed to the WTU Commander.

3) eMILPO Transactions: Soldiers being reassigned to the WTU will require an eMILPO departure transaction departing them from the parent unit. The WTU will then execute the appropriate arrival transaction.

f. ADME Program accountability and tracking:

1) The MODS WT module provides real-time visibility and accountability of RC Soldiers assigned to MTF WTUs. The MODS WTU module is the Army's tracking and reporting database for WTU and ADME Soldiers. MEDCOM is maintains the MODS WTU module.

2) MODS database input:

(a) The MTF WTU Commander is ultimately responsible for the accuracy of MODS administrative and clinical data fields for the ADME Soldiers assigned to his or her command.

(b) The MTF WTU Administration Specialists, under the direction of the WTU Commander, is responsible to initially enter the Soldier into the MODS database and ensure the administrative data fields are maintained.

(c) The Case Manager, under the direction of the WTU Commander, is responsible to ensure the clinical data fields are maintained.

(d) As a quality assurance check, the Case Manager verifies that initial data is entered into MODS by WTU Administrative Specialist.

(e) Human Resource Command – Alexandria (HRC-A) is responsible for updating administrative order related data fields when orders are issued or modified.

3) The WTU Commanders will submit ADME program participant accountability and status reports for ADME Soldiers under their command to MEDCOM as per MEDCOM policy.

4) The HRC-A will maintain data on the status of ADME application packets. This information will be available for internal HRC-A tracking, to Unit Commanders, and to individual Soldiers inquiring about the status of their packet.

5) The HRC-A will track all orders related to the ADME program.

CHAPTER 8 SOLDIER AND FAMILY ASSISTANT CENTER

8-1. Purpose

To define the procedures for the management of the SFAC in support of Wounded Soldiers and their Families, and to define how providers will offer services on priority basis.

8-2. Scope

This applies to all SFAC within Europe for Warriors in Transition (WT) and Warrior Transition Unit (WTU) operations, to include supporting agencies and units. WTU personnel include Wounded Warriors (Military Services) and their Families; and wounded DOD Civilians and their Families. The SFAC is composed of elements of a comprehensive Soldier and Family support system, and is not a separate organization.

8-3. Objective

The SFAC will provide guidance, assistance, information and referral, and linkages to health care, employment and education services, and other support agencies to facilitate WT rapid recovery. The vision for the SFAC is to develop an effective organization that takes care of Soldiers and their Families so they can focus on their mission to heal. Immediate goals are to provide high-quality living conditions, to prevent unnecessary procedural delays, and to establish conditions that facilitate their healing processes physically, mentally, and spiritually.

8-4. General

The SFAC is an expanded USAG service/program managed by the USAG Army Community Service (ACS) SFAC Specialist. WTU is a transition assistance unit aimed at overseeing the health, welfare, and morale of patients at an Army MTF. By design, the unit has a robust cadre, which allows health care providers to focus on medical care.