

**ARMY IN EUROPE  
WARRIOR TRANSITION  
UNIT (WTU)  
SOP**

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## **CHAPTER 1 INTRODUCTION**

### **1-1. Purpose**

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

### **1-2. Applicability**

This SOP applies to all WTUs 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.* USAREUR G-1 in coordination with (ICW) European Regional Medical Command (ERMC) and Installation Management Command, Europe (IMCOM-E) 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.

*d.* Suggested Improvements. Users are invited to make comments, recommendations, or suggested improvements to this publication on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to LTC John Steves at john-steves@eur.army.mil.

## **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.

## **2-3. History**

*a.* The Army has been heavily engaged in operations in support of the Global War on Terrorism (GWOT) as well as operations to manage the health, welfare, and readiness of Soldiers who are injured or ill. Previously, there was no overarching Army collective or regulatory administrative guidance for WTUs.

*b.* The Army has created WTUs to which Soldiers may be assigned or attached while undergoing medical care and rehabilitation.

## **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) Landstuhl Regional Medical Center (LRMC) WTC HQ is located in Kaiserslautern
- 2) Heidelberg MEDDAC (HMEDDAC) WTC HQ is located in Heidelberg
- 3) Bavaria MEDDAC (BMEDDAC) has two WTC HQs located in Schweinfurt and

Wurzburg

d. WTC HQ Leadership Locations in USAREUR:

- 1) WTC HQ HMEDDAC
  - (a) CDR, 1SG: Heidelberg
  - (b) PSG: Heidelberg, Mannheim
  - (c) SL: Heidelberg, Mannheim, Stuttgart
- 2) WTC HQ BMEDDAC
  - (a) CDR, 1SG: Vilseck
  - (b) PSG: Vilseck
  - (c) SL: Schweinfurt, Vilseck, Bamberg, Katterbach (Vilseck SL covering Grafenwoehr, Hohenfels) (Katterbach SL covering Illesheim, Ansbach)
- 2) WTU Landstuhl Regional Medical Center (LRMC)
  - (a) CDR, 1SG: LRMC
  - (b) PSG: Baumholder, Wiesbaden
  - (c) SL: Baumholder, Wiesbaden, LRMC, Vicenza, Shape

### **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 or 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 than 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 RESPONSIBILITIES**

### **4-1. Warrior Transition Unit Responsibilities**

- a.* Provide C2 for WTs
- b.* Clinical case management
- c.* Process military personnel actions:
  - 1) Evaluations (receive OER/NCOERS from losing unit)
  - 2) In/Out processing (Arrival / Installation clearance)
  - 3) Awards
  - 4) eMILPO transactions (Unit level)
  - 5) Promotions (Reserve Components, LNOs with WTU)
  - 6) Military Pay (MilPay)
  - 7) Personnel actions
- d.* Provide postal support
- e.* Ensure sponsorship for Soldier and Family
- f.* Coordinate transition for WT
- g.* Manage WT retention requirements (sanctuary eligibility)
- h.* Conduct official military record maintenance
- i.* Provide WT assistance with Citizenship applications
- j.* Update Family Care Plans (FCP)
- k.* Greet and meet Soldiers and Family members at airport
- l.* Transport Soldiers and Family members from airport to unit
- m.* Family Readiness Support Assistant (FRSA) supports Family Readiness Group (FRG) for WTU
- n.* Conduct initial Soldier needs assessment IAW checklist (Appendix B-2)
- o.* Conduct mandatory briefings (Traumatic Brain Injury (TBI) / Post Traumatic Stress Disorder (PTSD))
- p.* Assess Soldiers for Community Based Health Care Organization (CBHCO) referral
- q.* Conduct Behavioral Health assessments according to MEDCOM SOP for Behavioral Health Care Management of Service Members Receiving Care at WTUs and CBHCOs; and local ERMCMC WTU Behavioral Health and Risk Management policies.
- r.* Ensure Line of Duty (LOD) investigations are completed
- s.* Conduct Soldier/Family transition planning
- t.* Process convalescent leaves

### **4-2. WTU Triad**

The Triad: Primary Care Manager (PCM), Nurse Case Manager (NCM), and Squad Leader (SL) work together to collect Soldier data and information and develop a plan of care specific to each Soldier that addresses medical treatment, administrative support needs and disposition. Each member of the WTU Triad works together to ensure advocacy for Warriors, continuity of care, and a seamless transition into the force or return to a productive civilian life.

### **4-3. Primary Care Manager (PCM)**

- a.* One PCM per 200 WT. Provides primary oversight and continuity of health care and ensures the level of care provided is of the highest quality. The relationship developed between

the WT and their PCM is the basis for successful prevention-oriented, coordinated health care. WT benefits from consistent health care and improved overall health.

*b.* Discusses patient care requirements with gaining NCM, to determine if necessary healthcare resources are available and care and accommodations are available.

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

*d.* PCM will complete Suicide and Homicide Risk Screening on WT prior to their departure for barracks or place of residence on the first night or ensure that WT is seen by Behavioral Health to complete this assessment. 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.

*e.* 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?

*f.* 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 Armed Forces Health Longitudinal Technology Application (AHLTA) for each screening.

*g.* 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. Nurse Care Manager (NCM)**

*a.* One NCM per 36 WT (HMEDDAC and BMEDDAC WTU; 1 NCM per 18 WT LRMC WTU). The NCM is a licensed healthcare professional (Army Nurse) works with the WT throughout the medical treatment, recovery, and rehabilitation phases of care. The NCM assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet Soldier's health needs.

*b.* Responsibilities:

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

2) 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.

3) Reviews AR 40-400 guidance (Annex A) to determine if the Soldier meets eligibility criteria.

4) Discusses patient care requirements with gaining WTU PCM, to verify if care and accommodations are appropriate.

#### **4-5. Squad Leader (SL)**

*a.* One SL per 12 WT. NCO responsible for all that the WT does or fails to do. The squad leader works as part of the Triad providing for the care of the Warrior and his/her Family.

*b.* Responsibilities:

1) Provides direct C2 support for the WT. Ensures the Warrior is attending necessary medical and administrative appointments.

2) Maintains accountability of their Soldiers and equipment.

3) Links WT to Soldier and Family Assistance Center (SFAC) for administrative services and benefits.

4) Submits requests for awards and decorations; ensures that the Warrior's records are transferred from losing unit to gaining unit.

5) Inspects the condition of Soldiers' billeting, clothing, and equipment.

6) Keeps the platoon sergeant/leader informed on squad's medical status and requirements.

#### **4-6. Warrior in Transition Expectations/Responsibilities**

*a.* WTs are reminded that they must conduct themselves as Soldiers at all times. They are expected to refrain from any conduct that is criminal, prejudicial to good order and discipline, or of a nature to bring discredit to the Armed Forces. Any WT committing misconduct may be disciplined in accordance with the Uniform Code of Military Justice (UCMJ).

*b.* Warriors In Transition will be responsible for the following upon assignment to a WTU:

1) Make all medical and administrative appointments

2) Participate in physical training within the limits of their profile

3) Participate in a work program/cognitive enhancing activity

4) Remain in compliance with local WTU policies and procedures

5) Actively participate in the developed Comprehensive Care Plan

#### **4-7. Unit Responsibilities**

*a.* Unit O-5 level Commanders must complete one of the two following actions for each Soldier who meets the WT eligibility criteria. This action must be completed within 30 days of determining that the Soldier meets the eligibility criteria.

1) Nominate the eligible Soldier for assignment or attachment to a WTU.

2) Retain the eligible Soldier at the unit after approving a Risk Mitigation Matrix and implementing risk mitigation measures.

*b.* Soldiers who meet the eligibility criteria per the definition of a 'Warrior in Transition' will generally be assigned or attached to the Warrior Transition Unit (WTU). Assignment or attachment to the WTU will be the rule for these Soldiers. Only in rare instances will Soldiers who meet the criteria in this definition not be transferred to the WTU.

*c.* The chain-of-command is responsible for completing and approving the Risk Mitigation Matrix. Providers will assist the chain-of-command by providing necessary medical input for the Risk Mitigation Matrix. To expedite the process, providers will complete the medical assessment portions of this form and forward it to the Soldier's chain-of-command when writing profiles for three or more months, when assignment to a WTU might be indicated.

*d.* The purpose of the Risk Mitigation Matrix is to assist Commanders in identifying those WT eligible Soldiers who may be at the most risk remaining at their units. This allows Commanders to prioritize these Soldiers for assignment or attachment to a WTU.

## **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 workings 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 ERMC 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) ERMIC 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 ERMIC WTU

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

## **5-6. WT Soldiers Transferred from ERMIC 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 WTs 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 Soldiers 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 Soldiers 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 WTs with psychiatric conditions or mobility issues).

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

## **5-7. WTU Medical Transition Facility (MTF) Points of Contact**

*a.* WTU:

- 1) LRMC: WTU.Landstuhl@amedd.army.mil
- 2) Heidelberg MEDDAC: WTU.heidelberg@amedd.army.mil
- 3) Bavaria MEDDAC: WTU.Bavaria@amedd.army.mil

*b.* MEB POCs (MTF PEBLOs):

- 1) LRMC: Mr. Alfred, jean.alfred@amedd.army.mil, 486-8224.
- 2) HMEDDAC: Mr. Marcu, julian.marcu@amedd.army.mil, 371-2367.
- 3) BMEDDAC: Mrs. Wright, petra.wright@amedd.army.mil, 476-2533.

## **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.

## **6-4. Active Engagement of WTs**

*a.* MEDCOM Comprehensive Care Plan Policy for WTUs has directed that all Warriors spend their duty day actively engaged with medical appointments, rehabilitation activities, and cognitive or vocationally enhancing activities.

*b.* The following are examples of acceptable activities:

1) Medical or rehabilitation appointments or instruction.

2) Cognitive enhancing activities, to include military education distance learning courses, college courses, foreign language study, and like activities.

3) Vocational Training, to include on-the-job training and internship programs designed to complement the WT's vocational interests and further vocational skills.

4) Military related training activities, to include physical training, common Soldier skills, and MOS specific activities.

5) Other training activities, approved by the local WTU Commander, designed to heal the Soldier physically, mentally, socially, or spiritually.

*c.* WTU Cadre will coordinate with local garrison commands to find appropriate jobs or activities for each WT when required.

*d.* Garrison Commanders need to ensure that WTUs receive full support when attempting to coordinate for jobs or activities for WTs.

## **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, ERM C 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 ERM C 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) ERMC 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 ERMC 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. ERMC G1 will coordinate with HRC for WTU Cadre fills if there are no available personnel in the European theater.

**7-3. Cadre Surge Requirements**

WTU manning levels are based on approved TDA authorizations as well as the WT to cadre ratios (see leader to led ratios). “Surges” in WT population is defined as growth Squad Leader and/or Platoon Sergeant requirements when the WT population exceeds both TDA authorizations and 1:12 Squad Leader or 1:36 Platoon Sergeant ratio. In the event of "surges" within the WT population the Senior Mission Commander (SMC) will provide personnel assets from within the footprint to augment the current WTU cadre. The MTF commander will communicate immediate "surge" requirements to the SMC. The SMC will direct personnel within his or her footprint to be temporarily or permanently assigned to the WTU Cadre. The assignment of "surge" cadre will be coordinated by ERMC G1 in coordination with the USAREUR G1. NCM orders assigning the "surge" cadre to the WTU will be published by USAREUR G1.

**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.

Assignment Criteria for Primary Duty Positions

MOS/AOC SERIES	GRADE	JOB TITLE AND QUALIFICATIONS
02A00 or Branch Immaterial	O-3	Company Commander: Captain (O-3), Branch Immaterial, with at least 12 months prior successful Company Command (desired but not mandatory). Military Education Level 6, graduate of Captain’s Career Course. Combat veteran (preferred).
02A00 or Branch Immaterial	O-2	Company Executive Officer: First Lieutenant (O-2), Branch Immaterial, with at least 12 months prior successful Platoon Leader experience (desired but not mandatory). Military Education Level 7, graduate of Basic Officer Course. Combat veteran (preferred).
11Z5M or Branch Immaterial	E-8	First Sergeant: MSG with 12-24 months prior successful First Sergeant experience (desired but not mandatory).

		Combat arms or combat support background (preferred). Graduate of the First Sergeant Course (preferred). Combat veteran (preferred).
11B40 or Branch Immaterial	E-7	Platoon Sergeant: SFC with at least 24 months prior successful Platoon Sergeant or Drill Sergeant experience (desired but not mandatory). Combat arms, combat support, or combat service support background. Graduate of the Advanced Noncommissioned Officers Course. * A certain percentage must be female depending on the population of the WTU. Combat veteran (preferred).
11B30 or Branch Immaterial	E-6	Squad Leader: SSG with at least 24 months prior successful Squad Leader or Drill Sergeant experience (desired but not mandatory). Combat arms, combat support, or combat service support background. Graduate of the Basic Noncommissioned Officers Course. * A certain percentage must be female depending on the population of the WTU. Combat veteran (preferred).

b. Leader to Led Ratio: The WTUs are manned based primarily on TDA authorizations but also on the size of the WT population. Army and US Army Medical Command (USAMEDCOM) guidance dictates specific ratios of NCMs, PCMs, PSGs, SLs, and other health care professionals to the WT population. As a result, some MTFs may have battalion size WTUs, while smaller MTFs or medical department activities (MEDDACs) may have companies or detachments. Regardless of the size of the WTU, the organization should follow the basic model set forth in this document.

#### The Surgeon General's Approved Warrior Transition Unit Staffing Ratios

WARRIOR TRANSITION UNIT STAFFING RATIOS	
1 Company for every 200 WT	1 Senior Logistics Specialist for every 200 WT
1 Co Cdr and 1SG for every Company	1 Logistics Specialist for every 200 WT
1 XO for every Company with 150 WT	1 Patient Administration Specialist for every 200 WT
1 Platoon Sergeant for every 36 WT	1 Medical Evaluation Board Physician for every 200 WT
1 Squad Leader for every 12 WT	1 Primary Care Manager for every 200 WT

1 Nurse Case Manager for every 18 WT (MEDCEN)	1 Social Worker (Family Therapy qualified) for every 100 WT (1 to 50 at WRAMC and BAMC)
1 Nurse Case Manager for every 36 WT (MEDDAC)	1 Training Specialist for every 200 WT
1 Senior Human Resources Specialist for every 200 WT	1 Occupational Therapist for every WT Battalion
1 Human Resources Specialist for every 200 WT	1 Occupational Therapy Technician/Recreation Specialist for every 200 WT
1 Senior Finance Management Specialist for every 200 WT	

*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 ERMC 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 266<sup>th</sup> Pay Center of Excellence (PCE) or local Finance Customer Support Team (CST) for final processing.

(3) The 266<sup>th</sup> 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.

## **CHAPTER 8 MEDICAL BOARD SYSTEM**

### **8-1. Medical Evaluation Boards (MEB)**

*a.* Medical Evaluation Boards (MEB) are convened to document a Soldier's medical status and duty limitations insofar as duty is affected by the member's medical status. MEBs must be completed expeditiously. MEB appointments and consultations will receive priority access over all other categories of non-emergent patients. For duty related cases, MEB processing will not normally exceed 30 days (beginning on the date of the medical officer's narrative summary through the date forwarded to the PEB). Military occupational MOS/medical retention board (MMRB) results requiring referral to an MEB should be transmitted expeditiously to the MTF commander (AR 600-60). An MEB should be initiated within 30 days upon receipt of an approved MEB referral from an MMRB. Decisions regarding unfitness for further military duty because of physical or mental disability are prerogatives of PEBs (AR 635-40). MEBs will not express conclusions or recommendations regarding such matters. However, Entrance Physical Standards Boards (EPSBDs) will make decisions as to the member's fitness or unfitness for enlistment or induction.

*b.* Upon completion of the MEB and approval of the proceedings, the member will be counseled concerning the findings. If the member disagrees with the board, the member has three working days to prepare a written appeal for submission to the appointing authority. If no action is taken by the member within three working days, the board results will be forwarded, as if approved by the member, to the Service reviewing authority for further action.

*c.* After approval by the Service reviewing authority and a disposition is recommended, the member will be advised of the proposed disposition. The member will be afforded the opportunity to appeal the decision of the reviewing authority. The member will ordinarily have three working days in which to submit an appeal.

### **8-2. Physical Evaluation Boards (PEB)**

*a.* When a case is referred to a Physical Evaluation Board (PEB), all pertinent records will be sent to the board by the fastest means available. AR 635-40 addresses records and other administrative requirements for PEB adjudication. PEB are conducted CONUS only; Washington DC, Fort Sam Houston (San Antonio, TX) and Fort Lewis (Tacoma, WA). Washington DC conducts all Europe PEB.

*b.* The PEB results will be forwarded directly to the MTF where the patient is located. An informational copy will be provided to the appropriate Service reviewing authority.

*c.* Counseling on PEB findings will be the primary responsibility of the member's parent Service. However, (Physical Evaluation Board Liaison Officer) PEBLO counseling

arrangements may be established by mutual agreement between the appropriate Service reviewing authority and the MTF where the member is treated when it is beneficial to do so.

*d.* Temporary Duty (TDY) funding for appearances at formal PEB hearings will be the responsibility of the member's parent Service. For Army patients, this is the Soldier's unit of assignment.

*e.* Following the PEB, files are sent to the US Army Physical Disability Agency (USAPDA). PDA reviews and confirms cases after adjudication by the PEB. If a Soldier is found unfit by the PEB, the Physical Disability Branch transmits data to complete the orders process. Transition Process (TRANSPROC) assigns "Not Later Than 90 Days" separation after processing is complete at the PDA.

## **CHAPTER 9**

### **RESERVE COMPONENT PROGRAMS**

#### **9-1. Medical Retention Process (MRP)**

*a.* The MRP program applies only to RC Soldiers currently on active duty for contingency operations in support of the GWOT under partial mobilization 10 USC 12302 orders after 6 March 2004.

*b.* Soldier must have incurred an illness, injury, or disease, or aggravated a pre-existing medical condition in the line of duty.

*c.* As a general rule, a mobilized Reserve Component (RC) Soldier will remain on partial mobilization orders until an appropriate medical authority determines that the Soldier will not be able to perform military duties in that status, or that the Soldier will not have a sufficient number of days left on active duty after the medical condition improves to permit return to duty (RTD).

*d.* Military medical authority must determine a Soldier is not expected to RTD within 60 days from the time he or she is injured or becomes ill or if the Soldier could RTD within 60 days, but will have fewer than 120 days beyond the expected RTD date left on 10 USC 12302 partial mobilization order, then the Soldier will be converted from partial mobilization orders to MRP 12301(h) orders, subject to the Soldier's consent.

*e.* In the event of an emergent situation and the Soldier is unable to consciously make the decision to request or decline MRP, the legal next of kin has the authority to decide for the Soldier. If there is no legal next of kin, the unit commander will treat this case as an emergent case and request MRP orders on behalf of the Soldier.

*f.* Soldiers not eligible for MRP orders:

- 1) Soldiers in the Active Component (AC/COMPO 1).
- 2) Soldiers in the Active Guard and Reserve (AGR) program.
- 3) Soldiers mobilized under other than 10 USC 12302 partial mobilization orders for contingency operations in support of the GWOT and currently on active duty.

- 4) Soldiers mobilized under 10 USC 12302 partial mobilization orders who are found medically non-deployable by military medical authority within the first 30 days of mobilization and do not incur an in the line of duty illness, injury, or disease or aggravate a pre-existing condition. Soldiers identified during this period will be released from their mobilization order and returned to their respective RC.

- 5) Army policy requires a screening of all Soldiers for pre-existing conditions as soon as possible after mobilization to identify disqualifying pre-existing medical conditions, revoke the

mobilization order, and return these Soldiers within the first 25 days of the effective date of his or her mobilization date (M-day) to their respective RC. A RC Soldier with a pre-existing medical condition, not aggravated by his or her current call to active duty, will be released within the first 30 days of active duty.

(a) Soldiers identified with pre-existing medical conditions will be released from active duty (REFRAD), returned to his or her prior Reserve status, and returned to their home address.

(b) The RC command is responsible to take action to address the medical readiness of Soldiers released from 10 USC 12302 partial mobilization order and if necessary refer the Soldier to Army medical authority for further evaluation to determine if it is necessary to enter the Soldier into the Army PDES.

(c) Soldiers are subject to subsequent order to active duty upon resolution of the disqualifying medical condition.

6) Soldiers with a pre-existing medical condition not aggravated while on current call to active duty.

7) Soldiers with an in the Line of Duty Investigation (LDI) - No Determinations.

8) Soldiers with pending Uniformed Code of Military Justice (UCMJ) actions.

9) When military medical authority determines the Soldier is expected to RTD within 60 days of the time he or she is injured or becomes ill or will have at least 120 days left on USC 12302 partial mobilization orders beyond the expected RTD date, then the Soldier will be kept on partial mobilization orders and managed by the installation/unit to which he or she is assigned/attached.

10) Pregnancy. Pregnancy will not be a criterion for entry into the MRP program. A Soldier who is qualified for the MRP program who is also pregnant may be entered into the MRP program if the pregnancy will not interfere with the medical care provided for the qualifying illness or injury. A Soldier whose pregnancy interferes with the care, treatment or evaluation of her illness or injury will be REFRAD from the MRP program and may be brought back after the current pregnancy for the completion of her care or evaluation.

## **9-2. Medical Retention Process 2 (MRP2)**

*a.* RC Soldiers mobilized in support of a contingency operation may apply for MRP2 within six months from their date of REFRAD.

*b.* Soldiers not eligible for the MRP2 Program:

1) Soldiers discharged or separated from the Army are not eligible for the MRP2 program.

2) Soldiers in the Active Guard and Reserve (AGR) are not eligible for the MRP2 program.

3) Pre-existing Medical Conditions. Soldiers with a pre-existing medical condition not aggravated while on active duty.

4) In Line of Duty (LOD) - Determinations of “No” or “Not in Line of Duty”.

5) Soldiers in an approved Continuance on Active Duty Reserve (COAR) status.

6) Pregnancy will not be a criterion for entry into the MRP2 program. A Soldier who is qualified for the MRP2 program who is also pregnant may apply into the MRP2 program if the pregnancy will not interfere with the medical care provided for the qualifying illness or injury. A Soldier whose pregnancy interferes with the care, treatment or evaluation of her illness or injury

will be REFRAD from the MRP2 program. She may be brought back after the current pregnancy for the completion of her care.

### **9-3. Active Duty Medical Extension (ADME)**

*a.* For the purposes of this instruction, an RC Soldier is considered to be in a duty status during any period of active duty funeral honors duty, or inactive duty training; while traveling directly to or from the place at which funeral duty or inactive duty is performed; while remaining overnight immediately before the commencement of inactive duty training or between successive periods of inactive duty training, at or in the vicinity of the site of the inactive duty training, if the site is outside reasonable commuting distance of the member's residence; and while remaining overnight at or in the vicinity of the place the funeral honors is to be performed immediately before serving such duty, if the place is outside of reasonable commuting distance from the member's residence.

*b.* Soldier must have incurred or aggravated an in the line of duty service-connected injury, illness, or disease while in an individual duty training (IDT) or non-mobilization active duty status and that medical care will extend beyond 30 days.

*c.* Soldier must be found by military medical authority to be unable to perform his or her Military Occupational Specialty (MOS) / Area of Concentration (AOC) within the confines of a Medical Profile. A Department of the Army (DA) FORM 349 – Physical Profile will be used to document this determination.

*d.* Soldier must be medically approved by the ADME Medical Review Board to enter the ADME program.

*e.* Soldiers not eligible for the ADME Program:

- 1) Discharged or separated from the Army.
- 2) In the Active Guard and Reserve (AGR) program.
- 3) Pre-existing medical conditions not aggravated while on active duty or in IDT status.
- 4) Line of Duty Investigation (LDI) – No determinations.
- 5) Soldiers with a medical treatment plan that will not extend beyond 30 days.
- 6) Soldiers who have initiated, but not completed, elective medical courses of treatment.

These individuals should be released from active duty or IDT status and instructed to see their civilian providers for further care.

7) Currently on active duty for, or already REFRAD from, contingency operations if this injury, illness, or disease is connected to the mobilization period.

8) Pre-existing medical conditions that a Soldier was REFRAD from a mobilization order within the first 30 days of mobilization under the Army 25 Day Policy.

9) Pregnancy may preclude admission into the program if it prevents medical evaluation and treatment for the injury, illness, or disease incurred or aggravated in the line of duty for which the Soldier is applying.

*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.

#### **9-4. WTU RC Soldier categories**

WTU Soldiers fall into the following categories:

*a. Pre-Deployment:*

1) Soldiers found medically non-deployable by military medical authority after M-day through departure from the mobilization station and movement to an Outside the Continental United States (OCONUS) or CONUS assignment that incur an in the line of duty illness, injury, or disease or aggravate a pre-existing condition.

2) When military medical authority determines the Soldier is expected to RTD within 60 days of the time he or she is injured or becomes ill and will have at least 120 days left on USC 12302 partial mobilization orders beyond the expected RTD date, then the Soldier will be kept on partial mobilization orders and managed by the installation/unit to which he or she is assigned/attached.

3) If, at anytime, Army military medical authority determines the Soldier will not RTD within 60 days of the time he or she is injured or becomes ill, he or she is offered the MRP program. If the Soldier agrees to enter MRP, he or she is assigned to the installation Warrior Transition Unit (WTU) on 10 USC 12301(h) orders. If the Soldier declines the MRP Program, he or she is REFRAD back to their respective RC. Go to Section 14 of this document for further information on declination of the MRP program.

4) In the event of an emergent situation and the Soldier is unable to consciously make the decision to request or decline WTU orders, the legal next of kin has the authority to decide for the Soldier. If there is no legal next of kin, the unit commander will treat this case as an emergent case and request WTU orders on behalf of the Soldier.

*b. Deployment:*

1) Defined as Soldiers who are evacuated from a theater of operation or a CONUS mobilization assignment that incur an in the line of duty illness, injury, or disease or aggravate a pre-existing condition.

2) When the medical authority determines that a Soldier evacuated from a theater or CONUS assignment, and will RTD within 60 days from the time he or she is injured or becomes ill, and he or she will have at least 120 days left on his/her mobilization orders beyond the expected RTD date, the Soldier remains on active duty under UP 10 USC 12302. Soldiers remain

assigned to the WTU until Army medical authority determination returns the Soldier to duty. If, at anytime, the medical authority determines the medical condition will not be resolved within 60 days of incident, the Soldier is offered MRP.

3) If, at anytime Army medical authority determines the Soldier will not RTD within 60 days of the time he or she is injured or becomes ill, he or she is offered MRP. If the Soldier agrees to enter MRP, he or she is assigned to the installation WTU on 10 USC 12301(h) orders. If the Soldier declines MRP, he or she is REFRAD back to their respective RC. Go to Section 14 of this document for further information on declination of MRP orders.

*c. Post-Deployment:* Soldiers arriving at the demobilization station and determined by military medical authority to have an in the line of duty incurred illness, injury, or disease or aggravated pre-existing medical condition connected to the current deployment will be offered the MRP program. If the Soldier agrees to enter MRP, he or she is assigned to the installation WTU on 10 USC 12301(h) orders. Soldiers declining entry into MRP will be REFRAD to their respective RC. Go to Section 14 of this document for further information on declination of MRP orders.

*d. In-Patient:* When military medical authority determines that the Soldier will RTD within 60 days of the time he or she is injured or becomes ill and will have at least 120 days left on partial mobilization orders beyond the expected RTD date of the incident, the Soldier remains on active duty 10 USC 12302 orders and is assigned to the WTU. If the Soldier does not meet the above criteria to remain on 10 USC 12302 orders, the Soldier will be offered MRP orders. If the Soldier agrees to enter MRP, he or she is assigned to the installation WTU on 10 USC 12301(h) orders. Soldiers declining entry into the MRP program will be REFRAD to their respective RC. Go to Section 14 of this document for further information on declination of MRP.

*e. In-patient on 10 USC 12302 Partial-Mobilization Orders who becomes an outpatient:* When military medical authority determines that the in-patient WTU Soldier currently on 10 USC 12302 orders pending in-patient discharge will RTD within 60 days of the time he or she is injured or became ill and will have at least 120 days left on partial mobilization orders beyond the expected RTD date of the incident, the Soldier remains on active duty 10 USC 12302 orders and is assigned to the WTU. If the Soldier does not meet the above criteria to remain on 10 USC 12302 orders, the Soldier will be offered MRP. If the Soldier agrees to enter MRP, he or she is assigned to the installation WTU on 10 USC 12301(h) orders. Soldiers declining entry into MRP will be REFRAD to their respective RC. Go to Section 14 of this document for further information on declination of MRP.

*f. Inpatient or Outpatient on 10 USC 12301(h) MRP Orders:* Once a Soldier enters the WTU Program on MRP orders, he or she will remain on 10 USC 12301(h) orders until medical care is complete and the Soldier is RTD, or processed through the PDES. The Soldier's order status does not change if he or she moves between outpatient and in-patient status. Accountability: The WTU Commander will ensure the Soldier's status is correctly reflected in the MODS.

## **9-5. Authority**

*a. MRP2 Authority:* Memorandum from ASA (M&RA), subject Transition of Previously Mobilized Reserve Component Soldiers from Reserve Status to Active Duty for Medical Retention Processing 2 (MRP2) Status, 17 April 2006.

*b. ADME Authority:* The ADME program is authorized under DODI 1241.2, 30 May 2001. This procedural guidance will remain in effect until published in Army Regulations or rescinded

by Headquarters Department of the Army (HQDA), Deputy Chief of Staff (DCS), G-1. Proponent within the DCS, G-1 is DAPE-MPE-IP.

### **9-6. The MRP Program**

*a. Purpose / Intent:* The MRP program is designed to compassionately evaluate and treat the RC WT with an “in the line of duty” incurred illness, injury, disease or an aggravated pre-existing medical condition. To, as soon as possible, return Soldiers back to duty within their respective RC. If a return to duty is not possible, process the WT through the Army Physical Disability Evaluation System (PDES).

*b. Eligibility:* This program applies to outpatient and in-patient WTs currently on active duty mobilized under 10 USC 12302 partial mobilization orders for operations in support of the GWOT. Soldiers on active duty in support of GWOT under another authority will be handled on a case-by-case basis.

*c. Why the MRP program:* RC components mobilized in support of GWOT are authorized continuing care in active duty (AD) status. Once a medical authority determines that the Soldier will not be able to perform military duties in that status, or that the Soldier will not have sufficient number of days left on AD after the medical condition improved to permit RTD, the RC WT may be eligible for MRP.

*d. When is the RC WT eligible for MRP:* When a Soldier is not expected to RTD within 60 days from time of injury or illness, or, if the Soldier could RTD within 60 days, but will have fewer than 120 days left on his current mobilization orders.

*e. Where will the RC WT be stationed while in MRP:* The decision for WTU assignment will be made by the HRC-A in conjunction with the Triad (PCM, NCM, and SL).

### **9-7. The MRP2 Program**

*a. Purpose / Intent of (what is) MRP2:* The MRP2 program is designed to voluntarily return Soldiers back to temporary active duty, to evaluate or treat RC WT with unresolved mobilization connected medical condition that either was not identified or did not reach optimal medical benefit prior to their REFRAD.

*b. Applicability of (who is eligible for) MRP2:* This program applies to Warriors in Transition (WT) previously REFRAD from active duty Soldiers mobilized under 10 USC 12302 partial mobilization orders for operations in support of the GWOT. Soldiers previously on active duty orders in support of GWOT under another authority will be handled on a case-by-case basis. Soldiers on active duty orders not in support of GWOT might be eligible for Active Duty Medical Extension. A MRB must determine that the Soldier is eligible for MRP2.

*c. Purpose of the MRP2 program:* RC components mobilized in support of GWOT are authorized continuing medical care while in AD status. The MRP2 program is designed to address the recall of RC Soldiers with documented unresolved mobilization connected medical conditions. The Army will voluntarily recall to temporary active duty status, a WT with mobilization connected LOD medical issue to evaluate or treat the illness, injury or disease.

*d. RC WT eligibility for MRP2:* A Soldier is eligible with a documented LOD ‘yes’, documented unresolved medical issues, and a completed application submitted through the current chain of command. The RC Soldier has six months from the date of REFRAD to submit his application. The Soldier must still be a member of the Selected Reserves or the Individual Ready Reserve (IRR). HQDA, G1 is authorized to grant exceptions to policy.

*e.* Where will the RC WT be stationed while in MRP2: The decision for WTU assignment will be made by the HRC-A in conjunction with the Triad (PCM, NCM, and SL).

### **9-8. The ADME Program**

*a.* Purpose / Intent of (what is) ADME: The ADME program is designed to voluntarily place Soldiers on temporary active duty, to evaluate or treat RC WT with in-the-line-of-duty service connected medical conditions or injuries. To return Soldiers back to duty within his or her respective RC as soon as possible. If return to duty is not possible, process the Soldier through the Army PDES.

*b.* Applicability of (who is eligible for) ADME: The medical condition incurred or aggravated must have occurred while in an IDT or non-mobilization active duty status and that medical care will extend beyond 30 days. The medical condition must prevent the Soldier from performing his or her MOS / AOC within the confines of a Profile (DA FORM 3349) issued by military medical authority. An MRB must determine that the Soldier is eligible for ADME.

*c.* Purpose of the ADME program: The ADME program is authorized under DODI 1241.2, 30 May 2001. The intent of the ADME program is to treat and evaluate RC Soldiers for medical conditions incurred in the line of duty while receiving active duty pay and entitlements.

*d.* RC WT eligibility for ADME: A Soldier is eligible as soon as HRC-A receives a completed application (submitted with a documented “Yes” determination for an “in the line of duty” investigation, and a medical care plan submitted through the current chain of command). Once the Medical Review Board packet approves the packet, HRC-A will publish the orders. The Soldier currently must be a member of the Selected Reserves or the IRR.

*e.* RC WT stationing while in ADME: HRC-A in conjunction with the Triad (PCM, NCM, and SL) will make assignment decisions for WT placement.

## **CHAPTER 10 GARRISON SUPPORT**

### **10-1. Billeting**

*a.* Warrior Transition Unit (WTU) Cadre will work closely with the Garrison to arrange for available barracks space. If suitable WTU barracks space is not readily available the WT will remain in their unit barracks until billeting can be provided. In the event there is no available barracks space, the Garrison will notify the WTU Cadre for possible reassignment of the WT to another location.

*b.* At a minimum, each USAG with the exception of USAGs Benelux, Garmisch, and Livorno will provide a minimum of five first floor barracks rooms, accommodating 10 Soldiers. USAG Benelux will provide three rooms, accommodating 6 Soldiers. USAGs Garmisch and Livorno are not required to supply rooms. Garrisons will work closely with the WTU leadership at their location to monitor potential and expected WTs.

*c.* Single WTs will be housed in WTU barrack rooms specifically designated for them in their garrison. WTs that share barracks space with other units will not be placed on the Charge of Quarters (CQ) rosters. WTU and units that share the same barracks will complete Memorandums of Agreement and will establish policies.

*d.* WTs residing in government housing, government leased housing and privately rented off-post dwellings will not be relocated from their established residence.

## **10-2. Standards**

*a.* Baseline housing standards for the execution of the Army Warrior Transition Housing Standards are described in Annex Q of DA EXORD 118-07 and Annex O of IMCOM EXORD 07-003, Army Medical Action Plan.

*b.* Housing will comply with standards in DoDD 4165.63M, DoD memo, 18 SEP 07, Subject: DoD Housing Inspection standards for Medical Hold and Medical Holdover Personnel, AR 420-1, and IMCOM-Europe WTU Facility Guidance, 27 August 2007. The facilities housing WTs will be accessible based upon the medical needs of specific occupants as certified by the WTU Commander. Garrisons will ensure facilities housing WTs will be in overall good condition with no major deficiencies in building systems, such as but not limited to, electrical, HVAC, and plumbing. WTUs will make maximum use of assigned billets for housing WTs. WTU Cadre will coordinate any special housing requirements for WTs based on medical needs or family status with the garrison Director of Housing.

*c.* IMCOM-Europe and its Garrisons will provide the WTU with loaned equipment as outlined in Annex O of IMCOM EXORD 07-003. Equipment will include, a computer/laptops, TV/DVD, and household goods/furnishings. Loaned equipment will only be provided when the WT does not own comparable equipment.

*d.* The Garrisons will provide service contracts; examples include cleaning, grounds maintenance, and snow removal for WTs who have been medically certified by the WTU or MTF commander as requiring such service. Service contracts for WTs must be re-certified on a monthly basis by the WTU or MTF Commander. These standards only apply to WTs living in Department of Defense (DoD) owned or administered housing. These standards do not apply to WTs living in privately owned or leased housing.

*e.* Damage or loss of equipment or furnishings will be charged to the individual or WTU using standard Army procedures for loss recovery IAW AR 735-5.

## **10-3. Requirements**

*a.* Furnishings – Household furnishings will be provided IAW AR 420-1 and IMCOM Annex O to DA EXORD 118-07, when the WT does not own comparable furnishings or maintains a household at another installation. Household furnishings will be provided from existing garrison inventories or through a blanket purchase agreement (BPA) established by the garrison with local furniture/appliance leasing companies. Garrisons will submit funding requirements through the regions to HQ, IMCOM for funding or reimbursement. Home furnishing packages should be IAW AR 420-1 and include at a minimum:

1) Living room: sofa, chair, coffee table, end table, table lamp and a floor lamp.

2) Dining room: table and a minimum of four chairs (number of chairs should be based on family size and other requirements).

3) Bedroom: Headboard, bed frame, mattress and box spring, nightstand, dresser with mirror, and table lamp. Number of bedroom sets should be based on family size and other requirements. Queen size beds will be standard for adults and twin beds standard for children.

4) Laundry Equipment: A residential quality washer and dryer will be provided, if not already present.

5) Kitchen Equipment: A stove, microwave, and refrigerator oven will be provided, if not already present.

*b.* Household goods – Household goods will be provided IAW 420-1 for WTs, when the WT does not own comparable goods or maintains a household at another installation. Household

goods will be provided from existing garrison inventories or through BPAs established by the garrison with local leasing companies. Garrisons will submit funding requirements through the region to HQ, IMCOM for funding or reimbursement. At minimum, WTs will be provided with linens, table ware (plates, cups, and silverware), and cook ware to support four persons. The amount of household goods provided to WTs will be adjusted based on number of family members or non-medical attendants residing with the WT.

c. Electronics – WTs will be issued the following electronics as loaned equipment while assigned to the WTU, if the WT does not own comparable equipment. The Garrison will contract through Family and MWR Command (FMWRC), Army Recreation Machine Program (ARMP) for and supply all electronic equipment to Garrisons as required using a standard configuration to ensure continuity of service across the Army. Garrisons will be responsible for inventory of items and sub-hand receipting items to the WTU IAW AR 735-5. Garrisons which have already acquired hardware or services will be grandfathered into the program after all other requirements have been met. The Garrison ICW FMWRC, ARMP will supply the following types of electronics for WTs assigned to WTUs:

1) Computers: A laptop computer capable of supporting a recreational and educational environment will be provided. The configuration will include: 100 GB Hard Drive, 1 GB main memory, an Intel Core-Duo Processor or equivalent operating at 1.8Ghz or faster, a standard 17"-19" monitor, keyboard, mouse and a CAC card reader.

2) Interface equipment: DSL modems and WiFi access cards will be provided based on the type of internet access services available.

3) Software: The computer will come installed with Windows Vista Home or Professional Edition, integrated web browser, Open Office (OSI certified productivity software compatible MS Office), Adobe Acrobat Reader, QuickTime, iTunes, VLC, Army Licensed Form Filling Software, Firefox Browser, CAC software, DOD root certificates, ARMY licensed antivirus software and spyware removal tools.

4) Service and Maintenance: Electronic equipment will be maintained and serviced by FMWRC, ARMP. Computers will not be reissued to another WT until the system has been serviced by FMWRC, ARMP. The WTU will be responsible for coordinating with the ARMP in order to return equipment turned in by departing WTs.

5) Peripheral Equipment: All computers will be provided appropriate power supplies, batteries, remote controls and appropriate cables.

6) Phones: Standard Local limited DSN with 800 number access will be provided.

7) Television: Flat Panel LCD TV's 28" – 32" diagonal presentation with integrated DVD capabilities of reading all forms of North American video formats will be provided. If this particular configuration is unavailable a separate DVD player with appropriate cables and controls to operate the equipment will be provided.

8) Peripheral Equipment: All televisions will be provided appropriate power supplies, batteries, remote controls and appropriate cables.

#### **10-4. Services**

a. Region Morale, Welfare, and Recreation (MWR) and Recreation Chief Information Officer (RCIO) contract for Internet access and basic Cable TV services for WTs living in UPH AFH . These services will be supplied at no charge to the WTs.

1) Internet Service: Service will be provided by contract with TKS. Depending on the facility these services will be provided either through DSL, Cable Modem or WiFi wireless

access. The decision on service delivery method will be based on a given building's capability to support a particular technology. When services are provided every effort will be made to manage and restrict content based on generally acceptable norms within the Army community.

2) Local Telephone Service: Region RCIO will coordinate with 5th Signal Command for the installation of local DSN service with 800 access numbers for use of calling cards.

3) Basic Cable: Service will be provided TKS by contract. FMWRC, ARMP will assume responsibility for the contract after 31 March 2008. Pay-per-view and other premium services will not be provided.

4) WTs already residing in RCI, American Family Housing (AFH) or other DoD contracted housing that have existing service agreements for telephone, internet access and basic cable/satellite services through established local service providers will be reimbursed thru the SFAC by a process to be defined by IMCOM-E. WTs are responsible for payment for all services.

*b.* FMWRC, ARMP will provide customer phone support for WTU loaned computer equipment during normal business hours. The contact information will be distributed when a WT is issued a computer system.

## **10-5. Additional Services/Equipment**

### *a.* Cleaning Contracts.

1) Household Cleaning: WTs unable to perform normal household cleaning functions for medical reasons that do not reside with a non-medical attendant or other family members will be provided with contracted cleaning services. These services should be delivered to WTs through a modification of an existing garrison janitorial service contract.

2) Specialized Cleaning: WTs with medical conditions that have a high risk of infection, are unable to perform specialized cleaning functions for medical reasons, and are living without a non-medical attendant or other family members will be provided with hospital grade cleaning services. These services will be delivered through modification of an existing medical treatment facility janitorial service contract. The garrison will then reimburse the MTF for the cost of providing the service to the WT.

3) Grounds Maintenance: WTs unable to perform normal grounds maintenance, for example mowing grass, snow removal, for medical reasons and residing without a non-medical attendant or other family members will be provided with contracted grounds maintenance services. These services should be delivered to WTs through a modification of an existing garrison grounds maintenance service contract.

4) Special Equipment: WTs requiring special equipment, such as special water temperature regulator add-on bidet, because of a medical condition housed in DoD owed facilities will have that equipment purchased and installed by the garrison Department of Public Works (DPW) or contracted labor.

## **10-6. Funding**

All service and support to WTs and WTUs will be funded with supplemental dollars in FY08 and FY09. Garrisons through the Region should submit the initial funding requirements for funding to the HQ IMCOM Resource Management. Subsequent funding or reimbursement requests should be submitted on a monthly basis.

## **CHAPTER 11**

### **SOLDIER AND FAMILY ASSISTANT CENTER**

#### **11-1. 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.

#### **11-2. 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.

#### **11-3. 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.

#### **11-4. 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.

#### **11-5. Priority Care**

The SFAC and all supporting agencies will provide immediate assistance to WT/WTU Soldiers and Families upon arrival. WT/WTU Soldiers and Families are authorized priority service at all SFAC and supporting agencies. Facility signs will be posted at the SFAC and supporting agencies which inform all customers of the priority service.

#### **11-6. Local WTU Community Meetings**

WTU Community Meetings will be held monthly at a minimum, or more often if the WTU Commander feels it is needed. Required attendees for the monthly WTU community meeting are the local MTF Commander (can be delegated to the Clinic Commander) and Garrison Commander (or appropriate representative). Garrison Commander dictates which garrison directorate representatives will attend, in addition to agency representatives requested by the WTU or Garrison Commander. Garrison Commander will ensure that accurate meeting minutes are taken and archived. WTU Cadre and WT Soldiers and their Families shall attend the monthly WTU Community Meetings, as specified by WTU command.

### **11-7. Supporting Agencies**

A variety of local agencies will work together to ensure advocacy for WT and WTU continuity of care, and a seamless transition into the force or return to a productive civilian life. At a minimum, the following local proponents will be included in the coordination mission. The local proponents will provide updated information papers, contact information, and other relevant data to the SFAC Specialist. All proponents will also provide services in the SFAC should their respective facility be inaccessible to WT and their Families:

- a.* Directorate of MWR/Family Programs/ACS
- b.* Directorate of Human Resources (DHR)
- c.* American Red Cross (ARC)
- d.* Chaplain
- e.* Dental Clinic
- f.* Department of Defense Dependent Schools (DoDDS)
- g.* Directorate of Logistics (DOL)
- h.* Directorate of Public Works (DPW)
- i.* Equal Employment Office (EEO)
- j.* Finance Office
- k.* Information Management Office (IMO)
- l.* Directorate of Emergency Services
- m.* Public Affairs Office (PAO)
- n.* Staff Judge Advocate (SJA)
- o.* Garrison Safety Office
- p.* U.S. Army Health Clinic
- q.* Deployed units
- r.* Civilian Personnel Advisory Center (CPAC)
- s.* U.S. Forces Customs – Europe (USFC-E)

### **11-8. Responsibilities**

- a.* Directorate of Morale, Welfare, and Recreation
  - 1) ACS Officer will:
    - (a) Ensure all ACS programs and services are modified as necessary to support WT/WTU as appropriate, and to provide priority services to WT/WTU.
    - (b) Exercise supervisory control over the SFAC Specialist.
    - (c) Serve as the USAG Commander's POC/SFAC advisor, and provide garrison command representatives with periodic SFAC status reports.
  - 2) The SFAC Specialist will:
    - (a) Direct SFAC operations and serve as a coordination point for other organizations and agencies both on and off the installation to include Federal, State, Regional and host nation Services.
    - (b) Conduct briefings and training to supporting staff/agencies and Commanders.
    - (c) Maintain appointment orders of all organizational POC and alternates.
    - (d) Compile after-action reports and recommendations for improving procedures.
    - (e) Maintain SFAC "Smart Book" which contains supporting agency information and other material helpful to WT and their Families. Smart Book Fact Sheets will outline service agency capabilities, POC and alternate names, phone numbers, email addresses, operating hours,

location, operating procedures, frequently asked questions, and other information needed to assist WT and their Families. Fact Sheets will be kept current at all times.

(f) Schedule SFAC meetings as deemed necessary for effective coordination and communication, to include monthly WTU Community Meetings.

(g) Supervise SFAC Volunteers.

(h) Coordinate with USAG Command Sergeant Major to place WT in meaningful temporary jobs as required.

3) All ACS staff will:

(a) Attend WT and SFAC related training as directed.

(b) Augment SFAC interim staffing.

(c) Be knowledgeable on SFAC policies and procedures.

(d) Serve as telephonic SFAC POC after hours as directed by the ACS Director.

(e) Notify the SFAC Specialist of unusual WT/WTU and SFAC related issues.

(f) Provide WT/WTU and SFAC program support as appropriate to the SFAC Specialist. Expedite processing of WT Family requests for temporary schooling as required.

(g) Maintain SFAC client contact logs.

4) ACS Employment Assistance Program Manager will:

(a) Provide full range of employment assistance services for Family members and will provide referrals and resources for Soldiers.

(b) Identify those WT who desire or require meaningful work to the SFAC.

(c) Coordinate with USAG CSM to place WT in meaningful temporary jobs as required.

5) ACS Relocation Program Manager will develop a current Welcome Package tailored to meet the needs of WT/WTU personnel and Families and coordinate Welcome Packet delivery as needed.

6) Army Volunteer Corps Coordinator (AVCC) will:

(a) Recruit and screen potential SFAC volunteers.

(b) Coordinate SFAC volunteer training with the SFAC Specialist.

7) Army Emergency Relief (AER) Assistant will provide priority emergency financial assistance IAW regulatory guidance and assessment and referral for financial issues.

8) Army Lodging will:

(a) Provide priority in temporary billeting for visiting family members and coordinate requests for billeting requirements.

(b) Maintain and provide to the SFAC Specialist a list of off post billeting facilities.

9) Child and Youth Services (CYS) will:

(a) Coordinate priority childcare for WT/WTU Families.

(b) Provide staff for short-term alternative childcare sites when necessary.

(c) Coordinate information between SFAC, supporting agencies, and DoDDS as necessary.

10) MWR Recreation will schedule and ensure recreation and leisure programs are available and accessible to WT/WTU personnel as appropriate.

*b. Directorate of Human Resources:*

1) Alcohol Substance Abuse Program (ASAP) will provide assessment, referral, and intervention services to WT and their Families.

2) Army Continuing Education Services (ACES) will provide for access to all ACES education programs, facilities, and services.

- 3) Army Career and Alumni Program will:
  - (a) Ensure all WT receive pre-separation counseling on transition services and benefits.
  - (b) Ensure that WT are scheduled to attend the next available 4 hour Veteran's Affairs (VA) Benefits Briefing, 2.5 day TAP Employment Workshop, and 2 hour Disability TAP Briefing.
  - (c) Inform WT of AW2 Transition Program.
  - (d) Encourage participation and make available additional ACAP services based upon the needs and desires and of the individual.
- 4) Military Personnel Division will:
  - (a) Process ID cards as required.
  - (b) Process requests for temporary logistical support for non-DoD Family members and attendants.
  - (c) Prepare ration cards as required.
  - (d) Prepare out-processing checklists and assist with expediting priority out-processing.
- 5) Transition Center will expedite priority transitioning out of the Army as required.
- c. American Red Cross (ARC) will provide for emergency communications and other services within local office capabilities.
- d. Chaplain will:
  - 1) Coordinate individual and group crisis intervention counseling as appropriate.
  - 2) Refer clients to other agencies depending on the client need.
  - 3) Receive and assess client referrals from other agencies, units, or commanders.
  - 4) Provide spiritual guidance to WT/WTU personnel as requested.
- e. Dental Clinic will provide services as necessary.
- f. Department of Defense Dependent Schools (DoDDS) will:
  - 1) Ensure that command-sponsored Families of WT/WTU personnel are given priority to the full range of services provided from the schools.
  - 2) Ensure faculty is sensitive to the particular needs of the Families of WT/WTU personnel.
- g. Directorate of Logistics will:
  - 1) Coordinate with the SFAC Specialist for Family member transport to and from medical facilities, Vehicle Registration, and other outlying service agencies.
  - 2) Provide transportation to and from SFAC supporting agencies as needed.
  - 3) Assist in making transportation arrangements for Wounded Soldiers/WTU personnel and Family members' request/authorization.
- h. Directorate of Public Works will:
  - 1) Provide priority emergency housing/maintenance assistance as needed.
  - 2) Conduct a survey to report facility accessibility issues and conduct repair as funded.
- i. Equal Employment Office (EEO) will:
  - 1) Brief WT/WTU personnel on EEO policies and programs.
  - 2) Provide assistance with appropriate WT/WTU Policies.
  - 3) Assist in obtaining computer/electronic assistive devices for Soldiers to recover and perform their jobs.
- j. Finance Office will assist WT/WTU and Family members with travel and other financial issues.

k. Information Management Office will coordinate support for Wounded Soldier/WTU program automation, software, and communication requirements.

l. Directorate of Emergency Services will:

- 1) Provide for routine base access.
- 2) Provide for vehicle registration processes.

m. Public Affairs Office will:

- 1) Coordinate public information release guidelines.
- 2) Periodically publicize as necessary ALARACT 186/2007 Uniform Wear Policy Changes for Soldiers Assigned to the WTU, DTG 231938Z AUG 07, which states Soldiers assigned to a WTU will continue to wear their organizational headgear and shoulder sleeve insignia (SSI) authorized from their last unit of assignment. Cadre assigned to MEDCOM will wear the MEDCOM SSI and the black beret.

- 3) Ensure accordance with Public Affairs Guidance, according to the Army Medical Action Plan (AMAP). (Appendix B-9)

- 4) Coordinate any further guidance and instruction from ERMCA PAO.

n. Staff Judge Advocate will provide priority legal assistance for WT/WTU personnel.

o. Garrison Safety Office will review off-post living quarters of any WT/WTU personnel as required.

p. Health Clinic will:

- 1) Maintain liaison with all appropriate agencies in order to identify and maintain listings of all Wounded Soldier/WTU eligible personnel in the USAG area of responsibility.

- 2) Establish an outreach program to further aid in identifying Wounded Soldier/WTU eligible personnel who might not otherwise be identifiable via more traditional means. Outreach program should include, but not limited to local organizations such as: Disabled American Veterans (DAV), Veterans of Foreign Wars (VFW), American Legion, Veterans Administration (VA), etc.

- 3) Provide the SFAC Specialist with current information to include:

- (a) Current number of Soldiers in Wounded Soldier/WTU.
- (b) Coordination efforts taken to support these Soldiers with USAG/units.
- (c) Rehabilitation plans (general overview).

q. Deployed units will provide current list and status of WT and Families to DHR and the SFAC Specialist.

r. CPAC will assist WT as needed ICW the MTF and the SFAC Specialist.

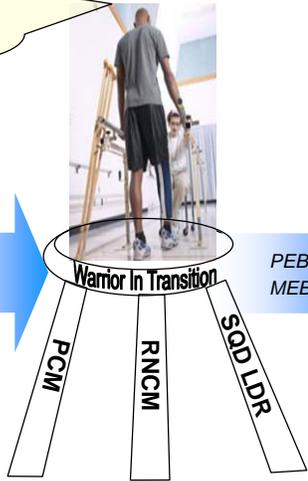
s. USFC-E will provide customs customer services and briefings upon request. A POC listing for USFC-E Field Offices and an array of U.S. and host nation customs information is available at <http://www.hqsareur.army.mil/opm/customs.htm>

**ANNEX A  
WTU Charts**

**A-1 Warrior in Transition**

*Warriors in Transition*

"I am a Warrior in Transition. My job is to heal as I transition back to duty or continue serving the nation as a veteran in my community. This is not a status but a mission. I will succeed in this mission because I am a Warrior and I am Army Strong!"

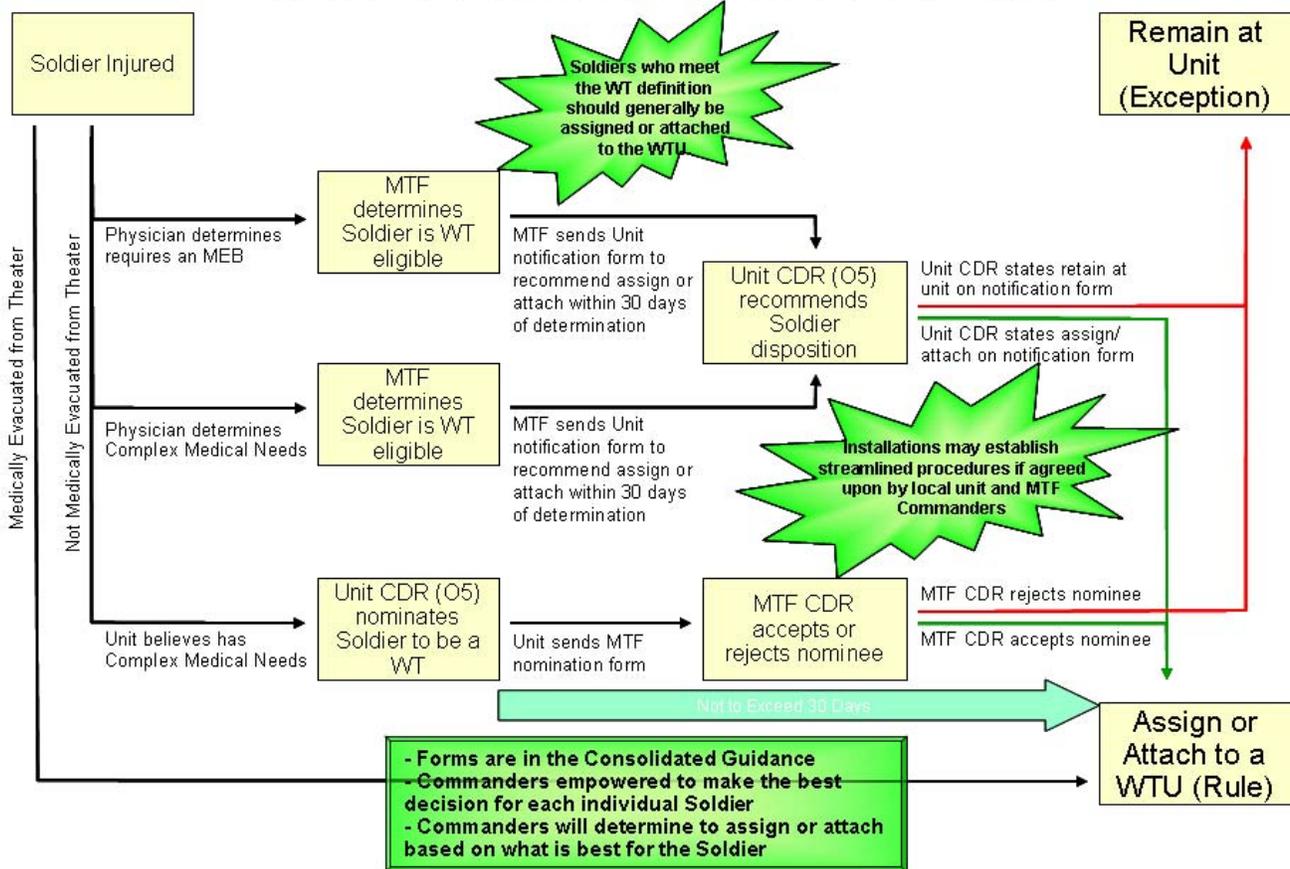


- Legend:**  
 SFAC: Soldier Family Assistance Center  
 AW2: Army Wounded Warrior Program  
 PCM: Primary Care Manager  
 RNCM: Registered Nurse Case Manager  
 SQD LDR: Squad Leader  
 PEBLO: Physical Eval Board Liaison Officer

**Administrative Services & Benefits** + **Clinical Services & Leadership** = **Total Continuum of Warrior Care**

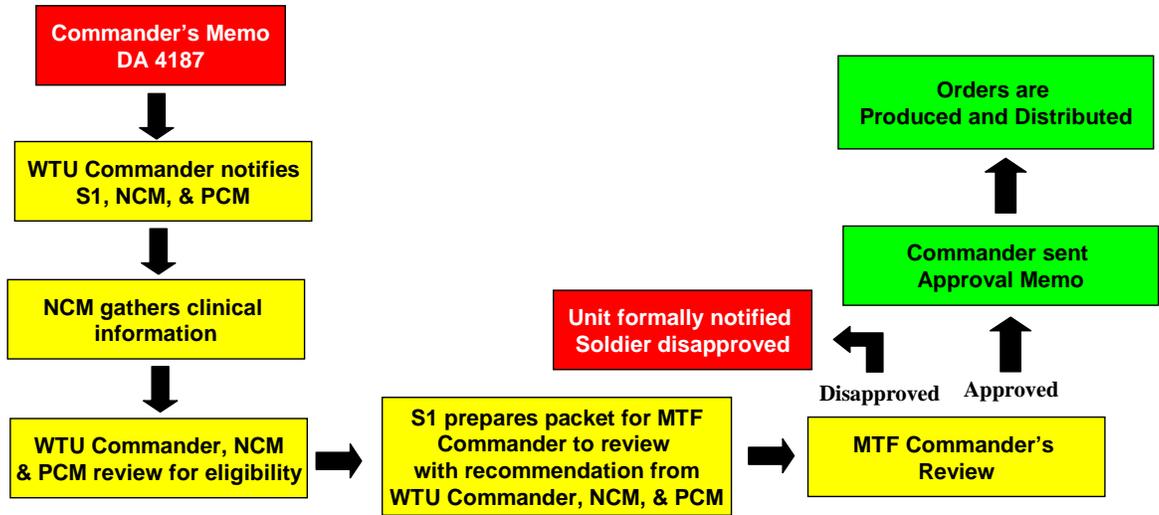
## A-2 WTU Admission Process

# WTU ADMISSION PROCESS



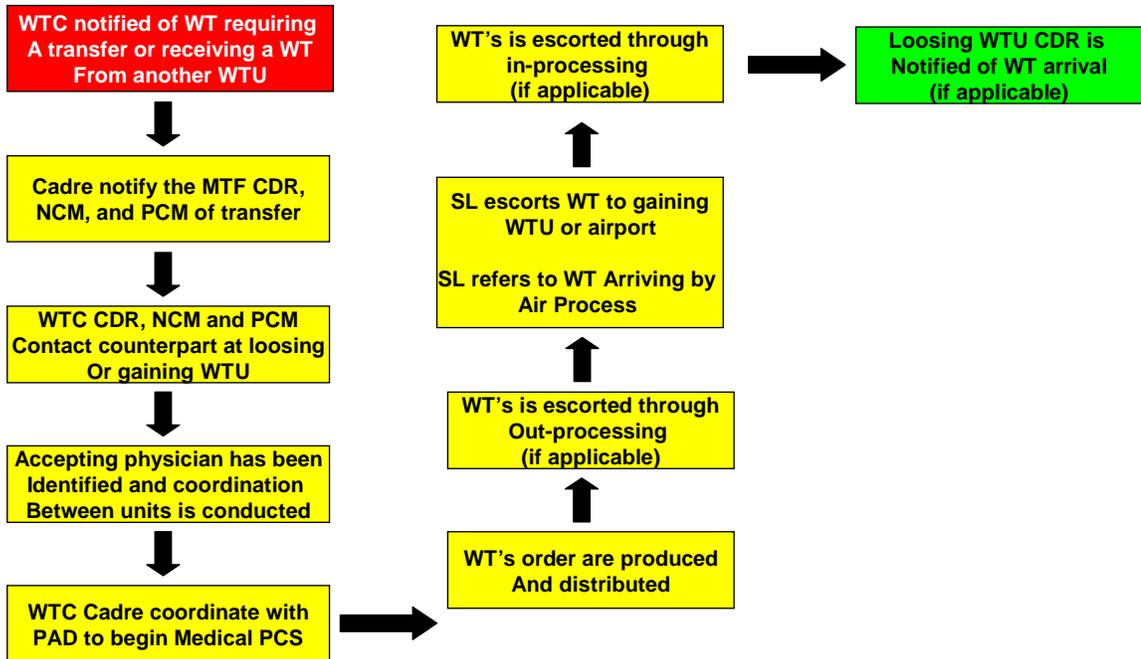
# A-3 WTU Acceptance Procedures

## WTU Acceptance Procedure



## A-4 WTU to WTU Transfer Procedures

### WTU to WTU Transfer Procedure



**ANNEX B**  
**Sample Memorandums and Forms**

**B-1 Commander's Statement, Request for Assignment to WTU**

**Letterhead**

**Office Symbol**

**Date**

MEMORANDUM THRU: **COL Level Commander**

FOR: Commander, WTU Heidelberg, CMR 442, APO AE 09042

SUBJECT: Commander's Statement, Request for Assignment to WTU

SM RANK and NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

UNIT: \_\_\_\_\_

CURRENT DUTY LOCATION: \_\_\_\_\_

1. Request \_\_\_\_\_ be / not be reassigned to the Warrior Transition Unit.

2. Please initial the applicable box.

\_\_\_\_\_ 1. Soldier has a P3 Profile and has started an MEB. The unit requests the Soldier be reassigned to the appropriate WTU while completing the medical board process.

\_\_\_\_\_ 2. Soldier has healthcare issues that require complex care for greater than 6 months.

\_\_\_\_\_ 3. I will ensure Soldier attends all medical appointments for the facilitation of their MEB/PEB and is afforded the opportunity to fully utilize transitional services provided by the Army.

3. Commanders initials certify that following statement is correct:

\_\_\_\_\_. This Soldier is not charged or under investigation for an offense chargeable under the UCMJ and is not pending voluntary or involuntary administrative separation under AR 635-200 (Enlisted) or AR 600-8-24 (Officer).

4. Complex Care Requests. List the Soldiers complex care medical needs and the rehabilitative measures taken.

5. POC for this request is \_\_\_\_\_, at phone number \_\_\_\_\_ and email address \_\_\_\_\_.

Signature Block

WTU.Landstuhl@amedd.army.mil – use this email to send WTU reassignment requests if the Soldier lives in the following communities: Landstuhl: Kaiserslautern, Baumholder, Wiesbaden, Dexheim, Belgium, Italy, Greece, England, Spain, Kuwait.

WTU.Heidelberg@amedd.army.mil -- use this email to send WTU reassignment requests if the Soldier lives in the following communities: Heidelberg, Mannheim, Coleman, Darmstadt, Hanau, Stuttgart.

WTU.Bavaria@amedd.army.mil -- use this email to send WTU reassignment requests if the Soldier lives in the following communities: Vilseck, Schweinfurt, Bamberg, Wurzburg, Grafenwohr, Hohenfels, Illisheim, Katterbach, Ansbach.

B-2 Example WTU In-Process Checklist

<b>WARRIOR TRANSITION COMPANY HMEDDAC</b>	
<b>NAME:</b> Last, First, MI _____	<b>CONTACT NUMBER:</b> _____
is <b>IN-PROCESSING</b> on this effective date _____.	
DAY 1	DAY 1
<p><b>1. In-processing Packet</b> _____</p> <ul style="list-style-type: none"> <li>- Welcome Packet</li> <li>- WTU Handbook</li> <li>- Told Handbook</li> <li>- MDT In-process Checklist</li> <li>- Initial Counseling</li> <li>- Wounded Warrior Reintegration Handbook</li> <li>- Outcomes Card</li> <li>- Wounded Warrior Profile Card</li> <li>- WTC Phone Tree</li> </ul> <p><b>2. Initial Counseling Complete</b> _____</p> <p><b>3. Copy of orders</b> _____</p> <p><b>4. AFPT Card (DA 788)</b> _____</p> <p><b>5. Copy of current Profile</b> _____</p> <p><b>6. Copy of Driver's License</b> _____</p> <p><b>7. Copy of Military ID</b> _____</p> <p><b>8. Data Sheet</b> _____</p> <p><b>9. EEB / ID #3</b> _____</p> <p><b>10. Rooms assigned (if required)</b> _____  <small>*** Rooms assigned having requirements are identified</small></p> <p><b>11. Family Care Plan (if required)</b> _____</p> <p><b>12. Weekly AEO consent</b> _____</p> <p><b>13. Awards Outstanding</b> _____</p> <p><b>14. Iron Calling Card</b> _____</p> <p><b>15. Leaving Unit Notification</b> _____</p> <p><b>16. Weekly/Order Name Tags</b> _____</p> <p><b>17. My MEB website</b> _____</p> <p><b>18. Suicide/Behavioral Health Assessment</b> _____  <small>***Social Worker - coordination</small></p> <p><b>19. Told assigned/ involved</b> _____</p> <p><b>20. PCM assigned in Tables / Update DEERs</b> _____</p> <p><b>21. Weekly consent &amp; screen appointments</b> _____  <small>***NCH - coordination</small></p> <p><b>22. FISA</b> _____</p> <p><b>23. Pharmacy Search</b> _____  <small>***Part of assessment</small></p> <p><b>24. FIBLO</b> _____  <small>*** Review FIBLO change with information in MIBIT</small></p> <p><b>25. Enter in DIMS</b> _____</p>	<p><b>26. Enter in MOCS-WT</b> _____  <small>*** EI - screen assigned not attached to UC WIERE</small></p> <p><b>27. Enter in MILPO</b> _____  <small>*** EI - screen assigned to UC WIERE</small></p> <p><b>28. Human Interview</b> _____</p> <p><b>29. Mail Room (if required)</b> _____</p> <p style="text-align: center;"><b>Within 72 hours</b></p> <p><b>1. COMBIC In-Info</b> _____</p> <p><b>2. ACAPT/APRODAPS Scheduled</b> _____</p> <p><b>3. Medical Record Transfer (if required)</b> _____</p> <p><b>4. Medication Reconciliation</b> _____  <small>***Initial done w/ NCH; finished w/ initial pill count and review of any                      Outdated medications &amp; etc. by Squad Leader</small></p> <p><b>5. Completed Re-integration briefing</b> _____  <small>***For WTs just returned from combat zone</small></p> <p><b>6. Completed FEERA</b> _____  <small>***For WTs just returned from combat zone</small></p> <p style="text-align: center;"><b>Within 1- Week</b></p> <p><b>1. Review Policies</b> _____</p> <p><b>2. Career Counselor</b> _____</p> <p><b>3. EO</b> _____</p> <p><b>4. Job Placement</b> _____</p> <p><b>5. Family/Warrior Orientation Brief</b> _____  <small>*Town Hall                      *Work Program                      *Complaint Process                      *Physical Training                      *ACAP                      *MEB                      *SFAC</small></p> <p><b>6. Separate Briefing</b> _____</p> <p><b>7. High Dollar Value Worksheet (if required)</b> _____</p> <p><b>8. Medication Counseling / Screening</b> _____  <small>***Coordination with SFAC</small></p> <p><b>9. Weekly/Check CIV</b> _____</p> <p><b>10. AWE</b> _____</p> <p><b>11. MIBPES Legal Arbitration</b> _____</p> <p><b>12. VA Rating Schedule</b> _____  <small>***Coordination with SFAC/CAP</small></p>

### B-3 Example Full Cost Move

<b>PERSONNEL ACTION</b>			
For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER			
DATA REQUIRED BY THE PRIVACY ACT OF 1974			
AUTHORITY:	Title 5, Section 3012; Title 10, USC, E.O. 9397.		
PRINCIPAL PURPOSE:	Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).		
ROUTINE USES:	To initiate the processing of a personnel action being requested by the soldier.		
DISCLOSURE:	Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.		
1. THRU (Include ZIP Code) COMMANDER (LOSING COMMAND - BRIGADE OR HIGHER) UNIT/CMR APO AE	2. TO (Include ZIP Code) COMMANDER	3. FROM (Include ZIP Code) COMMANDER (LOSING UNIT) UNIT/CMR APO AE	
SECTION I - PERSONAL IDENTIFICATION			
4. NAME (Last, First, MI) NAME OF SOLDIER	5. GRADE OR RANK/PMOS/AOC RANK AND MOS	6. SOCIAL SECURITY NUMBER 000-00-0000	
SECTION II - DUTY STATUS CHANGE (AR 600-8-6)			
7. The above soldier's duty status is changed from _____ to _____ effective _____ hours, _____			
SECTION III - REQUEST FOR PERSONNEL ACTION			
8. I request the following action: (Check as appropriate)			
<input type="checkbox"/> Service School (Enlist)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card	
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enlist)	<input type="checkbox"/> Identification Tags	
<input type="checkbox"/> Volunteering For Overseas Service	<input type="checkbox"/> Reentering In Army Personnel	<input type="checkbox"/> Separate Rations	
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassign to Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS	
<input type="checkbox"/> Reassign to Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB	
<input type="checkbox"/> Exchange Reassignment (Enlist)	<input type="checkbox"/> Other Candidate School	<input checked="" type="checkbox"/> Other (Specify) FCM	
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members		
9. SIGNATURE OF SOLDIER (When required) <i>Signature not required for command-directed moves</i>			10. DATE (YYYYMMDD) CURRENT DATE
SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)			
<p>1. Command requests a FCM of the Soldier to the Landstuhl/K-town Warrior Transition Unit.</p> <p>2. REASON: Soldier undergoing MEB OR Soldier medically qualified as "complicated care." The following information is provided:</p> <p>3. DEROS: (Must match ERB)</p> <p>4. ETS: (Must match ERB)</p> <p>5. ACCOMPANIED OR UNACCOMPANIED</p> <p>6. CURRENT UIC and LOCATION:</p> <p>7. REQUESTED REPORT DATE:</p> <p>8. SOLDIER LIVES IN BARRACKS: YES OR NO</p> <p>Losing Command will be filled IAW DA Manning Guidance.</p> <p><b>Encls:</b> 1) Medical Documentation verifying the need to move Soldier closer to treatment facility. Must be signed by attending physician 2) Transportation/Finance 3) EFMP Paperwork if Soldier has dependents</p>			
SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL			
11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -			
<input type="checkbox"/> HAS BEEN VERIFIED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> IS APPROVED <input type="checkbox"/> IS DISAPPROVED			
12. COMMANDER/AUTHORIZED REPRESENTATIVE FIRST 0-5 SIGNATURE BLOCK	13. SIGNATURE	14. DATE (YYYYMMDD)	

## B-4 Example Low Cost Move

<b>PERSONNEL ACTION</b>			
For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER			
DATA REQUIRED BY THE PRIVACY ACT OF 1974			
AUTHORITY:	Title 5, Section 3012; Title 10, USC, E.O. 9397.		
PRINCIPAL PURPOSE:	Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).		
ROUTINE USES:	To initiate the processing of a personnel action being requested by the soldier.		
DISCLOSURE:	Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.		
1. THRU (Include ZIP Code) COMMANDER (LOSING COMMAND - BRIGADE OR HIGHER) UNIT/CMR APO AE	2. TO (Include ZIP Code) COMMANDER	3. FROM (Include ZIP Code) COMMANDER (LOSING UNIT) UNIT/CMR APO AE	
SECTION I - PERSONAL IDENTIFICATION			
4. NAME (Last, First, MI) NAME OF SOLDIER	5. GRADE OR RANK/PMOS/AOC RANK AND MOS	6. SOCIAL SECURITY NUMBER 000-00-0000	
SECTION II - DUTY STATUS CHANGE (AR 600-8-6)			
7. The above soldier's duty status is changed from _____ to _____ effective _____ hours, _____			
SECTION III - REQUEST FOR PERSONNEL ACTION			
8. I request the following action: (Check as appropriate)			
<input type="checkbox"/> Service School (Enlist)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card	
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enlist)	<input type="checkbox"/> Identification Tags	
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Reassign In Army Personnel	<input type="checkbox"/> Separate Rations	
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassign at Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS	
<input type="checkbox"/> Reassign at Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB	
<input type="checkbox"/> Exchange Reassignment (Enlist)	<input type="checkbox"/> Other Candidate School	<input checked="" type="checkbox"/> Other (Specify) LCM	
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members		
9. SIGNATURE OF SOLDIER (When required) <i>Signature not required for command-directed moves</i>		10. DATE (YYYYMMDD) CURRENT DATE	
SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)			
<p>1. Command requests a LCM of the Soldier to the local Warrior Transition Unit.</p> <p>2. REASON: Soldier undergoing MEB OR Soldier medically qualified as "complicated care." The following information is provided:</p> <p>3. DEROS: (Must match ERB)</p> <p>4. ETS: (Must match ERB)</p> <p>5. ACCOMPANIED OR UNACCOMPANIED</p> <p>6. CURRENT UIC and LOCATION:</p> <p>7. REQUESTED REPORT DATE:</p> <p>8. SOLDIER LIVES IN BARRACKS: YES OR NO</p> <p>Losing Command will be filled IAW DA Manning Guidance.</p> <p><b>Excls:</b> 1) Documentation verifying MEB has been initiated or medical documentation signed by attending physician for complicated care cases. 2) Transportation/Finance Memo totaling less than \$1,000</p>			
SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL			
11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -			
<input type="checkbox"/> HAS BEEN VERIFIED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> IS APPROVED <input type="checkbox"/> IS DISAPPROVED			
12. COMMANDER/AUTHORIZED REPRESENTATIVE FIRST O-5 SIGNATURE BLOCK		13. SIGNATURE	14. DATE (YYYYMMDD)

## B-5 Example No Cost Move

<b>PERSONNEL ACTION</b>			
For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER			
DATA REQUIRED BY THE PRIVACY ACT OF 1974			
AUTHORITY:	Title 5, Section 3012; Title 10, USC, E.O. 9397.		
PRINCIPAL PURPOSE:	Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).		
ROUTINE USES:	To initiate the processing of a personnel action being requested by the soldier.		
DISCLOSURE:	Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.		
1. THRU (Include ZIP Code) COMMANDER (COMMAND - BDE OR HIGHER) UNIT/CMR APO AE	2. TO (Include ZIP Code) COMMANDER	3. FROM (Include ZIP Code) COMMANDER (YOUR COMMAND) UNIT/CMR APO AE	
SECTION I - PERSONAL IDENTIFICATION			
4. NAME (Last, First, MI) NAME OF SOLDIER	5. GRADE OR RANK/PMOS/AOC RANK AND MOS	6. SOCIAL SECURITY NUMBER 000-00-0000	
SECTION II - DUTY STATUS CHANGE (AR 600-8-6)			
7. The above soldier's duty status is changed from _____ to _____ effective _____ hours, _____			
SECTION III - REQUEST FOR PERSONNEL ACTION			
8. I request the following action: (Check as appropriate)			
<input type="checkbox"/> Service School (Enlist)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card	
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enlist)	<input type="checkbox"/> Identification Tags	
<input type="checkbox"/> Volunteering For Overseas Service	<input type="checkbox"/> Reinstating In Army Personnel	<input type="checkbox"/> Separate Rations	
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassign at Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/On/Trade CONUS	
<input type="checkbox"/> Reassign at Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB	
<input type="checkbox"/> Exchange Reassignment (Enlist)	<input type="checkbox"/> Other Candidate School	<input checked="" type="checkbox"/> Other (Specify) NCM	
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt for Pers with Exceptional Family Members		
9. SIGNATURE OF SOLDIER (When required) <i>Signature not required for command-directed moves</i>		10. DATE (YYYYMMDD) CURRENT DATE	
SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)			
<p>1. Command requests a NCM of the Soldier to the local Warrior Transition Unit.</p> <p>2. REASON: Soldier undergoing MEB OR Soldier medically qualified as "complicated care." The following information is provided:</p> <p>3. DEROS: (Must match ERB)</p> <p>4. ETS: (Must match ERB)</p> <p>5. ACCOMPANIED OR UNACCOMPANIED</p> <p>6. CURRENT UIC and LOCATION:</p> <p>7. REQUESTED REPORT DATE:</p> <p>8. SOLDIER LIVES IN BARRACKS: YES OR NO</p> <p>Losing Command will be filled IAW DA Manning Guidance.</p> <p><b>Encls:</b> Documentation verifying MEB has been initiated or medical documentation signed by attending physician for complicated care cases.</p>			
SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL			
11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -			
<input type="checkbox"/> HAS BEEN VERIFIED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> IS APPROVED <input type="checkbox"/> IS DISAPPROVED			
12. COMMANDER/AUTHORIZED REPRESENTATIVE FIRST 0-5 SIGNATURE BLOCK	13. SIGNATURE	14. DATE (YYYYMMDD)	

**B-6 Example Risk Assessment Matrix**

For Provider Use Only		
<b>CASE MANAGEMENT COMPLEXITY WORKSHEET FOR BEHAVIORAL HEALTH SOCIAL WORK CARE MANAGERS</b>		
	Rating 0 to 10*	Complexity Rating Scale Key* / Examples
<b>Effort Scale**</b>		
<b>Injuries / Illnesses</b>		
-Number of	0 1 2 3 4 5 6 7 8 9 10	PTSD, Back, Neck & Shoulder = 7 Rating
-Complexity of	0 1 2 3 4 5 6 7 8 9 10	Several Surgeries Required = 5 Rating
<b>Medications</b>	0 1 2 3 4 5 6 7 8 9 10	Pain & Behavioral Health Meds = 5 Rating
<b>Requirements</b>		
-Appointments	0 1 2 3 4 5 6 7 8 9 10	Medical/Mental Health/Dental/Support/Social
-Resources	0 1 2 3 4 5 6 7 8 9 10	Patient & Family
-Information / Education	0 1 2 3 4 5 6 7 8 9 10	Patient & Family
<b>Functioning Scale</b>		
<b>Patient Functioning</b>	0 1 2 3 4 5 6 7 8 9 10	Fair Functioning = 7
<b>Patient As Own Advocate</b>	0 1 2 3 4 5 6 7 8 9 10	Good Functioning = 3
<b>Support System Strength</b>	0 1 2 3 4 5 6 7 8 9 10	Good = 2
<b>Provider Strength</b>	0 1 2 3 4 5 6 7 8 9 10	Strong Skills & Knowledge = 0
<b>Time Scale</b>		
<b>Care Coordination</b>	0 1 2 3 4 5 6 7 8 9 10	Amount of Time (Patient & Family) (Team meetings, consultations, scheduling appointments, contacting collaterals)
<b>Support Required</b>	0 1 2 3 4 5 6 7 8 9 10	Length of Time (Patient & Family)
<b>Totals</b>		<b>Total</b> _____ <b>Divided by 12=</b> _____

## B-7 ERMIC Information Paper, WTU Definition of Complex Care

MCEU

CPT Crivello/ 371-2877  
27 AUG 07

### INFORMATION PAPER

#### **SUBJECT: Warrior Transition Unit (WTU) Definition of Complex Care**

1. **PURPOSE.** To define complex care and provide a standard of assessment for Soldiers requiring outpatient care for longer than six months.

2. **BOTTOM LINE.** The following is a definition of complex care. It is meant to be used as a guide for determining whether assignment to the WTU is the best location to allow the Soldier to receive medical care and to heal.

3. **DISCUSSION.** One avenue for assignment to a WTU is that a Soldier be expected to receive complex care for six months or more. Receiving complex care for more than six months means that, because of medical limitations and treatment during the next six or more months, the Soldier will not be performing a useful mission for his unit and will spend most of his duty day traveling to and from healthcare appointments and receiving healthcare treatment. Being medically non-deployable does not, by itself, qualify as requiring complex care for more than six months. Guiding questions include:

- A. Is assignment to the WTU the best location to allow the Soldier to heal?
- B. Is the Soldier unable to perform limited duty in any capacity at his assigned unit?
- C. Does the Soldier's continued assignment to the parent unit present a medical detriment to the Soldier as determined by the attending physician?
- D. Will the Soldier spend most of the duty day traveling to and from care and receiving care?
- E. Is the Soldier assigned to a rear detachment that cannot adequately support his need to travel to and from care and receive care?

These are the guidelines for line commanders, leaders, and NCOs, for the clinicians treating the Soldier, and for the MEDDAC commander, who is the assignment decision maker. Healthcare clinicians will use professional judgment, experience in the military setting, and guidelines such as AR 40-501, to provide recommendations within the limits of this definition.

4. **COORDINATION.** ERMIC PAD MAJ Ellen Daly, 371-3383.

**B-8 WTU Unit Commander Nomination to MTF Commander Sample**

Office Symbol

Date

MEMORANDUM THRU (UNIT BN CDR)

FOR Commander, MTF

SUBJECT: WTU Nomination, SPC John Doe, (last SSN 4) 9999

1. Request SPC Doe be medically evaluated for entry into the Warrior Transition Unit.
2. I verify that the Soldier **IS/ IS NOT** facing UCMJ actions, other legal actions, investigations, and/or Line of Duty determinations.
3. I verify that the Soldier **IS/ IS NOT** a hand receipt holder and I anticipate all hand receipts will be cleared by the proposed assign/attach date.
4. Should the Soldier meet the criteria of a Warrior in Transition, the following disposition is recommended:

**ASSIGN**

**ATTACH**

5. Date recommended for assign/attach is \_\_\_\_\_. The Soldier will have completed all unit out processing requirements by this date.

\_\_\_\_\_  
Unit Commander Signature Block

Instructions to MTF Commander

1. Complete the following statement:

The Soldier **HAS / HAS NOT** been accepted to the Warrior Transition Unit with an effective date of \_\_\_\_\_.

2. If the Soldier has not been accepted to the Warrior Transition Unit, state reason for the decision:

\_\_\_\_\_  
\_\_\_\_\_

3. Return this form to the Unit Commander.

\_\_\_\_\_  
MTF Commander Signature Block

## B-9 WTU Public Affairs Guidance from the Army Medical Action Plan

<b>Communication Plan:</b>	<b>Army Medical Action Plan</b>
<b>I. Situation</b>	

### a. ISSUE:

The Army must demonstrate to internal and external audiences our commitment to continue to improve the quality of care and support provided to Soldiers and Families. (CSA Imperative: SUSTAIN)

### b. STRATEGIC CONTEXT:

Support for Soldiers and their Families, including medical care, affects all areas of recruiting and retention, readiness, and transformation. The quality of Army medical care has been considered “world class,” historically and remains a leader in the health care industry, but well-publicized leadership failures have blighted that good reputation, and can affect, adversely, the Army’s ability to sustain itself.

Institutional credibility is essential to the Army in an era of persistent conflict. The Army must communicate its demonstrably effective delivery of high-quality care, support and services, to respond to the current high level of scrutiny, insufficient resources, and challenges in recruiting, retention, and Leadership.

### c. BACKGROUND/DISCUSSION:

The Army Medical Action Plan (AMAP) is an holistic approach to supporting, treating, and rehabilitating ill and injured Soldiers. The intent is to prepare Soldiers for transition to duty, or to successful private citizenship.

Army Leadership must ensure the Army’s needs, as well as those of the Soldier and the Family, receive thorough, diligent consideration. It is the Army’s Warrior Ethos: “I will never leave a fallen comrade,” which drives this consideration.

The American public senses a noticeable, if not alarming, gap between our words and deeds, where medical care systems are concerned; we must identify and implement improvements in our system of caring for ill and injured, establishing, in many cases, long term solutions for a lifetime of support.

Responding to this requirement, Army Leadership assembled a body of experts from Army Medical Command (MEDCOM), the Army Staff, and 15 other government organizations. Leaders required this group to initiate short-and long-term plans, and actions, related to Soldier and Family care, support, and services.

The planning group analyzed several key studies, reports, and investigations. Its analysis helped to identify and document problems with administrative procedures, and access to care, experienced by Soldiers and Family members.

This group identified 104 separate issues in leadership, processes, facilities, services and support. Each identified issue in the group's plan requires specific action. This communication plan describes how the Army communicates the issues of concern to Soldiers, Families, and, especially, our Warriors in Transition.

Warriors In Transition (WT) Defined: Medical Holdover, Active Duty Medical Extension, Medical Hold, and any other Active Duty Soldier, who requires a Medical Evaluation Board. An Active Duty Soldier with complex medical needs requiring six months or more of treatment or rehabilitation. Initial Entry Training (IET) Soldiers are only eligible if they require a Medical Evaluation Board, or when deemed appropriate by the local MEDCOM Commander and the IET Soldier's Commander. 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 (sic) over the Soldier's therapy and treatment. Unit Commanders must clear UCMJ actions, other legal actions, investigations, property/hand receipt issues and Line of Duty determinations prior to the transfer to the Warrior Transition Units (FRAGO 1 Annex S, EXORD 118-07).

d. PRIMARY AUDIENCES:

Soldiers and their Families are the principal audience for all communication efforts, followed closely by the AMAP Team (MEDCOM, IMCOM, FORSCOM, TRADOC, G-1/M&RA, HRC, VA) and all those associated or affected by the AMAP plan.

Specifically:

- Military Health Care System users
- Advocates
- Army Leaders
- Healthcare providers
- Army Alumni
- DOD
- Government and Agencies
- MSO/VSO/NGO
- AW2 Soldier Family Management Specialists (SFMS)

e. SECONDARY AUDIENCES:

The American public, groups and individuals with significant influence on people who might join or stay in the Army, potential recruits and their Families, employers of Reserve Component Soldiers, members of Congress and their staffs, and other external civic or military/veteran groups.

e. AUDIENCE ANALYSIS:

- All audiences see the impact of operations in Iraq and Afghanistan, and have a sense the Army is stretched to its limits to support the war effort.

- Soldiers and their Families generally are aware of the care, support, and services available to them in the Army, Army National Guard, and Army Reserve, but also know operations have resulted in significant pressure on the Army’s support and medical infrastructures.
- Influencers are less likely to recommend military service to American youth, and prospects’ “propensity to serve” in the military is decreasing. Of those likely to serve, the Army often is not their first choice.
- Soldiers are increasingly questioning whether the benefits of service outweigh the risks. They understand they are likely to deploy overseas to a combat zone and may be injured or even killed.
- Veterans generally support the Army and most encourage service as a way of life, or at least a way to increase chances of success in life.
- Local and regional communities have a sense of “ownership” and take great pride in the military facilities located in their area. Many derive their income directly or indirectly from these facilities. They also have family and/or friends who received care from Army Medical Treatment Facilities.
- Congress is generally supportive of Army Soldier and Family programs, policies and initiatives.

### **Questions & Answers (will require periodic updating)**

#### **Q1. What is the purpose of the Army Medical Action Plan (AMAP)?**

A1. The purpose of AMAP is to create a sustainable system where Soldiers are supported, treated, and vocationally rehabilitated to prepare them for successful return to duty or transition to active citizenship. AMAP will ensure that the needs of the Army, the Soldiers, and their Families are jointly met. Its mission is defined by the Warrior Ethos of “I will never leave a fallen comrade.” It will identify and implement improvements in the Army’s system of caring for, supporting, and providing benefits for Warriors in Transition, and establish long term solutions for a lifetime of support.

#### **Q2. How were the findings of AMAP different from the Independent Review Group and the Presidential Commission findings?**

A2. Many of the recommendations from the groups are the same or similar. In general, AMAP recommendations focus more closely on the process of providing medical care and support, while the IRG and Presidential Commissions more closely review needed legislative and policy changes.

#### **Q3. When will the Army complete the “fixes” identified in AMAP?**

A3. As of 1 Jan 08, the Army completed the organizational changes required by AMAP. These involve bringing the Warrior Transition Units to full manning and training, establishing the Soldier and Family Assistance Centers for one-stop problem solving for wounded warriors and their families, and making the best use of available facilities to support wounded warriors. Legislative and policy fixes, as well as construction of new facilities, will of course take longer.

**Q4. What were the main findings of AMAP?**

A4. While the medical care provided to Soldiers is excellent, today's wounded warriors require additional support beyond that provided in a traditional model of medicine. The Army's strength is in unit cohesion and teamwork. AMAP identified the path to bring those strengths to bear in the care of wounded Soldiers by providing them the organizational structure, personal support and guidance, and clearly identified chains of command that they had in the units from which they came. The AMAP specifically gives them an identity, a mission, a chain of command, and direct access to care providers focused on their needs.

**Q5. Do the Navy and Air Force have similar plans?**

A5. The Navy and Air Force are participating in the Department of Defense's Senior Oversight Committee, -"Support and Care for the Wounded" which is focusing on issues concerning wounded service members. The AMAP will integrate its efforts into the overall DoD/DVA efforts; however, it is a holistic initiative focusing on care, support and benefits for all Soldiers and their Families.

**Q6. Is the Army working with the Department of Veterans Affairs (DVA) to resolve many of these issues?**

A6. The DVA is an active partner with the Army and are working closely together to share information and to enhance the continuum of care and benefits provided to the Soldiers and their Family. Through these initiatives, and early intervention, Soldiers and their Families will experience a seamless transition as they move from the Army to the DAV system.

**Q7. How much will it cost the American Taxpayer to correct the problems identified in the AMAP?**

A7. Our Soldiers and their Families are the highest priority for the Army. The AMAP programs, policies and initiatives will receive the necessary resources to provide the quality of care, support and benefits to take care of our Soldiers and their Families. As a nation, we owe it to our Soldiers and their Families to provide them with the quality of care, support and benefits equal to their service and sacrifice to our country.

**Q8. Why has the Army placed combat arms cadre into the Warrior Transition Units?**

A8. The placement of combat arms cadre into the Warrior Transition Unit is a partnership between the combat and medical communities to provide total care for the Soldier. The Soldier

benefits by this partnership from the familiar unit structure, the shared experiences of the cadre, and the sense of still belonging to the Army family.

**Q9. What is a “Warrior in Transition”?**

A9. A Warrior in Transition is Medical Holdover, Active Duty Medical Extension, Medical Hold and any other Active Duty Soldier who requires a Medical Evaluation Board. An Active Duty Soldier 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 will have work assignments in the unit, but such work will not take precedent over the Soldier’s therapy and treatment. Unit Commanders must clear UCMJ actions, other legal actions, investigations, property/ hand receipt issues and Line of Duty determinations prior to the transfer to the Warrior Transition Units.

**Q10. What is a CBHCO?**

A10. A CBHCO, or Community-Based Health Care Organization, is the Army organization that provides support and coordinates medical care for Soldiers who require care near their homes instead of at a military treatment facility. CBHCOs are organized along the lines of Warrior Transition Units, and include the key elements of the “triad”—squad leaders, nurse case managers, and primary care managers.

**Q11. What is the Army doing to prevent Soldier suicides?**

A11. Army Human Resources Command has created a Suicide Awareness Program that reaches out to every Soldier through mandatory training. The Army Chaplain Corps provides additional outreach services. Every Soldier deploying, redeploying, or entering a Warrior Transition Unit undergoes a suicide assessment screening to identify high risk Soldiers. Soldiers considered at high risk of suicide are referred to behavioral health providers and given a high level of supervision and support. The Army provides a number of “lifelines” for Soldiers in distress that are available 24/7. These include the Wounded Soldier and Family Hotline, Military OneSource, Army Families Online, and partner lifelines through the VA and the National Suicide Prevention Hotline.

**Q12. What is the Army doing to diagnose and treat traumatic brain injury?**

A12. The Army now recognizes that the spectrum of brain injury has become much broader, now extending from the known quantity of blunt and penetrating trauma, to the relatively unexplored area of subtle but important injuries caused by blast exposure.

**Q13. Are Initial Entry Training (IET) Soldiers eligible for entry into the Warrior Transition Unit?**

A13. IET Soldiers are eligible for entry into the Warrior Transition Unit if they require a Medical Evaluation Board or when deemed appropriate by the local MEDCOM Commander and the IET Soldier’s Commander.

**Q14. A new disability evaluation system will be piloted in the National Capitol Region in November. What are the most important changes?**

A14. Instead of two disability physicals, there will only be one. It will be performed by a VA physician. The Services will continue to determine fitness for duty, but in those found un-fit, the VA will be the sole determiner of disability percentage. It is hoped that this will speed the evaluation process and eliminate the controversy that results when DoD and VA give differing ratings.

**Q15. What is the Army doing about PTSD?**

A 15. The Army conducted a top-to-bottom chain teaching program that educated every Soldier on signs, symptoms, and initial treatment of PTSD. In addition, every provider in behavioral health underwent much more comprehensive training on the diagnosis. Finally, all Soldiers are surveyed for symptoms of PTSD at both deployment and return, and are encouraged to report those symptoms and seek treatment. The Army has worked hard at all levels to reduce the stigma of combat stress and PTSD and to encourage Soldiers to seek help.

**Q 16. What is the Army doing about traumatic brain injury?**

A 16. The Army has adopted a number of innovative programs to identify and treat those Soldiers with traumatic brain injury. The high rate of exposure to blasts has resulted in a number of Soldiers with abnormalities in cognition, memory, and behavior—sometimes overt, sometimes subtle. At this time, there is no accepted standard medical treatment for this injury. Army medicine is taking the lead in developing behavioral, cognitive, and pharmacological therapies to help Soldiers overcome this invisible wound of war.

## ANNEX C

### Acronym List

4187	DA Form 4187, Personnel Action
AC	Active Component
ACAP	Army Career and Alumni Program
ACES	Army Continuing Education Services
ACS	Army Community Services
AD	Active Duty
ADME	Active Duty Medical Extension
AER	Army Emergency Relief
AFH	American Family Housing
AG	Adjutant General
AGR	Active Guard and Reserve
AHLTA	Armed Forces Health Longitudinal Technology Application
AMAP	Army Medical Action Plan
AMRP	Army Recreation Machine Programs
AOC	Area of Concentration
AOR	Area of Responsibility
ARC	American Red Cross
ASA (M&RA)	Assistant Secretary of the Army (Manpower and Reserve Affairs)
ASAP	Army Substance Abuse Program
AVCC	Army Volunteer Corps Coordinator
AW2	Army Wounded Warrior
BAMC	Brooke Army Medical Center
BH	Behavioral Health
BMEDDAC	Bavaria Medical Department Activity
BPA	Blanket Purchase Agreement
C2	command and control
CBHCO	Community Based Health Care Organizations
CDR	Commander
CIF	Central Issue Facility
CM	Nurse Case Manager (clinical)
COAR	Continuance on Active Duty Reserve
COMPO 1	Component, Active Army
CONUS	Continental United States
COT	Consecutive Overseas Tour
CPAC	Civilian Personnel Advisory Center
CQ	Charge of Quarters
CYS	Child and Youth Services
DAV	Disabled American Veterans
DCS	Deputy Chief of Staff
DEROS	Date Eligible for Return from Overseas
DHR	Director of Human Resources
DoD	Department of Defense
DoDDS	Department of Defense Dependent Schools

DOL	Directorate of Logistics
DPW	Department of Public Works
DTG	date, time group
DVA	Department of Veterans Affairs
EEO	Equal Employment Office
EPMD	Enlisted Personnel Management Division
EPSBD	Entrance Physical Standards Boards
ERB	Enlisted Record Brief
ERMC	European Regional Medical Command
FCM	Full Cost Move
FCP	Family Care Plans
FMWRC	Family and MWR Command
FMS	Financial Management System
FRG	Family Readiness Group
FRSA	Family Readiness Support Assistant
FSTE	Foreign Service Tour Extension
GCMCA	General Courts-Martial Convening Authority
GWOT	Global War on Terrorism
HHG	Household goods
HMEDDAC	Heidelberg Medical Department Activity
HQ	Headquarters
HQDA	Headquarters Department of the Army
HRC	Human Resources Command
HRC-A	Human Resources Command – Alexandria
ICW	In Coordination With
IDT	Individual Duty Training
IMO	Information Management Office
IMCOM-E	Installation Management Command, Europe
IRR	Individual Ready Reserve
LCM	Low Cost Move
LDI	Line of Duty Investigation
LNO	Liaison Officer
LOD	Line of Duty
LRMC	Landstuhl Regional Medical Center
M-Day	Mobilization Day
MEB	Medical Evaluation Board
MEDCEN	United States Army Medical Center
MEDDAC	Medical Department Activity
MEDEVAC	Medical Evacuation or Medical Aeroevacuation
MHO	Medical Holdover (mobilized RC Soldiers)
MHU/MHC	Medical Holding Unit or Company
MMRB	Medical/MOS Retention Board
MOA	Memorandum of Agreement
MODS	Medical Operational Data System
MOS	Military Occupational Specialty
MRP	Medical Readiness Processing

MTF	Medical Treatment Facility
MWR	Morale, Welfare, and Recreation
NCM	No Cost Move
NCM	See CM
NCOER	Noncommissioned Officer Evaluation Report
NMA	Non-medical attendant
OCONUS	Outside the Continental United States
OER	Officer Evaluation Report
OMPF	Official Military Personnel File
OPMD	Officer Personnel Management Division
OPMOVE	Operational Move
PAD	Patient Administration Division
PAG	Public Affairs Guidance
PAO	Public Affairs Office
PCM	Primary Care Manager
PCS	Permanent Change of Station
PDA	Physical Disability Appeal
PDES	Physical Disability Evaluation System
PEB	Physical Evaluation Board
PEBLO	Physical Evaluation Board Liaison Officer
POC	Point of Contact
PSG	Platoon Sergeant
PTSD	Post-Traumatic Stress Disorder
RC	Reserve Component
RCI	Residential Communities Initiative
RCIO	Regional Chief Information Officer
REFRAD	Release from Active Duty
RTD	Return to duty
SCMCA	Summary Courts-Martial Convening Authority
SFAC	Soldier and Family Assistance Center
SJA	Staff Judge Advocate
SL	Squad Leader
SMC	Senior Mission Commander
SOP	Standing Operating Procedure
SPCMCA	Special Courts-Martial Convening Authority
SSI	Soldier Sleeve Insignia
START-C	Simple Triage and Rapid Transport – CONUS
TAP	Transition Assistance Program
TBI	Traumatic Brain Injury
TDY	Temporary Duty
TRANSPROC	Transition Process
Triad	PCM, NCM/CM, SL
TRICARE	Tri-Service Medical Care
UCMJ	Uniform Code of Military Justice
USAG	United States Army Garrison
USAMEDCOM	United States Army Medical Command

USAPDA	United States Army Physical Disability Agency
USAR	United States Army Reserves
USFC-E	U.S. Forces Customs – Europe
USNG	United States National Guard
VA	Veteran’s Affairs
VFW	Veterans of Foreign Wars
VHA	Veterans Health Administration (medical benefits)
WRAMC	Walter Reed Army Medical Center
WT	Warrior in Transition
WTB	Warrior Transition Battalion
WTC	Warrior Transition Company
WTU	Warrior Transition Unit