



Army Warrior Care and Transition Program

brief to the

Recovering Warrior Task Force

24 February 2014



Agenda



- Opening Remarks
- Community Care Units
- Army Response to RWTF FY13 Recommendations
- Questions, conclusion



Opening Remarks



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WTC Commanding General





WTC Highlights

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This site was designed for use on Internet Explorer 9 and above. If you are using an earlier version of IE, this page may not appear in the proper format.

Announcements

STAND-TO! Discusses WTC's New Public Website

Read the latest Army-wide STAND-TO! article about WTC's new public website launch.

Module on Soldier Resilience Online

Learn about WTU Resilience & Performance Enhancement Training with our [new factsheet](#).

Warrior Transition Unit (WTU) Force Structure Information

The U.S. Army is making several changes to the Warrior Care and Transition Program (WCCTP) designed to meet the evolving needs of the Army. Read more on the WTU Force Structure page.



Social Media

Tweets

- U.S. Army WTC @armyWTC 29 Jan
Ready and Resilient AW2 Soldier Sgt. 1st Class Cory Rensburg was honored by Pres. Obama at last night's #SOTU. <http://mcbnews.to/1flqe1>.
- U.S. Army WTC @armyWTC 29 Jan
Check out today's @USArmy Stand-To to learn more about changes for @ArmyWTC's site. <http://1.usa.gov/1dNTnnG>.
- U.S. Army WTC @armyWTC 29 Jan





Virtual Proponency



The Warrior Transition Command is developing;

- a single comprehensive knowledge management web interface
- for Soldiers, Families, Cadre and Veterans
- that is holistic in nature and creates, organizes, applies, and transfers knowledge to facilitate Warrior Care and Transition.

This web interface will be capable of;

- interactions of Soldiers, Families and Cadre with the WTC Staff
- providing relevant, timely and truly helpful information, direction and guidance
- effectively communicating the Command's intent, direction and information
- provides a problem resolution platform for all things transition.
- tool is for every level of use, Soldier, Families, Cadre, transition coordinators, AW2 advocates
- providing a user friendly experience, built for the user's perspective



WTC Highlights



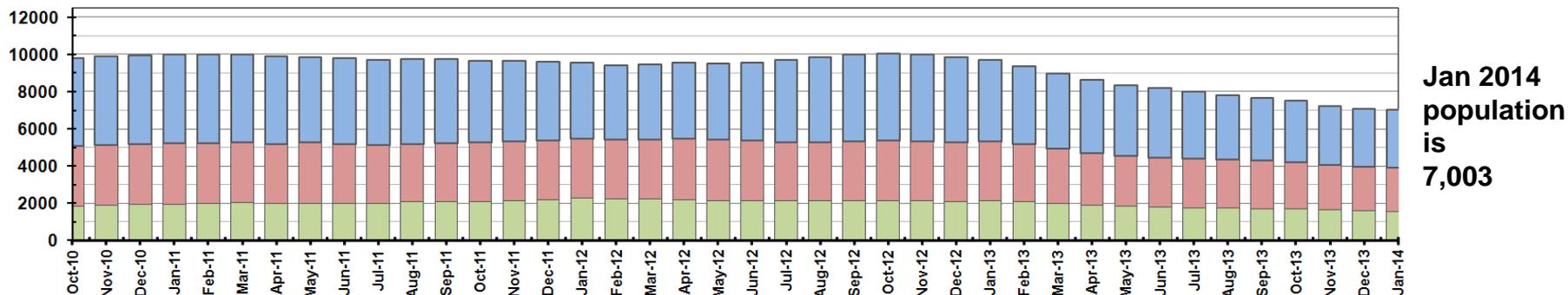
- Release of new WCTP Soldier and Leaders Guide
- Publication of clear Entry and Exit Criteria for all compos
- Cadre Selection and Assignment Policy
- WTU CDRs selection by Centralized Selection Lists (CSL)
- Addition of Company Transition Coordinators
- Non Medical Attendant Policy
- Adaptive Reconditioning Improvements (Site Managers); expansion beyond sports
- Introduction of Lead Coordinator role via DOD/VA IC3 initiative
- 730 Day Cadre Orders
- OIP and Compliance Improvements
- ***New Force Structure Changes (OPORD 14-24)***



Census and Long Range Vision



- The Warrior Transition Command will remain the Army's proponent for Warrior Care and Transition. The Warrior Care and Transition Program will continue to evolve to meet the needs of the Army and the Soldier.



- Any future changes within the Warrior Care and Transition Program will continue to focus on improving the delivery of care and support provided to our wounded, ill, and injured Soldiers and their Families.





Purpose of community care



To improve the care and transition of Soldiers across the program. Community Care places Soldiers who are healing at home, under the leadership of Cadre who are assigned to WTUs on Army installations. Community Care will create efficiencies, standardize practices and enhance mission command.

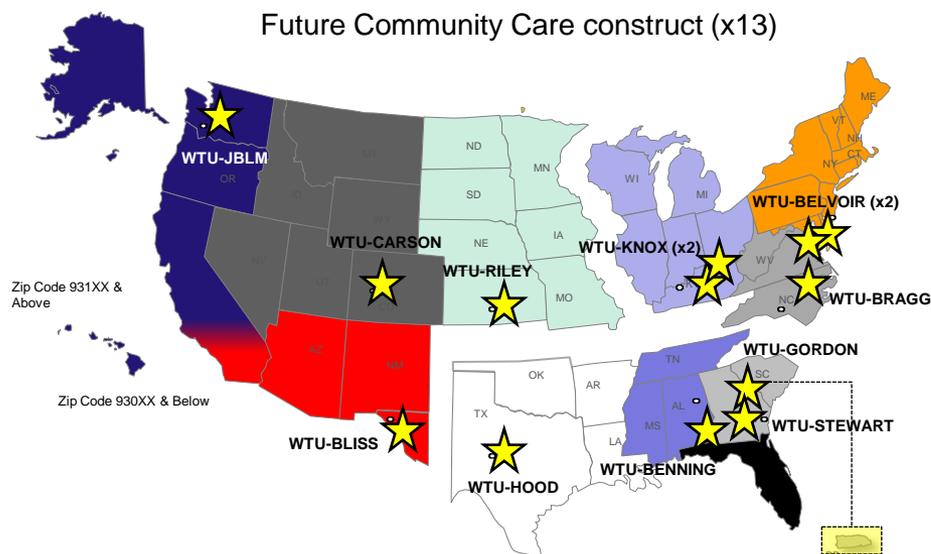


Community care – what and why



What

- Establish 13 Community Care units on Army installations under MC of Senior CDR, MTF CDR and WTU CDR (TOL). Concurrently, nine existing CBWTUs are disestablished.
 - Soldiers do not move
 - Care plans are not changed
 - Cadre may have the opportunity to continue on active duty to support the Soldier Care and Transition mission



Why

- Improves the care and transition of our Soldiers through standardization and reduces echelons:
 - Streamlines MC/M2 – cadre will have close proximity to the MTF, SFAC and other essential resources
 - Eliminates redundancies (e.g. in-processing)
 - Avoids delays in initiating treatment plan in each Soldier's community
- Provides the opportunity for more Soldiers to heal closer to home:
 - Establishes 13 units co-located at existing WTUs, more capable of supporting Community Care
 - Community Care units can support up to 300 Soldiers each
- Provides more direct MC relationship for Soldiers in Community Care
- Converts mobilization TDAs to a multi-component TDA
 - Provides enduring RC cadre requirements
- Natural evolution of a downsizing Army



What are the benefits?



- Soldiers do not move; care plans are not changed; cadre may have the opportunity to continue on active duty; and, DA civilians may compete for new positions
- Facilitates improved access for cadre to installation based services and resources thus providing better responsiveness to Soldiers
- Standardizes procedures; reduces variance in conducting musters
- Improves unity of command across the program by reducing span of control
- Eliminates the perception of an administrative layer of “red-tape” for Soldiers
- Leverages Senior Commanders with associated installation support resources, thereby enhancing MC and decreasing the risk to our Soldiers (and Army)
- Improves local span of control via Soldier to cadre ratios (1 SL:33 Soldiers & 1 PSG:6 SLs vs. 1 PSG:40 Soldiers)
- Gains efficiencies in an era of resource constraints
 - Reduces 36 requirements; in addition to the 567 requirements
- Provides increased opportunities for standardization for Soldiers healing at home
- Provides commanders more flexibility to meet mission requirements; leverages the full capability of WTU cadre and resources for Community Care Soldiers
- Community Care is included in the FY14 DHP funding
- The current G3-FM approved WTU model supports this plan
- Standardizes hand-off with state medical personnel and home station units upon Soldiers' RTD



Eligibility and Execution



Who

Eligibility for Community Care:

- Soldiers currently assigned to a CBWTU
- Medical care needs can be met in the Soldier's community
- Soldiers who are a low risk to themselves, society and the Army
- Family or support system is in place
- Soldiers who have a consistent, reliable mode of transportation

Execution Timeline:

- 1 October 2013 – Submission of stationing packets
- 30 August 2014 – Community Care units FOC
- NLT 30 September 2014 – Closure of nine CBWTUs

How

Four Phased Operation:

- Communicate
 - Effectively communicate the Community Care concept to Senior Leaders and all stakeholders - address their concerns in a timely manner
- Activate
 - Establish and certify 13 Community Care units at designated WTUs
 - Standardize Community Care operations throughout the Army
- Transfer
 - Require the proper transfer of all case management files and MC responsibilities
 - Ensure the proper disposition of all personnel and property designated for closure
- Inactivate
 - Close nine CBWTUs

End-state: All Soldiers in the WCTP and their Families enjoy enhanced medical management and transition plans reinforced by a streamlined MC structure with fewer administrative echelons.



SUMMARY



- Improves the care and transition of Soldiers
 - Creates standardization and improves MC structures
 - Provides the Triad of Care with an enhanced administrative and clinical support infrastructure
- Soldiers do not move; care plans are not changed; and cadre may have the opportunity to continue on active duty
- Decreases risks to Soldiers (and Army) by leveraging a WTB Cdr and staff, Senior Commander leadership and an installation support system
- Provides the opportunity for more Soldiers to heal closer to home, and a better experience for Soldiers already healing at home
- Natural evolution is part of a downsizing Army



Evaluation of Task Force Recommendations



Congress stipulated in the RWTF's founding legislation that, not later than 90 days after receipt of a report, the Secretary of Defense shall submit to the SASC and HASC the report and the Secretary's evaluation of the report. Please discuss the Army's evaluation of the following Service-level 2013 RWTF recommendations: 5, 13, 15, 16, 18, 19, 20, 21.

Army responses to each specified RWTF Recommendation detailed in the following slides.



Evaluation of Task Force Recommendation #5



DoD will issue policy guidance for Service to ensure continuous active duty orders for RC RW's encompass a complete period for care, as guided primarily by a medical care plan. In addition, Services must establish a mechanism that enforces renewal of orders prior to 30 days of expiration.

Army Comment: Concur. The Army is refining current processes to improve accuracy, timely management and renewal of the medical program order publication system. US Army Medical Command (MEDCOM) and US Army Human Resources Command (HRC) are developing a centralized ordering process that will improve current practices to allow pay, entitlements and medical services for Recovering Warriors (RWs) and Family Members. The order mission currently produced by HRC, will be assumed by MEDCOM for Reserve Component RWs. To provide even greater management and tracking capabilities, the Electronic Medical Management Processing System (EMMPS) is under development. This system provides an electronic means to track and transport continuous active duty orders and medical care for Reserve and Active Component Soldiers.



Evaluation of Task Force Recommendation #13



DoD must ensure all medical conditions are documented by MEBs and the quality of the documentation for each condition will facilitate timely and accurate decisions by the Physical Evaluation Board (PEB) and ratings by VA. MEB processes must be standardized across Services and measures of effectiveness established to ensure application of this policy.

Currently, there are sufficient standards in place to ensure consistent and accurate documentation of all medical conditions in a timely manner. For the past several years, the Army MEB providers and PEB adjudicators have been trained to the standardized format of the Army's MEB Narrative Summary (NARSUM). The NARSUM Guidebook provides the field with additional clarity on how to properly complete NARSUMs within the 5-day standard. The standard requires every medical diagnosis be included in the NARSUM, which adequately describes how each diagnosis either meets or fails retention standards. That standard allows the PEB to make accurate and timely fitness decisions.



Evaluation of Task Force Recommendation #15



The Office of the Under Secretary of Defense for Personnel and Readiness should ensure implementation of the Joint Federal Travel Regulations (JFTR) and joint Travel Regulations (JTR) for family members of RWs is consistent across Service branches. Utilization of Invitational Travel Orders (ITO) and Non-Medical Attendant (NMA) orders, services provided, and payment processes should be the same across Services.

Army Comment: Concur. Per the Joint Federal Regulations (JFTF), Volume 1, Para 45246, transportation and per diem may be authorized for each designated individual (not exceeding three) who are authorized to visit a member who meets both conditions.

- Soldier has a wound or injury incurred in a operation or area designated as a Combat operation or combat zone.
- Soldier is hospitalized in a medical facility in US for care or treatment

The goal is to reconnect Soldiers with their Family Members as soon as possible and provide evaluation, treatment and transition services to the Soldier at a location commensurate with their needs closest to support network. We agree on the consistency across the Services on the utilization of ITO and NMA orders and payment processes. However, Services should maintain flexibility and discretion on the specific services provided based on the needs of the Service Member.



Evaluation of Task Force Recommendation #16



Implementation of the SCAADL benefit must be optimized through:

-A legislative change to exempt SCAADL from income taxes

-Non-concur with a legislative change to exempt SCAADL from income taxes. While we agree that the Soldier should not be presented with a tax burden, recommend providing the caregiver the compensation directly similar to the VA program.

-

-Enhanced marketing to the eligible population

Soldiers and family members are briefed on the SCAADL program during reception upon arrival at the WTU/CBWTUs. WTC has provided comprehensive flyers and posters detailing the program to all WTU/CBWTUs for distribution and display within their organizations. WTC has all SCAADL information posted on their website for Army wide access. Regional Medical commands (RMC) are currently establishing POCs in their MTFs to help distribute information on the program throughout the medical community on each installation.

-Electronic application process in AHLTA for Primary Care Manager (PCM) access

AHLTA is a clinician used system with limited access; as such they would be the only ones with the ability to access it thus causing an inability of staff members to be able to properly process the documents needed to apply for or correct documentation on the SCAADL application. We recommend the development of an application in a non-clinical system to manage this population.



Evaluation of Task Force Recommendation #18



Services must resource locations that have difficulty recruiting civilian staff with predominantly uniformed providers as clinical and non-clinical behavioral health staff.

- The Army proportionally distributes active duty (AD) behavioral health (BH) providers to balance the need across enterprise
 - Increased AD BH providers at several remote locations, including Ft Polk, Ft Drum, Ft Wainwright and Ft Riley in 2013-2014 assignment cycles.
 - Not feasible or cost-effective to resource remote locations with a majority of AD staff
- Aggressively hiring BH providers
 - Since 2003, the Army grew BH provider strength by 150% to 3,213 in SEP 2013
- Expanding Tele-Behavioral Health (TBH) services
 - Telehealth utilization grew 619% from FY09 to FY13
 - TBH accounts for 85% of the total telehealth encounters in garrison settings
- Utilizing US Public Health Service (USPHS) officers in Army MTFs
 - Filled 81 of the 95 BH billets
 - Partnering with USPHS to distribute 43 new billets at locations not previously supported



Evaluation of Task Force Recommendation #19



There is a disparity in the ambient knowledge of the RC as compared to the AC as to non-medical case management. The Services will establish a protocol that ensures non-medical information is resident, current, and accessible in RC organizations.

ARNG Response

- ARNG have led RC initiatives establishing national case management contract to assist with Military Medical Processing System (MMPS)
- ARNG created fulltime manning vouchers for medical readiness NCO's in BN and Bde HQ's to assist with the tracking and management of Soldiers with medical readiness issues identified through MMPS
- ARNG has expanded medical IT systems to assist in transparent medical Management of Soldiers from “cradle to grave” while serving in ARNG
- ARNG has lead DoD/VA efforts in IT solutions for iDES



RWTF Recommendation #19

Army Reserve Response



There is a disparity in the ambient knowledge of the RC as compared to the AC as to non-medical case management. The Services will establish a protocol that ensures non-medical information is resident, current, and accessible in RC organizations.

- The Army Reserves acknowledges communication gaps regarding non-medical resources available to recovering warriors existed
- The Command is now communicating the availability of these resources to commanders, staff, and Soldiers thru multiple venues including direct emails, commander's workshops, Soldier Readiness Processing events, Yellow Ribbon Re-integration Program events, Pre-Command courses, teleconferences, and pamphlets
- The Care of AR Wounded Warriors and their Families is one of the Chief of Army Reserve's top 5 priorities
- In order to close the communication gap and support recovering warriors, the command has established and improved upon the following programs:
 - ✓ Army Reserve Warrior Transition Program*
 - ✓ Recovery Care Coordinators (RCCs)*
 - ✓ The Army Reserve Medical Management Center (AR-MMC)
 - ✓ Army Reserves Family Programs (ARFP)
 - ✓ Unit Administrator Course
 - ✓ Training events

*Programs highlighted in greater detail



RWTF Recommendation #19

Army Reserve Response



Army Reserve Warrior Transition Program

- The Army Reserve Command Team conducted several visits to Warrior Transition Units (WTU) and Community Based Warrior Transition Units (CBWTU) in CONUS and OCONUS to meet with our Wounded Warriors to thank them for their service and ensure the appropriate level of support was provided during their rehabilitation and transition
- These visits identified the requirement for Army Reserve staff engagement to assist Wounded Warriors with expressed needs for assistance with legal, financial, and administrative issues
- In March 2013, the Army Reserve established the Army Reserve WT program to assist AR WTU/CBWTU Soldiers with associated legal, financial, and administrative issues and to ensure Army Reserve visibility of their progress
- WT Specialists provide the missing communication link between the AR Soldier in a WTU, his family, his unit and Army Reserve leadership



RWTF Recommendation #19

Army Reserve Response



Army Reserve Warrior Transition Program

Program Details

• **Program Structure:**

- Army Reserve PM (Fort Belvoir – OCAR)
- RSC Specialist (RSC Headquarters)
- WT Specialist (WTUs/SFACs)
- SJA Specialist (Legal Command)

• **RSC Specialists:** Provide support to AR Soldiers attached to CBWTUs

• **WT Specialists:** Specialists are placed at each RSC and WTUs with >20 AR Soldiers. WT Specialist are collocated near or at a WTU.

• **SJA Specialist:** Provides a dedicated Specialist to assist with legal issues

• **Way Ahead:** WT Specialists will play a crucial role in the ADME/MRP2 process to ensure packet completion and command awareness of AR Soldiers meeting WTU eligibility criteria (implementation ~March 2014)

Intake and Report Process

- Soldier discloses issue(s) to the AR WT Specialist. Specialist determines the core issue; what steps have been taken; and works towards lowest-level resolution – ensuring WTU, USAR, and MEDCOM chain of command involvement
- AR WT Specialists submit a weekly intake status report to RSC Specialist
- RSC Specialists compile intake status reports and submit weekly roll-ups to PM, MEDCOM POCs, and designated MSC POCs for awareness and follow-on actions as required
- PM provides a compiled monthly report to Army Reserve Human Capital Director

Training (not inclusive)

- HIPAA
- Unit Administrator Basic Course MTT
- Warrior Transition Cadre Course
- Senior Leader Orientation/Cadre Leader Orientation Course
- RCSBP/SBP RSO Pre-Cursor Course



RWTF Recommendation #19

Army Reserve Response



Recovery Care Coordination Program

- The Army Reserve has 18 RCCs throughout the 50 continental states, Hawaii, and Puerto Rico
- The RCC mission is to provide support and guidance to Wounded, Ill, and Injured Soldiers and their Families regarding available benefits and entitlements as they transition through the medical care system
- Each RCC is highly trained to work with Soldiers, family members, and commanders to resolve a plethora of issues surrounding the non-medical care of the Wounded, Ill and Injured Soldier
- Recently, the Army Reserve linked our PDHRA referral program and RCC programs to ensure follow-up with all Army Reserve Soldiers who received a PDHRA referral
- Finally, the Army Reserve incorporated RCC program briefings into our commander's workshops, Soldier Readiness Processing events, Yellow Ribbon Re-integration Program events, and Pre-Command courses to improve Army Reserve-wide awareness and integration



Evaluation of Task Force Recommendation #20



To increase both family member involvement in the recovery process and family member awareness of available resources, there should be 100 percent outreach to attend in-processing and IDES orientation for family members or designated caregivers. One-hundred percent outreach is defined as positive contact and two-way communication between the person providing the outreach and the person receiving it.

IDES Response

Upon referral into IDES, PEBLOs inform all Soldiers that Family members are welcome to accompany them throughout the process. The IDES Orientation Briefing is designed for Families, who are encouraged to participate. Soldiers and their Families have access to the Soldier and Family Assistance Centers, Transition Centers, and other relevant services. The IDES Guidebook and eGuide, as well as other educational resources, are available for both Soldiers and their Families.



Evaluation of Task Force Recommendation #20



To increase both family member involvement in the recovery process and family member awareness of available resources, there should be 100 percent outreach to attend in-processing and IDES orientation for family members or designated caregivers. One-hundred percent outreach is defined as positive contact and two-way communication between the person providing the outreach and the person receiving it.

WTU Response

- Current practice: NCM contacts Family and includes Family in planning.
- With new CTP Guidance: Within five days of each Soldier's assignment/attachment to a WTU, the Commander (or representative) contacts the Soldier's identified Family member(s) to welcome them to the unit.
 - Contact discussion will include:
 - Dates and times of in-processing, IDES, and Family benefits briefings and webinars
 - Discussion of on-line or downloadable information products
 - Discussion of Family needs and connection to resources (including Army Family Team Building, Comprehensive Soldier and Family Fitness, Behavioral Health)
 - Encourage family member to accompany Soldier to all appointments, if Soldier is amenable
- Metrics:
 - NMA Care for the Caregiver Training and IDES attendance tracked.
 - NCM document Family involvement in AHLTA notes.



Evaluation of Task Force Recommendation #21



DoD, VA, and the Services should publish timely guidance to standardize care to RWs:

- Army Warrior Transition Command (WTC) Policy Memo 11-098, Comprehensive Transition Plan Policy and CTP-Guidance (CTP-G)

The Comprehensive Transition Plan (CTP) and Warrior Transition Command's CTP Guidance, which were scheduled to expire on 29 Nov 13, have been extended until superseded by new publications. A Coordination Draft for both the Policy and Guidance was completed on 10 Feb14.

AR 40-XXX, Warrior Care and Transition Program (WCTP), will eventually result in the consolidation of all policies, standards, and regulatory directives for warrior care and transition. WTC is currently finalizing all policies that feed the AR 40-XXX, and once that step is complete, the document will be submitted to the Army Publishing Directorate (anticipated in Feb 14).

The existing CTP Guidance will be replaced by a "how to" publication entitled "WTCP Guide for Soldiers and Leaders." The guidance is less formal and more oriented towards cadre needs than the AR 40-XXX, offering a description of how to accomplish specific related tasks.



Evaluation of Task Force Recommendation #21 (continued)



DoD, VA, and the Services should publish timely guidance to standardize care to RWs:

- Army Warrior Transition Command (WTC) Policy Memo 11-098, Comprehensive Transition Plan Policy and CTP-Guidance (CTP-G)

1. WCTP Overview
2. Attachment, Assignment, and Transfer to a WTU
3. Roles and Responsibilities
4. Triad Meetings
5. Comprehensive Transition Plan
6. Army Wounded Warrior Program
7. RC and NG Specific Guidance
8. Risk Assessment
9. IDES
10. AWCTS
11. Adaptive Reconditioning
12. Career Education Readiness
13. Resilience
14. Public Website
15. Community Support Network
16. VA Integration
17. Family Program(s)
18. SFACs
19. Commanding in a WTU
20. Gifts and Donations
21. Facilities
22. Community Care Units (Pending)



Army Warrior Care and Transition Program

brief to the

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Questions

24 February 2014