



**Department of Defense Task Force on the Care,
Management, and Transition of Recovering
Wounded, Ill, and Injured Members of the
Armed Forces**

February Business Meeting

**Colonel Willard A. Buhl
Commanding Officer
Wounded Warrior Regiment**

25 Feb 14



2013 RWTF Recommendations

Briefer: Col Willard A. Buhl
Commanding Officer
Wounded Warrior Regiment

Time: 11:15 – 12:15



FY13 Recommendation 5

Recommendation

5 - DoD will issue policy guidance for Services to ensure continuous active duty orders for RC RWs 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.

Marine Corps Evaluation

USMC (WWR) concurs and will defer to DoD for guidance on implementation.



FY13 Recommendation 13

Recommendation

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

Marine Corps Evaluation

USMC (WWR) defers to DoD guidance.

DoD is implementing a Disability Evaluation System (DES) Quality Assurance Program (QAP) in 2014 to assess the Military Departments' compliance and consistent application of the policies for conducting MEBs.



FY13 Recommendation 15

Recommendation

15 - The Office of the Under Secretary of Defense for Personnel and Readiness (OUSD(P&R)) 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.

Marine Corps Evaluation

USMC Non-concurs.

JFTR, JTR policy revisions will not remedy inconsistent application (RWTF focused on an Army practice that was perceived as inconsistent). USMC has not experienced issues with family member travel. There are too many circumstances, variables, and differences that lie between the Services and commands and organizations within a Service to completely standardize processes for strict uniform payment. Any policy revision could prohibit / limit any necessary discretion for issuing and settling travel claims based upon the actual circumstances.



FY13 Recommendation 16

Recommendation

- 16** - Implementation of the SCAADL benefit must be optimized through:
- A legislative change to exempt SCAADL from income taxes.
 - Enhanced marketing to the eligible population.
 - Electronic application process in AHLTA for Primary Care Manager (PCM) access.

Marine Corps Evaluation

USMC partially concurs.

Marines enrolled in the WWR are assigned an RCC and are assessed for caregiver support needs during an initial Comprehensive Needs Assessment. If the RCC determines a need for SCAADL, the RCC will brief the Marine and family on the benefit, work with the medical case manager to ensure the application is completed and submitted, and tracks approved applications payment progress. Additionally, the RCC will advise SCAADL recipients on the VA caregiver stipend and will work with the Marine and the VA to complete the application requirements and track the status of the benefit.

WWR will continue to aggressively market SCAADL and look for new and innovative methods to disseminate information to WII Marines and their caregivers. However, we defer to OSD General Counsel for comments on the impact of removing the tax status. We have no objection to an electronic application process.



FY13 Recommendation 18

Recommendation	Marine Corps Evaluation
<p>18 - Services must resource locations that have difficulty recruiting civilian staff with predominantly uniformed providers as clinical and non-clinical behavioral health staff.</p>	<p><i>USMC (WWR) defers to DoD's position.</i></p>



FY13 Recommendation 19

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.

Marine Corps Evaluation

The USMC (WWR) concurs.

Members of the RC (joined to a Regimental element) receive case management identical to AC. WWR continually strives to ensure RC WII Marines who are away from bases and stations are aware of the WWR and its care coordination capabilities.

- The WWR's Liaison Officer (LNO) to Marine Forces Reserve (established spring of 2013) provides connection between WWR staff and MARFORRES staff in matters related to care and support of Active and Reserve WII Marines / families assigned to MARFORRES units.
- WWR briefs at training events on WWR capabilities and access to non-medical care.
- WWR staff with RC-specific knowledge assists Marines.
- WWR's Reserve Medical Entitlements Section oversees all cases of WII Reservists who require medical care or referral into the disability evaluation system for service-incurred ailments. Those who require extension on active duty are placed into the Medical Hold (MedHold) Program. Those who do not require extension on active duty, or who desire to demobilize (or are injured / ill on a period of Inactive Duty Training) to return to their civilian life, have their medical needs addressed through Line of Duty (LOD) benefits.
- WWR is working with WWR reserve specialists to develop electronic tools (e.g. website toolkit, fact sheets, etc.) that provide immediate access to information for family members of reserve Marines.



FY13 Recommendation 20

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. Communication will be consistent across Services and within the programs that family member and caregiver participation is expected. Measures of effectiveness will be implemented to document family involvement and attendance.

Marine Corps Evaluation

The USMC (WWR) defers to DoD's position.

The Department encourages participation by family members and caregivers within the IDES, whenever practical. Upon referral into the IDES, the PEBLO informs all Service members that family members are welcomed to accompany them through the process. Unless a Service member is deemed incompetent, a Service member should be given the decision to include family members in the process. If Service members want to have their family involved, it should be their choice and will be supported, but not imposed by the Service.

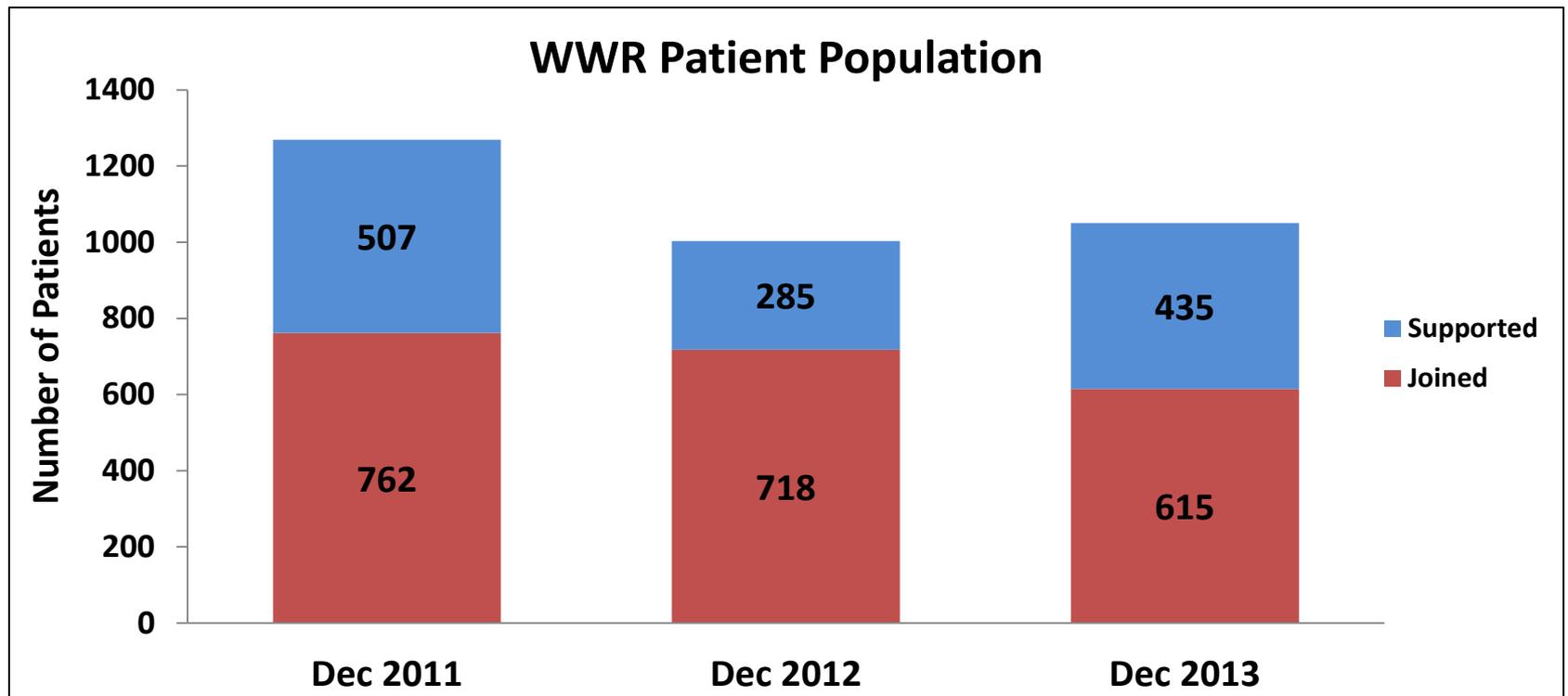
The WWR encourages family member participation in the recovery and transition process. WWR's "robust protocol" for contacting family members / caregivers includes aggressively encouraging Marines to consent to communication. RCCs will establish family-centric goals on the Comprehensive Recovery Plan and provide information on resources and / or benefits and entitlements. This support includes information on the IDES process and a Marines required next steps.



Additional Question: Patient Census Trajectory

Q1: What is your patient census trajectory from 2011-2014?

A1: The chart below depicts the trajectory of WWR's patient population from 2011- 2014.



The WWR patient population includes Marines who are joined to (TR/SR or TAD) and supported by the WWR. The supported population includes Marines that have an RCC but have chosen to remain with their parent command.



Additional Question: Long Range Vision

Q2: Following the drawdown, what is the long-range vision for your organization?

A2: Recovery care must be enduring in view of issues resulting from the current decade of war: catastrophic injuries requiring complex acute care, traumatic brain injury, and psychological health problems. These conditions are not solved by short-term care and require continuing services.

The post-2014 strategy and our reduced presence in Afghanistan will result in fewer combat casualties (currently, approximately 50% of the WWR's Marines are ill / injured). The WWR is weighing options to streamline its global presence, while taking precautions to remain flexible and ensure capabilities are congruent with need.

We are constructing recommendations which will be reviewed by our leadership prior to formal release.