



Office of Warrior Care Policy
presentation
for
Recovering Warrior Task Force
Business Meeting
April 16, 2014



Recommendations for the Office of the Deputy Assistant Secretary of Defense for Warrior Care Policy (ODASD(WCP))



RWTF Recommendation #	Concur	Non-concur	Partially concur
#6 impact of IDES laws on RC RWs			✓
#10 -- Part 1: Define roles/responsibilities of on-line resources/call centers	✓		(pub report has ✓)
Part 2: Promote/improve marketing of WW Resource Center 800 number (Military One Source) as single primary resource		✓	
Part 3: Maximize availability of info, to include mobile platforms	✓		
Part 4: Ensure NRD is one-stop-shop. Comprehensive marketing strategy to engage Service members & family	✓		
#11 -- Veterans Tracking Application (VTA)			✓
#12 -- Temporary Disability Retirement List (TDRL)			✓
#13 -- MEB process	✓		
#14 -- IDES Satisfaction Survey	✓		
#15 -- Coverage for family member travel			✓
#16 -- Special Compensation for Assistance with Activities of Daily Living (SCAADL) Part 1: Tax exemption		✓	
Part 2: Enhance marketing to eligible population	✓		
Part 3: Develop electronic application process in AHLTA		✓	
#20 -- Increase family member awareness & involvement using 100% outreach; positive contact			✓
#21 – DoD/VA/Services should publish timely guidance to standardize care to Recovering Warriors: Part 1. DES guidance	✓		
Part 2: Complex care coordination policy	✓		
Part 3: Vocational Rehabilitation & Employment (VR&E) counseling	✓		
Part 4: Reserve Component Incapacitation status	✓		





Recommendation #6

The RWTF observed inconsistencies in the interpretation and application of laws governing IDES with respect to RC and Active Component (AC) RWs. The RWTF recommends VA and DoD, in concert with Congress, review laws related to the following:

1. Presumption of soundness
2. Service aggravation provisions
3. Application of other policies that specify current activation and/or years on active service requirements

DoD Response: Partially Concur

The Department provides clear, consistent policy to guide implementation of the requirements of 10 USC for making disability determinations and is not aware of any improper interpretation or application of 10 USC for disability determinations for Active or Reserve Component Service members.

- Active and Reserve Component Service members are presumed to be in sound condition at the time of their current enlistment or activation unless clear and unmistakable evidence demonstrates their injury or disease existed before acceptance and was not aggravated by service.
- Eligibility of Active and Reserve Component Service members for disability compensation is equally based on the Service member's status at the time their injury or illness was incurred or was aggravated by service, (per 10 USC, § 1201 as amended).
- Disability determinations for Active and Reserve Component are based on status at the time the member incurred or aggravated an illness or injury.

DoD's Implementation:

DoD is standardizing disability quality assurance programs to ensure consistent interpretation and application of 10 USC and DoD policy for disability determinations for Active and Reserve Component Service members.

- Department of Defense Manual (DoDM) for disability quality assurance should be published by July 2014.
- Beginning in 2014, the Department will evaluate and report to Congress on the accuracy and consistency in interpretation and application of law and policy related to disability determinations for Active and Reserve Component Service members.





Recommendation #10, part 1

DoD must establish policy to ensure the accuracy, timeliness, accessibility, and relevancy of information sources. Specifically: **Part 1, Define roles and responsibilities of online resources and call centers established by DoD and the Services for the RW community; include common measures of effectiveness across all resources.**

DoD Response: Concur

- A comprehensive inventory of the myriad online resources and call centers is necessary before DoD can determine what policy action is necessary.
- The Department notes there are multiple online sites and call centers that connect Service members and their families with assistance and programs designed to meet their individual needs.
- Prior to developing policy, we will conduct a comprehensive analysis to include program effectiveness, and anticipate completion by the end of 2014.





Recommendation #10, part 2

Part 2, Promote and improve marketing for the Wounded Warrior Resource Center (WWRC) 800 number (1-800-342-9647) as the single primary telephone resource for all RWs and their families.

DoD Response: Non-concur

- The Wounded Warrior specialty consultation service (call center) was established through Military OneSource to meet the intent of the John Warner National Defense Authorization Act for 2007, to *augment* the activities of each Services' network of family support centers, not to operate in lieu of existing family support centers.
 - Service members & families rely on their own Services' resources for Service-specific information as the first and most effective resource.
- Military OneSource is a *secondary* point of contact for wounded service members and veterans, their families, and caregivers, providing information and assistance in addressing issues with military and Veteran's Affairs (VA) facilities, health care services, and benefits.





Recommendation #10, part 3

Part 3, Maximize availability of this information to include mobile platforms.

DoD Response: Concur

- The Department of Defense and the Department of Veterans Affairs have collaborated to provide access to the NRD across all mobile platforms.
- NRD has been available via a mobile enabled platform since its launch in April 2008.
- The NRD mobile version is designed to minimize load time so that users can access resources quickly and seamlessly and is accessible by entering NRD.gov in the browser of any mobile device; no download is required.
- Key features include full mobile browser compatibility with all smartphones, tablets and other devices; the ability to search the NRD by subject, state or territory; immediate access to news and helplines, and the capability to interact with the NRD through social media.





Recommendation #10, part 4

Part 4, Ensure the National Resource Directory's (NRD's) capacity to serve as a one-stop website source. At minimum, this should include executing a comprehensive marketing strategy targeting RWs and family members across the country and a mechanism to track its success in engaging RWs and family members.

DoD Response: Concur

- The NRD is marketed to recovering Service members and their families through each Military Departments' Wounded Warrior Programs.
- The Department of Defense (DoD), Department of Veterans Affairs (VA), and Department of Labor (DOL) continue to explore avenues to raise general awareness by partnering with non-governmental organizations, particularly those serving the military and veteran community.





Recommendation #11

ODASD(WCP) should work with VA to grant VTA access to more providers and locations supporting RWs in IDES, to include MEB attorneys and CBWTUs.

DoD Response: Partially Concur

- The Department's IDES Dashboard provides Service member status in IDES and well as average timeliness to estimate when a Service member will complete each IDES phase and stage.
- The Department is also documenting requirements for IT functionality to improve disability case management, including case status visibility and is pursuing acquisition of an improved disability IT support system.
- There is no significant benefit, over the above enhancements, to granting additional access to VTA.





Recommendation #12

Congress should eliminate the Temporary Disability Retirement List (TDRL).

DoD Response: Partially Concur

- The Department will conduct a business case analysis of the TDRL program to evaluate eliminating the TDRL process.
- The analysis will consider the impact on Service members, cost, legislation, and the Services' disability operations.





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.

DoD Response: Concur

- The Department notes 10 USC, Section 1216, requires that "In making a determination of the rating of disability of a member of the armed forces..., the Secretary concerned shall take into account all medical conditions, whether individually or collectively, that render the member unfit to perform the duties of the member's office, grade, rank, or rating."
- Further, the Department's IDES policy requires that medical exams provided by VA for IDES include a complete review of symptoms and a comprehensive evaluation of medical conditions identified and referred to the IDES by a military medical provider.
- Together the Department believes these provisions are sufficient to ensure timely and accurate physical evaluation board decisions.
- The Department is implementing a Quality Assurance Program to monitor and report on the accuracy and consistency of MEB and PEB determinations with respect to law and policy.





Recommendation #14

ODASD(WCP) should invite all RWs to complete each phase of the IDES survey (MEB, PEB, and Transition Phase surveys) regardless of whether they completed the survey for the previous phase(s).

DoD Response: Concur.

- The Department implemented a revised survey program in July 2013, to gather more actionable information about Service members' IDES experience and to allow increased Service member participation in the survey process.
- The Department changed the methodology for conducting the surveys to ensure that Service members in the IDES are invited to complete each IDES survey regardless of whether they completed the survey for a previous phase.





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.

DoD Response: Partially Concur

- The Department agrees there should be consistency across the Services on the utilization of Invitational Travel Authorizations (ITA) and NMA orders and payments processes; however, the Services should maintain flexibility and discretion on the specific services provided based upon the needs of the Service member.
- The Department does not believe additional policy is necessary or warranted across Service branches.
- The Department will provide the Services with clarification on complying with JFTR guidance.





Recommendation #16, part 1

Recommendation: Optimize SCAADL benefit through:

1. A legislative change to exempt SCAADL from income taxes.

DoD Response: Non- Concur

- The Department does not concur with a legislative change to exempt SCAADL from income taxes.
- The Department will conduct a full analysis of compensation options, to include directly compensating the caregiver, similar to the VA Family Caregiver Program, versus providing it to the Service member.
 - The analysis will consider the impact of the cost and resources to establish and execute a caregiver compensation program, legislation, and the Services' SCAADL operations.



Recommendation #16, part 2



2. Enhanced marketing (of SCAADL) to the eligible population.

DoD Response: Concur

- The Department, in conjunction with the Military Departments, will look for new opportunities and methods to market the SCAADL program to potentially eligible Service members.



Recommendation #16, part 3



3. (optimize SCAADL through implementation of) **Electronic application process in AHLTA for Primary Care Manager (PCM) access**

DoD Response: Non-concur

- The Department does not believe AHLTA is the correct platform for managing the SCAADL program.
- AHLTA is a clinical tool used by physicians for medical records and not for use as a compensation-based case management program.
 - Doing so could present the risk of opening up sensitive, privacy-protected information to those not involved in the health industry.
- The Department will evaluate alternative application processes in 2014.





Recommendation #20 (condensed)

... increase family member involvement in recovery process and family member awareness of available resources... 100 % outreach (positive contact and two-way communication) to (ensure) attendance at in-processing and IDES orientation for family members or designated caregivers. Consistent communication across Services...that family member and caregiver participation is **expected**. Implement measures of effectiveness to document family involvement and attendance.

1. **Invite** and encourage family member/family caregiver to attend the initial unit/program orientation...and the initial briefing upon entry into IDES...
2. **Encourage** family member / family caregiver to accompany RW on all other appointments *if RW is amenable*.

DoD Response: Partially concur

- 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.
- Family member participation is highly encouraged; however, the Department cannot mandate family member or designated caregiver involvement.



Recommendation #21, parts 1-7



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

1. Directive-Type Memorandum (DTM) 11-015, Integrated Disability Evaluation System (IDES)
2. Army Warrior Transition Command (WTC) Policy Memo 11-098, Comprehensive Transition Plan Policy and CTP-Guidance (CTP-G)
3. DTM 12-007, Implementation of Mandatory Transition Assistance Program Participation for Eligible Service Members
4. DoDI 1322.bb, Implementation Guidance for Job Training, and Employment Skills Training (JTEST) Authority for Eligible Service Members
5. DoD /VA Interagency Complex Care Coordination Policy for Service Members and Veterans
6. DoDI on VA Vocational, Rehabilitation & Employment (VR&E) counseling for Service members transitioning through IDES
7. DoDI on Reserve Component incapacitation status.

DoD Response: Concur with all



DoD response/implementation of Recommendation #21, parts 1-4



1. DTM 11-015-extended until February 1, 2014 pending the expected publication of DoDI 1332.18 "Disability Evaluation System (DES)" and DoDM 1332.18, Volume 1, "DES Manual: General Information and Legacy DES (LDES) Time Standards" and DoDM 1332.18, Volume 2, "DES Manual: Integrated DES (IDES)" in February 2014.
2. The Army Warrior Transition Command (WTC) **Policy Memo 11-098**, Comprehensive Transition Plan Policy, and CTP Guidance (CTP-G) are **under revision and scheduled to be released FY2014**. Army Regulation 40-XX (Comprehensive Transition Plan), designed to consolidate and standardize Army guidance regarding wounded warrior care, is currently in staffing, with an expected publication date of October 2014.
3. DTM 12-007 was published effective November 21, 2012 with an expiration date of May 21, 2014. The DODI for the Transition Assistance Program has been re-written to match the re-design and comply with statutory and policy requirements and is in formal coordination with an expected publication date in Q3 FY14.
4. DoDI 1322.bb, Implementation Guidance for Job Training, and Employment Skills Training (JTEST) Authority for Eligible Service Members, operations portion of this instruction will become a DoD Manual. The expected publication date is July 2014.



DoD response/implementation of Recommendation #21, parts 5-7



5. The DoD/VA Interagency Care Coordination Committee (IC3) is developing a joint Memorandum of Understanding that will serve as overarching guidance for both Departments. The MOU, drafted and coordinated by the Policy and Oversight Work Group, establishes a single model of coordination and management of complex care, services, and benefits for seriously wounded, ill and injured Service Members/Veterans throughout the continuum of care. The expected publication date for the MOU is March 2014.
6. The Department has written a DoDI and DoDM for the VA Vocational, Rehabilitation & Employment (VR&E) counseling for Service members transitioning through IDES. The DoDI and DoDM are expected to be published in July 2014.
7. ASD (RA) is in the process of coordinating the update to DoDI 1241.01, "Reserve Component Line of Duty Finding for Health Care". This updated DoDI will cancel DoDD 1241.01 - "Reserve Component Medical Care and Incapacitation Pay for Line of Duty", and DoDI 1241.2, "Reserve Component Incapacitation System Management." The expected publication date is the fourth quarter of Fiscal Year 2014.

