Warrior Transition Unit Consolidated Guidance (Administrative)

Distribution Restriction Statement.

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Summary of Change

This revision

- Is an update to the 1 December 2007 version
- Consolidated all forms, charts, diagrams, and samples in appendix B
- Provides additional information not previously available
- Corrects grammatical and administrative errors and reformatted the document to improve readability
- Eliminated redundant information in Reserve Component sections
- Updates IMCOM responsibilities
- Clarifies TCS orders
- Outlines reconstruction of deployment orders for Warriors in Transition
- Outlines Active Component return to duty process
- Updates Community Based Health Care Organization (CBHCO) guidance to include active component Warriors in Transition
- Updates Purple Heart award for mTBI and PTSD
- Clarifies promotion waiver authority to specialist
- Outlines Commissary, Exchange, MWR access for WT designees
- Clarifies shipment of house hold goods
- Details AGR (USAR/ARNG) WT processes
- Eliminated LOD requirement in Medical Retention Processing Application
- Updated Non-Medical Attendant information
- Pending information on WT return of personal effects from the combat zone
- Updated eligibility for disability severance pay
- Added Procedures for Transitioning Soldiers from Active Duty (AD) while attached to a Medical Facility
- Added information of Special Duty Allowance Pay for WTU cadre
- Added information regarding TRADOC staffing a policy on Initial Entry Soldiers being attached to a WTU

This revision

- Is an update to the 14 March 2008 version
- Corrects grammatical and administrative errors
- Added information from FRAGO 3 to EXORD 118-07
- Added Triad of Leadership as part of the approval process for COMPO 1 Soldiers to be assigned to a WTU
- Changed the definition of a Warrior in Transition
- Changed the eligibility criteria for COMPO 1 Soldiers
- Defines what COMPO 1 Soldiers are ineligible for assignment to a WTU
- Further clarifies RC eligibility
- Added information regarding the publication of TCS orders by Landstuhl Regional Medical Center IAW MILPER 08-060
- Updated MOD's information for return to duty procedures
- Changed the Warrior Screening Matrix in Appendix B
- Added exit criteria for COMPO 1 Soldiers
- Updated assigned/attached scenarios
- Clarified work status information regarding RC WT's selected to continue as Cadre beyond the end date of their MRP/MRP2/ADME order
- Clarified REFRAD document requirements for Soldiers being separated due to physical disability
- Added process information regarding General Officers being assigned to a WTU
- Added transfer procedures from a CBHCO back to a WTU
- Updated award processing information
- Added information clarifying the promotion process
- Added information on extending General Officers beyond their MRD to complete medical care
- Updated Transition Services for Soldiers assigned to a WTU and adjustment of VA benefits briefing IAW MILPER 08-131
- Updated SDAP pay information for Cadre IAW MILPER Message 08-171
- Added terms to the glossary

- Added Commander Referral Letter to Appendix B
- Added AC to WTU Flow Chart to Appendix B
- Added Warrior in Transition Process Flow Chart
- Changed MRP medical provider statement for initial MRP application
- Updated MRP2/ADME medical provider statement and added a sample memorandum
- Added CBHCO Referral Process Chart
- Added updated MEB/PEB checklist and Physical Disability Commander's Performance and Functional Statement
- Added RC REFRAD checklist and memorandum required by HRC

History. The Army has been heavily engaged in operations in support of the 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 Warrior Transition Units (WTU's). The Army has created WTU's to which Soldiers may be assigned or attached while undergoing medical care and rehabilitation.

Summary. This publication has been revised to update policies and guidance for the care and management of Warriors in Transition (WTs). The WTs are managed by the WTU which is a multi-compo TDA organization. This document addresses specific policy guidance regarding assignments/attachment to the WTU, the order process, etc. It summarizes existing personnel policies for family escort, non-medical attendant (NMA), housing prioritization, leave, etc. when Soldiers are in the WTU. Further, it provides information on the PDES for Soldiers processing through this system. Pertinent Federal statutes, regulation and other standards governing these programs/services are cited throughout the document and are collated in a reference section.

Applicability. This publication applies to Active Army, U.S. Army Reserve and the Army National Guard.

Proponent and Exception Authority Statement. The proponent and exception authority is the Army G-1

Army Management Control Process. This publication does not contain management control provisions.

Supplementation. Supplementation of this publication and establishment of command and local forms are prohibited without the prior written approval from The Deputy Chief of Staff, G-1, ATTN: (DAPE-MPE-IP), Washington DC 20310

Interim Changes.

Suggested Improvements. Users are invited to make comments, recommendations or suggested improvements using the Excel tracker available at:
http://www.armyg1.army.mil/wtu/docs/WTU_Tracking_sheet.xls

All requests must be substantiated with source documentation.

Committee Continuance Approval.

Distribution. Distribution of this publication is available in electronic media only and is intended for the Active Army, Army National Guard and U.S. Army Reserve.

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Changes throughout the document are highlighted in green

Table of Contents

Chapter 1 10
Introduction 10
1-1. Purpose 10
1-2. References 10
1-3. Explanation of abbreviations and terms 10
1-4. Overview 10
1-5. Objectives 10
1-6. Responsible Agency 10
1-7. Authority for WTU 10
1-8. Authority for MRP 11
1-9. Authority for MRP2 11
1-10. Authority for ADME 11
1-11. The MRP Program (Medical Retention Processing) 11
1-12. The MRP2 Program (Medical Retention Processing2) 11
1-13. The ADME Program (Active Duty Medical Extension): 12
1-14. Warrior in Transition Mission: 12
1-15. Mission Essential Task List: 12
1-16. WTU Concept of Operation: 12
1-17. WTU Triad of Care 13
1-18. WTU Triad of Leadership (FRAGO 3 to EXORD 118-07(Mission)) 13
1-19. Responsibilities 13
Chapter 2 21
Eligibility 21
2-1. Warrior in Transition Definition (FRAGO 3 Annex S to EXORD 118-07) 21
2-2. Warrior in Transition Command and Control (FRAGO 3 Annex S to EXORD 118-07) 21
2-3. Active Component (Compo 1) Eligibility Criteria for assignment/attachment to the WTU (FRAGO 3 Annex A to EXORD 118-07) 21
2-4. Active Component (Compo 1) Soldiers ineligible for assignment/attachment to the WTU (Frago 3 Annex A to EXORD 118-07) 21
2-5. Reserve Component - COMPO 2/3 Soldiers. (Frago 3 Annex A to EXORD 118-07) 21
2-6. Reserve Component Soldiers Eligible for Medical Retention Processing Orders (MRP) 22
2-7. Reserve Component Soldiers not Eligible for MRP Orders 22
2-8. Reserve Component Soldiers Eligible for Medical Retention Processing 2 Orders (MRP2) 23
2-9. Reserve Component Soldiers not Eligible for MRP2 orders 23
2-10. Reserve Component Soldiers Eligible for Active Duty Medical Extension Orders (ADME) 23
2-11. Reserve Component Soldiers not Eligible for ADME Orders 23
2-12. ADME Program Accountability and Tracking 24
2-13. Warrior Transition Unit (WTU) Reserve Component Soldier Categories 24
Chapter 3 26
Assignment/Reassignment 26
Section I 26
Orders 26
3-1. Temporary Change of Station (TCS) orders 26
3-2. Permanent Change of Station (PCS) limitation approval authority: (AC and AGR only) 26
3-3. Temporary Duty Orders 27
3-4. Back Dating Orders 27
3-5. Reconstruction of Deployment Orders for Wounded Warriors 27
3-6. Active Component or AGR Return to Duty (RTD) Assignment Procedures 27
3-7. National Guard AGR Soldiers 29
Section II 29
Assignment or Attachment to the Warrior Transition Unit for Active Component and Active Guard Reserve (AGR) Soldiers 29
3-8. General Information 29

3-9. Entry: Warrior Screening Matrix for Entry into a Warrior Transition Unit (FRAGO 3 Annex B to EXORD 118-07) 29
3-10. Exit: Criteria (FRAGO 3 Annex A to EXORD 118-07): 30
3-11. Scenarios: (FRAGO 3 Annex A appendix 1 to EXORD 118-07) 30
3-12. Categories of Assignment/Attachment are as follows: 30
3-13. Work Status for Warriors in Transition 32
3-14. Active Component or AGR Warrior Transition Unit Orders Scenario Vignettes 32
Table 3-1 36
Active Component and AGR Assign/Attach Benefits Comparison Chart 36
Section III 37
Assignment to the Warrior Transition Unit for Non-AGR Reserve Component Soldiers 37
3-15. Reserve Component WTU Orders Processes for Medical Retention Processing (MRP/MRP2) Non-AGR 37
3-16. General Officer Requests for Medical program Associated with WTU (MRP/MRP2/ADME) 41
3-17. Exit Criteria – COMPO 2/3 (FRAGO 3 Annex A to EXORD 118-07): 42
3-18. Reserve Component Warrior Transition Unit Order Scenario Vignettes 42
3-19. RC Order Distribution list 43
3-20. MRP, MRP2, ADME Appeals And Exceptions Process For Warriors In Transition (WT) 43
3-21. Community Based Health Care Organizations (CBHCO) 46
3-22. Warriors in Transition assigned to VA Medical Centers 52
Chapter 4 53
Supply and Logistics 53
4-1. Uniforms: 53
4-2. Housing Prioritization for Warriors in Transition: 53
Chapter 5 54
Personnel and Pay Actions 54
Section I 54
Personnel Functions 54
5-1. Awards and Decorations 54
5-2. Purple Heart Awards for Concussion, Mild Traumatic Brain Injury (mTBI) and Post-traumatic Stress Disorder (PTSD) 55
5-3. Promotion 56
5-4. Extension and Reenlistment 61
5-5. Pregnancy 61
5-6. Evaluations (NCOER/OER) 61
5-7. Uniform Code Of Military Justice (UCMJ) 62
5-8. Non-Medical Attendant and DD Form 93 62
5-9. Agent Letter for Authorized Patrons of Commissary, Exchange and MWR Facilities 62
5-10. Mandatory Removal Date (MRD) 63
5-11. General Officer Request for Extension beyond MRD 63
5-12. RC Soldiers with 18 Years but less than 20 Years Service 64
5-13. Line of Duty Determinations 64
5-14. Leave, Special Leave Accrual (SLA) and Permissive TDY (PTDY): 66
5-15. Commander Notification of Arrival And Departure of Medically Evacuated Warriors: 67
5-16. Warriors in Transition Family Escort 67
5-17. Return of Personal Effects from Theater 67
Section II 68
Pay and Entitlements 68
5-18. Timely Processing of Pay Documents for Soldiers within the WTU: 68
5-19. MRP and MRP2 Pay and Entitlements (RC Only) 72
5-20. ADME Pay and Entitlements (RC Only) 72
5-21. Incapacitation Pay (RC Only) 72
5-22. MRP2 and Federal Compensation (RC Only) 72
5-23. Pay & Entitlements for Service Members Injured in Combat Zones 73
5-24. Household Goods 74

5-25. Invitational Travel Authorizations in Support of Wounded Soldiers 75
Table 5-1..... 77
Active Component and AGR Pay and Entitlements Chart 77
Table 5-2..... 78
Reserve Component (non AGR) Pay and Entitlements Chart 78
Chapter 6 80
Physical Disability Evaluation System (PDES)/Transition..... 80
6-1. Army PDES and Criteria for Processing Soldiers Transferred to a WTU:..... 80
6-2. Referral to The Army Physical Disability Evaluation System (PDES) 81
6-3. My Medical Evaluation Board (My MEB)/My Physical Evaluation Board (MyPEB)..... 81
6-4. Transition Services for Soldiers Assigned to Warrior Transition Units and Adjustment of VA Benefits Briefing Delivery (MILPER Message 08-131) 81
6-5. Army Retirement Services 82
6-6. Employment for Wounded Warriors 82
6-7. Transitional Assistance Management Program (TAMP) 83
6-8. Patient Movement And Reception Of Warriors In Transition On Continent United States (CONUS) Military Treatment Facilities (MTFS) (IAW OTSG/MEDCOM 07-41- Patient Movement) 83
6-9. Assignment of Soldiers after Completion of Care in WTU 84
6-10. Process to separate an attached WTU Soldier 85
6-11. Continuation on Active Duty (COAD) and Continuation On Active Reserve (COAR) for Graduate Level Education 85
6-12. Army Career and Alumni Program (ACAP) 86
6-13. RC REFRAD and Separation Processing (Non-AGR) 86
6-14. RC DD Form 214 Distribution..... 88
6-15. Procedures for Transitioning Soldiers from Active Duty (AD) while attached to a Medical Facility (MILPER Message 08-008) 89
Chapter 7 91
Support Sections, Agencies, and Organizations..... 91
7-1. Soldier and Family Assistance Center (SFAC)..... 91
7-2. Army Wounded Warrior Program 93
7-3. Legal Information 95
Chapter 8 96
Reference 96
8-1. Staff Assistance Visits 96
8-2. Special Duty Assignment Pay (SDAP) for WTU and CBHCO Cadre (Milper Message 08-179) 96
8-3. Army Mild Traumatic Brain Injury (MTBI)/Post Traumatic Stress Disorder (PTSD) Awareness And Response Program:..... 96
8-4. Frequently Asked Questions 96
Appendix A 100
References 100
Appendix B 107
Flow Charts, Forms, and Sample Memorandums..... 107
B-1 Warrior Transition Unit Time Line Flow Chart..... 107
B-2 Warrior Screening Matrix for Entry/Exit into a Warrior Transition Unit..... 108
B-3 Commander Referral Letter for AC Soldiers 110
B-4 AC to WTU Flow Chart..... 111
B-5 Sample 410 Assignment Order 112
B-6 Sample 440 Attachment Order..... 113
B-7 Warrior in Transition Process Flow Chart 114
B-8 WTU Unit Commander Nomination to MTF Commander Sample..... 115
B-9 WTU MTF Commander Nomination to Unit Commander Sample..... 116
B-10 Reserve Component WTU Application Documents 117
B-11 Initial MRP Application (RC ONLY): – Form 1 118
B-12 Unit Cover Letter: WT-(RC) (MRP/MRP2/ADME) Program – Form 2 119

B-13 Initial/Extension: WT-(RC) DA Form 4187 for WT-RC program, Form 3 120
B-14 Initial: WT-(RC) MRP2/ADME Application Checklist - Form 4 121
B-15 Extension: WT-(RC) Extension Checklist - Form 5 122
B-16 EXTENSION: WT-(RC) Medical Provider's Statement, Form-6 123
B-17 Declination or Withdrawal Statement from WT-(RC) Program, Form 7 124
B-18 Exception, Appeal or Resubmission Request for WT-(RC), Form 8 125
B-19 CBHCO Referral Process Chart 126
B-20 Reserve Component Warrior in Transition Process Flow Chart (CBHCO included) 127
B-21 Checklist for Referral to MEB/PEB 128
B-22 Physical Disability Evaluation System Commander's Performance and Functional Statement 129
B-23 WTU Staffing Ratios IAW FRAGO 3 to EXORD 188-07 132
B-24 Army Agent Letter Sample 133
B-26 Soldier Referral to WTU or CBHCO Form 135
B-27 Reserve Component REFRAD Checklist 137
B-28 Reserve Component REFRAD sample memorandum 138
B-29 MTF Geographical Responsibility Charts 139
Glossary 144

Chapter 1
Introduction

1-1. Purpose
This publication prescribes the policy and procedures for the administration of Soldiers assigned/attached to Warrior Transition Units.

1-2. References
Reference publications are listed in appendix A. Forms, Flow Charts, Diagrams, and Sample Memorandums are in appendix B.

1-3. Explanation of abbreviations and terms
Abbreviations and special terms used in this publication are explained in the glossary.

1-4. Overview
a. Vision: to 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: To 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.

1-5. 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 the Physical Disability Evaluation System (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 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), Warrior Transition Units (WTU), 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.

1-6. Responsible Agency
HQDA, G-1, DAPE-MP is tasked to monitor and update the document on a quarterly basis.

1-7. Authority for WTU
a. Department of the Army EXORD 118-07 Healing Warriors, DTG 021000Q June 2007.

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

c. Department of the Army FRAGO 2 to EXORD 118-07 Healing Warriors, DTG 141600Q DEC 2007.

d. Department of the Army FRAGO 3 to EXORD 118-07 Healing Warriors, DTG 010900Q JUL 2008

1-8. Authority for MRP
Memorandum from ASA (M&RA), Subject: Transition of Reserve Component Soldiers from Partial Mobilization Orders to Medical Retention Processing, 6 March 2004.

1-9. Authority for MRP2
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.

1-10. Authority for ADME
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.

1-11. The MRP Program (Medical Retention Processing)

a. ***Purpose / Intent of (what is) MRP?*** 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 which prevent them from performing the duties required by their MOS and/or position. 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. ***Applicability of (who is eligible for) MRP?*** This program applies to outpatient and in-patient Warriors in Transition (WT) 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 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 improves 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 Triad (case manager, doctor and 1SG) in conjunction with the Soldier and orders will be produced by HRC-A.

1-12. The MRP2 Program (Medical Retention Processing2)

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 while 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 Medical Review Board (MRB) must determine that the Soldier is eligible for MRP2.

c. ***Why 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 line-of-duty (LOD) medical issue to evaluate or treat the illness, injury or disease.

d. ***When is the RC WT eligible 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 IRR (Individual Ready Reserve). 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 Triad (case manager, doctor and 1SG) in conjunction with the Soldier and orders will be produced by HRC-A.

1-13. The ADME Program (Active Duty Medical Extension):

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 Individual Duty for Training (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. A Medical Review Board (MRB) must determine that the Soldier is eligible for ADME.

c. ***Why 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. ***When is the RC WT eligible 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 (Individual Ready Reserve).

e. ***Where will the RC WT be stationed while in ADME?*** HRC-A in conjunction with the Triad (case manager, doctor and 1SG) will make assignment decisions for WT placement.

1-14. 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."

1-15. Mission Essential Task List:

The Army will–

a. Provide Command/Control and Administrative Support (including pay) trained to focus on special needs of WT Soldiers.

b. Provide high quality, expert medical care, and case management support - Primary Care Provider, Case Manager, Behavioral Health, Specialty Providers.

c. Administratively process with speed and compassion those who will leave the Army, and

d. Facilitate transition of separating and REFRAD'ing Soldiers to the VHA or TRICARE for follow-on care.

1-16. WTU Concept of Operation:

a. Provide Soldiers high-quality living conditions.

b. Prevent unnecessary procedural delays.

c. Establish conditions that facilitate Soldier's healing process physically, mentally, and spiritually.

d. Provide a Triad of Warrior Support that consist of Platoon Sergeant/Squad Leader, Case Manager (CM), 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 live.

1-17. WTU Triad of Care

a. The Care Triad: PCM, CM, and PLT SGT/SQD LDR 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. **All work together to ensure advocacy for Warriors, continuity of care, and a seamless transition into the force or return to a productive civilian life.**

b. ***Primary Care Manager (Physician):*** 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 Warrior in Transition (WT) and their PCM is the basis for successful prevention-oriented, coordinated health care. WT benefits from consistent health care and improved overall health.

c. ***Case Manager (Nurse):*** Licensed healthcare professional works with the WT throughout the medical treatment, recovery, and rehabilitation phases of care. The CM assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet Soldier's health needs.

d. ***Squad Leader:*** 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.

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

(2) Maintains accountability of his Soldiers and equipment.

(3) Links WT to 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.

1-18. WTU Triad of Leadership (FRAGO 3 to EXORD 118-07(Mission))

a. The Triad of Leadership (Senior Commander/CSMs; MTF Cdrs/CSMs; and WTU Cdrs/CSMs/1SGs) execute refinements to the WTU entry, management, and exit policy in order to develop a balanced WTU structure and capability that is enduring, expandable, collapsible and responsive to the medical needs of every Warrior in Transition.

b. The Triad of Leadership will establish an appropriate process to review all COMPO 1 Soldiers who meet the WTU eligibility criteria and will determine disposition. The Leadership Triad is empowered to determine the following dispositions:

(1) Assignment or attachment to a WTU (See appendix B for assignment packet requirements);

(2) Assignment of a WTU eligible Soldier as WTU Cadre;

(3) Retaining Soldiers in their parent unit who have routine medical requirements and;

(4) Determining when Soldiers depart the Warrior Transition Unit.

1-19. Responsibilities

a. The Assistant Secretary of the Army (M&RA) will:

(1) Provide program oversight for WTU Program operations.

(2) Responsible as the overall policy proponent for WTU operations.

(3) Coordinate, as necessary, WTU operations with HQDA staff elements and other Major Army Commands (MACOMs).

(4) Assist HQDA, Deputy Chief of Staff (DCS) G-1 in developing personnel policy for WTU operations in coordination with MEDCOM, IMCOM, HRC-A, Physical Disability Agency (PDA), Chief, National Guard Bureau (CNGB), Chief, Army Reserve (CAR), US Army Finance Command (USAFINCOM), and Defense Finance and Accounting Service (DFAS).

b. Headquarters, Department of the Army, Deputy Chief of Staff G-1 (HQDA, DCS G-1) will:

(1) Develop personnel policy for WTU operations in coordination with ASA (M&RA), MEDCOM, IMCOM, HRC-A, PDA, CNGB, CAR, US Army Finance Command, and DFAS.

(2) Provide policy guidance for WTU as directed by ASA (M&RA).

c. Office of the Surgeon General (OTSG) / Medical Command (MEDCOM) will:

(1) Serve as the Supported Command synchronizing WTU operations.

(2) Develop and implement medical standards and policy to support WTU operations, to include provision of clinical care, case management, monitoring outcomes, treatment tracking, ensuring appropriate and adequate clinical resources and support, and providing staff orientation and education.

(3) Provide overall technical supervision and quality control over all medical aspects of the WTU Program.

(4) Establish medical decision criteria, and make individual evaluations on type and location of medical treatment for WT.

(5) Refer WT to the Army PDES in accordance with (IAW) Department of Defense (DOD) and Army policy.

(6) Retain primary responsibility for determining the best location for medical treatment for WT.

(7) Maximize throughput capacity at MTF by increasing staffing, temporarily shifting resources, and effectively utilizing a combination of resources to improve access to health care and to reduce the administrative time AC Soldiers spend in a WTU status.

(8) Establish technical procedures to conduct quality assurance (QA) review of WTU program, to include the Medical Evaluation Board (MEB) and Physical Evaluation Board Liaison Officer (PEBLO) functions.

(9) Develop job descriptions for WTU and CBHCO personnel.

(10) Develop SOPs for WTU and CBHCO.

(11) Maintain ownership of the CBHCO, to include CBHCO dedicated assets, tasking authority, and funding responsibility as per ALARACT Message 005/2006.

(12) The Regional Medical Commands (RMC) will provide C2, personnel, logistical, fiscal, legal, chaplain, and communications coordination and support to the CBHCO to ensure the success of the Army's CBHCO.

(13) Synchronize the efforts of National Guard Bureau (NGB), Office, Chief Army Reserve (OCAR), and other agencies in support of CBHCO operations.

(14) Evaluate CBHCO program adequacy and continually evaluate CBHCO program resources, location, and effectiveness.

(15) Develop procedures utilizing MODS that provide real time visibility and accountability of WTU Soldiers assigned and attached to WTUs and CBHCOs in coordination with HRC-A.

(16) Provide real time visibility and accountability of RC Soldiers attached to CBHCOs and WTU inpatient Soldiers through the MODS.

(17) Coordinate with the Army Reserve Surgeon office to provide USAR Liaison to each CBHCO.

(18) Coordinate with Chief, National Guard Bureau for Soldiers to fill CBHCO cadre positions.

(19) Develop SOPs for WTU and CBHCO.

(20) Develop eligibility criteria for attaching WTU (MHO) Soldiers to CBHCO with assistance from HRC-A.

(21) In a collaborative effort with HRC, develop procedures for transfer of WTU (MHO) Soldiers from active Army installation-to-installation, installation to CBHCO, and CBHCO to installation.

(22) Develop and conduct training to WTU and CBHCO personnel.

(23) Make the initial request to HRC for RC WT to move from partial mobilization 10 USC 12302 orders to 10 USC 12301(h) MRP orders.

(24) Ensure the gaining installation WTU or command element) contacts the Soldier and Soldier's unit for coordination of his/her arrival.

(25) Initiate MRP extension orders request for WTU Soldiers attached to a CBHCO, to HRC. Extension requests must be complete and forwarded to HRC no later than 45 days before current orders expire in order to prevent the WT from dropping off current orders.

(26) Initiate MRP orders extension requests for WTU assigned Soldiers to HRC for WTU Soldiers continuing in the MRP program. Extension requests must be complete and forwarded to HRC no later than 45 days from when current orders expire in to prevent the Soldier from dropping off current orders.

(27) Ensure that for the first MRP order extension the MRP Extension Provider Statement is completed by the primary provider and included with the MRP order extension packet. (See Enclosure 8 for a copy of the MRP Extension Provider Statement.)

(28) Ensure that for the second and any subsequent MRP order extension the MRP Extension Provider Statement is completed by the primary provider and reviewed, approved, and signed by the Deputy Commander Clinical Services (DCCS). (See Annex B for a copy of the MRP Extension Provider Statement.)

(29) Provide a current and relevant profile (DA Form 3349) with any limitations IAW AR 40-501, Chapter 7, to the Soldier's WTU commander.

(30) Make the REFRAD recommendation to the WTU or CBHCO Commander when the medical reason for entering the WTU system is resolved and it can be determined the Soldier meets retention standards.

(31) Forward Soldier's health and personnel records to their parent unit upon REFRAD and provides a copy to the Soldier upon request.

(32) Coordinate with the Department of Veterans Affairs for access to care and use of Veterans Administration providers.

(33) Coordinate with TRICARE management activity (TMA) for network and non-network access to care and utilization of services.

(34) The MTF commander will perform C2 for Warriors in Transition (**WT**) receiving treatment. Commander will ensure that WT are available for their medical care, provided with adequate billeting and receive administrative and logistical support.

(35) Coordinate with original mobilization installation and losing installation for the transfer of records, documentation of Deployment Cycle Support training and other administrative information, as appropriate.

(36) Conduct Deployment Cycle Support, Phase III, Re-deployment, and tasks for MRP Soldiers and their Families. This web site is www.armyds3.org

(37) Coordinate with TRICARE Management Activity and Veterans Administration to optimize access to care for WT released from active duty or separated from the service.

(38) Assist HQDA, DCS G-1 in developing personnel policy for WTU operations in coordination with ASA (M&RA), IMCOM, HRC-A, PDA, CNGB, CAR, US Army Finance Command, and DFAS.

(39) Conduct periodic assistance visits of WTU and CBHCO sites to ensure compliance with established operational standards in coordination with HRC.

(40) Process Requests for Forces (RFF) to support WTU operations.

(41) Train WTU and CBHCO personnel on military and travel pay, leave reporting (DA Form 31), leave accountability (leave record) and capabilities of MyUnitPay and any other tasks necessary to support the WT.

d. United States Army Finance Command (USAFINCOM) will:

(1) Assist HQDA, DCS G-1 in developing personnel policy for WTU operations in coordination with MEDCOM, IMCOM, HRC-A, PDA, CNGB, CAR, and DFAS.

(2) Conduct oversight of finance roles and responsibilities in all aspects of WTU operations, to include the Soldier Family Assistance Center (SFAC).

(3) Assist in resolving military and travel pay issues.

(4) Coordinate with DFAS, ARNG and USAR Pay Ombudsman Offices for pay support and providing procedural, policy and pay systems guidance.

(5) Coordinate, when necessary, with DFAS, ARNG and USAR Pay Ombudsman Offices to support the Army Medical Action Plan (AMAP) missions and Staff Assistance Visits (SAV).

(6) Ensure compliance by finance offices on the AMAP Executive Order (EXORD) and Fragmentary Orders to the EXORD, AMAP SAVs and DFAS Wounded Warrior Pay Management Program.

(7) Ensure and monitor compliance of metrics requirements by the finance offices IAW the AMAP EXORD.

(8) Report monthly metrics on mobilization and demobilization pay (tours), MRP orders and MEDEVAC entitlements timeliness.

(9) Coordinate, when necessary, with DFAS, ARNG, and USAR Pay Ombudsman Offices to support the HRC-A Mobile Training Team (MTT) during training visits to installations.

e. Defense Finance and Accounting Service (DFAS) will:

(1) Assist HQDA, DCS G-1 in developing personnel policy for WTU operations in coordination with MEDCOM, IMCOM, HRC-A, PDA, CNGB, CAR, and USAFINCOM.

(2) Establish finance procedures with installation MTF, WTU and Soldier Family Assistance Center (SFAC) to obtain WT's duty status to ensure an accurate pay account.

(3) Brief WTU Commanders and cadre on the requirements and processing of military and travel pay, leave processing (DA Forms 31) and pay-effecting documents.

(4) Assist/train the financial management NCO or specialist in the WTU on technical support (military and travel pay, pay systems, software, etc.).

(5) Comply with the Army Medical Action Plan (AMAP) Executive Order (EXORD) and Fragmentary Orders to the EXORD and AMAP SAV Checklist.

(6) Develop and report metrics to the appropriate Commanders and DFAS leaders on processing pay-related documents, travel vouchers, unit Commanders finance report, unit Commanders pay management report, PCS, TCS or attachment orders and pay-effecting documents.

(7) Maintain and update WTs military pay and travel records, as needed.

(8) Process Family members travel vouchers for payment.

(9) Update and maintain the DFAS Wounded Warrior Pay Management Program database.

(10) Establish procedures with installation MTF, WTU, and CBHCO commanders to ensure Soldier's accountability, duty status and accurate pay account.

(11) Brief and encourage commanders and Soldiers to enroll in MyPay.

(12) Brief WTU commander (also CBHCO commanders and cadre when necessary) on the requirements of military and travel pay, leave processing (DA Form 31) to the servicing finance office and leave accountability (leave record). The ARNGFSC at DFAS-IN has the primary responsibility for this briefing, pay support and finance training for CBHCO commanders and staffs.

(13) Maintain and update WT Soldiers' military pay and travel records as needed. Provide Wounded Warrior Tiger Teams to medical and field sites when required and approved through appropriate channels, to ensure Soldiers' pay accounts are paid correctly, and as applicable, suspend debts, and submit applications for cancellation or waiver.

(14) Update and maintain the DFAS Wounded Warrior Program database in accordance with the DFAS standard operating procedures (SOP). This database includes Soldiers Wounded Warrior and Disease Non-Battle Injury (DNBI).

f. Installation Management Command (IMCOM) will:

(1) Collaborate as required with HQDA, DCS G-1 in developing personnel policy for WTU operations in coordination with ASA (M&RA), MEDCOM, HRC-A, PDA, CNGB, CAR, US Army Finance Command, and DFAS.

(2) Collaborate with MEDCOM to develop procedures for the transfer of WT from IMCOM installation-to-installation, installation-to-CBHCO, and CBHCO-to-installation.

(3) Support WTU and CBHCO Commanders with installation personnel administrative processes.

(4) Collaborate with MEDCOM to ensure WTU command completes in-processing requirements including all personnel and pay actions such as personnel status changes to support accountability in Electronic Military Personnel Office (eMILPO), process for pay and update the Defense Eligibility Reporting System (DEERS), and issue of dependent identification cards if necessary in accordance with the eMILPO Functional Guide and AR 600-8-14.

(5) Conduct WTU Soldier transition activities through installation Transition Centers.

(6) Conduct IMCOM specific Deployment Cycle Support (DCS), Stage V, Re-deployment, and tasks for WTU Soldiers and their families IAW the Department of the Army DCS Directive. This website is www.armyds3.org

g. Facilitate WTU cadre replacement processing by coordinating with HRC-A, HRC-S, OTSG/MEDCOM, and DA G3, until 1 Jan 08 as specified by the 11 Jun 07 IMCOM/MEDCOM MOA for WTU transfer of command and control.

h. Soldier and Family Assistance Center (SFAC) will:

(1) Provide a continuum of services and care ICW the WTU.

(2) Greet Soldiers and Families/provide assessment & information and referral services.

(3) Provide military personnel services.
(4) Provide transition assistance and services.
(5) Provide education services.
(6) Provide social services to include financial counseling, stress management, and EFMP services.
(7) Coordinate substance abuse services for Family members.
(8) Coordinate entitlements and services with local, regional, state and other federal agencies.
(9) Provide TSGLI counseling and application/appeal assistance.
(10) Provide legal assistance.
(11) Provide pastoral care.
(12) Assist in identifying lodging resources for non-invitational travel order (ITO) Family members.
(13) Coordinate childcare, youth supervision options.
(14) Provide school transition services.
(15) Register vehicles and coordinate installation access for non-medical attendants without ID cards.
(16) Renew and issue new ID cards.
(17) Coordinate translator services.
(18) The finance element will assist with and process Family member travel advances and settlements.
(19) Manage donations.
(20) Act as information conduit to Non-Governmental Organizations.
(21) Complete DD Form 93 / SGLI.
(22) Review promotion board records.
(23) Update official military records.
(24) Provide passport assistance.
(25) Provide Casualty services.
(26) Assist Soldiers with Installation clearance requirements.
(27) Process ID cards / DEERS enrollment.
(28) Conduct eMILPO transactions.
(29) Coordinate retirement services with the installation Retirement Services Officer.
(30) Manage selection boards.
(31) Provide reassignment processing (notification / interview).
(32) Conduct Soldier Readiness Processing (SRP).
i. Warrior Transition Unit (WTU) will:
(1) Provide C2 for WTs.
(2) Provide clinical case management.
(3) Process MilPer actions:
(4) Process evaluations (OER/NCOERS).
(5) Conduct In/Out processing (Arrival / Installation clearance).
(6) Process awards.
(7) Process eMILPO transactions(Unit level).
(8) Process promotions (Reserve Components, LNOs with WTU).
(9) Provide MilPay support.
(10) Conduct Personnel service actions.
(11) Provide postal services.
(12) Ensure sponsorship for Soldier and Family.
(13) Coordinate transition for WT.
(14) Manage WT retention requirements (Sanctuary eligibility).
(15) Conduct official military record maintenance.
(16) Provide WT assistance with Citizenship applications.
(17) Update Family Care Plans (FCP).
(18) Greet and meet Soldiers and Family members at airport.
(19) Transport Soldiers and Family members from airport to unit.
(20) Family Readiness Support Assistant (FRSA) supports FRG for WTU.

(21) Conduct initial Soldier needs assessment IAW checklist.
(22) Conduct mandatory briefings (TBI/PTSD).
(23) Assess Soldiers for Community Based Health Care Organization (CBHCO) referral.
(24) Conduct Behavioral Health assessments.
(25) Ensure Line of Duty investigations are completed.
(26) Conduct Soldier/Family transition planning.
(27) Process convalescent leaves.
(28) Notify HRC-STL (AHRC-ARM) if USAR-AGR Soldier is being processed for enrollment (314) 592-0000 x5171 for Officers, or x5117 for Enlisted.

j. Chief, National Guard Bureau (CNGB) will:

(1) Assist HQDA, DCS G-1 in developing personnel policy for WTU operations in coordination with MEDCOM, IMCOM, HRC-A, PDA, CAR, USAFINCOM and DFAS.

(2) "Provide base operations (BASOPS) support including information management/information technology (IMIT), lodging, personnel, finance…"

(3) Assist the local servicing finance office or WTU financial management specialist, upon request, resolve WT military and travel pay inquiries and assist Family members in travel voucher processing and payment, as necessary.

(4) Coordinate and assist DFAS to complete pay account reviews and maintenance IAW the DFAS Wounded Warrior Pay Management Program.

(5) Assist the USAFINCOM and DFAS, upon request, respond to inquiries or pay account audits to comply with, but not limited to, Congressional, GAO, AAA, DAIG and DoDIG requests.

(6) Coordinate, when necessary, with the USAFINCOM, DFAS and USAR Pay Ombudsman Offices to support the Army Medical Action Plan (AMAP) Executive Order (EXORD) and Fragmentary Orders (FRAGOs) to the AMAP EXORD.

(7) Provide, upon request, and as available, C2 personnel for CBHCO operations and Task Force personnel.

(8) Ensure that billeting of WT Soldiers on NGB controlled installations is in accordance with WTU billeting policy.

(9) Provide base operations (BASOPS) support including information management/information technology (IMIT), lodging, personnel, finance, billeting, and transportation for CBHCO sites for NGB controlled installations.

(10) The ARNG Financial Service Center (ARNGFSC) located at DFAS-IN will process MRP orders into the reserve pay system for ARNG and USAR Soldiers. The ARNGFSC is also responsible for providing overall pay support to Soldiers attached to CBHCOs.

k. Chief, Army Reserve (CAR)/Commanding General, United States Army Reserve Command (USARC) will:

(1) Assist HQDA, DCS G-1 in developing personnel policy for WTU operations in coordination with MEDCOM, IMCOM, HRC-A, PDA, CNGB, USAFINCOM and DFAS.

(2) "Provide base operations (BASOPS) support including information management/information technology (IMIT), lodging, personnel, finance…"

(3) Assist the local servicing finance office or WTU financial management specialist, upon request, resolve WT military and travel pay inquiries and assist Family members in travel voucher processing and payment, as necessary.

(4) Coordinate and assist DFAS to complete pay account reviews IAW the DFAS Wounded Warrior Pay Management Program.

(5) Assist the USAFINCOM and DFAS, upon request, respond to inquiries or pay account audits to comply with, but not limited to, Congressional, GAO, AAA, DAIG and DoDIG requests.

(6) Coordinate, when necessary, with the USAFINCOM, DFAS and ARNG Pay Ombudsman Offices to support the Army Medical Action Plan (AMAP) Executive Order (EXORD) and Fragmentary Orders (FRAGOs) to the AMAP EXORD.

(7) Provide, upon request, personnel for WTU operations on-installation and USAR liaison personnel for each CBHCO site.

(8) Ensure that billeting of WT Soldiers on USARC installations is in accordance with Army billeting policy.

(9) Provide BASOPS support including IMIT, lodging, personnel, finance, billeting and transportation for CBHCO sites for USAR controlled installations.

l. Human Resources Command will:

(1) Develop procedures, conduct technical oversight and quality control of personnel actions, administrative processing, assignment, attachment, and transfer of WT to ensure accountability and Soldier welfare.

(2) Assist MEDCOM in developing eligibility criteria for attaching WT to CBHCO.

(3) Develop job descriptions for HRC WT personnel.

(4) Develop SOPs for internal HRC WT operations.

(5) Assist HQDA, DCS G-1, in developing personnel policy for WT operations in coordination with ASA (M&RA), MEDCOM, IMCOM, PDA, CNGB, CAR, US Army Finance Command, and DFAS.

(6) Assist MEDCOM in developing procedures that provide real time visibility and accountability of WT assigned to WTU and attached to CBHCOs.

(7) Conduct training on personnel management, strength accounting procedures, and PDES processes to key personnel in coordination with MEDCOM, and other MACOMs.

(8) Determine whether RC Soldiers meet administrative criteria to enter MRP.

(9) Coordinate with MEDCOM through the RMC Senior Case Manager for WTU assignment.

(10) Receive and review initial and extension MRP packets for completeness. (See Appendix B for initial and extension packet checklists).

(11) Maintain accountability of MRP participants by maintaining a tracking program containing at the minimum the following data on each participant:

(a) Date an initial or extension MRP packet is received at HRC.

(b) Initial orders start date for the MRP program.

(c) Current MRP order end date.

(d) Total number of days a Soldier is on MRP orders.

(e) Installation assignment.

(f) If applicable, CBHCO attachment.

(g) What component - Army National Guard (ARNG) or USAR.

(h) Soldier's first, last name, and middle initial.

(i) Soldier's Social Security number.

(j) Order distribution dates from HRC-A.

(k) REFRAD or separation date from MRP program

(l) Soldier's disposition from the MRP program.

(12) Publish MRP assignment, attachment, and REFRAD orders.

(13) Sends orders via email to the WTU commander along with a courtesy copy of the DA 4187 with the Soldier's and unit contact information to the following:

(a) RMC Senior Case Manager.

(b) Soldier's unit (or other requestor if Soldier's unit is deployed).

(c) DFAS.

(d) The ARPERCEN Orders and Resources System (AORS) in Human Resources Command – St. Louis (HRC-STL) will automatically forward via mail a copy to the Soldier's home address, Soldier's parent unit and Joint Field Headquarters (JFHQ) or Regional Readiness Command (RRC).

(e) HRC-STL (AHRC-ARM) if a USAR AGR Soldier.

(14) Assist ASA (M&RA) in conducting periodic on-site assistance visits of the WTU and CBHCO sites in coordination with IMCOM and MEDCOM.

(15) Contact appropriate agency(s) to revoke partial mobilization orders when WT Soldiers move from 12302 partial mobilization orders to 12301(h) MRP program orders.

(16) Contact appropriate agency(s) to ensure continuation of pay and entitlements when requested to publish 12301(d) orders.

(17) Develop the process to generate 90, 60, and 30-day WTU 12301(h) orders reports, and report distribution in coordination with MEDCOM and IMCOM.

m. Physical Disability Agency (PDA) will:

(1) Interpret and implement policies from HRC, Department of the Army, and DOD.

(2) Assist HQDA G-1 in developing personnel policy for WTU operations in coordination with ASA (M&RA), MEDCOM, IMCOM, HRC, CNGB, CAR, USAFINCOM, and DFAS.

(3) Develop policies, procedures and programs for DOD's Disability Evaluation System (DES).

(4) Accomplish the final administrative actions in processing physical disability cases.

(5) Coordinate and manage all Soldiers on the Temporary Disability Retired List (TDRL).

(6) Coordinate with DOD and other military departments to facilitate uniform interpretation among the services of applicable PDES laws, policies and directives.

(7) Make final decisions on behalf of the Secretary of the Army concerning a Soldier's fitness for duty and other issues related to physical disability, except when such decisions are specifically reserved for higher authority. Included as higher authority are the Office of the Secretary of the Army (OSA) and the Office of the Secretary of Defense (OSD).

(8) Conduct training on processes to key personnel in coordination with HRC, IMCOM, MEDCOM, and other MACOMs.

(9) Maintain an automated database system to track and record a Soldier's progress through the PDES.

(10) Respond to requests for information about the PDES from the Soldiers, the Soldier's chain of command, Department of the Army, and Congressional inquiries.

(11) Conduct a weekly review and take the appropriate action on all WTU cases received by the Physical Evaluation Board (PEB) or HQUSAPDA that are older than 90 days.

(12) Schedule formal hearings requested by WT Soldiers for a date within 30 calendar days of the Soldier's request, pending adequate legal representation.

(13) Enter into TRANSPROC a separation/retirement date of no later than 90 calendar days from the Agency's completion of case processing.

(14) Headquarters Functions:

(a) Command and manage the subordinate elements of the USAPDA.

(b) Review PEB proceedings to ensure that Soldiers are given

(c) Consideration under the applicable laws, policies and directives.

Chapter 2
Eligibility

2-1. Warrior in Transition Definition (FRAGO 3 Annex S to EXORD 118-07)
A Warrior in Transition is a Soldier who is assigned/attached in a Warrior Transition Unit and whose primary mission is to heal.

2-2. Warrior in Transition Command and Control (FRAGO 3 Annex S to EXORD 118-07)
A Warrior in Transition, who is **Assigned / Attached** or attached to a Warrior in Transition Unit, falls under the command and control and medical management of the Warrior in Transition Unit.

2-3. Active Component (Compo 1) Eligibility Criteria for assignment/attachment to the WTU (FRAGO 3 Annex A to EXORD 118-07)
The Triad of Leadership will establish an appropriate process to review all COMPO 1 Soldiers who meet the following eligibility criteria and will determine disposition:

a. Soldier has a temporary profile, or is anticipated to receive a profile, for more than 6 months with duty limitations that preclude the soldier from training for or contributing to unit mission accomplishment. Medical non-availability is not an automatic entrance into the WTU.

b. The acuity of the wound, illness, or injury requires clinical case management in order to ensure appropriate, timely, and effective utilization and access to healthcare services to support healing and rehabilitation. The Triad of Leadership will review all Soldiers who meet eligibility criteria and will determine disposition as follows:

(1) Soldiers with complex medical conditions that require extensive case management qualify for assignment or attachment to the WTU

(2) Soldiers with medical conditions that do not require case management should remain in their units and utilize standard healthcare system and access to care standards.

c. If a COMPO 1 Soldier meets the eligibility requirements, the Soldier's commander will:

(1) Assemble a packet using the checklist listed in Annex B.

(2) Complete the evaluation matrix listed in Annex B.

(3) Ensure that the PULHES in MEDPROS reflects the Soldiers current physical profile.

(4) Forward the packet to the WTU Triad of Leadership for consideration.

2-4. Active Component (Compo 1) Soldiers ineligible for assignment/attachment to the WTU (Frago 3 Annex A to EXORD 118-07)
The following Active Duty COMPO 1 soldiers are not eligible for entry into a WTU unless unusual circumstances are present. The desire for personnel replacement should not be a consideration for assignment of a Soldier to the WTU:

a. Soldiers with uncomplicated pregnancy.

b. In general, Soldiers who are in initial entry training, advanced individual training, or one station unit training are ineligible. Only by exception will Initial Military Training Soldiers be assigned/attached to the WTU.

c. Soldiers whose permanent profiles require an MMRB.

d. Soldiers in temporary disabled retired list (TDRL) status.

2-5. Reserve Component - COMPO 2/3 Soldiers. (Frago 3 Annex A to EXORD 118-07)
A Reserve Component (RC) Soldier during mobilization, pre-deployment, post-deployment, or separated from his/her unit, in need of definitive healthcare based on medical conditions identified, incurred or aggravated while in an Active Duty (AD) status, in support of the Global War on Terrorism (GWOT) is eligible for entrance into the WTU under the Medical Retention Processing (MRP) and MRP2 programs (GWOT). Additionally, RC Soldiers who are in need of healthcare based these conditions which are a result of a non-GWOT activity (i.e. ADT, ADSW,

BA, ECT etc.) may qualify for Active Duty Medical Extension (ADME) and will also be eligible for entrance into the WTU.

2-6. Reserve Component Soldiers Eligible for Medical Retention Processing Orders (MRP)

a. The MRP program applies only to RC Soldiers (not AGR) currently on active duty for contingency operations in support of the GWOT under partial mobilization 10 USC 12302 orders after 6 March 2004. Soldiers on active duty in support of GWOT under another authority are handled on a case by case basis.

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 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 <u>or</u> 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.

2-7. Reserve Component Soldiers not Eligible for MRP Orders

a. Soldiers in the Active Component (AC/COMPO 1).

b. Soldiers in the Active Guard and Reserve (AGR) program.

c. Soldiers mobilized under <u>other than</u> 10 USC 12302 partial mobilization orders for contingency operations in support of the GWOT and currently on active duty. Soldiers in this category are eligible on case by case

d. 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.

(1) 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. <u>A RC Soldier</u> 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.

(2) 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.

(3) 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.

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

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

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

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

h. 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 <u>or</u> 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.

i. Pregnancy will **not** be the sole criteria 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.

2-8. Reserve Component Soldiers Eligible for Medical Retention Processing 2 Orders (MRP2)

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

2-9. Reserve Component Soldiers not Eligible for MRP2 orders

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

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

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

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

e. Soldiers in an approved Continuance On Active Duty Reserve (COAR) status.

f. 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.

2-10. Reserve Component Soldiers Eligible for Active Duty Medical Extension Orders (ADME)

a. For the purposes of this Instruction a 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 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 MOS / AOC within the confines of a Medical Profile. A Department of the Army (DA) FORM 3349 – 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.

2-11. Reserve Component Soldiers not Eligible for ADME Orders

a. Discharged or separated from the Army.

b. In the Active Guard and Reserve (AGR) program.

c. Pre-existing medical conditions not aggravated while on active duty or in IDT status.

d. Line of Duty Investigation (LDI) – No determinations.

e. Soldiers with a medical treatment plan that will not extend beyond 30 days.

f. 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.

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

h. 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.

i. 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.

2-12. ADME Program Accountability and Tracking

a. The MODS Warrior in Transition (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 maintains the MODS WTU module.

b. MODS database input:

(1) 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.

(2) 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.

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

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

(5) HRC-A is responsible for updating administrative order related data fields when orders are issued or modified.

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

d. 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.

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

2-13. Warrior Transition Unit (WTU) Reserve Component Soldier Categories

Soldiers fall into the following categories:

a. Post Mobilization/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 Continental United States (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. See Chapter 3, paragraph 3-15*e,* 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. See Chapter 3, paragraph 3-15*e* 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. See Chapter 3, paragraph 3-15*e,* of this document for further information on declination of the MRP program.

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. See Chapter 3, paragraph 3-15*e,* of this document for further information on declination of the MRP program.

e. ***Inpatient 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. Refer to Chapter 3, paragraph 3-15*e,* 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 reflected correctly in the Medical Operational Data System (MODS).

Chapter 3
Assignment/Reassignment

Section I
Orders

3-1. Temporary Change of Station (TCS) orders

a. The primary purpose of the TCS order is to serve as a personnel accountability tool able to track personnel at various locations based on the movement designator code (MDC). The secondary purpose is to authorize various travel entitlements; it provides the ability to move a Soldier from station to station as required by military necessity. The format 401 order is a limited TCS order, which may be amended, revoked, or rescinded by the gaining command, as required to reflect movement within the (AOR). eMILPO is used to maintain and account for Soldiers on TCS orders and allows the supporting unit to update the Soldier's personnel file and facilitates accountability within the personnel system. Movement to duty locations will be accomplished by the original TCS order and any amendments (format 700) when a validated requirement is established as prescribed in the Personnel Policy Guidance (PPG) found on the Army G-1 web site http://www.armyg1.army.mil .

b. Per MILPER Message 07-267 (11 Oct 2007): Establish the requirement to electronically store TCS orders and detail implementation procedures for uploading TCS orders into iPerms. All Regular Army personnel and mobilized Reserve Component Soldiers deploying in support of a contingency operation deploy on a TCS order. Effective immediately, the issuing agency will individually web-upload TCS orders into the 'Deployment/Mobilization' folder within iPerms. Each Soldier's file must appear as a separate document when transmitting images of TCS orders. Group orders are not authorized due to personally identifiable information (PII) concerns. The full nine-digit social security number (SSN) must appear on each order.

c. Soldiers injured or sustaining an illness in theater are MEDEVAC'd to Landstuhl on the authority of their deployment TCS orders. Once/if Landstuhl order issuing authority determines further movement to a CONUS MTF is required for additional treatment, Landstuhl will amend the deployment TCS order sending the Soldier to the CONUS MTF. Due to treatment requirements, if the destination Landstuhl places in the amendment TCS order changes and the Soldier is sent to another location in CONUS not matching their amendment order issued by Landstuhl, the owning WTU is authorized to amend the TCS order again to reflect the proper final destination. Funding used for all TCS order amendments comes from the Soldier's original deployment TCS order. As such, requesting additional funds for the amendment TCS order is unnecessary.

d. IAW MILPER Message 08-060 Landstuhl Regional Medical Center (LRMC), Deployed Warrior Medical Management Center (DWMMC), will process TCS orders and or amendments for all army personnel medically evacuated (MEDEVAC) from theater in support of contingency operations to pinpoint medical treatment facilities (MTF) provided by OTSG/MEDCOM. DWMMC will utilize the automated orders processing system (AORS) to process all MEDEVAC TCS orders/amendments. AORS automatically transmits a copy of the TCS orders and amendments into iPERMS. The defense finance and accounting services (DFAS) must have access to iPERMS repository to properly settle soldier's travel voucher and ensure there are no interruptions in pay and entitlements. See MILPER Message 08-060 for further details.

3-2. Permanent Change of Station (PCS) limitation approval authority: (AC and AGR only)

The Assistant Secretary of the Army Manpower and Reserve Affairs ASA **(**M&RA) is the approval authority for more than one PCS move within the same FY as prescribed by AR 614-6. MTF Commanders having WT's will reassign (intra) patients, to or between the WTU's. Immediately upon transfer, Commanders are required to transmit all assignments to or between WTU's thru the WTU Commander to the respective assignment manager at Army Human Resources Command (AHRC), The Surgeon General (TSG), The Judge Advocate General (TJAG) and Chief of Chaplains (CCH) as appropriate. The movement of a military member that would cause a

second or subsequent PCS in the same FY is prohibited; except as authorized by AR 614-6, AR 614-30, AR 614-100 and AR 614-200. Request for second or subsequent change of station not permitted by the above regulations must be sent through command channels to the ASA (M&RA) by the reassigning authority. When it becomes apparent to the attending medical authorities that an injured or ill Soldier requires an extended treatment and recovery plan, active component (AC) and AGR Soldiers are often PCS'd to the MTF. Once the MTF Commander made the decision to PCS the Soldier, the report date on the PCS order will be issued no earlier than 90 days from the MTF/WTU Commander decision date (the decision date equates to the date the orders are issued). This will give the Family and Soldier time to clear the previous permanent duty station (PDS) and minimize any compensation adjustments caused by this PCS. The PCS orders to the MTF will include the statement, early report authorized, in case the Soldier is able to conclude his/her affairs at the previous PDS sooner than 90 days from the PCS decision date. MTF/WTU Commanders may decide not to PCS the AC or AGR Soldier to the MTF based on the circumstances. Installation Commanders will grant injured/ill Soldiers highest priority in clearing quarters (when applicable), setting up transportation appointments, clearing finance, and all related installation clearing activities.

3-3. Temporary Duty Orders

Temporary Duty Orders (TDY) should be used for patients traveling to treatment facilities for temporary care and/or evaluation IAW the JFTR and Tricare Travel Benefit. Soldiers should be attached, rather than assigned, to the servicing WTU for Command and Control.

3-4. Back Dating Orders

Back dating the report date on PCS orders for wounded or ill Soldiers admitted to major medical facilities is not authorized. The practice of back dating report dates on orders has resulted in unnecessary stress and financial hardship to Soldiers and Family members. PCS and TCS orders may only be corrected by amendments, revocations or rescissions. Commanders have the authority to rescind only the unexecuted portion of an order, if the order has not been executed in its entirety by an amendment, revocation or rescission as prescribed by AR 600-8-105, paragraph 2-21d. Commanders are reminded that it is their responsibility to ensure full compliance with established procedures.

3-5. Reconstruction of Deployment Orders for Wounded Warriors

a. When the WTB, pay support office is unable to obtain a wounded/hospitalized Soldier's original TCS order from the appropriate Army organizations (Army mobilization stations, CONUS Replacement Centers, U.S. Army Central Command, Human Resources Command, Soldier's Permanent Duty Station and previous unit of assignment) in order to process Soldier pay/Soldier travel voucher, the WTB S-1 is authorized to reconstruct the TCS order based off available official documentation. Documentation such as Soldier's Master Military Pay Account (MMPA) and Patient Tracking System, as will as other available records, may be used to verify a wounded/hospitalized Soldier's deployment history in order to reconstruct and publish the deployment TCS order. Appropriate TCS order accounting classification should be obtained from Installation Management Command (IMCOM), TCS Management Office (POC Mr. Anderson, (703) 602-5078 or Ms. Bunton, (703) 602-4503).

b. Before the reconstruction of the Soldier's TCS order, the Commander, WTB will certify that all available efforts to obtain the Soldier's original TCS orders were unsuccessful and that reconstruction of the Soldier's TCS order is the only available option to process Soldier's pay/travel related issues.

3-6. Active Component or AGR Return to Duty (RTD) Assignment Procedures

a. Once a Warrior in Transition (WT) has completed their care and is ready for an assignment to return to duty, the case Manager will identify them in Warrior Transition Web Reporting MODS Module by entering the date the WT has completed clinical treatment into the "***Clinical Treatment Complete***" field.

b. The WTU S1 will then go into the Warrior Transition Web Reporting MODS Module Disposition/Transition Tab and select from the ***Reason for RELFWTU*** field Drop down list

"*Return to duty*." The S1 will also enter "*No"* in the ***Orders on Hand*** field if orders have not been cut or "*Yes*" if orders have been received.

c. To obtain visibility of the Active Duty population that is awaiting orders, the WTU S1 will then navigate to "Reports"

(1) Select ADHOC Roster Report

(2) In the ***Report Type*** Field select "*All*"

(3) In the ***Entry Status*** Field select "*Current*"

(4) In the ***Current WTU Location*** Field select your respective location

(5) In the ***Orders on Hand*** Field select "*No*"

(6) Lastly, select "*Get Report*"

d. Active Component Officer/Enlisted Return to Duty Procedures

(1) CONUS WTU. Immediately upon the Warrior in Transition being declared return to duty, the WTU Commander or first O-5 Commander in the chain of command (if WTU Commander is not an O-5 or above) will request assignment instructions (AI)(Enlisted)/request for orders (RFO) (Officers) directly to the US Army Human Resources Command (HRC) via email. Email request to HRC must include verification that all medical processing, to include any required board proceedings (i.e., MMRB, MEB, PEB), and all updated to eMILPO and MEDPROS have been completed.

(2) OCONUS WTU. Immediately upon the Warrior in Transition being declared return to duty, the WTU Commander or first O-5 Commander in the chain of command (if WTU Commander is not an O-5 or above) will request assignment instructions (AI)(Enlisted)/request for orders (RFO) (Officers) via email from their respective OCONUS Theater G-1. Email request to OCONUS Theater G-1 must include verification that all medical processing, to include any required board proceedings (i.e., MMRB, MEB, PEB), and all updated to eMILPO and MEDPROS have been completed.

(a) If the OCONUS theater G-1 determines that the Soldier will be reassigned within the OCONUS area, OCONUS G-1 must provide WTU Commander/O-5 the assignment decision within 5 days of RTD notification and establish the same assignment report dates outlined in paragraph 7 below. In addition, OCONUS G-1 will establish coordination with the WTU servicing IMCOM MPD to produce PCS orders with the 5 day required processing standard. OCONUS G-1's must establish internal metrics to track RTD processing standards.

(b) If the OCONUS theater G-1 determines that he Soldier cannot be reassigned within the OCONUS Command or has a near term DEROS or expired DEROS, OCONUS G-1 will forward request for AI IAW same procedures for CONUS WTU above.

(3) RTD requests will be forwarded to HRC as follows: enlisted requests will be sent to AHRCEPOA@conus.army.mil Officer requests will be sent to AHRCOPDO@conus.army.mil Requests for assignment instructions should be submitted to HRC POC's preferably on Tuesday and Thursday of each week or as required. HRC will then provide email assignment notification twice weekly or as required. HRC will provide assignment via EDAS(Enlisted)/TOPMIS(Officer) and send and email response to the WTU Commander/O-5; IMCOM; MPD Chief; HQ MEDCOM G-1; and to the Soldiers' AKO email address. This notification of assignment by email may be used as the authority to issue Soldiers' individual PCS orders. Request CONUS WTU Commander/first O-5 Commander in chain of command and OCONUS theater G-1's (USAEUR, USARAK, and USARPAC), make immediate email contact with HRC enlisted and officer POC's at the preceding email addresses in order to establish a line of communication.

(4) The CONUS WTU/OCONUS WTU G-1 email request to HRC for AI/RFO will include the following in a spreadsheet attachment:

(a) Name

(b) SSN (last 4 digits only)

(c) Skill/PMOS

(d) Current WTU UIC. Location/Installation.

(e) UIC of previous unit of assignment prior to WTU

(f) Three (3) assignment preferences

(g) SRR waiver required, Soldier will not extend or reenlist (If applicable see para 5 below)

(5) Enlisted Warriors in Transition who are RTD and in their reenlistment eligibility window or require reclassification action will be referred to and must contact their retention career counselor,

immediately upon being declared RTD. WTU's should not request assignment instructions for these Soldiers as outlined above unless the Soldier does not plan to extend or reenlist. In these cases, report as RTD as outlined above and indicate Soldier will not extend or reenlist. HRC will waive SRR.

(6) HRC assignment considerations for Soldiers being returned to duty are as follows:

(a) Cross level to another unit on current installation or in country (if Soldier is RTD from OCONUS WTU).

(b) Army requirements.

(c) Soldier preference.

(7) Report date for RTD Soldiers who are reassigned on the same installation (local move) will be within 10 days from HRC email assignment notification to WTU/MPD. Report date for RTD Soldiers assignment to a unit requiring a permanent change of station (PCS) will be within 60 days from HRC AI/RFO notification. Assignment special instructions will indicate early report is authorized.

(8) IMCOM will publish reassignment orders within 5 days of receipt of HRC assignment notification email and provide HRC on a weekly basis a by name report to track this standard.

(9) POC for the above: Enlisted - LTC Witt, DSN 221-4797 or com 703-325-4797; SGM Parrish, DSN 221-4813; Officer - Mrs. O'Conner, DSN 221-3527 or com 703-325-3527.

e. United States Army Reserve AGR RTD Assignment Procedures

(1) Coordination will be made with the Army Reserve Active Duty Management Directorate

(2) For AGR Officers contact: Ms. Vickie Duda at 1-800-325-4118, x5171, or 314-592-0000, x2451, or Vickie.duda@conus.army.mil

(3) For AGR Enlisted contact: Ms. Arvella Graham at 1-800-325-4118, x5110, or 314-592-0000, x2867, arvella.j.graham@conus.army.mil

3-7. National Guard AGR Soldiers

The National Guard Bureau points of contact for National Guard AGR Soldiers are LTC Floyd Burgher (703) 607-7143 and LTC Daniel Kenkel (703) 607-9758

Section II

Assignment or Attachment to the Warrior Transition Unit for Active Component and Active Guard Reserve (AGR) Soldiers

3-8. General Information

a. Warrior Transition Units (WTU) are designed to meet the needs of Soldiers who were wounded, ill or injured in theater and/or require complex medical and case management through the Triad of Care (primary care manager, nurse case manager, and squad leader). Warriors in Transition requiring less intensive medical and case management could remain with their parent unit. (FRAGO 3 to EXORD 118-07 (Situation)) Consideration of pay and entitlement effects (e.g. BAH changes, NMAs) should be considered before the decision on assignment versus attachment is made.

b. Once the MTF Commander recommends that a Soldier should be assigned/attached to the WTU, it is recommended that the Soldier report to the WTU within 30 days. If the Soldier is being assigned to a WTU and needs to make arrangement for shipment of household goods, family movement, etc., a report date of not earlier than 90 days with early report authorized will be designated on the orders.

c. Generally the MTF Commander will be aware of the Soldier's medical situation, initiate the *nomination process*, and notify the Unit Commander. However, the Unit Commander always has the right to initiate the *nomination process* as appropriate to the situation. See appendix B for example nomination memoranda.

3-9. Entry: Warrior Screening Matrix for Entry into a Warrior Transition Unit (FRAGO 3 Annex B to EXORD 118-07)

a. **Purpose** of this Screening Matrix is to assist health care providers and Unit Commanders in identifying Warriors who may benefit most from assignment or attachment to a Warrior Transition Unit.

b. Process:

(1) The healthcare provider will complete the Screening Matrix with input from healthcare team to include Behavioral Health staff.

(2) The completed forms will be reviewed and signed by the unit commander and included in the packet forwarded to the Triad of Leadership.

c. Coordinating Instructions:

(1) Senior Commanders will ensure that Soldiers who may qualify for Assignment/Attachment to the Warrior Transition Unit are referred to the Triad of Leadership for evaluation.

(2) Unit Commanders will provide a complete nomination packet to the Triad of Leadership containing:

(a) Commander Referral Letter.

(b) Commander's Performance and Functional Statement.

(c) Warrior Screening Matrix.

(d) Soldier's Profile (DA Form 3349).

Note.

See appendix B for a copy of above supporting documents.

3-10. Exit: Criteria (FRAGO 3 Annex A to EXORD 118-07):

a. The Triad of Leadership may reassign COMPO 1 Soldiers expected to return to duty to a unit on the installation prior to achieving a Fit For Duty rating by their Primary Care Manager. The following criteria must be met:

b. Making satisfactory progress in accordance with comprehensive transition plan.

c. Remaining medical needs can be managed by Soldier and unit.

d. Risk effect score remains mild or low (Warrior screening matrix).

e. Soldier meets Army retention standards per AR 40-501, chapter 3.

f. Consensus of Triad of Care

g. Approval by Triad of Leadership

3-11. Scenarios: (FRAGO 3 Annex A appendix 1 to EXORD 118-07)

a. ***OCONUS Medical Evacuee Scenario:*** A Soldier is a medical evacuee from OCONUS with severe medical injuries. The Soldier is assessed by the medical staff and determined to require intensive medical care and management. This Soldier will be assigned or attached to a WTU. The receiving WTU will conduct a review of the Soldier's status to determine what benefits and services most contribute to the Soldier's healing i.e. family PCS, non medical attendant status, special pays etc. Depending on this review a Soldier may be assigned or attached.

b. ***Assign/Attach Scenario:*** A Soldier presents a medical condition(s) to a medical authority (pre deployment, post deployment, sick call etc). Based on the medical provider's diagnosis, prognosis and treatment regimen this Soldier will require intense medical care, treatment and management in excess of six months and assignment to parent unit will distract from Soldier's optimal treatment and healing. The unit commander will present the Soldier's case to the Triad of Leadership for approval and assignment or attachment to the WTU.

3-12. Categories of Assignment/Attachment are as follows:

a. Assignment/Attachment of Soldiers Medically Evacuated to MTF

(1) Soldier is medically evacuated from CONUS/OCONUS to the MTF or is an inpatient at the MTF, civilian, VA or DoD medical facility. NOTE: Soldiers residing in Non-Army (e.g. civilian, VA, and/or other Services' MTFs) must be carried as "Absent Sick" at the Army MTF/WTU with geographic responsibility IAW AR 40-400 and MEDCOM Reg 40-21.

(2) MTF Commander attaches Soldier to MTF/WTU.

(3) MTF Commander notifies Soldier's unit commander of Soldier's status within 24 hours.

(4) Soldier is medically evaluated to determine if Soldier meets the criteria per the WT definition.

(5) If Soldier meets the WT definition criteria, Soldier is counseled regarding WTU assignment/attachment options. Determination is made for assignment/attachment to the WTU. A nomination packet is completed as appropriate and forwarded to the Triad of Leadership.

Financial and benefit implications for assignment/attachment can be found in the appropriate sections of this chapter.

(6) Triad of Leadership approves **assignment/attachment** orders for the Soldier.

(7) If Soldier will be assigned, orders will be published by the MTF/WTU as soon as the decision is made. However, the report date can be no earlier than 90 days from the MTF/WTU Commander decision date (the decision date equates to the date the orders are published). Early report should be authorized. This will allow Soldier time to clear housing, move family and manage other personal matters.

(8) If Soldier is USAR AGR a copy of orders will be provided via email (preferred) to HRCARMOPS@conus.army.mil or hardcopy to Cdr, HRC-STL (AHRC-ARM), 1 Reserve Way, St. Louis, MO 63132

b. Assignment/Attachment of Soldiers Transferred from Unit to an MTF/WTU On Installation- Not Medically Evacuated

(1) Following Soldier medical evaluation as appropriate, a nomination packet is completed and forwarded to the Triad of Leadership for disposition. Nomination forms are located in Appendix B.

(2) If the Soldier is approved for WTU assignment/attachment the Soldier is counseled on assign/attach options (Assign/Attach AC Benefit Comparison), and orders published.

(3) If Soldier will be assigned, orders will be published as soon as the decision is made. The recommended timeline of assign/attach is 30 days, however, a report date of not earlier than 90 days from the date the MTF/WTU commander decision is made (the decision date equates to the date the orders are published) may be appropriate for distance moves. Early report should be authorized. This time will allow Soldier time to clear housing, move family and manage other personal matters.

(4) For USAR AGR Soldiers a copy of orders will be provided via email (preferred) to HRCARMOPS@conus.army.mil or hardcopy to Cdr, HRC-STL (AHRC-ARM), 1 Reserve Way, St. Louis, MO 63132

c. Assignment/Attachment of Soldiers Transferred to MTF/WTU Off Installation- Not Medically Evacuated

(1) Following Soldier medical evaluation as appropriate, a nomination packet is completed and forwarded to the gaining installations Triad of Leadership for disposition. Nomination forms are located in Appendix B.

(2) If the Soldier is approved for WTU assignment/attachment the Soldier is counseled on assign/attach options (Assign/Attach AC Benefit Comparison), and orders published.

(3) Triad of Leadership communicates with Unit Commander and arrangements for Soldier assignment/attachment to the WTU should be initiated. A report date of NLT 30 days (from the date of Triad of Leaders) is recommended.

(4) If Soldier will be assigned, orders will be published as soon as the decision is made. However, the report date can be no earlier than 90 days from the MTF/WTU Commander decision date (the decision date equates to the date the orders are published). Early report should be authorized. This will allow Soldier time to clear housing, move family and manage other personal matters.

(5) For USAR AGR Soldiers a copy of orders will be provided via email (preferred) to HRCARMOPS@conus.army.mil or hardcopy to Cdr, HRC-STL (AHRC-ARM), 1 Reserve Way, St. Louis, MO 63132

d. WTU/MTF to WTU/MTF

(1) Soldier currently assigned/attached to a WTU and Medical condition and/or treatment or personal necessity require Soldier to be transferred to another WTU.

(2) Losing command coordinates with gaining MTF/WTU to facilitate the move.

(3) Losing MTF/WTU initiates the assignment/attachment/TDY/TCS order to the gaining command based on the Soldier's situation and the MTF Commander determination.

(4) Soldier is relocated to gaining MTF/WTU with a follow-on assignment/attachment to that unit published by the gaining MTF/WTU.

(5) For USAR AGR Soldiers a copy of orders will be provided via email (preferred) to HRCARMOPS@conus.army.mil or hardcopy to Cdr, HRC-STL (AHRC-ARM), 1 Reserve Way, St. Louis, MO 63132

Note.
The forms for this paragraph are found in appendix B.
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3-13. Work Status for Warriors in Transition

a. Rehabilitation work supports the healing process. Soldiers in the WTUs should participate in a work schedule with consideration for their limitations and medical regimen, as well as unit need.

b. An additional part of the healing process is to provide the Soldiers in the Warrior Transition Units the opportunity for work.

c. Warriors in Transition may serve as WT Cadre if certain criteria are met. That criteria is as follows:

(1) The Triad of Leadership must approve
(2) Soldier requests Cadre position
(3) Soldier is capable of performing the work
(4) Each request is considered on a case-by-case basis
(5) Soldier no longer requires intensive medical regime.

d. Reserve Component Warriors in Transition who work as Cadre and are selected to continue beyond the end date of their current MRP/MRP2/ADME order must properly REFRAD and coordinate with their parent command a follow on COADOS tour NLT 120 days prior to the end date of their current MRP/MRP2/ADME order.

3-14. Active Component or AGR Warrior Transition Unit Orders Scenario Vignettes

a. This order guidance applies only to Active Component or AGR Soldiers who meet the definition of Warriors in Transition (WT) in Chapter 2 para 2-1. All other order processes should be executed according to existing Army guidance.

b. If a Soldier is returned to the MTF/WTU co-located with his/her original unit of assignment (UOA), the Soldier will be **assigned/attached** to the MTF/WTU at that unit (i.e. Soldier's original UOA is FT. Bragg; Soldier deploys into theater, is injured and returned to Womack Army Hospital; Soldier will be assigned/attached to Womack Army Hospital (MTF/WTU) at that location). Consideration of pay and entitlement effects (e.g. BAH changes, NMAs) should be considered before the decision on assignment versus attachment is made.

c. If a Soldier is returned to an MTF/WTU not co-located within his original unit of assignment (UOA), the Soldier will be **assigned or attached** to the MTF/WTU either at his UOA location or another MTF/WTU location (i.e. Soldier's original UOA is FT. Bragg; Soldier deploys into theater, is injured and transferred to Brooke Army Medical Center (BAMC); Soldier could be assigned to Womack Army Hospital (MTF/WTU) and attached to BAMC ***OR*** Soldier could be assigned to BAMC (MTF/WTU). The determination will be made by the Commander of the MTF/WTU where the Soldier is physically located.

d. Assignment to a WTU will be determined within the first 30 days that a Soldier arrives at an MTF. Families will have 90 days from the date assignment orders are issued to relocate, move household goods, out-process the current installation, etc. If PCS entitlements are not utilized within 90 days, the PCS order will be revoked and the Soldier will be attached. (This prevents the payment of a higher BAH rate while Family remains at a less expensive location).

e. There are three databases that require data entry for these Warriors in Transition. They are e-MILPO, MODS (Medical Operational Data Systems-WT module) and the Joint Patient Tracking Application (JPTA). Upon attachment or assignment, the WTU personnel specialist will update the MODS databases to allow synchronization of the WTU module. JPTA will be updated as per the JPTA published guidance.

f. The US Transportation Command (TRANSCOM) Regulating and Command & Control Evacuation System (TRAC2ES) is the official automated information system to medically regulate and track patients requiring patient movement through the US military patient evacuation system. The Joint Patient tracking Application (JPTA) in conjunction with TRAC2ES provide "total' In-Transit Visibility (ITV) of patients from Levels II through V. Originating MTFs will enter all patient movements in TRAC2ES, thereby generating a patient Movement Request (PMR), in

coordination with the appropriate Patient Movement Requirements Center (PMRC). This action will ensure positive control and accountability of Soldiers moving to medical care.

g. The following scenarios for the order process are outlined in the subsequent pages:

(1) ***(Scenario 1) Soldier Injured In Theater And Evacuated Through LRMC To MTF/WTU:*** An active component or AGR Soldier is assigned to a unit either CONUS or OCONUS and is notified of a mobilization into theater.

(a) Unit of Assignment issues Temporary Change of Status (TCS) (#1) orders moving the Soldier into theater.

(b) Soldier in theater is injured and requires medical evacuation. Appropriate transactions are entered by UOA. The Army MTF will initiate transactions in JPTA and MODS.

(c) Soldier moves on TCS (#1) order from the point of injury through the medical system to LRMC.

(d) At LRMC, Soldier's original TCS (#1) order is amended or another TCS (#2) order is created- if original TCS order cannot be located- for movement of the Soldier to CONUS MTF or RTD by LRMC. Appropriate e-MILPO, JPTA and MODS transactions are entered by the MTF at LRMC.

(e) Soldier moves on TCS (#1 or #2) order to CONUS MTF/WTU. Soldier arrives at MTF and is attached or assigned to the WTU if meeting the Warrior in Transition criteria.

Note.

THE FOLLOWING INFORMATION FROM ARRIVAL AT THE MTF/WTU UNTIL SOLDIER DISPOSITON IS THE SAME FOR ALL FIVE SCENARIOS. (sub-paragraphs f-h)

(f) Medically evaluate the Soldier to determine the anticipated length of care that will be required.

1. If medical care is anticipated to be less than six months, the Soldier will be attached and provided the appropriate medical care and rehabilitation. Generally, a medical TDY order will be created with an appropriate MODS and JPTA transaction entry.

2. If anticipated medical care is greater than six months or if the Soldier will enter the PDES process, the Soldier will be evaluated by the MTF commander and approved or disapproved for assignment or attachment to the WTU. The WTU leadership will brief the Soldier on the financial impacts of assignment and attachment to the WTU (Attach/Assign AC/AGR Benefit Comparison). Following discussion with the Soldier and Soldier's preference, the MTF/WTU will issue assignment or attachment orders. Appropriate e-MILPO and MODS (Medical Operational Data System-WT module) transactions will be entered. JPTA will be updated. If PCS entitlements are not utilized within 90 days, the PCS order will be revoked and the Soldier will be attached. (This prevents the payment of a higher BAH rate while the Family remains at a less expensive location).

(g) Soldier remains assigned or attached to the MTF/WTU for medical care. At the point in time the Soldier is medically determined to be fit for duty coordination must be made with HRC-A to reassign the Soldier.

(h) The Soldier is determined to have reached 'optimum medical benefit' and has completed the Physical Disability Evaluation System (PDES) process, which includes the Medical Evaluation Board (MEB) and the Physical Evaluation Board (PEB), the MTF/WTU enters appropriate e-MILPO, JPTA and MODS (closeout) transactions. Details of the possible Soldier dispositions are as follows:

1. Soldier completes the MEB process and is determined to meet medical retention standards.

a. If attached to the MTF/WTU, MEDCOM/WTU will coordinate the Soldier's return to duty with the original UOA. Appropriate e-MILPO, JPTA and MODS (closeout) Transactions will be entered.

b. If assigned to the MTF/WTU. MEDCOM/WTU will request assignment instructions through HRC-Alexandria for AC Soldiers or HRC-STL for USAR AGR Soldiers, to include the 'Soldier Preference Statement for Assignment', and inform them of the Soldier's RTD status. Appropriate e-MILPO and MODS (closeout) transactions will be entered.

2. Soldier completes the MEB/PEB process with a determination of separation or retirement, or when applicable, an RC non-AGR Soldier requests transfer to the Retired Reserves in lieu of disability separation. The U.S. Army Physical Disability Agency transmits via TRANSPROC the

required data to complete the orders process. The USAPDA will assign a not later than separation date that will not exceed 90 days. Once received, the installation Transition Center will prepare the DD 214 and publish the discharge, REFRAD, or retirement order. The date of disability separation or retirement will generally be within the 90-day window in consideration of the following: local clearing time, approved transition leave, approved permissive TDY (AC or AGR Soldiers only), separation closest to the 27th of the month as practical. No separation will be on the last day of the month. Command discretion will be exercised for situations that may require exceeding the 90-day window. It is critical that Soldiers be advised to file a claim with the Department of Veterans Affairs when the Medical Evaluation Board refers the Soldier's case to the Physical Evaluation Board and no later than the PEB's initial finding of unfit. The DVA requires at least 60 days to process a DVA claim. If the DVA claim is received early in the PDES process, it can be processed by the time of the Soldier's discharge. See Chapter 6 for further information.

(2) ***(Scenario 2) Soldier Injured In Theater And Evacuated Directly To MTF/WTU:*** An active component or AGR Soldier is assigned to a unit either CONUS or OCONUS and is notified of a mobilization into theater.

(a) Unit Of Assignment issues TCS (#1) orders moving the Soldier into theater.

(b) Soldier is in theater and is injured requiring medical evacuation. Appropriate e-MILPO and JPTA transaction is entered by Unit Of Assignment.

(c) Soldier moves on TCS (#1) order from the point of injury through the medical system to CONUS MTF.

(d) Soldier moves on TCS (#1) to CONUS MTF/WTU. Soldier arrives at MTF/WTU.

Note.

ARRIVAL AT MTF/WTU- See f-h Scenario #1

(3) ***(Scenario 3) Soldier Injured And Transferred Directly To MTF/WTU:*** An active component or AGR Soldier is assigned to a unit either CONUS or OCONUS and is injured requiring transfer to an MTF/WTU. Once evaluation is completed and it is determined that the Soldier meets the definition of a Warrior in Transition, the Soldier will be attached/assigned to that MTF's WTU.

Note.

ARRIVAL AT MTF/WTU- See f-h Scenario #1

(4) ***(Scenario 4) Soldier Injured And Transferred To A Non-Army Hospital:*** An active component or AGR Soldier is attached / assigned to a unit and is injured while on leave, during training, etc. Soldier is transferred to a non-Army hospital for medical care. Non-Army hospital notifies MTF with geographic responsibility who assumes C2 of patient (e.g. absent sick). Non-Army facility provides required medical care and discharges the Soldier appropriate to their medical condition or coordinates with the TRICARE system for further medical care.

(a) MTF with geographic responsibility for the non-Army hospital coordinates the Soldier's transfer to the appropriate MTF.

(b) The Soldier will be attached/assigned to the WTU for the duration of hospitalization.

Note.

ARRIVAL AT MTF/WTU- See f-h Scenario #1

(5) ***(Scenario 5) Soldier Injured At CRC:*** An active component or AGR Soldier is assigned to a unit and is injured while on a TCS order (an e-MILPO transaction) at the CONUS Replacement Center (CRC).

(a) Soldier is evaluated medically at CRC and is treated and released or returned on the TCS order to their home installation (MTF/WTU) for further medical care and treatment. Appropriate e-MILPO and JPTA transaction is entered.

Note.

ARRIVAL AT MTF/WTU- See f-h Scenario #1

(b) Soldier is evaluated medically at CRC and is transferred on a Medical TDY order to an MTF not at their home installation. Appropriate e-MILPO, JPTA and MODS transaction is entered.

Note.

ARRIVAL AT MTF/WTU- See f-h Scenario #1

(6) ***(Scenario 6) Soldier Transferred From One WTU To Another WTU:*** An active component or AGR Soldier is assigned or attached to one WTU and is transferred to another WTU.

(a) Soldier is assigned or attached to a WTU. Medical condition and/or treatment or personal necessity require Soldier to be transferred to another WTU.

(b) Losing command coordinates with gaining MTF/WTU to facilitate the move process.

(c) Losing MTF/WTU initiates the assignment/attachment/TDY/TCS order to the gaining command based on the Soldier situation and the MTF Commander determination.

(d) Soldier is either reassigned or attached to the designated WTU.

Note.

ARRIVAL AT MTF/WTU- See f-h Scenario #1

Table 3-1
Active Component and AGR Assign/Attach Benefits Comparison Chart

Benefit	Assign (PCS Status) Order Format 410	Attach (TDY Status) Order Format 440
BAH	PCS Duty Location (may request exception to HQDA G-1 to retain BAH for another location)	Full/Partial per diem based on situation (scenarios: Hospital, Housing on hospital complex, Barracks, or living off hospital complex
Household Goods (HHG)	PCS move to new duty location	HHG may be moved out of housing and stored for length of attachment (TDY Status)
Family Travel	Movement to new duty location authorized	Not authorized
BAS	Hospitalized-Fee mess Non-hospitalized - Full VAS Charged for meals in DFAC	Authorized full BAS
Per diem for Soldier	Not authorized	Authorized: The amount of per diem depends on whether Soldier is provided government meals and lodging and whether Soldier remains an inpatient. Per diem limited to 55% of locality per diem rate for duty area when Soldier resides on economy and placed on attachment orders for greater than 179 days.
Invitational Travel Orders (ITO) (VSI/SI)	Up to 3 people - full per diem	Up to 3 people - full per diem
Non-medical Attendant	1. Dependent residing with Soldier at assigned location-not eligible. 2. Identified NMA not residing at location - eligible for full per diem.	NMA not residing with Soldier eligible for full per diem.
Family Separation Allowance	N/A	$250.00 per month if Soldier in a TDY/TCS status greater than 30 days and dependents not residing at or near TDY/TCS location
CIP	Soldier eligible to receive until discharged from hospital or hospital affiliated quarters	Soldier eligible to receive it until discharged from hospital or hospital affiliated quarters
TSGLI	Soldier initiated action - medical application	Soldier initiated action - medical application
Special Pays	Stops the day assigned to a WTU	Stops 90 days after not performing requirement of special pay
OCONUS COLA	Ceases when a Soldier assigned OCONUS is PCS'd to a CONUS WTU	Continues for OCONUS PDS when Soldier permanently assigned OCONUS is attached to a CONUS WTU

Section III
Assignment to the Warrior Transition Unit for Non-AGR Reserve Component Soldiers

3-15. Reserve Component WTU Orders Processes for Medical Retention Processing (MRP/MRP2) Non-AGR

a. ***Medical Retention Processing (MRP) Initial Orders:*** A Soldier under 10 USC 12302 Partial Mobilization order moves to 10 USC 12301(h) order for MRP:

(1) Unit Commander submits application to HRC.

(2) HRC reviews application for completeness and initiates order process.

(3) HRC publishes and distributes **12301(h)** orders.

(4) Soldier *assigned* to a WTU under MEDCOM Derivative UIC**s** (**DUIC**'s).

(5) HRC requests the issuing authority of original Partial Mobilization order to rescind the remaining time on the **12302** orders to eliminate the possibility of two valid orders at any given point in time.

(6) HRC will notify the Army National Guard Financial Service Center (**ARNGFSC**) of the rescinded portion of the orders (for all Reserve Components less AGR).

(7) ARNGFSC updates its database and pay accounts using the newly issued orders.

(8) Soldier is physically located at the WTU site with all records.

(9) MODS is updated by the Case Manager for clinically related issues, HRC updates the order portion of MODS, admin specialist updates remaining pertinent modules in MODS.

b. Medical Retention Processing (MRP2) Initial Orders

(1) Soldiers must be counseled by an individual in their RC chain of command familiar with the MRP2 and the INCAP pay programs before making application to the MRP2 program. Form 2 in appendix B of this guidance must be used in this counseling, completed, and included as part of the application packet.

(2) Soldiers must volunteer for a recall to active duty for medical assessment/treatment. Using the MRP2 checklist (See Appendix B), a packet is assembled and submitted to HRC via email to rcmedicalretention@conus.army.mil

(3) MRP2 Selection And Assignment Process

(a) RC chain of command counsels Soldiers on the MRP2 program options and provisions prior to submitting request packet to HRC.

(b) RC chain of command assists Soldiers in completing the MRP2 application packet.

(c) Soldiers submit their application through their RC chain of command as follows:

1. Army Reserve unit will forward the completed MRP2 application packets through the following paths:

a. Original packet from the unit directly to Human Resources Command via email to rcmedicalretention@conus.army.mil

b. Informational copy, following HIPAA standards, is sent through the unit's RRC, through the Regional Medical Command, to HRC– St. Louis Surgeon Office, AHRC-SG, 1 Reserve Way, St. Louis, MO 63132-5200.

c. Soldier will hand carry a copy of their medical records to unit of assignment.

2. Army National Guard unit will forward the completed MRP2 application packets through the following paths:

a. Original packet from unit directly to Human Resources Command via email to rcmedicalretention@conus.army.mil

b. Sent informational copy with limited documents IAW HIPAA through the JFHQ-[State], HSS to NGB.

3. HRC receives the applications and reviews them for administrative eligibility. Forward applications that meet administrative eligibility to OTSG, ATTN: The Office of the Assistant Surgeon General for Force Projection. HRC-A sends a letter of regret to the Soldiers who are not eligible for MRP2 along with an explanation of why they were not eligible and their right to appeal.

4. The Office of the Assistant Surgeon General for Force Projection receives the administratively approved applications from HRC-A and convenes the MRP2 Medical Review Board.

5. The completed board packets and decisions are returned to HRC-A, ATTN: RC Medical Services Section.

6. HRC sends a letter of regret to the Soldiers who were not approved for participation into the MRP2 program along with a brief explanation of why they were not selected and their right to appeal. HRC maintains the disapproved applications in a file until the end of the current contingency operation plus two years. *or,*

7. HRC sends the approved application to the RMC with the area responsibility for the Soldier's home of record (HOR).

a. The RMC, Senior Case Manager, in coordination with MEDCOM determines the best installation/MTF for assignment and provides that information to the RC Medical Services Section at HRC. The installation of assignment might not be the closest one to the Soldier's residence. If appropriate, the RMC will coordinate with other RMCs to ensure appropriate assignment based on medical and garrison capability and capacity to manage the Soldier.

b. HRC publishes MRP2 orders for the selected Soldiers, assigning them to the installation designated by the RMC. All Soldiers will report initially to an Army MTF for evaluation and development of initial treatment plan.

c. After initial evaluation and treatment plan has been completed, the MTF and WTU, a designated medical authority on the installation, will coordinate with the garrison the commander representative to determine whether Soldiers remain at the installation or are transferred to another MTF/installation or to a CBHCO. Decisions will be based primarily on medical necessity.

d. Medical and dental care authorized under the MRP2 program shall be provided until the member is found fit for military duty, or the injury, illness, or disease cannot be materially improved by further hospitalization or treatment and the member has been separated or retired as the result of the PDES as provided in DODD 1332.18 and Instruction 1332.38. Refer Soldiers with conditions listed in Army Regulation (AR) 40-501, Standards of Medical Fitness, Chapter 3 who do not meet the required medical standards to the PDES. Physicians who identify Soldiers with medical conditions listed in AR 40-501, Chapter 3 should initiate a Medical Evaluation Board (MEB) at the time of identification. Soldiers who remain not fit to perform military duty 1 year after initial date when the injury, illness, or disease was first incurred or aggravated shall be referred to the PDES if the member is not projected to be fit for duty within the next 6 months. DODD DTM 3 May 2007 allows delayed referral into the PDES for those with conditions that require more than one year to obtain optimum medical benefit. Once entered into the PDES, the Soldier remains on active duty as part of the MRP2 program until final disposition of the PDES, including the appeals process.

e. See information in this document for processes to separate or REFRAD Soldiers.

c. Active Duty Medical Extension (ADME) Initial Orders

(1) A RC Soldier and his or her command may apply to the ADME program through an emergent or non-emergent request.

(a) **Emergent Request**. The Soldier is in an IDT status, not on an active duty orders, and receives an injury or sudden illness in the line of duty, is hospitalized, and it is anticipated the treatment and recovery will take longer than 30 days. Example 1: The Soldier is involved in a motor vehicle accident in route directly to IDT, during drill, or in route directly home from drill and is hospitalized. Example 2: During IDT, the Soldier suffers the sudden onset of an illness and is hospitalized.

(b) **Non-Emergent Request**. The Soldier reports an injury during IDT and the unit initiates a line of duty. Example: The Soldier received an ankle injury during IDT and receives care at a local civilian hospital. Several days later, the Soldier notifies the unit that his or her private doctor recommends a treatment plan that requires more than 30 days to resolve the medical condition. Soldier is unable to perform his or her MOS / AOC in the confines of a Physical Profile (DA FORM 3349).

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

(d) In the case of a **member of the ARNGUS**, consent of the Governor or other appointed authority of the State concerned is necessary before placing the Soldier on active duty in the

ADME program. It is the responsibility of the Unit Commander of the Soldier making application to obtain this consent prior to submitting an ADME packet to HRC-A. The Commander's signature, or his designee, on the DA FORM 4187 – Personnel Action, will serve as proof this approval has been granted. The only exception to this policy is in an emergent situation when appropriate State authority is unavailable and delay will adversely affect the Soldier and his or her Family in receiving active duty entitlements.

(e) For both emergent and non-emergent cases, a Soldier's unit is responsible to initiate the LDI process IAW AR 600-8-4 to protect the Soldier as well as the interest of the Army.

1. In emergent case, the LDI and Physical Profile (DA FORM 3349) are secondary and will not prevent the Soldier from receiving immediate emergency medical care. These documents can be furnished by the Soldier's unit to HRC-A within 10 working days after the emergent situation is stabilized to determine whether the Soldier should continue receiving medical care while on ADME orders.

2. In all cases, a Soldier must be found unable to perform his or her MOS / AOC within the confines of a Physical Profile (DA FORM 3349) to enter or continue in the ADME program.

3. Resolution of the medical condition must be anticipated to exceed 30 days for a Soldier to be eligible for the ADME program or remain in the program if entered into the program under the emergent criteria.

(2) ADME selection and assignment process:

(a) RC chain of command counsels Soldiers on INCAP pay program option and provisions prior to submitting request packet to HRC.

(b) RC chain of command assists Soldiers in completing the ADME application packet.

(c) The RC unit will submit Soldiers' applications through their RC chain of command as follows:

1. Army Reserve unit will forward the completed ADME application packets through the following paths:

a. Original packet from the unit directly to Human Resources Command via email to rcmedicalretention@conus.army.mil

b. Informational copy, following HIPAA standards, is sent through the unit's RRC, through the RMC, to HRC– St. Louis Surgeon Office, AHRC-SG, 1 Reserve Way, St. Louis, MO 63132-5200.

c. Soldier will hand carry a copy of their medical records to unit of assignment.

2. Army National Guard unit will forward the completed ADME application packets through the following paths:

a. Original packet from the unit directly to Human Resources Command via email to rcmedicalretention@conus.army.mil

b. Sent informational copy, with limited documents IAW HIPAA through the JFHQ-[State], HSS to NGB.

(d) HRC receives the applications and reviews them for administrative eligibility. Forward Those applications that meet administrative eligibility to Office of the Surgeon General (OTSG), ATTN: The Office of the Assistant Surgeon General for Force Projection. HRC sends a letter of denial to the Soldiers who are not eligible for ADME along with an explanation of why they were not eligible and the Soldier's right to appeal.

(e) The Office of the Assistant Surgeon General for Force Projection receives the administratively approved applications from HRC-A and convenes the ADME Medical Review Board.

(f) Return the completed board packets and decisions to Human Resources Command via email to rcmedicalretention@conus.army.mil. HRC sends a letter of denial to the Soldiers who were not approved for participation into the ADME program along with a brief explanation of why they were not selected and their right to appeal. HRC maintains the disapproved applications in a file until the end of the current contingency operation plus two years, or; HRC-A sends the approved application to the RMC with the area of responsibility for the Soldier's home of record (HOR).

(g) The RMC, Senior Case Manager, in coordination with the WTU Commander and Case Manager, determines the best MTF for assignment and provides that information to the HRC ADME Team. The installation of assignment might not be the closest one to the Soldier's

residence. If appropriate, the RMC will coordinate with other RMCs to ensure appropriate assignment based on medical and garrison capability and capacity to manage the Soldier.

(h) HRC publishes ADME orders for the selected Soldiers, assigning them to the installation designated by the RMC. All Soldiers will report initially to an Army MTF for evaluation and development of initial treatment plan.

(i) After initial evaluation and treatment plan has been completed at the assigned MTF and WTU by a designated medical authority, determination is made by the WTU Commander where the Soldier will perform "duty at." Decisions will be based primarily on medical necessity.

(j) Medical care authorized under the ADME program shall be provided until the member is found fit for military duty, or the injury, illness, or disease cannot be materially improved by further hospitalization or treatment and the member has been separated or retired as the result of the PDES. It is not within the mission of the Army to retain Soldiers on active duty to provide prolonged, definitive medical care when it is unlikely the member will return to full military duty. Soldiers shall be referred into the PDES as soon as the probability that they will be unable to return to full duty is ascertained and optimal medical treatment benefits have been attained. **All Soldiers shall be referred for evaluation within one year of the diagnosis of their medical condition if they are unable to return to military duty.** (DODD 1332.18 and DODI 1332.38) DODD DTM 3 May 2007 allows delayed referral into the PDES for those with conditions that require more than one year to obtain optimum medical benefit.

d. Extensions MRP/MRP2/ADME

(1) WTU Commander submits request to HRC.

(2) In the event that a Soldier is in a CBHCO, the CBHCO Commander submits the request through the WTU Commander to HRC.

(3) HRC publishes ***amended orders*** (under current 12301(h) orders) extending the Soldier.

(4) HRC electronically distributes copies to MEDCOM (WTU) or CBHCO commander) and ARNGFSC to ensure that the Soldier does not have a gap in pay or benefits.

(5) HRC distributes copies as appropriate.

(6) DUIC does not change.

(7) ARNGFSC updates its records with the new orders upon receipt from HRC.

(8) Soldier and records do **not** move (documents include but not limited to Soldier Readiness Files (SRC), SRC checklist, SGLI, DD93, all MOB orders and amendments, TCS orders).

(9) MODS is updated by the Case Manager for clinically related issues, HRC updates the order portion of MODS, admin specialist updates remaining pertinent modules in MODS.

(10) For Soldiers being separated due to a Physical Disability Evaluation System finding who need to have their MRP/MRP2/ADME order extended to finish PDES processing before separation only a TRANSPROC report, Physical Disability Information Report or the separation order need sent to HRC to execute the MRP/MRP2/ADME order extension. The order extension will not exceed the separation date established by the Physical Disability Agency. Only the Physical Disability Agency is authorized to change the established separation date.

e. ***Declination Of MRP/MRP2/ADME:*** Soldiers may decline MRP/MRP2 up to the time of MRP/MRP2 orders publication. If the Soldier is eligible and wishes to withdraw his/her MRP/MRP2 application, the Soldier must sign a declination of MRP/MRP2 Statement (See Appendix B). Soldiers may decline without prejudice prior to MRP/MRP2 orders publication.

f. Request for Withdrawal from MRP/MRP2/ADME

(1) The decision for withdrawal from MRP/MRP2/ADME will be made by the Triad (case manager, doctor and 1SG) in conjunction with the Soldier and orders will be produced by HRC.

(2) A Soldier may request to withdraw from the MRP/MRP2/ADME Program:

(a) During a 179-day MRP/MRP2/ADME order, but that approval is subject to the Army's needs. A request for REFRAD during a 179-day MRP/MRP2/ADME order will be denied, except for extreme circumstances, if the Soldier has not completed their medical care, and if applicable, the PDES process. *or,*

(b) At the end of a 179 day MRP/MRP2/ADME order regardless of whether the Soldier's medical care, and if applicable, the PDES process is completed.

(3) REFRAD withdrawal request documents:

(a) For REFRAD requests, the Soldier must submit a DD Form 4187 and MRP/MRP2/ADME Program Withdraw Statement (See sample) through his or her chain of command to HRC Medical Cell requesting REFRAD.

(b) The Soldier signs the Withdrawal Statement after counseling by an individual knowledgeable in the MRP/MRP2/ADME program, INCAP pay, and the TAMP if military medical authority advises the Soldier should be retained on active duty for further evaluation and treatment.

(4) Upon REFRAD, the Soldier will return to their respective component control. Soldiers who require completion of any portion of the Army PDES and elect REFRAD will have a DA Form 3349, Physical Profile prepared that clearly indicates the diagnosis and current status in the Army PDES process. A copy of the DA 3349 must be given to the Soldier and his or her chain of command.

g. ***Duty Assignment MRP/MRP2/ADME:*** The duty status of RC Soldiers recalled under the MRP2/ADME Program will change to Active Duty when the HRC-A mobilization cell and the MRP2/ADME medical review board determine a Soldier is eligible for the MRP2/ADME program. The HRC-A mobilization cell publishes orders assigning the Soldier to the WTU or C2 element at the gaining installation. Assignment is determined by the RMC in coordination with MEDCOM to determine the best installation MTF/WTU for assignment based on the ability to provide necessary evaluation, treatment, and capacity of the installation to provide C2 and administrative support of the MRP2 Soldier, and proximity to Soldier's home.

h. Reassignment Process MRP/MRP2/ADME

(1) Assignment of Soldiers to the WTU or C2 element UP 10 USC 12301(h).

(2) The request packet will include application documents listed in appendix B.

(3) HRC-A sends orders via email to the WTU commander with a courtesy copy of the DA 4187 with the Soldier's and unit contact information, the RMC Senior Case Manager, the Soldier's unit (or other requestor if Soldier's unit is deployed), and DFAS. AORS in HRC-STL will automatically forward via mail a copy to the Soldier's home address, Soldier's parent unit and JFHQ or RRC.

(4) All Soldiers on MRP2 orders will be assigned to an Army installation and undergo evaluation and development of treatment plan prior to further attachment to a CBHCO. Refer to paragraph 3-21 Community Based Health Care Organizations.

(5) In coordination with MEDCOM, HRC will issue all orders moving MRP2 participants between WTUs and between a WTU and CBHCO.

(a) Upon request from the WTU C2, HRC-A issues and amendment to the original assignment order reassigning the Soldier to a new WTU.

(b) Upon request from the WTU C2, HRC issues and amendment to the WTU assignment order for further attachment to and from a CBHCO.

3-16. General Officer Requests for Medical program Associated with WTU (MRP/MRP2/ADME)

a. General Officer Request for Orders packet for a medical program associated with WTU is processed by the WTU/Soldier's parent unit and forwarded to the appropriate GOMO agency for disposition.

(1) ARNG GOMO (POC LTC Rosmarie Deck at rosemarie.deck@us.army.mil, Mr.John Ellington 703/607-3644)

(2) RC GOMO (DA RC GOMO (ATTN: DACS-GOM (Reserve Affairs Officer), 300 Army Pentagon, Washington, DC 22300, 703/697-9482)

(3) The appropriate GOMO forwards endorsement for medical board packet back to the WTU/Soldier's parent unit for processing.

(4) WTU/Soldier's parent unit will forward medical program packet (MRP/MRP2/ADME) with GOMO endorsement to HRC (rcmedicalretention@conus.army.mil) and an order is generated effective the date of receipt of completed packet.

Note

If General Officer requires extension beyond MRD to process packet for medical program, this must be completed prior to packet submission to HRC for orders.

3-17. Exit Criteria – COMPO 2/3 (FRAGO 3 Annex A to EXORD 118-07):
Reserve Component Soldiers will remain assigned/attached to the WTU/CBHCO until their medical condition is resolved and they are eligible for REFRAD or they complete the Physical Disability Evaluation System (PDES) process.

3-18. Reserve Component Warrior Transition Unit Order Scenario Vignettes
This order guidance applies only to Active Component Soldiers who meet the definition of Warriors in Transition (WT) in Chapter 2 para 2-1. All other order processes should be executed according to existing Army guidance.

a. (Scenario 1) WTU to WTU Transfer

(1) 'Owner' WTU Commander contacts secondary (or target) WTU Commander, and coordinates movement of Soldier.

(2) 'Owner' WTU Commander forwards DA form 4187 with supporting documentation (confirming WTUs coordination) to HRC.

(3) HRC will:

(a) Consider time remaining on current orders and make adjustments if necessary.

(b) Cut amended WTU orders **assigning** Soldier to the new WTU.

(c) Orders distributed electronically as applicable, specifically to WTU commander in receiving (**new**) WTU.

(d) Update MODS orders module.

(4) Case Manager and admin specialist will update MODS at the losing and gaining WTU.

(5) Soldier and records will move to the new WTU.

b. (Scenario 2) WTU to CBHCO Transfer (within WTU's area)

(1) WTU Commander forwards request to HRC.

(2) HRC amends current order and *attaches* Soldier to CBHCO, utilizing WTU's DUIC for **assignment** and CBHCO's DUIC for **attachment** and will annotates on the orders **"with duty at HOR**."

(3) HRC electronically distributes copies to the CBHCO, ARNGFSC, WTU and the individual (see section 9, for complete listing as applicable).

(4) Soldier moves physically to the CBHCO.

(5) Records remain at the WTU.

(6) MODS is updated by the Case Manager for clinically related issues, HRC updates the order portion of MODS, admin specialist updates remaining pertinent modules in MODS.

c. (Scenario 3) CBHCO Transfer back to the WTU

(1) CBHCO Commander forwards a DA Form 4187 request through the WTU Commander to HRC.

(2) HRC amends orders to transfer Soldier back to owning WTU.

(3) Orders replace CBHCO's DUIC with WTU DUIC's.

(4) Soldier physically moves to the WTU, the records remain at the WTU.

(5) MODS is updated by the Case Manager for clinically related issues, HRC updates the order portion of MODS, admin specialist updates remaining pertinent modules in MODS.

(6) HRC electronically distributes copies to the CBHCO, ARNGFSC, WTU and the individual.

d. (Scenario 4) WTU-A to CBHCO–B Transfer (outside WTU-A's region)

(1) WTU Commander (at WTU-A) forwards DA Form 4187 request to HRC.

(2) HRC amends current orders to *assign* Soldier to WTU-**B** and *attach* Soldier to CBHCO-**B, "with duty at HOR**.

(3) New orders utilize WTU-B DUIC.

(4) HRC updates MODS orders module.

(5) Forward Soldier's *records* to WTU-B (the **new** WTU), the Soldier physically moves to the gaining CBHCO (CBHCO-B). Soldier does not have to appear at the gaining WTU (WTU-B) for in processing.

(6) Once the orders are published by HRC, it is the responsibility of the Soldier to keep all appointments.

(7) HRC will review the time remaining on the current MRP orders, and consider the need for publishing an extension of time left in the MRP program.

(8) HRC-electronically distributes copies to the original WTU (WTU-A), WTU-B, CBHCO-B, ARNGFSC, and the individual.

(9) ARNGFSC updates its database.

(10) Original WTU (WTU-A) commander is responsible for making sure that all documentation gets to WTU-B commander with CC to CBHCO-B commander.

e. (Scenario 5) WT move to an installation without a WTU

(1) WTU Commander (at WTU of current location) forwards transfer DA Form 4187 request to HRC.

(2) HRC *amends* current 12301(h) MRP orders to *assign* Soldier to the garrison assigned company at the new installation.

(3) HRC will distribute orders to all parties as applicable.

(4) *Soldier and Soldier's records* will move to the new installation's MTF using the garrison's DUIC.

(5) HRC will consider time remaining on original orders and consider time remaining on current orders and make adjustments if necessary.

(6) HRC and the losing WTU will update MODS.

(7) Gaining commander ensures that MODS is updated upon arrival of Soldier at the site.

(8) ARNGFSC updates its database upon electronic receipt of the amended MRP, 10 USC 12301(h) orders.

3-19. RC Order Distribution list

a. Army National Guard Finance Service Center, 8899 E 56th St, Indianapolis, IN 46249

b. Electronic Military Personnel Office, (eMilpo),

c. Service Member, AKO email Address.

d. Service Members Regional Readiness Command (RRC) or Joint Forces Headquarters (National Guard Bureau) Losing C2.

e. Warrior Transition Unit (WTU). Gaining C2.

f. Regional Case Manager.

g. DEERS (is updated when extending or renewing orders).

h. MODS (is updated with every change)

i. CBHCO commanders (when applicable).

3-20. MRP, MRP2, ADME Appeals And Exceptions Process For Warriors In Transition (WT)

a. Administrative Information:

(1) The Warrior Transition Unit – Consolidated Guidance - (Administrative) (WTU-CG) outlines the policies for the Warrior in Transition (WT) programs consisting of the Medical Retention Processing (MRP) and Medical Retention Processing 2 (MRP2) programs. These programs were established to provide medical care for RC Soldiers who incurred medical conditions in support of GWOT. Applications must be submitted as outlined in this guidance.

(2) In addition, the WTU CG - (Administrative) outlines the policies for the Active Duty Medical Extension (ADME) program. This program was established to provide medical care for RC Soldiers with a documented in the line of duty incurred or aggravated injury, illness, or disease non-GWOT.

(3) Exceptions to the existing policies can be requested as outlined below in 'The WTU Exception Process'. Appeals to decisions rendered can be submitted as outlined below in 'The WTU Appeal Process'.

(4) An incomplete application will not be processed. The identified missing administrative or medical documents/information will be noted and the Soldier will be notified through their chain of command. The identified missing documents/information must be resubmitted through HRC by the identified suspense date.

b. WTU Exception Process:

Note.

For purposes of documentation, the WTU-Consolidated Guidance defines **'EXCEPTION'** as a request by the Soldier to waive a rule or policy statement based on mitigating or exceptional circumstances.

Note.

The routing for exception requests to established WTU and ADME policy will be through HRC to HQDA, G1(DAPE-MPE-IP), Attn. WTU/ADME Exception, Room 1C449, 300 Army Pentagon, Washington DC, 20310.

(1) The process for exceptions will be as follows:

(a) Soldier requests an exception utilizing the 'Exception Request Form', found in annex B through their chain of command. A cover letter detailing the individual's situation and reason for exception request must be submitted along with all appropriate packet documentation to HRC, email to: rcmedicalretention@conus.army.mil .

(b) HRC will review the packet for completeness and submit it to HQDA G1 for review.

(c) HQDA G-1 will process the exception request and provide an approval/disapproval to HRC-A within five business days.

(d) HRC will notify the Soldier through the Soldier's chain of command of the rendered decision.

(2) Approval of an exception request. If the request for exception is approved, HRC will notify the Soldier through their chain of command. The effective order date will be the date HRC-A first received a complete application from the Soldier. HRC will notify the Soldier of the order effective date and where and when the Soldier is to report.

(3) Denial of an exception request. If the request for exception is denied, HRC will notify the Soldier through the chain of command that the exception is denied. The Soldier may appeal a denial of an exception to Army HQDA, G1 (DAPE-MPE-IP), Attn. Branch Chief, WTU/ADME Exception Appeal, Room 1C449, 300 Army Pentagon, Washington DC, 20310. The unit commander must counsel the Soldier and document the counseling session and keep a copy in the Soldier's personnel file.

c. WTU Resubmission Process:

Note.

For purposes of documentation in the WTU- RC Consolidated Guidance, defines RESUBMISSION as a request by the Soldier to have their original disapproved packet reviewed again with additional documentation.

(1) The Resubmission process will originate with the Soldier and sent through the chain of command to HRC.

(2) The Soldier will submit a letter (in a simple format, not in a memorandum format), along with the 'Resubmission Request Form', all the original documentation in the initial application submitted to HRC and any new documents the Soldier has available, through the company commander or CMO (Career Management Officer).

(3) The Soldier's company commander/CMO will attach a cover letter and forward the complete Resubmission packet to the next level as appropriate. The Soldier's unit commander/CMO must forward the packet within five business days.

(4) Once a packet is sent to the next level, the company commander will inform the Soldier (in person and through the Soldier's AKO account).

(5) There is no legal limit on the number of submissions, however, unless the original packet contains new information that will specifically address the reason/s for the original packet's rejection, the Soldier best course of action would be to request an exception or to appeal.

(6) For ADME, NG unit commanders will submit the packet through their respective State National Guard Bureau (NGB) to the Chief, Army NGB The National Guard Bureau, 11411 Jefferson Davis Highway, Arlington VA 22202-3231. Chief, Army NGB will forward the packet with a cover letter to HRC-A, Attn: AHRC-PL-M-MS, 200 Stovall Street, Alexandria, VA 22332

(7) For ADME, IRR Soldiers will use HRC-St. Louis as their chain of command, the Soldier's CMO will process the application within five business days and forward directly to HRC. The CMO will attach a cover letter signed by the first officer in the chain of command.

d. WTU Appeal Process:

Note.

For documentation purpose the WTU Consolidated Guidance, will define 'APPEAL' as a request by the Soldier to have their application packet reviewed by a higher level of authority (i.e. MTF commander, HQDA G1 or WTU Physician Consultant) following a disapproval by the initial level of authority (i.e. DCCS). The appeal should include all

originally submitted documentation for the specific program. An appeal will have no new documentation.

(1) The appeal process is a two-track process, an administrative track and a medical track.

(2) The administrative track will process all appeals specific to administrative issues (i.e. packets received outside identified application window, packets lacking required administrative documentation, such as LOD etc.).

(3) The medical track will process all appeals specific to medical issues (i.e. denial of an application due to a preexisting condition, lack of medical documentation, etc.).

(4) Medical appeals email is MedicalAppeals@hqda.army.mil.

(5) The administrative appeal track, the process for administrative appeal track will be as follows:

(a) The administrative appeal track will originate with the Soldier and sent through the chain of command to HRC. This appeal will then be forwarded to Army HQDA, G1 (DAPE-MPE-IP), Attn. WTU (ADME) Appeal, Room 1C449, 300 Army Pentagon, Washington DC, 20310, or MedicalAppeals@hqda.army.mil.

(b) The Soldier will submit a letter (in a simple format, not in a memorandum format), along with all documentation originally submitted to HRC-A, the initial application, the 'Appeals request form' (Form 8 Appendix B) through the company commander or CMO (Career Management Officer). Appeal cases will NOT include any new documents.

(c) The Soldier's company commander/CMO will attach a cover letter and forward the complete appeal packet to the next level as appropriate. The Soldier's unit commander/CMO must forward the packet within five business days.

(d) Once the packet is sent to the next level, the company commander will inform the Soldier (through the Soldier's AKO account).

(e) HQDA, G1 is the only Army office authorized to accept or deny any administrative appeals.

(f) For ADME: NG unit commanders will submit the packet through their respective State National Guard Bureau (NGB) to the Chief, Army NGB The National Guard Bureau, 11411 Jefferson Davis Highway, Arlington VA 22202-3231. Chief, Army NGB will forward the packet with a cover letter to HQDA, G1 at the above address.

(g) For ADME: IRR Soldiers will use HRC-St. Louis as their chain of command, the Soldier's CMO will process the application within five business days and forward directly to HQDA, G1. The CMO will attach a cover letter signed by the first officer in the chain of command.

(6) Approval of an administrative appeal:

(a) For MRP: Submission of an MRP administrative appeal means that the Soldier met medical criteria for admission into the MRP process

(b) For MRP2/ADME: An approval of an administrative appeal does not mean that the Soldier met the medical criteria for admission into the WTU process. Once an administrative appeal is approved, HQDA, G1 will forward the packet to HRC for processing and review by the Medical Review Board (MRB).

(c) For MRP: The medical authority must have determined that the Soldier is medically qualified for MRP. Do not forward MRP request for an administrative appeal without proper medical approval. Approval of administrative appeal will result in publishing of orders by HRC.

(d) For MRP2/ADME: A determination by the MRB that the Soldier is medically qualified for WTU will be completed with 5 business days. This determination will result in orders being published by HRC.

(e) The effective order date will be the date HRC first received a complete packet from the Soldier. HRC will notify the Soldier of the order effective date and where and when the Soldier is to report.

(7) Denial of an administrative appeal:

(a) HQDA, G1 will send denials of an administrative appeal to HRC. HRC will forward the decision to the Soldier through the Soldier's chain of command.

(b) The Soldier's unit commander must counsel the Soldier about his appeal denial and that the Soldier has an option to appeal through the Army Board for Correction of Military Records (ABCMR) at http://arba.army.pentagon.mil/abcmr_app_proc.htm . The unit commander must document the counseling session and keep a copy in the Soldier's personnel file.

(8) The medical appeal track:

(a) The Soldier will initiate all medical appeals through the chain of command to HRC-A. The appeal will then be forwarded to the Office of the Surgeon General (OTSG), WTU MRP Physician Consultant, Dept. of the Army Pentagon, Attn: DASG-ZH, 800 Army Pentagon, Room 2A486, Washington, DC 20310-0800, MedicalAppeals@hqda.army.mil.

(b) The Soldier wishing to appeal a MRB decision will initiate the appeal process through the chain of command. The Soldier will submit a letter (in a simple format, not in a memorandum format) with an 'Appeal request' form (see appendix B) and all documentation originally submitted to HRC-A, Attn: AHRC-PL-M-MS, 200 Stovall Street, Alexandria, VA 22332. New medical documentation will NOT be added to the medical appeal packet.

(c) For MRP2/ADME: The MRB is a three-person board representing all Army components. The medical appeal board consists of the WTU Physician Consultant.

(d) The Soldier's company commander will attach a cover letter and forward the complete appeals packet to the next level as appropriate. The Soldier's unit commander must forward the packet within five business days. IRR Soldiers will use HRC-St. Louis as their chain of command.

(e) Once the packet is sent to the next level, the company commander will inform the Soldier (through the Soldier's AKO account). USAR unit commanders will submit the packet through their respective RRC (or relevant command) to OTSG at Pentagon, Attn: DASG-ZH, 800 Army Pentagon, Room 2A486, Washington, DC 20310-0800. NG unit commanders will submit the packet through their respective state National Guard Bureau (NGB) to the Chief, Army NGB The National Guard Bureau, 11411 Jefferson Davis Highway, Arlington VA 22202-3231. Chief, Army NGB will forward the packet with a cover letter to the Office of the Surgeon General (OTSG), WTU Physician Consultant.

(9) Approval of a medical appeal:

(a) An approval of a medical appeal means that the Soldier met all administrative and medical criteria for admission into the WTU process. Once a medical appeal is approved, the WTU Physician Consultant will forward the packet to HRC within five business days for processing. This determination will result in orders being published by HRC.

(b) The **effective order date** will be the date HRC-A first received a complete packet from the Soldier. HRC will notify the Soldier of the order effective date and where and when the Soldier is to report.

(10) Denial of a medical appeal:

(a) OTSG, WTU Physician Consultant will send denials of a medical appeal to HRC.

(b) HRC-A will forward the decision to the Soldier through the Soldier's chain of command.

(c) The Soldier's unit commander must counsel the Soldier that the appeal was denied and that the Soldier has an option to appeal through ABCMR at http://arba.army.pentagon.mil/abcmr_app_proc.htm. The unit commander must document the counseling session and keep a copy in the Soldier's personnel file.

(11) Duplicate appeals, complaints or intervention requests:

(a) A Soldier must notify HQDA, G1 of any other previously filed appeals complaints or intervention requests other than the current appeal. For example, IG complaints, appeals for congressional intervention, etc. The reason is to eliminate duplication of investigation and encourage coordination between the various agencies.

(b) Once HQDA, G1 or OTSG, WTU Physician Consultant denies an appeal, the Soldier may not appeal the same case again to HQDA, G1 or to the OTSG, WTU Physician Consultant. The Soldier, if they wish to appeal again, must do so through ABCMR.

(c) Any Soldier is entitled to appeal a denial by HQDA, G1 or OTSG's, WTU Physician Consultant to ABCMR at http://arba.army.pentagon.mil/abcmr_app_proc.htm.

3-21. Community Based Health Care Organizations (CBHCO)

a. General CBHCO information:

(1) Who is eligible for participation in CBHCO? Reserve Component Warriors in Transition (RC WT) to include MRP, MRP2 and ADME and, by exception, Active Component Warriors in Transition (AC-WT).

(2) What is CBHCO? A program that allows WT to live at home and perform duty at a location near home while receiving medical care from Tricare network, VA or MTF providers in or near his community

(3) What kind of work will a Soldier do while in a CBHCO? Soldiers capable of working will perform title 10 USC or other suitable work that does not violate their profile. The WT's Plt Sgt in the CBHCO determines duty location.

(4) Where are the CBHCOs and where are the duty locations for WT in CBHCO? There are nine CBHCO unit headquarters providing coverage across multi state regions. The Soldier in CBHCO is assigned to WTU and is further attached to the CBHCO for command and control (C2), administrative support and Medical management. The duty location will normally be in a Title 10 location or other federal location that supports the Title 10 mission. Examples include National Guard Armories, USAR Reserve Centers, and VA clinics

(5) How are Soldiers identified for referral to CBHCO? Screening of Soldiers to identify and select eligible individuals for referral to a CBHCO is a collaborative effort between the Soldier's medical (M2) and command (C2) team. RC Soldiers should be screened for eligibility within the first 30 days of assignment to the WTU. Active Component Soldiers will be identified on a case-by-case basis depending on their medical, family location and support needs. Areas of consideration include the WT's medical condition and ability to comply with eligibility criteria. A Soldier must be assigned to a WTU to meet eligibility criteria for selection to the CBHCO.

(6) How will the selection and assignment process take place? For a WT who meets eligibility criteria, the TRIAD (nurse case manager) will initiate the referral to the CBHCO

(7) Who will monitor the WT while in a CBHCO? The CBHCO provides all C2 and medical management for the WT. WT is subject to UCMJ while attached to CBHCO

b. CBHCO selection criteria

(1) The WTU cadre and medical caregivers will consider all WT-RC for the CBHCO unless specifically excluded by eligibility criteria. WT-AC referral is by exception to policy and determined on a case-by-case basis.

(2) The eligibility and selection of the WT for attachment to a CBHCO is a joint decision between the WTU C2/M2 personnel and the C2/M2 personnel at the CBHCO.

(3) Eligibility criteria is as follows:

(a) The WT must be unencumbered by legal or administrative actions or holds, including flags for adverse action, UCMJ or chapter actions. Soldiers with behavioral disorders (Axis II) that render a Soldier administratively unfit/non-retainable should not be selected for the CBHCO; these Soldiers will be processed for separation IAW personnel policy.

(b) The WT must be able to attend required unit activities, scheduled medical appointments, and demonstrates the reliability required for remote command and control (C2) and administrative management. Medical care must be available within a 50-mile radius (or one hour travel time) from the Soldier's domicile. Occasional specialty appointments that require travel greater than 50 miles are permitted.

(c) The WT must have a housing plan for a permanent (not transient) residence that accommodates functional limitations, has a street address and provides for telephonic contact. Soldier's planned residence is not within the catchment area of an Army MTF/WTU. RC Soldiers' residence and home of record (HOR) will be the same, however, exceptions may be granted on a case-by-case basis. For example, Soldiers might choose to live with Family members who can assist in their convalescent or rehab care. WT-AC will elect BAH location-either their CBHCO duty location or their installation WTU

(d) The WT must have reliable transportation for travel to and from medical appointments as well as designated place of duty. Transportation must accommodate any physical limitations. Reliable transportation might include use of mass transit system or Family/friend providing rides.

(e) The WT must have appropriate duties available at an appropriate work site or place of duty within limits of physical profile and within commuting distance from residence, normally within 50 miles. Soldiers who are physically capable of work are to perform duties primarily in support of Title 10 missions or other suitable alternatives.

(f) The WT-RC must require a minimum of 60 days of clinical care to achieve optimal medical benefit. Soldiers who will achieve optimal medical benefit within 60 days are not eligible for CBHCO. WT –AC will normally require 6 months of care or longer.

(g) WT who have entered the MEB/PEB process (Permanent 3 Profile) are best served by remaining on the installation and proceeding through the PDES.

(h) WT's medical treatment and care plan can be managed by the CBHCO. There must be confirmation that appropriate medical care is available within commuting distance from residence. Specialty/sub-specialty care that may require occasional medical TDY is permitted.

(i) When a WT's medical condition precludes performance of military duties (such as spinal cord injuries, terminal illness or other severe limiting conditions), the Soldier may have their residence designated as their duty location.

(4) In most cases, a Soldier currently with conditions not commonly treated by civilian practitioners should not be considered for CBHCO management. They may be considered if the CBHCO is able to identify medical care locally that has the required expertise in treating that condition.

(a) Exposure to depleted uranium.

(b) Exposure to chemical, biological, radiological, or nuclear agents.

(c) Leishmaniasis.

c. Responsibilities:

(1) **Installation MTF Commander, WTU Commander and CBHCO Commander:** The installation MTF Commander is responsible for the accountability and well-being of all WT assigned to his or her command. This includes inpatient and outpatient WT.

(a) Ensure Soldiers eligible for referral to the CBHCO are screened by the TRIAD within their first 30 days of assignment or attachment to the WTU based on established medical and administrative criteria.

(b) Ensure that the preliminary medical evaluation and treatment plan is developed and documented in AHLTA.

(c) Ensure that medical treatment is not delayed pending referral to the CBHCO.

(d) Ensure that behavioral health assessment is completed on Soldiers selected for referral to identify and manage high risk Soldiers prior to their transfer.

(e) Ensure that an active component (Compo 1) NCO from the WTU is assigned as an AC liaison for any Compo 1 WTs referred to CBHCO. The AC liaison assignment will be as an additional duty.

(2) **The Warrior in Transition Unit Commander and CBHCO Commander:** The WTU/CBHCO Commander is responsible for accountability and well-being of WT Soldiers assigned and attached to his or her command at the installation WTU/ CBHCO or MTF.

(a) The Warrior Transition Unit (WTU) Commander will:

1. Identify eligible WT for transfer to the CBHCO.

2. Counsel in writing WT selected for the CBHCO about the referral, process and requirements of the program.

3. Ensure that MODS administrative data are correct and current.

4. Ensure the C2 portion of the *CBHCO Referral Form* is completed.

5. Ensure that a completed *DA Form 4187, (Request for Personnel Action)* with the Soldiers' signature is approved and submitted to HRC-A (RC only) for publication of orders. WT-**RC's agreement** to enter a CBHCO is **not required.** Orders for **WT-AC** are published by the WTU in accordance with **current WTU –CG (Administrative).**

6. Ensure that the line of duty (*DA Form 2173*, Statement of Medical Examination and Duty Status) and validation memorandum are completed and approved IAW AR 600-8-4 prior to transfer (RC only).

7. Ensure that referred Soldiers have acceptable housing, transportation and reliable communication plan (telephone connectivity).

8. Ensure that the WT-RC completes all installation out-processing requirements as established by IMCOM prior to transfer to the CBHCO.

9. Ensure that WT-**AC** understand that WT-AC entry into the CBHCO program is by exception.

10. Coordinate the Soldier's movement with the CBHCO Commander. NOTE: **leave is not authorized enroute CBHCO**.

(b) The CBHCO Unit Commander will:

1. Review the referral packet with C2 cadre and validate the acceptability of Soldier's housing, transportation and communication plans.

2. Be responsible for the CBHCO C2 functions.

3. Identify potential Title 10 duty assignment location(s) or other eligible work locations.

4. Verify CBHCO capacity to accept new Soldiers.

5. Communicate directly with WTU Commander, as needed, to resolve questionable cases or non-medical exceptions to policy.

6. Coordinate transfer with WTU Commander, including completion of installation out-processing requirements.

(c) The TRIAD nurse case manager will:

1. In coordination with the WTU commander, primary care provider (PCM) and other team members, based on established medical and administrative selection criteria generate a list of eligible Soldiers for CBHCO referral.

2. Initiate the CBHCO referral process and coordinate the completion of the *CBHCO Referral Form*,

3. Participate in the development of the preliminary plan of care and counsel the Soldier regarding the plan and anticipated outcomes.

4. Coordinate the referral with the CBHCO supervising nurse case manager or designated point of contact.

(d) The TRIAD Primary Care Manager (PCM) will:

1. Complete the initial clinical evaluation, master problem list, and preliminary treatment plan.

2. Determine whether Soldier(RC) will require more than 60 days of medical evaluation and treatment,

3. Initiate line of duty (*DA Form 2173*, Statement of Medical Examination and Duty Status) for all RC (USAR and ARNG) and Physical Profile (*DA Form 3349*).

4. Coordinate with specialty providers, including licensed behavioral health providers, to select Soldiers for medical referral to CBHCO.

5. Communicate directly with CBHCO medical officer as appropriate to reach consensus on complex cases or exceptions to policy.

6. Provide summary of Soldier's pertinent history, current clinical status, and plan of treatment in AHLTA for inclusion in CBHCO referral packet.

(e) The WTU licensed behavioral health provider, generally the licensed clinical social worker (LCSW) will:

1. Complete a mental health and social support assessment to identify high risk Soldiers and/or validate that Soldier has adequate family and community support at home,

2. Recommend behavioral health evaluation and treatment as appropriate prior to referral to CBHCO,

3. Participate in the selection process of Soldiers for referral to CBHCO,

4. Coordinate with the CBHCO LCSW care manager regarding concerns and treatment recommendations.

(f) The CBHCO supervising nurse case manager will:

1. Review the referral packet with the CBHCO medical officer, case manager(s), and LCSW care manager,

2. Coordinate referral actions with the CBHCO commander and staff, and the MTF nurse case manager,

3. Ensure clinical resources are available within TRICARE standards to support the Soldier's treatment plan,

4. Consult with CBHCO medical officer and/or follow standing acceptance protocols to accept referred Soldiers,

5. Notify the MTF nurse case manager of the CBHCO acceptance decision.

(g) The CBHCO medical officer will:

1. Collaborate with the CBHCO case managers and LCSW care managers to develop standing protocols to facilitate the expeditious review and acceptance of WT for transfer to CBHCO.

2. Participate in the treatment plan review for Soldiers not covered by standing acceptance protocols,

3. Communicate directly with the Soldier's PCM and other MTF providers and/or RMC medical officers to resolve problematic or complex treatment plan issues,

4. Approve or disapprove exceptions to policy of WT referrals.

(h) The CBHCO licensed clinical social worker (LCSW) care manager will:

1. Review the CBHCO referral packet with the CBHCO nurse case manager and medical officer,

2. Communicate directly with the MTF behavioral health professional to resolve behavioral health issues,

3. Determine availability of behavioral health resources within TRICARE standards to support the Soldiers' treatment plan.

d. Procedures for selection:

(1) The MTF and WTU screen all eligible RC WTU Soldiers within 30 days to determine eligibility for referral to a CBHCO. The MTF/WTU nurse case manager coordinates with the WTU commander on the referral to the CBHCO. The WTU commander will consider demonstrated reliability and accountability as a key factor in recommending Soldiers for referral. If a WT is not considered ready for referral at that time he may be reconsidered at a later point in his medical care.

(2) The MTF nurse case manager consults as necessary with the TRIAD to reach consensus as to whether Soldier's medical care can be managed within the community by the CBHCO. Soldiers who will be medically cleared for REFRAD within 60 days, or about to RTD, will not be referred to the CBHCO. Soldiers in the PDES will not be considered for CBHCO.

(3) The WTU nurse case manager coordinates with installation licensed behavioral health providers (generally, the LCSW care manager) to obtain behavioral health clearance for mental health and social support status. The case manager will not refer Soldiers who need mental health observation or treatment beyond the capacity or scope of the CBHCO, or whose home environment is not conducive to supporting healing and healthy outcomes.

(4) The WTU nurse case manager documents selection coordination and actions, including significant decision points in AHLTA (same as *SF 600*, '*Chronological Record of Medical Care')* as part of the Soldier's health record. Documentation will be sufficient for personnel unfamiliar with the case to understand the rationale for the decision to refer.

(5) When the case manager and the commander have reached agreement on selected Soldiers, the case manager initiates the referral paperwork using the *CBHCO Referral Form.*

(6) The WTU commander and medical staff complete their respective portions. The case manager forwards the completed referral packets to the CBHCO case manager.

(7) The commander ensures that Soldiers complete all out-processing and pre-REFRAD requirements. For RC WT, WTU commander will ensure approved LOD is completed and submitted with referral packet. (*DA Form 2173, Statement of Medical Examination and Duty Status*).

(8) The PCM prepares a clinical summary for the CBHCO clinical staff in AHLTA *)*. The WTU nurse case manager verifies that the CBHCO has access to patient information in AHLTA; if not, the case manager prints a hard copy, attaches it to the referral forms, and sends it expeditiously to the CBHCO.

(9) The CBHCO supervising nurse case manager receives the referral packet and screens the Soldier for acceptance. Clarify information via direct coordination with the referring nurse case manager. The supervising nurse case manager reviews the CBHCO referral packet with the CBHCO medical officer(s), case manager(s), LCSW care manager, and commander. The CBHCO medical officer coordinates directly with the referring PCM, as necessary, to resolve concerns. The CBHCO case manager notifies the WTU case manager of the CBHCO acceptance decision within ***3 working days*** of receiving the completed referral packet. Refer delays in obtaining a complete referral packet of two weeks or more to the RMC Senior Case Manager.

(10) The CBHCO commander and staff review the referral packet for C2 and administrative selection criteria and transfer requirements. The CBHCO commander coordinates referral concerns and transfer activities directly with the referring WTU or installation. The availability of title 10 work or other suitable work is one of the determining factors to select a Soldier for participation in a CBHCO.

(11) WT with a medical condition that precludes performance of military duties (injuries or ailments such as spinal cord injuries, terminal illness or other severe limiting conditions) are eligible for referral to CBHCO.

(12) Upon notification of CBHCO acceptance, the WTU commander submits a '*Request for Personnel Action (DA Form 4187')* for RC-WT, to Human Resources Command (HRC), mailto:rcmedicalretention@conus.army.mil, Tel. (703) 325- 9071/9095/4575, requesting orders attaching the WT to the CBHCO. The WTU maintains all files on Soldiers attached to the CBHCO. Orders for AC – WT will be processed by the WTU of assignment.

(13) **All WT** will be assigned to the WTU and attached to the CBHCO.

e. MODS WTU Module:

(1) Initial entry of WT data into the MODS Warrior Transition Web Reporting module (WT)is the trigger that enters the Soldier in the WTU process for accountability and tracking purposes. Disposition occurs when the WTU Soldier is fit for duty or the PDES process, including appeals, is complete.

(2) The MODS WT module provides real-time visibility and accountability of WT assigned to WTUs and attached to CBHCOs. The MODS WT module is the Army's sole tracking and reporting database for WT. OTSG/MEDCOM maintains The MODS WTU module.

(3) The WTU administrative NCO will enter all AC-WT data into eMilpo in addition to MODS data entry.

(4) MODS WT Module database input:

(a) The WTU and CBHCO Commanders are ultimately responsible for the accuracy of MODS administrative and clinical data fields for the WTU Soldiers assigned or attached to their command.

(b) Case Managers are responsible to ensure the clinical information for the Soldier entered into MODS at the time he or she becomes a WT and for maintaining accuracy of the clinical data fields throughout the time a WT is in the WTU system.

(c) HRC-A is responsible for updating administrative order related data fields when issuing or modifying RC WT orders.

(d) S1 at the WTU of assignment is responsible for entering all order related information for AC WT.

f. Denial procedures for WTU to CBHCO transfer:

(1) CBHCO commander or designee (Supervising Case Manager) contacts originating WTU by phone and email and informs the referring WTU TRIAD case manager of the declination of the WT application.

(2) The CBHCO commander will detail, in writing, the reasons for denial. For example, "required medical treatment is not available in the Soldier's community," or, "multiple complex medical needs of the Soldier would be best served at the MTF level" or, "The address given by the applicant is a vacant warehouse."

(3) The CBHCO will retain all rejected records for 30 days. After 30 days, if there is no change in the WT's status, the CBHCO will destroy the packet. Soldier's privacy will conform to all HIPPA rules and guideline. The CBHCO commander will ensure maintenance of all documents; packets etc are in accordance with ARIMS (Army Records Information Management System, AR 25-400-2).

g. Procedures for CBHCO appeals, exceptions or resubmissions:

(1) RC-WT refer paragraph 3-20 for procedures to file an appeal, exception, or resubmission.

(2) AC-WT Soldiers may appeal an **administrative** CBHCO denial, or request an **administrative** exception to policy through their chain of command to Army HQDA, G1 (DAPE-MPE-IP), Attn. Branch Chief, WTU/CBHCO Exception Appeal, Room 1C449, 300 Army Pentagon, Washington DC, 20310.).

h. Procedures for transfer from CBHCO back to WTU:

When a CBHCO WT is determined to need WTU/MTF level of care due to medical complexity or non compliance with CBHCO program, the following process is used:

(1) After obtaining CBHCO Physician and Commander decision for transfer back to WTU level of care, the CBHCO Case Manager contacts WTU Supervising CM and initiates request for WT to return to WTU. Physician completes Memo for CBHCO Commander's signature providing

summary of WT Soldier treatment and reason for decision to transfer WT back to WTU/MTF level of care.

(2) Once clinical acceptance to WTU is obtained, CBHCO Commander/1ST SGT coordinate with WTU Commander for transfer date and instructions.

(3) CBHCO submits completed 4187 and Transfer Checklist to HRC <mailto:rcmedicalretention@conus.army.mil> High Risk Soldiers will be identified on the 4187 with request to expedite order process.

(4) HRC amends orders to transfer WT back to gaining WTU. CBHCO and WTU will receive a copy of two orders (rescinded order from CBHCO and order assigning WT back to WTU)

(5) CBHCO continues to provide command and medical oversight to ensure appropriate hand off to WTU. CBHCO conducts a risk assessment prior to transfer to determine if WT Soldier is able to travel unaccompanied or requires other arrangements. CBHCO verifies Soldier's arrival to WTU.

(6) If gaining WTU is unable to accept the WT Soldier the transfer will be sent to RMC START cell to locate another WTU.

3-22. Warriors in Transition assigned to VA Medical Centers

WT's should first be assigned to a WTU which has the VA Medical Center in its catchment area. They can then be further assigned/attached to a specific company with "duty at" the VA Medical Center or other facility. The WT will still have a chain of command as well as a chain of care.

Chapter 4
Supply and Logistics

4-1. Uniforms:

a. **Shoulder Sleeve Insignia and Headgear:** IAW ALARACT 186/2007 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 will wear the MEDCOM SSI and the black beret.

b. **Gratuitous Clothing Issue for OIF/OEF hospitalized Soldiers.** Enlisted Soldiers and Officers that are evacuated from the OIF/OEF Theater of operations to a medical treatment facility due to injuries or illness are authorized to receive a gratuitous issue of uniform items. This gratuitous issue is to be sufficient enough to meet the Soldiers needs when their personal clothing does not accompany them. See Department of the Army G-4 Message DTG 092357ZDEC03 and update DTG 071753Z May 07 for further information.

4-2. Housing Prioritization for Warriors in Transition:

Our Army intends to provide housing to WT Soldiers that is commensurate with their service and specialized needs. This includes co-locating non-medical attendants and accessibility requirements. Per Joint Federal Travel Regulation appendix A-1, an attendant is a member, employee, or other person who IAW a travel order/ITA, accompanies a member for required medical care. Authorization for a non-medical attendant is at the discretion of the WT's attending physician. The following is a list of options to meet the housing needs of our single WT Soldiers:

a. Single WT Soldiers without non-medical caregivers/attendants will be housed in MEDCOM facilities or in existing available Unaccompanied Personnel Housing (WT FCG 72112 designated facilities) provided it meets their accessibility requirements. Installations could also use Army lodging or contract with local hotels.

b. Single WT Soldiers with non-medical attendants:

(1) For single WT Soldiers on temporary duty (TDY) status, the WT should be lodged in Army lodging or contracted hotels. Non-medical attendants are provided compensation for their lodging, meals and incidental expenses through a daily per diem.

(2) For single WT Soldiers located at their permanent duty stations (PDS), garrisons may use the authority in AR 210-50 to temporarily divert non-privatized AFH to WT FCG 72112 for WT w/non-medical attendants. Requests will be forwarded thru IMCOM to ACSIM for approval.

(a) Additionally, garrisons should utilize contracted hotels and government leased housing in the immediate area to provide lodging for WT Soldiers and their non-medical attendants. The Garrison Commander may issue an exception to policy and provide a Certificate of Non-availability, authorizing the WT Soldiers Basic Allowance for Housing (BAH) at the without dependant rate, and ensure their housing staffs fully assist the WT Soldiers and attendee in locating and renting adequate, safe apartments that meet accessibility requirements.

(b) The least desired option is to place WT Soldiers into privatized (RCI) Family housing. Military Families will continue to have priority for RCI housing and no Family will be displaced by a WT Soldier.

(c) In cases where the non-medical attendants chooses to live in government provided quarters with their WT, their daily lodging per diem will be zero.

(d) Commanders must counsel the WT Soldiers that the attendant's per diem stops when they no longer require the extra care. The counseling will be documented on DA Form 4856 Developmental Counseling.

Chapter 5
Personnel and Pay Actions

Section I
Personnel Functions

5-1. Awards and Decorations

a. Processing Awards and Decorations for the Warrior Transition Units. The Army awards program is based on the Commander on the ground as the steward to ensure proper recognition of Soldiers. Awards and decorations are very important to Soldiers. To the trained eye, they tell the story of the Soldier's career. They show where the Soldier was and what the Soldier has accomplished. Army decorations are more than just metal and fabric; more than the colors and heraldic symbols. They are worn with pride for a job well done…no matter what the job.

b. References:

(1) AR 600-8-22, Military Awards, dated 11 December 2006

(2) Section 1130, Title 10, United States Code, Consideration of proposals for decorations not previously submitted in timely fashion: procedures for review

c. Processing of Military Decorations:

(1) The military awards program allows any Soldier to recommend another Soldier for an award; relying on those with first-hand knowledge of an act, achievement, or service believed to warrant a decoration. The recommendation is routed through the Soldier's chain of command to the final awards authority. Commanders at every level review and recommend approval, disapproval, upgrade, or downgrade based on their judgment, knowledge, and the criteria established for the award. If the final awards authority believes an action warrants an award higher than his or her approval authority, he or she may forward the recommendation to the next higher headquarters for consideration.

(2) An award recommendation for a Soldier who is medically evacuated out of the combat theater, and whose unit is still forward deployed, must be processed by the Soldier's unit of assignment. For wartime awards such as Combat Action Badge (CAB) or Bronze Star Medal (BSM) for service or BSM/V, the award is recommended from and is awarded by the commander in theater (as he/she has 'eye witnessed' the event). The WTU will contact the Soldier's unit of assignment in theater to determine if any awards for the Soldier were approved subsequent to the Soldier's departure from the unit. If the award was not presented to the Soldier, the WTU will ensure that the award is presented in an appropriate ceremony and, if necessary, entered into the Soldier's record. Similarly, WTU Commanders will make determinations on Good Conduct Medals for WTU Soldiers assigned or attached to their units. Additionally, WTU Commanders will ensure that recommendations for retirement or ETS awards are prepared and submitted through the medical command to the appropriate level medical command approval authority, and further presented upon approval.

(3) In those cases when an award was not completed prior to the re-deployment of a unit, the recommendation must be forwarded through the Soldier's peacetime chain of command to the U.S. Army Human Resources Command, ATTN: AHRC-PDO-PA, 200 Stovall St, Alexandria, VA 22332, for appropriate action. An award recommendation submitted beyond the prescribed time limitation must be submitted in accordance with reference 1a (above).

(4) Warrior Transition Unit commanders are authorized to award the Army Good Conduct Medal (AGCM) to enlisted personnel serving under their command jurisdiction who meet the established criteria. The commander's decision to award the AGCM will be based on his or her personal knowledge of the individual and of the individual's official records for periods of service under previous commanders during the period for which the award is to be made. The lack of official disqualifying comment by such previous commanders qualifies the use of such period toward the award by current commander.

d. Reconsideration:

(1) Department of Defense and Department of the Army policy allows for the reconsideration of disapproved or downgraded recommendations. A request for reconsideration must be placed in official channels within 1 year from the date of the awarding authority's decision. A one time reconsideration by the award authority shall be conclusive. However, in accordance with Title 10, United States Code, Section 1130, a Member of Congress can request a review of a proposal for the award or presentation of a decoration (or the upgrading of a decoration) that is not authorized to be presented or awarded due to imitations established by law or policy for timely submission of a recommendation.

(2) Requests for reconsideration, may only be submitted if new, substantive and material information is furnished. The reconsideration request must be forwarded through the same official channels as the original recommendation. The additional justification for reconsideration must be in letter format, not to exceed two single-spaced typewritten pages. A copy of the original recommendation, with all supporting documents, and the citation must be attached.

(3) The Purple Heart (PH). Since the beginning of the Global War on Terrorism, the Secretary of the Army authorized certain Commanders to delegate PH approval authority: Division Commanders and above in the combat theater and hospital Commanders (not field hospital Commanders) receiving casualties.

(4) Currently, the hospital Commanders have PH approval authority are: Commander, Landstuhl Regional Medical Center (Landstuhl, Germany); Commander, Tripler Army Medical Center (Honolulu, Hawaii); Commander, Walter Reed Army Medical Center (Washington, D.C.); Commander, Brooke Army Medical Center (Fort Sam Houston, Texas); Commander, Dwight D. Eisenhower Army Medical Center (Fort Gordon, Georgia); and Commander, Madigan Army Medical Center (Fort Lewis, Washington).

(5) A PH request for a Soldier that is medically evacuated out of the combat theater to a military hospital, should be processed by the hospital as an exception (only) to theater processing, not the rule.

(6) A PH request for a Soldier that is wounded, but not medically evacuated out of the combat theater, should be processed by the Soldier's unit in theater.

(7) A PH request for a Soldier that is medically evacuated out of the combat theater and returned to duty at an installation for outpatient treatment at an RMC, should be processed by the Soldier's unit.

e. RMCs will coordinate with theater HR staff (MNFI/MNCI) of deployed units for combat badge approvals, as required for RMC presentations of Wounded Warriors assigned or attached to medical hold or medical hold-over companies. RMCs will coordinate with Soldier's redeployed units for combat badge approvals, as required for RMC presentations of Wounded Warriors assigned or attached to medical hold or medical holdover companies.

5-2. Purple Heart Awards for Concussion, Mild Traumatic Brain Injury (mTBI) and Post-traumatic Stress Disorder (PTSD)

a. Accidental injuries, even in a combat zone, are not qualifying for award of the Purple Heart (PH).

b. The key issue that commanders must take into consideration is the degree to which the enemy caused the injury. The fact that the proposed recipient was participating in direct or indirect combat operations is a necessary prerequisite, but is not sole justification for award. An accidental discharge of a firearm in combat does not qualify for the award, while accidentally being shot by a fellow Soldier engaging the enemy does (Friendly Fire).

c. Concussions that result from enemy action may qualify for award of the PH. Medical authorities must make the determination of the degree of the injury warrants the award. Head trauma which results in no symptoms and does not require any medical treatment would not meet the criteria for the award, since medical treatment must be required. Receiving a medical evaluation does not meet the criteria for the award. The treatment must be required by a medical office or medical extender. Medics and Combat Lifesavers are not medical extenders.

d. Mild traumatic brain injury (mTBI), for which the treatment is rest, does not qualify for award of the PH since there is no medical treatment by a medical professional. However, this injury may cause long-term or permanent impairments and disabilities that require medical treatment, for which the PH may be authorized.

e. Post-traumatic Stress Disorder does not qualify for the award. An Award Policy File entry dating back to WWI states, "In the absence of a definite physical lesion, shell shock is not a wound". Not every Soldier exposed to active combat with the enemy develops PTSD, nor has every Soldier suffering from PTSD been in combat. Symptoms of PTSD may not appear for many years after combat, during which time, other factors and experiences ma cause the mental disorder, rather than direct action with the enemy.

5-3. Promotion

The below information is provided as a synopsis of AR 600-8-19 and intended to assist WTU Commands in ensuring a fair and equitable promotion process for Soldiers assigned and attached to the WTU.

a. USAR All Ranks.

(1) Applicable to Soldiers assigned to the WTU/CBHCO for medical care. Staff who are not assigned for the purpose of medical care remain under the home of record promotion authority and exceptions applicable to Soldiers assigned for medical care do not apply.

(2) Soldiers who are pending referral to a MOS/medical retention board (MMRB) under AR 600-60 or referral to a medical evaluation board under AR 40-400 or physical evaluation board under AR 635-40 will not be denied promotion (if already promotable) on the basis of medical disqualification if they are otherwise qualified for promotion.

(3) Soldiers on a promotion list at the time of retirement for disability will be retired for disability at the promotion list grade. The Soldier will be promoted to the designated grade effective the day before placement on the retired list.

(4) Soldiers on a promotion list at the time of separation for disability, with entitlement to disability severance pay, will be paid such compensation at the promotion list grade. The Soldier will be promoted to the designated grade effective the Soldiers separation date.

(5) Soldiers conditionally promoted or promoted based on an NCOES waiver will be separated at the promoted rank.

b. Decentralized Promotions (E2, E3 & E4) AR600-8-19, Chapter 2:

(1) This paragraph applies to the decentralized promotion system for Specialist and below. For more detailed guidance, refer to AR 600-8-19 Chapter 2 for Active Component, Chapter 5 for United States Army Reserve (USAR) and Chapter 7 for Army National Guard (ARNG).

(2) A Soldier must not be flagged or barred from reenlistment. The promotion is automatic if TIS and TIG is met.

(3) If a Soldier's promotion was delayed due to an administrative error, the promotion authority or higher headquarters may determine a Soldier's eligibility to be promoted with a retroactive Date of Rank (AR 600-8-19 Section IV).

(4) Active Component (AC) - Human Resource (HR) Specialists (SPC) can determine Soldiers eligibility for promotion by reviewing the unit Promotion Report AAA-117 (E2-E4 Promotions) and Enlisted Advancement Report AAA-C17. The C17 report should be run between the 2nd and 20th of each month. The Commander will review the report and make a recommendation for promotion returning the report to the HR SPC who then will complete the grade change for the Soldier in eMILPO. If the Soldier is attached, the HR SPC must coordinate with the parent unit to ensure that the change is entered into eMILPO. Squad leaders are responsible for counseling Warriors in Transition (WT).

(5) Promotion Waiver Authority for Advancement to Specialist (SPC)

(a) As an exception to AR 600-8-19, paragraph 2-5, WTU Commanders have promotion waiver authority for Soldiers advancing to the rank of SPC and who are assigned to that unit as a patient.

(b) Waivers will be subject to the time-in-service (TIS) and time-in-grade (TIMIG) provisions of paragraph 2-4h (4)(c), and the following limits, as an exception to paragraph 2-5.

1. The total number of SPC assigned as patients to a WTU with less than 24 months TIS is limited to 20 percent of that population.

2. In instances where insufficient Soldiers are available to mathematically support the promotion waiver limits identified above, a maximum of one Soldier may be promoted monthly with waiver to SPC.

(6) This policy will be incorporated into the next iteration of AR 600-819.

(7) The point of contact is Bill Palya at (703) 695-7763.

(8) AC will use BASD to determine Time in Service (TIS) (AR 600-8-19, para 2-3)

(a) To PV2 6 months TIS. Can be waived at 4 month TIS.

(b) To PFC 12 month TIS and 4 months Time in Grade (TIG). Can be waived at 6 months TIS and 2 months TIG.

(c) To SPC 24 months TIS and 6 months TIG. Can be waived at 18 months TIS and 3 months TIG.

(9) United States Army Reserve (USAR) and Army National Guard (ARNG) – USAR/ARNG will use the date of entry on IET to determine TIS.

(a) Promotion Authority. Army Reserve, National Guard (ARNGUS), and Active Army WTU/CBHCO Company/Detachment Commander.

(b) Waiver allocations do not apply to Army Reserve and Army National Guard Soldiers (including AGR).

(c) Soldiers must be promoted using a DA Form 4187, Personnel Action. When promoting ARNG Soldiers, the DA form 4187 will be forwarded to the Soldier's State Enlisted Personnel Manager for processing. If RLAS is available, the promotion authority will update the Soldier's rank. If RLAS is not available, the promotion authority will forward the DA Form 4187, Personnel Action, to the home of record commander. In either case, a copy of the advancement will be provided to the home of record commander and forwarded to iPERMs.

(d) Eligible Soldiers not recommended by the commander must be counseled regarding reasons and areas of improvement for future recommendation.

(e) The Chief, Army Reserve (CAR), directs that all Soldiers be promoted under the accelerated TIG and TIS criteria unless not recommended by the commander.

(f) Obligation. Soldiers incur no service remaining obligation (SRO) or unit position obligation.

(g) ARNG will use either BASD or the date of original entry on initial entry training to determine TIS.

c. Semicentralized promotion (SGT & SSG) AR 600-8-19, Chapter 3:

(1) Soldiers are either assigned or attached to the WTU. Promotion packets should accompany Soldiers; however, in the event the packet is not available, WTU must contact previous promotion authority/command to retrieve appropriate documentation.

(2) AC - Field grade commanders in the grade of LTC or higher have promotion authority to the grades of SGT and SSG.

(a) WTU Commands will handle board appearance, promotion point calculation, promotion list maintenance and the final execution of promotions. HQDA will handle the promotion cutoff scores and the by-name selection list announced monthly. It is critical the WTU manage the promotion points in the system as this drives the selection for promotion by MOS.

(b) The WTU Commanders (LTC or higher) is authorized to conduct a promotion board, complete the promotion worksheet, approve and forward the results. The WTU Commander must recommend a Soldier for promotion but has the ability to waive the promotion board. WTU Commanders may request input from the Wounded Soldier's former Commander (CDR) or other former officials (AR 600-8-19, para 3-7).

(c) On or about the 2nd day of each month, CDRs will receive the promotion eligibility roster (AAA-294) identifying Soldiers eligible for SGT or SSG recommendation for the following month. CDRs will annotate the duty performance points listing all five categories directly on the report and return it no later than the 18th day of the month to the HR SPC. Promotion boards can be conducted beginning the 20th day of the preceding month and must be completed in such a timely fashion as to support approved point submission (by the HR SPC) no later than the 8th day of the recommended month (MILPER Message #07-259)

(d) HR SPC will input CDRs and board points into the system no later than 2400 Eastern Standard Time on the 8th day of the recommended month. HR SPC will download the monthly promotion audit report from the admin menu of the "Soldier Self-Service DA 3355" no later than the 15th of each month and conduct audits prior to the 25th of each month. Findings must be reported to Human Resource Command (HRC) no later than the 30th of each month (MILPER Message # 07-259).

(3) AC Recommendation criteria for a promotion board appearance:

(a) To SGT: 34 months TIS and 6 months TIG. Can be waived at 16 Months TIS and 4 months TIG to compete in secondary zone.

1. Must be recommended in career progression MOS
2. Must be eligible to reenlist (ERUP code of 9H)
3. Cannot be enrolled in weight control program
4. Cannot be enrolled in ASAP (Substance abuse program)

(b) To SSG: 70 months TIS and 8 months TIG / (46 Months TIS and 5 Months TIG to compete in secondary zone.)

1. Must be recommended and fully qualified in career progression MOS
2. WLC or equivalent
3. Must be eligible to reenlist
4. Cannot be enrolled in weight control program
5. Cannot be enrolled in ASAP (Substance abuse program)
6. Must posses a current WPNs qualification
7. Must posses a current APFT

(4) Eligibility for promotion:

(a) SGT: 36 months TIS and 8 months TIG. Can be waived at 18 Months TIS and 6 months TIG to compete in secondary zone.

1. Must be recommended in career progression MOS.
2. Must be eligible to reenlist.
3. Cannot be enrolled in weight control program.
4. Cannot be enrolled in ASAP (Substance abuse program)
5. Must posses a current WPNs qualification.
6. Must posses a current APFT.

(b) SSG: must be promoted in career progression MOS

1. Resident WLC or equivalency
2. 72 months TIS and 10 months TIG. (48 months TIS and 7 months TIG for those competing in secondary zone)
3. Must be able to extend or reenlist.
4. Considered physically qualified. (or waivered)
5. Must posses a current WPNs qualification.
6. Must posses a current APFT.
7. Cannot be flagged in accordance with AR 600-8-2.
8. Must meet the service remaining requirement.

(5) USAR - Promotion to SGT and SSG.

(a) Promotion Authority.

1. In accordance with AR 600-8-19, paragraphs 1-9f & 5-2b, any field grade CDR in a position authorized an Army LTC or higher may serve as the convening authority, provided the promotion authority agrees.

2. The home of record command also retains promotion authority and primary responsibility to ensure eligible Soldiers are considered and, if recommended, promoted in a timely manner. Coordination with the WTU commander required to verify promotable status and LOD determination.

(b) NCOES Requirements.

1. Soldiers being considered for promotion to SSG must be a graduate of the Warrior Leader Course (WLC) or have an approved waiver.

2. A WLC waiver is authorized for Soldiers who are otherwise fully qualified and did not have to opportunity to attend WLC prior to deployment or Soldiers assigned to a Warrior Transition Unit (WTU/CBHCO) due to medical conditions incurred in direct support of combat operations. All waiver requests must be signed by the Soldier's immediate Commander or Home of Record Commander. Unit Commanders will provide a courtesy copy of the waiver request to their respective chain of command.

3. WLC waiver approval authorities are Commander, USARC, 7th ARCOM or 9th RRC respectively based upon the Soldier's originating command prior to mobilization.

4. Waiver must be approved by the Commander, US Army Reserve Command (USARC), the 7th ARCOM, or 9th RRC respectively, and included in the promotion packet before being considered for promotion.

5. Waivers for USARC Soldiers should be forwarded via e-mail to usarcg1epmd@usar.army.mil at least 30 days prior to the board date. Allow 30 days for processing before inquiries are made.

(c) All eligible Soldiers must be considered unless the Soldier declines consideration in writing or the immediate commander or home of record commander has not recommended and counseled the Soldier in writing. Soldiers' promotion packets must be considered by a promotion board convened under the authority of AR 600-8-19, Chapter 5. Appearance boards are not authorized.

(d) The PPRL manager will incorporate recommended Soldiers names onto the local PPRL. For commands without RLAS access, the results must be forwarded to the home of record command who will forward the results to the appropriate PPRL manager. For commands with RLAS access, the Soldiers will be promoted via RLAS. A copy of the promotion order will be provided to the Soldier's home of record command.

(e) Soldiers are promoted without a vacancy requirement.

(f) Obligation. SSGs incur a 1-year SRO.

(6) ARNG IAW AR 600-8-19, Chapter 7

(a) Promotion Authority. The Soldier's State Adjutant General retains promotion authority and primary responsibility to ensure eligible Soldiers are considered, selected and promoted in IAW AR 600-8-19 and the HQDA PPG. Coordination with the WTU commander is required to verify promotable status and LOD determination.

(b) NCOES Requirements.

1. Soldiers being considered for promotion to SSG must be a graduate of the Warrior Leader Course (WLC) or have an approved waiver IAW AR 600-8-19, para 1-27.

2. A WLC waiver is authorized for Soldiers who are otherwise fully qualified and did not have to opportunity to attend WLC prior to deployment or Soldiers assigned to a Warrior Transition Unit (WTU/CBHCO) due to medical conditions incurred in direct support of combat operations. All waiver requests must be signed by the Soldier's immediate Commander or WTU Commander with the rank of LTC or higher. The request will be routed through the Soldier's State MILPO.

3. WLC waiver approval authority is Chief, National Guard Bureau (CNGB) (NGB-ARH-S).

(c) All eligible Soldiers must be considered unless the Soldier declines consideration in writing or the immediate WTU commander or the Soldier's State unit of assignment commander has not recommended and counseled the Soldier in writing. Soldiers' promotion packets must be considered by a promotion board convened under the authority of AR 600-8-19, Chapter 7. Appearance boards are not authorized.

(d) The State Enlisted Promotion System (EPS) manager will incorporate recommended Soldiers names onto the State EPS list. A copy of the promotion order will be provided to the Soldier's home of record command.

(e) Soldiers are promoted based on a valid vacancy requirement.

(f) Obligation. SSGs incur a 1-year Service Remaining Obligation (SRO).

d. Centralized promotions (SFC, MSG & SGM): Chapter 4

(1) AC - Centralized promotions are executed by HQDA. In order to be eligible for selection the Soldier must meet the eligibility requirements as set forth in annual announcements.

(2) The role of the WTU HR SPC is to assist the Soldier with review and authentication of the Enlisted Records Brief (ERB) in accordance with board announcement messages.

(3) USAR - Promotion to SFC through SGM.

(a) Promotion Authority. Home of record promotion authority, the Army Reserve General Officer command to which the Soldier was assigned prior to mobilization or reassignment for mobilization purposes, retains promotion authority.

(b) Promotion packets must be submitted on all eligible Soldiers who have not declined promotion board consideration in writing. Packets will be assembled and forwarded in accordance with the promotion board announcement published by the home of record convening authority. Promotion boards are normally conducted by the Regional Readiness Commands.

(c) Secondary zones are not applicable unless designated by USARC and published in the promotion board announcement.

(d) NCOES Requirements.

1. Soldiers being considered for promotion to SFC must be a graduate of BNCOC (all phases) or have an approved BNCOC waiver to be considered for promotion to SFC. Soldiers being considered for promotion to MSG must be a graduate of ANCOC (all phases) or have an approved ANCOC waiver to be considered for promotion to MSG. Promotion to SGM remains a conditional promotion.

2. Unit Commanders will recommend approval of waivers only for Soldiers who are otherwise fully qualified and could not attend NCOES due to operational obligations, nonavailability of NCOES courses on ATRRS or deployment. All waiver requests will be signed by the Soldier's immediate Commander and emailed to the USARC DCS G-1 at usarcg1EPMB@usar.army.mil, the 7th ARCOM, or 9th RRC respectively, for approval/disapproval at least 30 days prior to the promotion board convening date to allow adequate processing time. Unit Commanders will provide a courtesy copy of the waiver request to their respective chain of command.

3. Soldiers and Commanders must ensure NCOES waivers are valid as of the convening date of the promotion board. A copy of the waiver approved by USARC, 7th ARCOM or 9th RRC respectively, will be included in the Soldier's promotion packet when submitted to the promotion board.

(e) Soldiers recommended by a promotion board are incorporated onto the PPRL.

(f) Soldiers who have completed the NCOES and remain otherwise eligible will be promoted in sequence order into a valid position. The vacancy remains reserved for the promoted Soldier for 24 months or date released from WTU/CBHCO, whichever occurs first.

(g) Soldiers whose promotions are held in abeyance based on an NCOES waiver will remain on the promotion list until all phases of the NCOES have been completed, removed from the list or 24 months, whichever occurs first. After completion of NCOES, Soldier will be promoted into the next available vacancy for which qualified, provided he/she is otherwise promotable.

(4) ARNG - Promotion to SFC through SGM. AR 600-8-19, Chapter 7

(a) Promotion Authority. The Soldier's State Adjutant General retains promotion authority and primary responsibility to ensure eligible Soldiers are considered, selected, and promoted in IAW AR 600-8-19 and the HQDA PPG. Coordination with the WTU commander is required to verify promotable status and LOD determination.

(b) Promotion packets (NGB Form 4100) must be submitted on all eligible Soldiers who have not declined promotion board consideration in writing. Packets will be assembled and forwarded IAW the promotion board announcement published by the Soldier's State.

(c) NCOES Requirements.

1. Soldiers being considered for promotion to SFC must be a graduate of BNCOC (all phases) or have an approved BNCOC waiver to be considered for promotion to SFC. Soldiers being considered for promotion to MSG must be a graduate of ANCOC (all phases) or have an approved ANCOC waiver to be considered for promotion to MSG. Promotion to SGM remains a conditional promotion.

2. Unit Commanders will recommend approval of waivers only for Soldiers who are otherwise fully qualified and could not attend NCOES due to operational obligations, nonavailability of NCOES courses on ATRRS, or deployment. All waiver requests will be signed by the first LTC in the Soldier's chain of command and forwarded to the State Enlisted Personnel Manager for processing at NGB-ARH-S at ngb-arh-s2@ngb.army.mil.

3. Soldiers and Commanders must ensure NCOES waivers are valid as of the convening date of the promotion board. A copy of the waiver approved by NGB, will be included in the Soldier's promotion packet when submitted to the promotion board.

(d) Soldiers recommended by a promotion board are incorporated onto the State EPS list.

(e) Soldiers who have completed the NCOES and remain otherwise eligible will be promoted in sequence order into a valid position. The vacancy remains reserved for the promoted Soldier for 24 months or date released from WTU/CBHCO, whichever occurs first.

(f) Soldiers whose promotions are held in abeyance based on an NCOES waiver will remain on the promotion list until all phases of the NCOES have been completed, removed from the list

or 24 months, whichever occurs first. After completion of NCOES, Soldier will be promoted into the next available vacancy for which qualified, provided he/she is otherwise promotable.

5-4. Extension and Reenlistment

Extensions – Soldiers assigned to the U.S. Army Warrior Transition Units are authorized to extend for a minimum period of 12 months (unless the Soldier elects less time) and not to exceed 23 months. Note: If RC WT chooses to reenlist or extend initial contract, the time can be no less than duration of MRP/MRP2/ADME order.

a. AC WT is identified by WTU cadre for extension to enlistment contract due to enlistment expiration (to include stop loss). AC WT requests ETS extension through a career counselor for a duration up to 12 months not to exceed time optimum medical benefit is determined. AC WT's have the option to submit an affidavit for extension as outlined below for RC WT's.

b. RC WT is identified by WTU cadre for extension to enlistment contract due to enlistment expiration (to include stop loss). RC WT has two options (1). Seek extension through the installation retention NCO or (2) submit an affidavit to continue on active duty for medical care past ETS date until optimum medical benefit is determined. If option 2 above is selected:

(1) WTU cadre submits a completed initial/extension application (MRP, MRP2, or ADME) with the affidavit request (See affidavit sample in AR 635-200 fig. 1-1) to HRC (rcmedicalretention@conus.army.mil) for processing.

(2) HRC forwards the affidavit request for approval to HQDA G-1. HQDA G-1 returns the completed action to HRC (at rcmedicalretention@conus.army.mil)

(3) HRC will generate a new order and forward the order to the Soldier through the Soldier's WTU.

c. ARNG WT is identified by WTU cadre for extension to enlistment contract due to enlistment expiration (to include stoop loss). ARNG WT has two options (1). Contact State RTD or NG Unit retention POC to extend enlistment contract or (2) submit an affidavit to continue on active duty for medical care past ETS date until optimum medical benefit is determined.

(1) WTU cadre submits request for affidavit to WT's State AG for approval

(2) Once the WT's State AG approves the request a completed initial/extension application (MRP, MRP2, or ADME) and the affidavit (LIST LOCATION OF AFFIDAVIT SAMPLE) are submitted to HRC (rcmedicalretention@conus.army.mil) for processing.

(3) HRC forwards the affidavit request for approval to HQDA G-1. HQDA G-1 returns the completed action to HRC (at rcmedicalretention@conus.army.mil)

(4) HRC will generate a new order and forward the order to the Soldier through the Soldier's WTU.

5-5. Pregnancy

a. Pregnancy alone will not be a criterion for attachment/assignment to the WTU. A Soldier who is qualified for entry into the WTU for a clinical condition ***and*** is also pregnant, may be attached/assigned to the WTU if the pregnancy will not interfere with the medical care provided for the qualifying illness or injury.

b. Following counseling by the unit Commander on her options, entitlements, and responsibilities, a Soldier may request voluntary separation on the grounds of pregnancy. Policies and procedures are in Chapter 8, AR 635-200 (Active Duty Enlisted Administrative Separations).

5-6. Evaluations (NCOER/OER)

a. Soldiers reassigned to the WTU or C2 element will require a change of duty evaluation report (both Officer and NCO, per the requirements of AR 623-3). Once assigned to the WTU, no evaluation is required. Time spent in the WTU will be non-rated. Evaluation Reports will reflect non-rated time (code P) IAW DA PAM 623-3, 15 May 2006 for Officers, Warrant Officers (table 2-9) and Enlisted (table 3-7).

b. Non-rated time on an OER or NCOER is declared when a Soldier does not fall under a legitimate rating scheme with designated duties and responsibilities. AR 623-3, Evaluation Reporting System, does not specifically define "non-rated" but intent is gleaned from its use (i.e. AWOL, leave over 30 days, lack of rater qualification, etc.). Being a patient (including

convalescent leave) is under non-rated time, shown on an evaluation with code 'P". (Per Information Paper, Evaluation Systems Office, 24 October 2007).

5-7. Uniform Code Of Military Justice (UCMJ)

a. Soldiers participating in the WTU program are subject to UCMJ.

b. The Commander of the WTU exercises UCMJ authority as per AR 27-10, Military Justice, Chapter 3-7; MTF; and MEDCOM policy.

c. Courts-martial authority follows installation policy for the location of the MTF the WTU falls under.

5-8. Non-Medical Attendant and DD Form 93

a. On occasion, a Soldier's medical condition will prevent them from communicating to medical authorities their preferences for non-medical attendant and the geographic location to receive medical care. Soldiers may nominate one non-medical attendant and identify their preferred geographic location for medical treatment in box 13 (continuation/remarks) of the DD form 93, Record of Emergency Data.

b. When the need arises for non-medical care and assistance during a Soldier's treatment at a medical treatment facility, medical authorities will authorize a non-medical attendant to assist the Soldier. Medical authorities consult with a patient to determine the non-medical attendant assigned. Additionally, medical authorities consider patient requests when determining the medical treatment facility where care will be provided and attempt to provide care as close to the attendant's residence as the medical situation permits.

c. The non-medical attendant information and geographic location for medical treatment information recorded in box 13 of the DD Form 93, consists of the following:

(1) Non-medical attendant: name, relationship address, and phone number of the person the Soldier nominates to be their non-medical attendant.

(2) Geographic location: city and state where the Soldier prefers to receive medical care.

d. During SRP, Soldiers should be counseled to first consider nominating Family members who are most likely to take a personal interest in ensuring that they receive quality care and assistance. Additionally, the Soldier will be advised that while every effort will be made to honor his/her request, there is no assurance of the following:

(1) The person nominated will be the non-medical attendant. The factors that might preclude a nominee from performing this service are many and varied, such as; the person nominated may not be capable of providing the proper level of care or may not be available when needed.

(2) Medical care will be provided at the geographic location desired. Medical authorities will determine the medical treatment facility where the best possible medical care will be provided based upon, the medical treatment plan, the availability of medical care within that geographic area and the location of the non-medical attendant's residence.

e. Medical authorities are not restricted to providing patient care in military medical treatment facilities.

f. Soldiers who have been permanently assigned (permanent change of station) to the medical treatment facility/hospital they are being treated at are not authorized a NMA because the member is not in a traveling status. (reference: JFTR, Para U7250) while at their permanent duty station.

5-9. Agent Letter for Authorized Patrons of Commissary, Exchange and MWR Facilities

Soldiers assigned to a WTU who are unable to travel to the Commissary, Exchange and MWR Facilities to purchase items may designate a specific person to act as an agent to make purchases on their behalf. The Installation Commander where the WTU is located is the approval authority to authorize agent privileges. Individuals who are authorized agent privileges to purchase items on behalf an eligible ID card beneficiary:

a. Are required to provide satisfactory identification whenever presenting the agent authorization letter to military commissary store, exchange, and Morale, Welfare, and Recreation (MWR) Facilities.

b. The officer in charge or manager of these facilities will brief the individual on procedures when making purchases at the facility.

c. The officer in charge or manager of these facilities reserves the right to withdraw exchange and commissary privileges from any one who is found to have made purchases for the benefit of another who is not entitled to the privileges.

d. Authorization will remain in effect for 1 year from the date of the agent letter, or earlier if revoked or suspended. In the event of hardship, the sponsor may apply for an extension of this privilege.

Note.

Whenever multiple commissary, exchange, and MWR facilities exist in the local area, the agent letter authorizing patronage may be recognized by those facilities. A sample Agent Letter is in appendix B.

5-10. Mandatory Removal Date (MRD)

a. Discharge a Soldier upon reaching MRD. Soldier or WTU commander may take action to retain the Soldier beyond MRD. Soldiers with a military physician's recommendation may volunteer to remain on active duty beyond their MRD to undergo required health care, or to complete processing through the PDES. The Soldier must consent to remain beyond MRD. The WTU Commander will contact **HQDA, G-1** (or the commands listed below) to request an extension, at a minimum 90 days prior to such MRD.

b. The WTU commander will attach the following documents to the request: 1. A memorandum from the primary medical provider with supporting medical documents; 2. DA FORM 4187 (Personnel Action form which must be completed and signed by the requesting Soldier). **The WTU commander will forward the packet directly to relevant command below.**

c. Forward all requests to ONE of the following, as applicable:

(1) **Enlisted WT** (telephone # (703) 695-7633/7447),Chief, Integration Policy Branch,HQDA, (DCS) G-1, Attention: MRD extensions, DAPE-MP-IP, 300 Army Pentagon, 1D429, Washington DC 20310

(2) **Officer WT** (telephone # (703) 695-6615/7277), Officer Career Policy, HQDA, (DCS) G-1, Attention: MRD extensions, DAPE-MPO-D, 300 Army Pentagon, 1D429, Washington DC 20310

(3) **Chaplain WT** (telephone # (703) 601-1124/1170), Office Chief of Chaplains (Personnel actions officer) Room 12500, Presidential towers, Attention: DACH-PER, 2511 Jefferson Davis Highway, Arlington, VA 22202

(4) **National Guard WT Contact** "The Adjutant General" (TAG) for the Soldier's state, Information is available at http://www.ngb.army.mil/default.aspx

(5) **USAR AGR (**Telephone 314-592-0000 x 5117), HRC-STL, Attn: AHRC-ARM-E, 1 Reserve Way, St. Louis, MO 63132, HRCARMOPS@conus.army.mil

(6) **USAR AMEDD** (AN/DC/MC/MS/SP/VC) WT (Telephone # (314) 592-0000 Ext. 5793, AN Ext. 5794), HRC St. Louis ATTN: AHRC-RSA (MRD Coordinator), 1 Reserve Way, St. Louis, MO 63132

5-11. General Officer Request for Extension beyond MRD

a. A General Officer request for extension beyond MRD is processed by WTU/Soldier's parent unit and forwarded to the appropriate GOMO agency for disposition.

(1) ARNG GOMO (POC LTC Rosmarie Deck at rosemarie.deck@us.army.mil or Mr. John Ellington 703/607-3644)

(2) RC GOMO (DA RC GOMO (ATTN: DACS-GOM (Reserve Affairs Officer), 300 Army Pentagon, Washington, DC 22300, 703/697-9482)

Note

HQ DA G-1 Medical Policy Officer will assist in medical review of packets, as requested.

b. The appropriate GOMO forwards approval for extension beyond MRD back to the WTU/Soldier's parent unit for processing.

c. WTU/Soldier's parent unit will forward medical program packet (MRP/MRP2/ADME) with GOMO endorsement to HRC (rcmedicalretention@conus.army.mil) and an order is generated effective the date of receipt of completed packet.

5-12. RC Soldiers with 18 Years but less than 20 Years Service

Reserve Members in Active Status.— A reserve enlisted member serving in an active status who is selected to be involuntarily separated (other than for physical disability or for cause), or whose term of enlistment expires and who is denied reenlistment (other than for physical disability or for cause), and who on the date on which the member is to be discharged or transferred from an active status is entitled to be credited with at least 18 but less than 20 y(b) Reserve Members in Active Status.— A reserve enlisted member serving in an active status who is selected to be involuntarily separated (other than for physical disability or for cause), or whose term of enlistment expires and who is denied reenlistment (other than for physical disability or for cause), and who on the date on which the member is to be discharged or transferred from an active status is entitled to be credited with at least 18 but less than 20 years of service computed under section 12732 of this title, may not be discharged, denied reenlistment, or transferred from an active status without the member's consent before the earlier of the following:

a. If as of the date on which the member is to be discharged or transferred from an active status the member has at least 18, but less than 19, years of service computed under section 12732 of this title— the date on which the member is entitled to be credited with 20 years of service computed under section 12732 of this title; or the third anniversary of the date on which the member would otherwise be discharged or transferred from an active status.

b. If as of the date on which the member is to be discharged or transferred from an active status the member has at least 19, but less than 20, years of service computed under section 12732 of this title— the date on which the member is entitled to be credited with 20 years of service computed under section 12732 of this title; or the second anniversary of the date on which the member would otherwise be discharged or transferred from an active status.

c. Reserve members on Active duty with more than 18 years but less than 20 years active service may not be released from that duty until reaching 20 years service qualifying for a regular retirement. Refer to Title 10 12686 and 12646 for further information.

5-13. Line of Duty Determinations

Line of duty determinations are essential for protecting the interest of both the individual concerned and the U.S. Government where service is interrupted by injury, disease, or death. Soldiers who are on active duty (AD) for a period of more than 30 days will not lose their entitlement to medical and dental care, even if the injury or disease is found to have been incurred not in LD and/or because of the Soldier's intentional misconduct or willful negligence, Section 1074, Title 10, United States Code (10 USC 1074). A person who becomes a casualty because of his or her intentional misconduct or willful negligence can never be said to be injured, diseased, or deceased in LD. Such a person stands to lose substantial benefits as a consequence of his or her actions; therefore, it is critical that the decision to categorize injury, disease, or death as not in LD only be made after following the deliberate, ordered procedures described in this regulation. For further guidance, refer to AR 600-8-4, Line of Duty Investigations.

a. The following are reasons for conducting line of duty investigations:

(1) Extension of enlistment. An enlisted Soldier who is unable to perform duties for more than one day because of his or her intemperate use of drugs or alcohol or because of disease or injury resulting from the Soldier's misconduct is liable after returning to duty to serve for a period that, when added to the period that he or she served before the absence from duty, amounts to the term for which he or she was enlisted or inducted (10 USC 972).

(2) Longevity and retirement multiplier. Eligibility for increases in pay because of longevity and the amount of retirement pay to which a Soldier may be entitled depends on the Soldier's cumulative years of creditable service. An enlisted Soldier who is unable to perform duties for more than one day because of his or her intemperate use of drugs or alcohol or because of disease or injury resulting from misconduct is not entitled to include such periods in computing creditable service in accordance with the Department of Defense Financial Management Regulation (DODFMR).

(3) Forfeiture of pay. Any Soldier on AD who is absent from regular duties for a continuous period of more than one day because of disease that is directly caused by and immediately

following his or her intemperate use of drugs or alcohol is not entitled to pay for the period of that absence. Pay is not forfeited for absence from duty caused by injuries. Pay is not forfeited for disease not directly caused by and immediately following the intemperate use of drugs and alcohol.

(4) Disability retirement and severance pay. For Soldiers who sustain permanent disabilities while on AD to be eligible to receive certain retirement and severance pay benefits, they must meet requirements of the applicable statutes. One of these requirements is that the disability must not have resulted from the Soldier's "intentional misconduct or willful neglect" and must not have been "incurred during a period of unauthorized absence" (10 USC 1201 , 1203 , 1204 , 1206 , and 1207). However, entitlement to disability compensation may depend on those facts that have been officially recorded and are on file within the Department of the Army (DA). This includes reports and investigations submitted in accordance with this regulation.

(5) Benefits administered by the Department of Veterans Affairs (DVA). In determining whether a veteran or his or her survivors or Family members are eligible for certain benefits, the DVA makes its own determinations with respect to LD. These determinations rest upon the evidence available. Usually this consists of those facts that have been officially recorded and are on file within DA, including reports and LD investigations submitted in accordance with the provisions of this regulation. Statutes governing these benefits generally require that disabling injury or death be service connected, which means that the disability was incurred or aggravated in LD (38 USC 101). The statutory criteria for making such determinations are in 38 USC 105.

b. **Informal LD investigations:** Documentation for an informal LD investigation typically consists of DA Form 2173 completed by the MTF and the unit Commander and approved by the appointing authority, State AG, or higher authority. The final determination of an informal LD investigation can result in a determination of "in LD" only, except as provided in paragraph 4-10 . (See Chap 3, sect I , for a detailed discussion of the informal LD investigation.)

c. **Formal LD investigations:** A formal LD investigation is a detailed investigation that normally begins with DA Form 2173 completed by the MTF and annotated by the unit Commander as requiring a formal LD investigation. The appointing authority, on receipt of the DA Form 2173, appoints an investigating officer who completes DD Form 261 and appends appropriate statements and other documentation to support the determination, which is submitted to the GCMCA for approval. (See Chap 3, sect II , for a detailed treatment of the formal LD investigation.)

d. Line of Duty Investigations (LODI) for Soldiers referred to the Physical Disability Evaluation System from Active Duty Status (PDES): Conditions that require a formal LODI are outlined in AR 600-8-4, paragraph 2-3.

(1) When a formal LODI is not required and all the following conditions are met, the Soldier is presumed to be in the line of duty (LOD).

(a) The injury, illness, or disease occurred or was aggravated while the Soldier was ordered to active duty for more than 30 days.

(b) There is no indication of abuse of alcohol or drugs.

(c) There is no indication of intentional misconduct or willful negligence.

(d) There is no indication the Soldier was AWOL at the time of the injury, illness, or disease.

(e) The Soldiers injury, illness, or disease is documented in his or her medical records by a physician at the time of referral in the PDES.

(2) Based on the criteria listed above, the majority of cases referred into the PDES do not require an LODI. Therefore, MTF's should not hold up the processing of Medical Evaluations Boards (MEB) pending and LODI unless there is clear evidence to support the need for and approved LOD to accompany the MEB.

e. RC Soldier and Line of Duty Investigations (LDI):

(1) If the Unit Commander where the Soldier was performing duty at the time of injury or illness or disease has not completed a LDI, it is the responsibility of the current Unit Commander, WTU Commander, or CBHCO Commander to ensure that a LDI is conducted IAW AR 600-8-4.

(2) An interim LDI is valid for 60 days from date of incident for an informal LDI and 90 days for a formal LDI. If the Soldier is required to remain on MRP beyond 60 days or 90 days respectfully, the LDI must be completed and approved IAW AR 600-8-4 prior to continuation of MRP orders. In the event a LDI is not completed within the above-mentioned timeframes due to

an ongoing investigation, the Soldier will not be penalized. HRC-A has the final authority to continue the Soldier on MRP orders if a LDI is incomplete.

(3) Commanders must ensure a LDI is completed and approved for any RC Soldier who incurs or aggravates an injury, disease, or illness. If a Soldier is on active duty, the LDI determination will be made before a Soldier is released from active duty to prevent forfeiture of medical benefits and compensation.

5-14. Leave, Special Leave Accrual (SLA) and Permissive TDY (PTDY):

a. **Special Leave Accrual:** Refer to Table 5-1, Pay and Benefits chart. WTU Commanders must establish an annual unit leave and management program and internal controls to account for all leave requests. WTs that accumulate more than 60 leave days after 30 September will lose leave days in excess of 60 days, unless SLA is approved. For example: A WT has 65 accrued leave days on 30 September. In order for the WT not to lose the five accrued leave days, the WT would have to take the entire five days NLT 30 September. If not, the WT will lose 5 days beginning 1 October, the start of the new fiscal year, unless the WT receives an approved SLA. The Commander's leave program should identify, months in advance of the end of the fiscal year, WT's who are at risk of losing leave. Commanders authorized to approve SLA will not approve SLA until after the FY, when it is known how much the WT will lose. AR 600-8-10 and the Personnel Policy Guidance (PPG) contain provisions on leave and SLA.

b. **Annual Leave:** All Soldiers are reminded and encouraged to take leave during the period of Active Duty, to include medical hold periods of active duty while processing through the Warrior Transition Unit (WTU) and the Physical Disability System provided that such leave does not conflict with completion of medical processing or the medical evaluation board as prescribed by AR 635-40, paragraph E-4a. Leave must be coordinated with the Chain of Command and MTF / Physical Evaluation Board Liaison Officer (PEBLO).

c. **Transition Leave:** Warriors in Transition are authorized transition leave (formerly called terminal leave) after completing medical processing or the PDES process and prior to discharge, REFRAD, separation or retirement. The first O-3 commander or higher in the chain of command can authorize transition leave.

d. **Post Deployment/Mobilization Respite Absence (PDMRA):** PDMRA is a DOD program intended to compensate Soldiers with days of administrative absence/non-chargeable leave when required to mobilize or deploy with a frequency beyond established DOD rotation policy thresholds. This program is effective immediately and applies to creditable deployments and mobilizations underway on, or commencing after, 19 Jan 07. See ALARACT 173/2007 ARMY POST DEPLOYMENT/MOBILIZATION RESPITE ABSENCE (PDMRA), DTG 071825Z AUG 07 for further information.

e. Convalescent Leave Frequently asked Questions:

(1) **What is convalescent leave (purpose)?** Convalescent leave is a non-chargeable absence from duty granted to expedite a Soldier's return to full duty after illness, injury or childbirth in the Line of Duty.

(2) **Who is the granting authority for convalescent leave (who can give it)?** The hospital commander or his designee is the approval authority for convalescent leave. Unit commander has the authority to grant convalescent leave after the Soldier returns to duty from illness or injury.

(3) **For how long may convalescent leave be granted?** The maximum time allowed is 30 days, unless the Soldier is returning after giving childbirth. Hospital commanders may grant exceptions to the 30 day (42 for childbirth) policy. If a Soldier wants to return sooner than time allowed, they must get a physician's approval.

(4) **How many times may convalescent leave be granted?** Convalescent leave may be given a number of times as long as the total amount of convalescent leave does not exceed 30 days (42 days after childbirth). For example, hospital commander may give a WT 15 day of convalescent leave, the unit commander may feel that the Soldier needs an additional 15 days to recuperate and allow those additional days. If the Soldier needs more time, they may take regular leave. The unit commander has the authority to grant "sick in quarters" if the commander feels that the WT may return to duty within 72 hours.

(5) **When is travel pay paid, for convalescent leave?** Soldiers granted convalescent leave for illness or injury incurred in the line of duty while eligible for the receipt of hostile fire pay and imminent danger pay, are entitled to funded transportation pay. The supporting Military Treatment Facility (MTF) will fund the payment and reimbursed through GWOT; per diem is not authorized. All other Soldiers are not eligible for funded transportation.

f. Leave while on MRP: (RC Only)

(1) Soldiers accumulate leave while on MRP active duty orders (IAW AR 600-8-10).

(2) The WTU or CBHCO C2 element is encouraged to grant leave so long as it does not interfere with or extend the Soldier's:

(a) Medical care,

(b) Medical retention and evaluation process, or

(c) Delay out-processing from MRP, (unless for transition leave).

(d) Upon Soldiers' REFRAD or separation, "Transitional leave" may be granted. "Permissive TDY" (PTDY) is **not** authorized.

(e) HRC-A **will** extend MRP orders in order to complete approved *Transition leave* past the original anticipated MRP orders end-date.

g. **Permissive TDY:** Active Component Soldiers who have made a permanent change of station move to a WTU are authorized up to 10 days permissive TDY for house hunting purposes. IAW AR 600-8-10, para 5-32, the approval authority for PTDY is the first O-5 in the Soldiers chain of command.

5-15. Commander Notification of Arrival And Departure of Medically Evacuated Warriors:

a. Army medical treatment facilities (MTF) must notify deployed Commanders of Warriors arrival to and departure from CONUS based military hospitals within 24 hours.

b. It is imperative that the army provide Commanders confirmation of a Warriors location in CONUS. This is commensurate with the sacrifices they provide to the nation, their commands, and their Families.

c. Current patient automated tracking applications (e.g., joint patient tracking application) must be maintained in accordance with published policies. Place POC details into the appropriate fields in the JPTA patient information module for inbound Warriors. MTF's will send a confirmation message to forward/rear detachments notifying them of their Warrior's location within 24 hours of arrival to and departure from CONUS based MTF's. This new requirement applies to Warriors arriving and departing by air evacuation or commercial means.

d. Arrival and departure notification to deployed and rear detachment Commanders is not required beyond the initial receiving facility in CONUS and the Soldier's assignment to the Warrior Transition Unit.

e. Regional Medical Commanders will report compliance for this metric in the weekly MEDCOM AMAP report.

5-16. Warriors in Transition Family Escort

Members and non-medical caregivers have proven to play a very important part in the healing of our Warriors in Transition. MEDCOM Warrior Transition Units (WTU) have the primary responsibility for Warrior in Transition Family member and non-medical caregiver escort duty. On occasions when it is not possible for MEDCOM to provide escorts, coordination with Senior Mission Commander for assistance is directed. (The Senior Mission Commander is the Installation Command who rates the Garrison Commander.) Escorts are responsible for introducing Warrior in Transition Family members or non-medical caregivers to their Soldier's nurse case manager, and sign the Family into guest quarters.

5-17. Return of Personal Effects from Theater

Army Mortuary Affairs representatives of the G-4 and G-1 are working to create policy guidance for the return of Personal Effects (PE) deemed essential to aid in the recovery of Warriors in Transition.

Section II
Pay and Entitlements

5-18. Timely Processing of Pay Documents for Soldiers within the WTU:

a. **Responsibilities.** The Army must ensure accurate and timely delivery of Soldiers' military and travel pays, and travel pay to Family members and care givers under invitational travel/non medical attendant orders. The timely delivery of pay is a partnership between the responsible pay authorities (i.e. housing office, MTF/WTU/Unit Commander, HRC, IMCOM, and MEDCOM) and the responsible finance office (Army finance unit, Defense Military Pay Office, United States Property and Fiscal Office, and United States Army Reserve Pay Offices).

b. **Standard.** It is imperative that each participant in the chain of command understand the regulatory and policy standards that govern their contribution to pay timeliness and accuracy, and employ proper performance standards and corresponding metrics to ensure compliance. Where regulatory and policy guidance do not otherwise exist, this guidance establishes the following standard for support: all authorizing documents for military and travel pay and allowances (i.e. orders, personnel actions) must be delivered to the servicing finance office no later than 10 calendar days prior to the effective date of the pay affecting action. Army commands, Army service component commands, and direct reporting units must ensure their subordinate activities properly address pay timeliness and accuracy. All leadership levels must establish appropriate metrics to manage this critical standard of support to our Soldiers and their Families.

c. **Counseling Soldiers, Family Members or Soldiers Representative:** To ensure Soldiers receive appropriate pay and entitlements during assignment/attachment to a MTF, it is the responsibility of the MTF to ensure that the Soldier or the Soldier's representative is properly counseled and advised regarding pay and financial obligations that may occur, to include the suspension of debts.

d. **DEERS Update:** Soldiers entering into the WTU are reminded to update any changes in their Family record and address in the Defense Enrollment Eligibility Reporting System (DEERS). Failure to keep this information current may result in future denial of health care benefits and entitlements such as office visits, specialty care, and pharmacy services including medication refills as well as denial of pending claims.

e. **Rental Cars:** Soldiers within the WTU may be authorized a rental car during their transition period within the WTU. AC Soldiers can only be authorized a rental car prior to being PCS'd to the MTF while they are still in a TDY status. Once an AC Soldier is PCS'd to the MTF, they are authorized to bring their privately owned vehicle (POV) to the MTF and the MTF is their new PDS. There is no authority to allow a rental car at a Soldier's PDS. Approval authority for a rental car is the first colonel Commander in the MTF/WTU chain of command. Prior to authorizing a rental car, Commanders must ensure the attending physician has appropriately documented the Soldier's medical records to permit the Soldier to drive. To pay for rental cars, MTF/WTU Commanders will account for this expenditure as a cost associated with the Global War on Terror (GWOT) and issue Soldiers DD Form 1610 orders to reflect the rental car authorization to substantiate reimbursement. Rental cars will only be authorized for up to a maximum of 30-day increments.

f. **Local Travel Reimbursement:** WTU Soldiers may be authorized reimbursement for local travel to alternate duty locations to attend medical appointments.

(1) AC and AGR Soldiers. In accordance with (IAW) JFTR, paragraphs U3505 and U3510 reimbursement for mileage for travel to an alternate duty location (TDY or PCS duty location) may be authorized to attend medical appointments. Approval authority for mileage reimbursement is the first colonel Commander in the MTF/WTU chain of command.

(2) AC/AGR Soldiers who are still in TDY status. To pay for this mileage reimbursement, MTF/WTU Commanders will account for this expenditure as a cost associated with the Global War on Terror. MTF/WTU Commanders will issue Soldiers DD Form 1610 to substantiate this reimbursement. (comment on mileage authorization on orders)

(3) AC/AGR Soldiers who have been PCS'd to the MTF. To pay for this mileage reimbursement, MTF/WTU Commanders will account for this expenditure as a cost associated

with the Global War on Terror. Standard Form 1164 will be used to substantiate this reimbursement.

g. Per Diem:

(1) Per Diem while in attached status for Warrior Transition Unit (WTU) Soldiers. The ASAM&RA has delegated authority to issue orders for per diem beyond 180 days for WTU Soldiers to Hospital /WTU Commanders in the rank/grade of no lower than COL/O6. Per diem orders for this category of Soldier will be issued on format 410, attachment orders.

(2) Hospital/WTU Commanders will issue attachment per diem orders for a maximum of 365 days. Soldiers issued attachment orders must first check for Government lodging on the installation they are assigned to. If lodging is not available on the installation or their duty location is not on an installation, the Soldier must use Army Lodging Success to obtain housing or a SNA. For toll reservation services 24/7 contact: 99-1-866-363-5771; e-mail: www.lodgingsuccess.com or central reservations at 1-800-462-7691 e-mail: centralreservations@redstone.army.mil.

(a) When attached Soldiers are provided Government lodging and meals on the installation, the Soldier draws the incidental portion of per diem only ($3.00 a day conus/$3.50 a day OCONUS).

(b) When attached Soldiers are provided contract lodging (at no cost to the Soldier) off the installation, the Soldier draws full commercial rate meals and incidental per diem for the duty location.

(c) When attached Soldiers are provided Government lodging on an installation but commutes to duty a location away from that installation, the Soldier draws full commercial rate meals and incidental per diem for the duty location.

(d) When either Government or contract lodging is not available for an attachment period of less than 180 days, and the Soldier is issued a SNA for lodging to reside on the economy, the Soldier draws the full daily locality per diem rate for the duty location. When the attachment period is for greater than 180 days, the Soldier draws 55% of the daily locality per diem rate for the duty location. This rate covers lodging, meals, and incidental expenses. To file for reimbursement at the 55% per diem rate, the Soldier is not required to provide any receipts.

(e) (5). Attachment Order Funding. Hospitals/WTU will fund TDY allowances out of existing operation and maintenance Army funds and should seek reimbursement for these costs as an expense associated with the GWOT.

(f) PCS allowances. Soldiers issued PCS orders to Hospitals are authorized full PCS travel and transportation allowances IAW Chapter 5 of the JFTR. In many circumstances, these allowances include shipment of household goods to the duty location, dislocation allowance (DLA), and movement of family members to the duty location at Government expense. IAW paragraph of 5-32f of AR 600-8-10, Commanders have the authority to grant permissive temporary duty (PTDY) to allow for house hunting and assist with the PCS move.

(g) PCS Funding. Funding for PCS orders will be provided by the military pay appropriation by charging the movement designator codes (MDC) listed on the sample order.

h. **Disability Severance Pay and Tax Refunds:** The key to WTs fully understanding the provisions on disability severance pay and its tax implications is early and proper counseling before and during a Soldier's Physical Evaluation Board (PEB). The Physical Evaluation Board Liaison Officer and the Transition Center, assisted by the local servicing finance office, should counsel the WT on the provisions stated in this section. A copy of the Military Pay Message at Annex I should be placed in the WT's disability packet. In addition, the WTs should be informed that there is no limitation on the refunding of the taxes, other than the end of calendar year DFAS rule and the I.R.S. imposed limit on 7 years for correction of a tax return. In general, the following process occurs:

(1) When a injured or has an illness that precludes him or her from remaining in the Army, the WT goes through an Army Physical Evaluation Board (PEB) review process. The PEB reviews the WT's current status, as well as what caused the injury or illness. The PEB determines what, if any, military disability rating the Army will award the WT based on the individual circumstances of the case. The PEB will also determine if the illness or injury was combat related in accordance with 26 USC 104.

(2) Once the PEB makes a determination, the WT's separation order published by the Transition Center will include a statement as to whether or not the illness or injury was combat-

related. The statement will be followed by the word “YES” if the Board determined it was or the word “NO” if they decided it was not combat related.

(3) When a member separates with an entitlement to disability severance pay, the local finance office should determine during the WT’s final out-processing review if the entitlement should or should not be taxed based on the determination of the PEB, as stated in the member's separation order.

(4) There are limitations to the current military pay system. When the entitlement is coded in the pay system, the entitlement will be taxed. Since combat-related disability severance pay entitlement should not be taxed, the local finance office must immediately coordinate with the DFAS-Indianapolis (DFAS-IN) to have the taxes refunded to the WT. The WT should not have to be required to request the refund after the fact, if it is known during separation out-processing conducted by the local servicing finance office that, in fact, the WT’s disability severance pay entitlement should not be taxed.

(5) In the event that the Army’s determination has not been made as to whether or not the illness or injury is combat related, or the decision made by the PEB is that it was not combat related, no tax refund is due the WT at the time of separation. However, the WT should be counseled regarding the right to file a disability claim with the Department of Veteran’s Affairs (DVA) after separation.

(a) Military Pay E-Message, 06-040 Annex I contains an example letter to assist the WT in obtaining a tax refund based on the VA’s decision.

(b) If the member is awarded a disability rating by the VA for the same illness or injury for which disability severance pay was awarded, a refund of the taxes collected will then be due to the WT.

(c) There are two scenarios involved, and the timing of the VA disability rating award determines how the refund is obtained:

1. Rating Received in Same Calendar Year. A retroactive refund of taxes can be made by DFAS-IN if the WT receives a disability rating from the VA for the SAME illness or injury that disability severance pay is awarded by the Army, and the VA disability rating is awarded in the same calendar year in which the WT is separated. The example cover letter and required documentation must be filed by December 31st of the same calendar year in which the WT was separated. The VA Award Letter must be dated in the same calendar year in which the disability severance payment was issued. DFAS cannot issue tax refunds if the request is not received by December 31st of the same calendar year in which the WT separated. DFAS can only refund current year taxes. The entire VA award packet is not required to obtain the refund. Only the page, which shows the disability rating and breaks down specifically what the rating was awarded for will be required along with the WT’s separation order and the DD Form 214.

2. Rating Received in Subsequent Year. If the WT is awarded a VA disability rating in a subsequent calendar year for the SAME illness or injury that the disability severance payment was issued for, the WT can file with the Internal Revenue Service (I.R.S.) to obtain the refund. Again, there are two methods a veteran can use to obtain the refund from the I.R.S. Which method to use will be determined by when and how the veteran files the tax return.

a. If the veteran chooses to file the tax return before receiving the VA disability rating, then he or she files the tax return as a regular tax return. The W-2 received from the Army is correct as issued because it is passed December 31 of the year the WT separated, and without a VA rating, the disability severance payment is normal wages and should have been taxed. Therefore, there is no need for a corrected W-2.

b. Once the veteran receives the disability rating from the VA, he or she can immediately file an amended tax return, Form 1040X, through the I.R.S. to obtain the refund. A corrected W-2 for the tax year in question will NOT be issued. The member must file the corrected tax return with the words “St. Clair vs. United States” written across the top of the form. When calculating wages to report on the amended tax return, the veteran should take the gross wages from Block 1 of the Army W-2, subtract the GROSS amount of the disability severance payment, and report the remainder as the taxable wages for the year in question on the amended tax return. The veteran should report all the taxes withheld by the Army, as shown in Block 2 of the W-2. By reducing the wages, and not the taxes, the veteran will obtain a refund of the taxes collected on the disability severance pay from the I.R.S.

c. The other method would be based on the WT postponing the filing of the tax return until the VA disability rating is received. Under NO circumstances should a veteran fail to file the tax return by the regular April 15th filing deadline (unless an extension was requested through the I.R.S.' normal procedures). If the VA disability rating were received before the April 15th deadline, the veteran would then file the appropriate normal tax return using the following method: A corrected W2 for the tax year in question will NOT be issued. The member must file the corrected tax return with the words "St. Clair vs. United States" written across the top of the form. When calculating wages to report on the amended tax return, the veteran should take the gross wages from Block 1 of the ArmyW-2, subtract the GROSS amount of the disability severance payment, and report the remainder as the taxable wages for the year in question on the amended tax return. The veteran should report all the taxes withheld by the Army, as shown in Block 2 of the W-2. By reducing the wages, and not the taxes, the veteran will obtain a refund of the taxes collected on the disability severance pay from the I.R.S.

(6) References to the above can be found at Internal Revenue Service Publication 525, Taxable and Non-taxable Income and the Department of Defense Financial Management Regulation Volume 7A, Military Pay Policy and Procedures – Active Duty and Reserve Pay, Chapter 35, Paragraph 3504.

i. **Disability Severance Pay and Military Grades:** In all cases, WTs who have questions on grades upon which disability severance pay has been made and information stated on their DD Form 214, should consult with their local servicing personnel office for current guidance and advice.

(1) Payment of Severance Pay at Promotion List Grade:

(a) Enlisted: WTs who are on a promotion list at the time of retirement for disability will be retired for disability at the promotion list grade. The WT will be promoted to the designated grade effective the day before placement on the retired list. WTs on a promotion list at the time of separation for disability, with entitlement to disability severance pay, will be paid such compensation at the promotion list grade. The WT will be promoted to the designated grade effective the WT's separation date.

(b) Officers: Officers who are receiving severance pay at promotion list grade will initially receive the severance pay at the officer's current rank. This is because the current military pay system will only pay disability severance pay based on the grade reflected in the pay system. DFAS-IN will make a manual adjustment after the fact to the WTs pay account. For DFAS to make the required adjustment, either the orders must state in the special instructions or the personnel office provide to the local finance office a statement that the officer was on a promotion-list.

(2) Payment at the Highest Grade Satisfactorily Held. The current military pay system will only pay disability severance pay based on the grade reflected in the pay system. DFAS-IN will make a manual adjustment after the fact to the WT's pay account to reflect payment at the highest grade satisfactorily held.

j. **Waiving Disability Severance Pay.** There is no provision not to pay disability severance pay to a WT once authorized by USAPDA. This benefit will also be reflected in the WT's separation order and DD Form 214. In addition, there is no provision for the VA not to withhold the amount of disability severance pay from any VA-determined disability rating for the disabilities both the military and the DVA rated. (The Soldier will receive DVA compensation during the recoupment period for the disabilities solely rated by the DVA). Since the WT would have received military compensation for his or her years of military service, the VA must recoup the amount paid by the military before paying the veteran for the same period of service. In other words, a veteran cannot be paid twice for the same period of service. Per provisions of the National Defense Authorization Act (NDAA 2008), the DVA will not recoup disability severance pay awarded for disability incurred in a combat zone.

k. **Full Payment of Severance Pay:** There is no DFAS policy requiring the local finance office to withhold full payment of severance pay to satisfy possible out-of-service debts.

l. **Finance Separation Transactions:** WT separating or retiring must coordinate, in advance, with the local servicing finance office for an out-processing briefing and explanation on military and travel pay, entitlements and leave. This briefing will also ensure timely adjustments

are made to the WTs pay account prior to separation and prepare the account for final separation transactions.

m. Separation/Retirement Date due to Physical Disability:

(1) Purpose: To provide policy guidance for setting the disability separation/retirement effective date in order to provide a seamless transition for Warriors in transition and to protect the Soldier from adverse financial impact during the transition process.

(2) Effective immediately, every attempt should be made to separate active and reserve component Soldiers as close to the 27th of the month as possible for disability separation and retirement. This recommendation is made to minimize the financial impact to the Soldier during transition from the army to the DVA system. Recognizing that a Soldier may separate on any day of the month, it is imperative that the Soldier be counseled using the information below on the financial ramifications of separating from the army earlier than the recommended date of the 27th or on the last day of the month.

(a) Finance notification must be made prior to the 20th of the month with the exact date of Soldier's separation or retirement date to avoid overpaying the Soldier and creating a debt that must then be repaid by the Soldier.

(b) Separation on the last day of the month results in loss of one month of DVA compensation. For example: a Soldier is separated on July 31, 2007. Since the Soldier is a Soldier through the end of the day, service connection cannot be granted until the day after separation August 1, 2007. The effective date of compensation is the first day of the month following the date of service-connection 1 September. Since payment is in the arrears, the Soldier receives his/her first check October 1, 2007. Separation prior to the 31st would have resulted in an effective date of payment of 1 august with payment received 1 September.

(3) Separation on the 27th of the month will generally be accomplished within the NLT 90-day timeframe per ALARACT message 172/2007. Command discretion is authorized for exceptions to the NLT period.

(4) For further information refer to ALARACT188/2007

5-19. MRP and MRP2 Pay and Entitlements (RC Only)

Soldiers will remain under the Reserve Pay System. Soldiers on MRP orders will maintain their Basic Allowance for Housing (BAH) based on their principal home of residence zip code on original mobilization order IAW JFTR Volume 1, Chapter 10. Soldiers will maintain Family Separation Allowance (FSA) if otherwise entitled in accordance with DODFMR, Volume 7A, Chapter 27. Basic Allowance for Subsistence (BAS) will continue.

5-20. ADME Pay and Entitlements (RC Only)

Soldiers will remain under the Reserve Component Pay System. The Soldier's home-station finance office will start the Soldier's active duty pay and allowances. Soldiers on ADME orders will maintain their Basic Allowance for Housing (BAH) based on their principal home of residence zip code. Soldiers will maintain Family Separation Allowance (FSA) if otherwise entitled IAW the DoDFMR Volume 7A, Chapter 27. Basic Allowance for Subsistence (BAS) will continue. For more information, visit http://www.dfas.mil/army2/woundedinaction.html.

5-21. Incapacitation Pay (RC Only)

Solders are encouraged to become familiar with the INCAP pay policy before applying for ADME. INCAP pay might be an option available to the Soldier and preferred over entering the ADME program. The Soldier can contact their RC chain of command to be considered for INCAP pay and/or review AR 135-381, Incapacitation of Reserve Component Soldier. A Soldier may not draw INCAP pay and concurrently be in the ADME Program.

5-22. MRP2 and Federal Compensation (RC Only)

A Soldier may not receive pay and benefits under the MRP2 program and any other Federal or State benefits concurrently, unless otherwise permitted by law.

5-23. Pay & Entitlements for Service Members Injured in Combat Zones

The following is an explanation of pay and entitlements for members of the U.S. Armed Forces injured while serving in a Combat Zone Tax Exclusion (CZTE) area and receiving medical treatment at military facilities outside of a CZTE area. Service members and their Families are encouraged to contact a local military finance office for any updates to the information contained in this section.

a. **Know your status:** If you have been evacuated from a combat area with injuries, disease or illness incurred while serving in a combat zone, your status can have significant impact on the pay and allowances you are due. If your medical condition is a result of direct combat, you are classified as Battle Injured (BI). You are considered Non-Battle Injured (NBI) if you have been wounded or are ill in non-combat circumstances. Be sure you or your representative periodically reviews your status to make sure you are receiving all the pay and entitlements you've earned. The military finance office will be able to keep you up to date.

b. **Combat-Related Injury & Rehabilitation Pay (CIP):** Warriors who were MEDEVAC out of theater and are considered "hospitalized" are entitled to CIP. A member is considered hospitalized if he/she is admitted as an inpatient or is receiving extensive rehabilitation as an outpatient while living in quarters affiliated with the military health care system. The monthly CIP payment equals $430 less any HFP payment received by the Warrior for the same month. The hospitalized member is eligible for CIP starting the month after the month of MEDEVAC. CIP payments for an eligible month will be made in the subsequent month. CIP is terminated if the member receives TSGLI, has received notification of eligibility for a TGSLI benefit and 30 days have passed since receipt, or is no longer hospitalized per the definition. Warriors who are entitled to CIP and do not receive the payment should work with the local finance office to submit a reconsideration memo.

c. **Traumatic Service Member's Group Life Insurance (TSGLI):** TSGLI is an entitlement that wounded Warriors may receive if they are covered by Service Member's Group Life Insurance (SGLI) and they sustain an injury that results in certain severe losses, such as loss of a leg or an arm. All members of the uniformed services that have part-time or full-time SGLI are automatically covered by TSGLI while a member is in service. TSGLI coverage will pay a benefit from $25,000 to $100,000 depending on eligibility and the severity of the loss resulting from traumatic injury. For more information, visit https://www.insurance.va.gov/sgliSite/TSGLI/TSGLI.htm or contact the Office of SGLI by phone at 1-800-419- 1473.

d. **Combat Zone Tax Exclusion (CZTE**) : Combat Zone Tax Exclusion, or CZTE, allows military members to exclude all or a portion of pay and entitlements earned while serving in designated combat areas from tax liabilities. Qualification for CZTE in a combat zone or qualified hazardous duty area (QHDA) is authorized for each month during which the service member is hospitalized or re-hospitalized as a result of wounds, disease, or injury incurred while serving in a combat zone or QHDA. The service member must meet the qualifying criteria for all or a portion of a month in order to claim CZTE for that month. CZTE qualification extends up to two (2) years after date of termination of activities in the CZTE/QHDA area if re-hospitalized with the same injury. The amount of tax exemption remains the same - maximum per month for 2006 is $6,724.50, per month. The amount for 2007 is $6,867.60 per month. Although most Warriors will not exceed this amount, some field grade officers will. Note: Some CZTE/QHDA areas are not entitled to Hostile Fire Pay/Imminent Danger Pay. In these cases, the maximum tax exemption would be $6,724.50 per month for 2006 or $6,642.60 per month for 2007 less the amount of HFP/IDP (or $225 per month under current pay scales).

e. **Hardship Duty Pay – Location:** Hardship Duty Pay - Location, or HDP-L, is payable to service members entitled to basic pay while performing duty in a place designated by the Secretary of Defense as hardship duty. The entitlement stops the day the service member departs the designated HDP-L area unless he or she is out of location for less than 30 days. In that case, the entitlement continues with no interruption.

f. **Hostile Fire Pay/Imminent Danger Pay:** Hostile Fire Pay/Imminent Danger Pay, or HFP/ IDP, is paid to military personnel serving in an area designated by the President. This includes most areas affected by Operations Enduring Freedom (OEF) and Iraqi Freedom (OIF). HFP/IDP

is paid at a rate of $225.00 per month without prorating and regardless of pay grade. HFP/IDP entitlement begins upon entry into a designated area and continues or stops as follows:

(1) Entitlement continues for up to an additional three (3) months after the month in which the wound, injury or illness occurred for the service member hospitalized. A Warrior is considered hospitalized if he/she is admitted as an inpatient or is receiving extensive rehabilitation as an outpatient while living in quarters affiliated with the military health care system (i.e. Fisher or Malone Houses). Effective March 23, 2006, both BI and NBI service members are entitled to HFP/IDP for up to three months when hospitalized.

(2) Entitlement stops the date of departure from the HFP/IDP area for service members seeking medical attention in an "outpatient" status if the member does not return to theater. If the member returns to theater within 30 days the HFP/IDP entitlement continues.

g. **Family Separation Allowance:** Family Separation Allowance, or FSA, is paid to service members TDY/TCS away from their permanent duty station continuously for more than 30 days and the member's dependents are not residing at or near the TDY/TCS station. Amount payable is $250.00 per month or $8.33 per day. FSA continues or stops as follows:

(1) Entitlement continues to accrue to member if one or more, but not all, dependents visit at or near the TDY/TCS station for more than 30 days or longer, if the member is otherwise entitled on behalf of the dependent(s) who are not visiting the member.

(2) Entitlement stops when all of the member's dependents visit at or near the TDY/TCS station for 30 days or longer (stops effective on the 31st day).

(3) Entitlement stops on the day prior to returning to home station.

h. Basic Allowance for Subsistence: Basic Allowance for Subsistence entitlement continues for service members while hospitalized. Non-hospitalized service members authorized BAS must pay for their meals.

i. **Casual Pay:** The local finance office can pay wounded Warriors a casual pay (CP) when they do not have means of withdrawing funds from their bank account. The amount of the CP will be deducted from the service member's next paycheck. Please be aware of local CP limits.

5-24. Household Goods

a. Shipment of Household Goods:

(1) Active Component (AC) and AGR WTU Soldiers who remain in a TDY/attached status to the hospital may have household goods (HHG) back at their permanent duty station (PDS) that they require a the Hospital/Medical Treatment Facility (MTF). While they remain in a TDY/attached status, their TDY/attachment orders can be amended to reflect a "TDY weight allowance authorization." Depending on the Soldier's rank, they are authorized to ship between 400-800 pounds from their PDS to the hospital/MTF. (Source of Authority: JFTR paragraph U4710). The approval authority is the order issuing authority.

(2) AC WTU soldiers who are assigned/PCS to the hospital/MTF are authorized full shipment of HHG from their previous PDS to the hospital/MTF. Shipment of HHG should be added to the Soldier's PCS orders by the Soldier's PCS order issuing authority.

(3) Reserve Component (RC) Soldiers assigned to the WTU (quite frequently on 12301(h) or 12301 (d) orders) are authorized (if required) a TDY weight allowance for shipment of HHG from the Home of Record (HOR) to the hospital/MTF. Depending on the Soldier's rank, they are authorized to ship between 400-800 pounds from their HOR to the hospital/MTF. (Source of Authority: JFTR paragraph U4710). The approval authority is the order issuing authority.

(4) In all circumstances involving shipment of HHG, medical equipment and supportive devices issued to WTU Soldiers are considered Professional Books Papers and Equipment (PBP&E) in all circumstances. As such, the weight of these items does not count toward the Soldier's total weight allowance.

(5) The point of contact for shipment of HHG is LTC Matt Voithofer at (703) 692-6889 or email at matthew.voithofer@hqda.army.mil

b. ***Special Storage of Household Goods.*** Active Duty and AGR WTU Soldiers who remain in a TDY status while attached to the hospital generally have household goods (HHG) back at their PDS. If the WTU/Hospital Commander, not below the grade/rank O6/COL, believes keeping the Soldier in a TDY/attached status while at the hospital is the best duty status for the Soldier based on individual circumstances, the said Commander can authorize special storage of (HHG)

for the duration of the TDY/attachment order. Either the installation that 'owns' this Soldier (the PDS location) or the WTU/Hospital will fund this storage out of existing operation and maintenance Army funds and should seek reimbursement for these costs as an expense associated with the Global War on Terror (GWOT). WTU/Hospital Commanders will amend the Soldiers TDY/attachment orders to reflect this authorization. (IAW: JFTR, par. U4770-B). After storage is authorized, and when/if it becomes apparent that a PCS to the hospital is appropriate, the Soldier's HHG will be taken out of storage and shipped to the new hospital PDS on the authority of the new PCS order to the hospital.

5-25. Invitational Travel Authorizations in Support of Wounded Soldiers

Invitational Travel Authorizations (ITA) and travel voucher procedures for Family members supporting wounded Warriors of the United States Army: ITA travelers are encouraged to contact a local military finance office or Wounded Warrior Pay Management Team (WWPMT) member for any updates to the information contained in this section.

a. **FYI.** Visit your local military finance office for more information on your pay and entitlements. They can help on a variety of pay-related topics including pay inquiry assistance and travel claim preparation. Important Contact Information Finance Office: Personnel Office: Legal Office: Local WWPMT:

b. **TRAVEL QUESTIONS**. For your travel and non-travel pay questions, be sure to contact your local servicing finance office first. The DFAS Travel Pay Customer Service Center at (888) 332-7366 is also available to answer your travel questions. Remember... A complete travel package includes the original or one clear copy of the following:

(1) DD Form 1351-2
(2) Orders
(3) Amendments/Endorsements (if issued)
(4) Lodging receipts
(5) Any receipts of $75.00 or more

c. The following checklist will help ensure your travel voucher is proper and complete for payment:

(1) Sign your voucher
(2) Provide a day-time phone number and/or an e-mail address
(3) Staple attachments to voucher
(4) Double check your voucher to ensure all information is correct
(5) Keep a copy of your complete voucher package for your reference
(6) Submit your travel voucher to your local WWPMT

d. **Your entitlements in receipt of an Invitational Travel Authorization.** Invitational Travel Authorizations (ITAs) are government orders that can authorize up to three (3) Family members of a Soldier to travel to the medical facility providing care. This section contains information for Family members traveling on ITAs. If there are additional questions regarding ITAs after reading this brochure, your local Wounded Warrior Pay Management Team (WWPMT) is available to assist you.

e. **What do ITAs authorize?** ITAs can authorize up to three (3) Family members to travel to the location of the service member. When on ITAs, your travel to and from the hospital, hotel costs, meals, and incidental expenses are reimbursed by the government. You will be paid a daily rate (per diem) for your meals and incidental expenses. The per diem rates received may differ depending on the location you are staying. Lodging costs cannot exceed the approved lodging rate for the area you are temporarily staying. Your local WWPMT or finance office can provide current rates for your location.

f. **How can I obtain an advance?** The number of days you are eligible to receive will depend upon the length of your stay at the facility and will be stated in your travel orders. The amount advanced for each day is 80% of the set per diem and 100% of the lodging rate. You are able to receive your advance via electronic funds transfer (EFT). To ensure you receive all funds due, you must file a travel settlement. Please visit your local WWPMT to obtain a cash advance.

g. **How am I reimbursed for my travel entitlements while at the medical treatment facility?** In order to get reimbursed for the amount you've spent on travel, lodging, meals, and incidentals, you must complete a travel voucher, DD 1351-2. If you have been issued an

advance, you must claim the total amount of the advance on your first voucher submitted. The advance must be paid back to the government. Be sure to include a copy of your orders with your voucher. Please visit your local WWPMT for assistance in filing your travel voucher.

h. **What is a monthly travel accrual?** A monthly travel accrual is a voucher that is submitted every month to pay the travel entitlements accrued from the previous month. Your local WWPMT can assist you in completing and submitting these vouchers every month. If you prefer, you can wait until your travel is completed before you submit a voucher. Your final settlement voucher would then reimburse you for the entire period.

i. **Non-Medical Attendant Orders**. When your Soldier becomes an outpatient, you may be issued Non-Medical Attendant (NMA) orders. While the Soldier is an outpatient, one person is typically authorized to NMA travel entitlements. NMAs work similar to ITAs, with the same travel entitlements authorized. You are authorized per diem and lodging costs at the current location not to exceed the approved lodging rate for that specific location. Please continue to file a travel voucher once a month until your Soldier is discharged, and be sure to submit a final settlement voucher once you and your Soldier return to home station. If you need further detailed information, please contact your local WWPMT.

Table 5-1
Active Component and AGR Pay and Entitlements Chart

Benefits/Entitlements	References	Additional Comments
Basic Pay	Title 37, Sec 204, 203 & 206 DoDFMR, Vol 7A, Ch 2 DoDFMR, Vol 7A, Ch 57 DoDFMR, Vol 7A, Ch 58	
BAH	37 USC 403 JFTR Volume 1, Ch 10	
BAS	37 USC 402 DoDFMR, Vol 7A, Ch 25 DoDFMR, Vol 7A, Ch 57	
Family Separation Allowance (only while on TCS orders)	37 USC 402, 427 DoD FMR Vol 7A, Ch 27 & 57.	FSA will stop once PCS orders are published.
Tax benefits (while serving in Combat zone or Hazardous duty Area)	26 USC 112	WT will receive tax benefits only while **hospitalized, as an inpatient status**
Combat Related Injury Rehabilitation Pay (CIP)	37 USC 328, ALARACT 134/2006	
Hostile Fire/ Imminent Danger Pay (while serving in Combat zone or Hazardous duty Area)	37 USC 310, DoDI 1340.9, DoD FMR Vol 7A, Ch 10	Up to the first 90 days while hospitalized after medical evacuation.
Hazardous Duty Incentive Pay (MOS & duty specific)	37 USC 310, DoDI 1340.9, DoD FMR Vol 7A, Ch 10, Ch 57, Ch 58	For the first 90 days while hospitalized
Foreign Language Proficiency Pay	37 USC 316, DoDI 7280.3, FMR Vol 7A, Ch 19, Ch 57, Ch 58. MILPER 07-137 & 06-233	Soldiers have 180 days to test, once they return from theater.
Medical & Dental Special Pay for Officers	37 USC 302 & 302b, FMR Vol 7A, Ch 5 & 6	
Special Pay for Other Health Care Officers	37 USC 302 & 302b, FMR Vol 7A, Ch 5 & 6	
Member medical and dental benefits	10 USC 1074	
Retirement or Separation for Physical Disability	10 USC 1201 - 1206, DoDI 1332.38	
Dependent medical and dental benefits for dependents	10 USC 1076	
Transitional Health Care: Member and Dependents	10 USC 1145	
Commissary, PX, MWR, Benefits		
Commissary, PX, MWR	DODI 1330.31, 1330-20, DoDD 5505.55, DeCA Directive 40-6	
Space Required or Space Available Travel	DoD 4515.13-r	
Legal Assistance	10 USC 1044	
Accumulation of Leave/Payment for Unused leave	AR 635-40, AR 600-8-10	
Army Pension Benefit Plans	Chap 43 of title 38 (section 4318), DoDI 1205.12	
Assistance in obtaining or	Chap 43 of title 38 (section	

other reemployment rights or benefits	4321), DoDI 1205.12	
Eligibility for hospital, nursing home and domiciliary care for veterans	Chap 17 of title 38 (section 1710)	

Table 5-2
Reserve Component (non AGR) Pay and Entitlements Chart

Benefit/Entitlements	References	ADME	MRP/MRP2
Basic Pay	Title 37, Sec 204, 203 & 206 DoDFMR, Vol 7A, Ch 2 DoDFMR, Vol 7A, Ch 57 DoDFMR, Vol 7A, Ch 58	Same as AD	Same as AD
BAH	37 USC 403 JFTR Volume 1, Ch 10	Yes (if on Orders > 30 days	Yes
BAS	37 USC 402 DoDFMR, Vol 7A, Ch 25 DoDFMR, Vol 7A, Ch 57	Yes	Yes
Family Separation Allowance (on AD > 30 Days)	37 USC 402, 427 DoD FMR Vol 7A, Ch 27 & 57.	Same as AD	Same as AD
Tax Benefits (while serving in Combat zone or Hazardous duty Area)	26 USC 112	Same as AD	Same as AD
Hostile Fire/ Imminent Danger Pay (while serving in Combat zone or Hazardous duty Area)	37 USC 310, DoDI 1340.9, DoD FMR Vol 7A, Ch 10	Same as AD	Same as AD
Combat Related Injury Rehabilitation Pay (CIP)	37 USC 328, ALARACT 134/2006	Same as AD	Same as AD
Hazardous Duty Incentive Pay (while serving in Combat zone or Hazardous duty Area)	37 USC 310, DoDI 1340.9, DoD FMR Vol 7A, Ch 10, Ch 57, Ch 58	Same as AD	Same as AD
Foreign Language Proficiency Pay	37 USC 316, DoDI 7280.3, FMR Vol 7A, Ch 19, Ch 57, Ch 58	Same as AD	Same as AD
Special Duty Assignment Pay	37 USC 307, DoDI 1304.27, FMR Vol 7A, Ch 19, Ch 8, Ch 57	Same as AD	Same as AD
Medical & Dental Special Pay for RC Officers	37 USC 302 & 302b, FMR Vol 7A, Ch 5 & 6	No	Same as AD If on active duty > 30 days & < one year.
Special Pay for Other Health Care RC	37 USC 302 & 302b, FMR Vol 7A, Ch 5 & 6	No	Same as AD If on active duty > 30 days

Officers			& < one year.
Member Medical and Dental benefits	10 USC 1074 &1074a	Same as AD	Same as AD
Tricare Dental Program for RC members	10 USC 1076a	Same as AD	Same as AD
Tricare Dental Program for Dependents	10 USC 1076a	Same as AD	Same as AD
Retirement or Separation for Physical Disability	10 USC 1201 - 1206, DoDI 1332.38	Same as AD	Same as AD
Dependent Medical Benefits	10 USC 1076	Same as AD	Same as AD
Transitional Health Care: Member and Dependents	10 USC 1145	No	Same as AD
Commissary, PX, MWR, Benefits			
Commissary, PX, MWR	10 USC 1063 &1064	Same as AD	Same as AD
Space Required or Space Available Travel	DoD 4515.13-r	Same as AD	Same as AD
Legal Assistance	10 USC 1044	Same as AD	Same as AD
Accumulation of Leave/ Payment for Unused leave	AR 635-40, AR 600-8-10, Army MILPER Message 05-036	Yes: **Authorized to take Transition Leave.** May Cash Leave at REFRAD	Yes: **Authorized to take Transition Leave**. May Cash Leave at REFRAD
Reemployment rights	Chap 43 of title 38 (section 4312), DoDI 1205.12	Yes: not to exceed **five years** of cumulative active duty service.	Yes (time ISO contingency operations doesn't count towards five year cap)
Intention to Return to Work: must submit an application to the employer.	Chap 43 of title 38 (section 4312), DoDI 1205.12	< 181 days: within 14 days. > 180 days within 90 days of REFRAD	< 181 days: within 14 days. > 180 days within 90 days of REFRAD
Reemployment or Return to work rights of **Hospitalized** (inpatients) Soldiers	Chap 43 of title 38 (section 4312), DoDI 1205.12	Time will be extended by up to two years.	Time will be extended by up to two years.
Employer Pension Benefit Plans	Chap 43 of title 38 (section 4318), DoDI 1205.12	Military service treated as employment time. Employee has up to 5 years to make up any contributions otherwise would have been made to the pension plan.	Military service treated as employment time. Employee has up to 5 years to make up any contributions otherwise would have been made to the pension plan.
Civilian Employment **Retention** (can not be discharged except for cause)	Chap 43 of title 38 (section 4316), DoDI 1205.12	For 180 days if served > 31 days but < 181 days. For one year if served > 180 days.	For 180 days if served > 31 days but < 181 days. For one year if served > 180 days.
Assistance with reemployment issues	Chap 43 of title 38 (section 4321), DoDI 1205.12	Office of the Assistant Secretary for Veterans' Employment and Training, US DOL, 200 Constitution Ave. NW, Room S-1325, Washington DC 20210. Vets Staff Directory Tel. # (202) 693-4738. http://www.dol.gov/vets/aboutvets/contacts/main.htm	Office of the Assistant Secretary for Veterans' Employment and Training, US DOL, 200 Constitution Ave. NW, Room S-1325, Washington DC 20210. Vets Staff Directory Tel. # (202) 693-4739. http://www.dol.gov/vets/aboutvets/contacts/main.htm

Chapter 6
Physical Disability Evaluation System (PDES)/Transition

6-1. Army PDES and Criteria for Processing Soldiers Transferred to a WTU:

a. A Soldier is referred into the PDES system when:

(1) They no longer meet Medical Retention Standards IAW AR 40-501, Chapter 3, as evidenced in a medical evaluation board;

(2) Receive a permanent medical profile, P3 or P4, and are referred by an MOS/Medical Retention Board;

(3) They are command-referred for a fitness for duty medical examination, which determines the Soldier does not meet medical retention standards;

(4) They are referred by the Commander, HRC.

b. WTU PDES Process and Referral Procedures:

(1) Commanders will reassign Soldiers to WTU Headquarters Company that have a designated UIC for accountability. This allows a consolidated effort for processing Soldiers through the Medical Evaluations process when they are believed to be unable to perform their duties, in compliance with the MOS requirements.

(2) The procedures will include a letter of request from the Commander for the Soldier's reassignment to the WTU. This letter will offer justification for reassignment and will detail the source of the Soldier's profile injury and provide information on what rehabilitative measures have been taken.

(3) MEB Document Checklist, which confirms all unit level personnel and administrative requirements are completed before the reassignment is transacted. Commanders must also attach a Commander's Certification that verifies the Soldier is cleared of any UCMJ actions, legal actions, investigations, or property/hand receipt issues and has cleared the unit. Transferable flags will move with the Soldier to the WTU with coordination with the gaining Commander. See appendix B for Commander's Checklist for referral to MEB/PEB and for Commander's Personnel Certificate for PEB Cases.

(4) Although there is a requirement that Compo II/III have Compo II/III representation, there is no requirement for AC (Compo I) Soldiers to have AC representation on the PEB. A request for female, minority, or enlisted representation will be accommodated IAW AR 635-40, para 4-17.

c. Miscellaneous USAPDA issues:

(1) Grade determination. IAW AR 15-80, a Soldier pending disability separation or retirement who is serving at a rank lower than that previously held due to disciplinary reduction must receive a grade determination from the Grade Determination Review Board (GDRB) before their separation or retirement date. USAPDA forwards the case to the GDRB. The exception to a required grade determination is reduction that occurs between completion of disability evaluation and a Soldiers separation/retirement date.

(2) Pending promotion. IAW AR 600-8-19, para 1-20, enlisted Soldiers remain in a promotable status during physical disability evaluation. If on a promotion list or otherwise pending promotion, the Soldier will be promoted on their promotion eligibility date or effective their last day of active duty, which ever is earlier.

(3) PCS home. IAW AR 600-8-10, para 4-15 and AR 635-40, appendix E, para e-5, AC Soldiers assigned to a WTU may PCS home awaiting orders subsequent to their concurrence with an informal PEB finding of unfit and final approval by USAPDA.

d. **Procedures for Warriors in Transition found unfit by the Physical Evaluation Board:** When a Soldier is found unfit by the Physical Evaluation Board and all reviews and appeals required by AR 635-40 have been completed, the U.S. Army Physical Disability Agency (USAPDA) and the U.S. Army Human Resources Command (AHRC) will transmit via TRANSPROC-III or via message to those installations without TRANSPROC, the required data to complete the orders process. Once received, the installations transition center or other Personnel Support Facility will publish the discharge, REFRAD or retirement order in a timely manner. The USAPDA will assign a not later than separation date that will not exceed 90 days after the completion of processing final determination by USAPDA. The installation Commander, through the transition center, will establish a separation date within the 90-day window. The not

to exceed 90 day window allows installations flexibility to assign a separation date within the 90 day window based on individual Soldier circumstances but should not be construed as an opportunity to delay departure of Soldiers from Active Duty. However, in circumstances where a Soldier as accrued leave in excess of 90 days, the first colonel in the chain of command has the authority to authorize more than the 90 days as appropriate. Generally, the separation date should factor in the number of days required to clear the command, authorize permissive TDY (PTDY) to (eligible AC Soldiers) and use of accrued leave (Transition Leave).

e. Transfer to the Retired Reserves under Title 10 USC 1209 and 12731b:

(1) 10 USC 1209 election: RC Soldiers determined unfit with a disposition of separate with severance pay who have 20 good years for purposes of non-regular retirement upon reaching age 60, may elect transfer to the Retired Reserve in lieu of or receiving severance pay. The election will be afforded to the Soldier by USAPDA. (The election is irrevocable by other than the ABCMR. There is no provision to repay disability severance pay for purposes of non-regular retirement in the absence of ABCMR action.)

(2) 10 USC 12731b election: RC members determined unfit with a disposition of separate without entitlement to benefits due to EPTS who have 15 good years may elect transfer to the Retired Reserve under the provisions of 10USC12731b. Note: RC members with an entitlement to disability severance pay are ineligible for this provision.

6-2. Referral to The Army Physical Disability Evaluation System (PDES)

It is not within the mission of the Army to retain members on active duty or in the Ready Reserve to provide prolonged, definitive medical care when it is unlikely the Soldier will not return to full military duty. As provided in DODI 1332.38, (reference dd.) ADME participants will be referred to the Army PDES:

a. As soon as the treating military physician determined that the Soldier does not meet medical retention standards as per AR 40-501 – Standards of Medical Fitness, Chapter 3.

b. All Soldiers shall be referred into the DES evaluation within one year of the diagnosis of their medical condition if they are unable to return to military duty. As provided in DODI 1332.38, E3.P1.6.1 page 20 (reference dd.). Per DODD DTM 3 May 2007 if the Soldiers' condition requires more than one year to obtain optimum medical benefit, the referral into the PDES process will be deferred.

c. Referred Soldiers into the PDES as soon as the probability that they will be unable to return to full duty is ascertained and optimal medical treatment benefits have been attained.

6-3. My Medical Evaluation Board (My MEB)/My Physical Evaluation Board (MyPEB)

a. The MyMEB/MyPEB application in Army Knowledge Online (AKO) is designed to show Soldiers in the MEB-PEB process information on their progress through the evaluation board. Only Soldiers in the MEB-PEB process can see the information. If you are in the MEB-PEB process and do not see your information contact your PEBLO.

b. MyMEB/MyPEB is updated every 24 hours. After initial entrance into the MEB-PEB process data will be available within 48 hours.

c. In order to access the MyMEB/MyPEB page log into AKO at https://www.us.army.mil click on the Self Service link and then the My Medical link.

6-4. Transition Services for Soldiers Assigned to Warrior Transition Units and Adjustment of VA Benefits Briefing Delivery (MILPER Message 08-131)

a. AC/RC soldiers being processed for a medical evaluation board (MEB) or a physical evaluation board (PEB) must complete the mandatory pre-separation counseling and provide a copy of the completed DD form 2648 (AC soldiers) or DD form 2648-1 (RC soldiers) to the physical evaluation board liaison officer (PEBLO) at the initiation of the MEB/PEB. The installation army career and alumni program (ACAP) office is the designated agency to provide the pre-separation counseling to the soldier. For those installations that do not have an ACAP presence and conduct their own transition program, the garrison commander should appoint a POC to ensure that the required pre-separation counseling is available and provided to the soldier. Garrison commanders are responsible for ensuring that the required pre-separation briefings are provided to soldiers not physically capable of receiving services at the ACAP center

or other service provider location. To ensure that AC and RC soldiers receive standardized pre-separation counseling, the army career and alumni program (ACAP) developed Power Point slides and scripts supporting both the active and reserve pre-separation counseling forms. Installations/agencies that do not have a supporting ACAP office can request copies of the slides and scripts to use when conducting pre-separation counseling by contacting the POC for this message.

b. AC/RC soldiers (excluding cadre) assigned/attached to warrior transition units must receive a VA benefits orientation during their in-processing. Only those WTU soldiers who have been referred for an MEB or PEB and who have been cleared by medical authority are required to register for ACAP services, receive the mandatory pre-separation counseling (DD form 2648 or DD form 2648-1), attend a TAP employment workshop (2.5 days), participate in a VA disability briefing (2 hours) and a VA benefits briefing (4 hours). Additional ACAP services are available based upon the needs and desires of the individual soldier. They should be given maximum time to complete all of their requested ACAP services. Transition POC's at installations without an ACAP office are required to coordinate the delivery of these services with their local transition program.

c. Soldiers assigned to the WTU who may be medically retired must attend a mandatory pre-retirement briefing hosted by the installation retirement services office (RSO).

d. RC Soldiers assigned/attached to Warrior Transition Units who are not being processed through an MEB/PEB and who will be released from active duty upon being discharged from medical treatment facility must complete the mandatory pre-separation counseling (DD form 2648-1). These soldiers are fully eligible to participate in all ACAP/transition services available at their location.

e. Point of contact is Mr. Herb Schwab at (AC) 703 325-2574, DSN 221-2574 or e-mail herbert.g.schwab@us.army.mil.

f. A booklet produced by the Department of Veterans Affairs on Federal Benefits for Veterans and Dependents is available at the following link: http://www1.va.gov/opa/vadocs/fedben.pdf

6-5. Army Retirement Services

a. The Army Retirement Services homepage is: http://www.armyg1.army.mil/retire.

b. Prior to beginning the MEB, all Soldiers and their spouses should receive a PRE-Retirement briefing from the nearest installation Retirement Services Officer. It is vitally important that a Soldier and his/her spouse understands the many benefits and entitlements they are eligible for BEFORE the Soldier retires. One key benefit, participation in the Survivor Benefit Plan (established in law by Congress in 1972), provides a plan that allows a Soldier to insure that 55% of his retired pay will go to his spouse when he dies. Soldiers must elect coverage in the Survivor Benefit Plan (SBP) BEFORE they retire. This benefit is NOT AVAILABLE after the Soldier retires. IF a Soldier does not elect SBP and dies a month, a year, 10 years etc. after retirement, his/her spouse and/or children will receive NO MONTHLY PAY from the Soldier's retirement entitlement. Both the Soldier and spouse should receive the PRE-retirement briefing to insure they are fully aware of all their options. Failure to understand one's benefits and entitlements can negatively impact a surviving Family forever.

6-6. Employment for Wounded Warriors

There are several recruitment strategies and appointment authorities that may be used to employ our Wounded Warriors as Department of the Army Civilians, including the Veterans Recruitment Authority, Veterans Employment Opportunity Act, and the Disabled Veterans Appointment. Another hiring flexibility that should be considered is the Persons with Disabilities Appointment. This excepted appointment authority does not require public notice and it is an exception to Priority Placement Program and Interagency Career Transition Assistance Program clearance requirements. Commands may accept, as proof of an individual's severe physical disability, records or statements issued by a licensed medical professional certified by a state to practice medicine, a state or private vocational rehabilitation specialist, or a Federal or state agency that provides disability benefits. A command may accept certification of job readiness from any of these entities. After two years of satisfactory service, these individuals may be converted to permanent appointments in the competitive service.

6-7. Transitional Assistance Management Program (TAMP)

a. All RC Soldiers who have served on Active Duty for more than 30 days in support of a contingency operation are authorized TAMP benefits for 180 days after REFRAD. The 180 day period of TAMP eligibility applies to all RC Soldiers who REFRAD on or after 6 November 2003. Care under the TAMP is limited to a continuous 180 day period only that begins immediately upon REFRAD. Information is available at http://www.tricare.osd.mil/reserve/

b. For Soldiers transitioning directly from a partial mobilization order to the MRP program, the TAMP begins upon REFRAD from the MRP program.

c. Effective 1 Oct 2007 the TAMP benefit was expanded by NDAA 2008. Soldiers eligible for TAMP and authorized family members are entitled to 2 years commissary and PX benefits.

6-8. Patient Movement And Reception Of Warriors In Transition On Continent United States (CONUS) Military Treatment Facilities (MTFS) (IAW OTSG/MEDCOM 07-41- Patient Movement)

a. The US Transportation Command (TRANSCOM) Regulating and Command & Control Evacuation System (TRAC2ES) is the official automated information system to medically regulate and track patients requiring patient movement through the US military patient evacuation system. The Joint Patient tracking Application (JPTA) in conjunction with TRAC2ES provide "total' In-Transit Visibility (ITV) of patients from Levels II through V. Originating MTFs will enter all patient movements in TRAC2ES, thereby generating a patient Movement Request (PMR), in coordination with the appropriate Patient Movement Requirements Center (PMRC). This action will ensure positive control and accountability of Soldiers moving to medical care.

b. The factors used to determine a patient's final destination MTF will include the capability and capacity to support the clinical needs of the patient and location preference of the patient and/or his next-of-kin (NOK). Medical capability and capacity will be the primary factors to determine the final destination of the patient. The patient may only select locations where she or he has existing personal support structures (e.g. unit of assignment, home of record, Families etc.).

c. Regular Army (Component 1) and AGR patients will be regulated to the MTF with the appropriate capability and capacity closest to the Soldier's unit of assignment. Soldiers requiring inpatient care greater than 30 days will be regulated to a medically appropriate facility closest to their home or other location with a Family support structure.

d. The attending physician at the originating MTF will discuss possible destination MTFs with the Soldier and consider his/her preference when selecting a final destination.

e. Sending/receiving MTF and Warrior Transition Unit (WTU) Responsibilities:

(1) Sending Facility/WTU:

(a) Coordinate with GPMRC/JPMRC/TPMRC for patient movement/update TRAC2ES. Notify the appropriate clinical services, WTU, and MTF PAD to coordinate patient and Family arrival.

(b) Ensure Soldier's triad is part of patient movement process.

(c) Ensure adequate supply of medications and supplies provided for patients while in transit.

(d) Complete appropriate updates in CHCS, JPTA, eMILPO and MODS. The sending MTF and WTU will update patient information in the JPTA to ensure patients can be tracked from point of injury to final destination. The Office of the Secretary of Defense (OSD) and AR 40-400 established a requirement to update JPTA on a daily basis and when a patient's status changes (e.g., change of ward, transition from inpatient to outpatient and vice versa, etc.).

(e) The sending MTF and WTU will ensure patient's unit point of contact information (name, phone number, and email address) is entered into the JPTA patient information screen prior to patient departure.

(f) The sending MTF, prior to patient departure, will contact the receiving MTF to coordinate pick-up of the incoming patient and/or his/her Family when patients are evacuated by military or commercial air. Coordination will also be made with the appropriate clinical service, Rear Detachment and Forward Commanders.

(g) Landstuhl Regional Medical Center (LRMC) or the initial receiving facility outside the theater of operation will provide Soldiers with the opportunity and ability to make contact with their unit of assignment, home station, Families or other personal support structure in order to

communicate evacuation plans prior to movement to a CONUS receiving MTF. This service will be provided by the MTF at no cost to the Soldier.

(h) Coordination with receiving MTF Medical Evaluation Board section to potential transfer of MEB case.

(i) Ensure appropriate orders for patient and family are completed to facilitate patient movement, arrival and integration at receiving location.

(j) The sending MTF will ensure a copy of the patient's medical records is transmitted to the receiving MTF at time of the patient's departure or a copy is transported with the patient.

(2) Receiving Facility/WTU:

(a) All CONUS MTFs will monitor TRAC2ES daily for incoming patients.

(b) MTFs will establish local policies for reception and integration of patients evacuated by commercial or military air to their facility. Rapid development and implementation of a MTF Reception plan will facilitate medical treatment and management of our returning Wounded Warriors and close a potential gap in the Patient Movement system. The MTF is responsible for developing the policy; however, communication between the MTF, WTU, Rear Detachments and local supporting agencies is the key to successful reception, integration, and healing.

(c) All Soldiers will be attached to the WTU within 24 hours of arrival. Soldiers regulated to non-Army MTFs will be attached to the WTU at the closest army medical center.

(d) The MTF PAD will coordinate with the WTU for attachment or assignment orders when patients are evacuated by Military or Commercial air.

(e) Complete appropriate updates in CHCS, JPTA, eMILPO and MODS. The sending MTF and WTU will update patient information in the JPTA to ensure patients can be tracked from point of injury to final destination and notify HRC-STL (AHRC-ARM), 314-592-0000 x5171 for USAR AGR Officers and x5117 for USAR AGR Enlisted or via email HRCARMOPS@conus.army.mil. The Office of the Secretary of Defense (OSD) and AR 40-400 established a requirement to update JPTA on a daily basis and when a patient's status changes (e.g., change of ward, transition from inpatient to outpatient and vice versa, etc.).

(f) The MTF will initiate a clinical evaluation on Soldiers arrival. The MTF will assign a case manager by name for each patient when notified of pending arrival.

(g) The WTU for outpatients and/or MTF PAD for inpatients will notify Commanders (Forward and Rear), installation casualty office, and other agencies as appropriate, within 24 hours of the patient's arrival for Soldiers originating from a Theater of Operations.

(h) The WTU will ensure appropriate lodging is ready and waiting for the arriving patient and their Families. This may often require external coordination with local rear detachments, garrison, and MWR activities.

(i) The WTU will ensure a military representative is present at the airport to meet and transport patients to their lodging. The WTU will establish a plan to notify Commanders (Forward and Rear), the Families, installation casualty office, and other agencies as appropriate when the Soldier’s arrival or departure date/time changes.

(j) The WTU will coordinate with the installation human resource center and the Soldier’s C2 element regarding the attachment or assignment of the inbound patient, if required.

(k) Commanders are responsible for confirming that WTs complete orders and finance inprocessing to ensure accurate pay and benefits.

(l) Upon hospitalization in a VA, to include Polytrauma centers, or non-Army treatment facilities, patients with SCIs, brain injuries, or other long-term care requiring MEB/PEB action will be assigned to the WTU of the Army MTF having geographical area of responsibility for the servicing VA facility. The Army MTF having administrative responsibility will provide accountability and assign a health care practitioner to perform the clinical monitoring and final administrative processing of the patient until fit for duty and reassigned or separated from Service. Patients will be carried “Absent Sick” in CHCS by the MTF with geographic responsibility.

6-9. Assignment of Soldiers after Completion of Care in WTU

Every effort will be made to return WTU AC and AGR Warriors to their previous unit of assignment once they are determined fit for duty and their medical treatment is complete. Release will be coordinated between MEDCOM and HRC through normal reporting procedures.

6-10. Process to separate an attached WTU Soldier

a. When a Soldier is attached for medical purposes and the Soldier is due to separate from AD, the installation where the Soldier is attached will coordinate with the installation of assignment. If the Soldier is USAR AGR notify HRC-STL (AHRC-ARM), 314-592-0000 x5171 for USAR AGR Officers and x5117 for USAR AGR Enlisted or via email HRCARMOPS@conus.army.mil.

b. The installation of assignment will publish separation orders and the two installations will coordinate to receive the Soldier's service records and allied papers (SRAP).

c. Once the attached installation receives the SRAP, the Soldier will then be released from attachment and assign for transition purposes (usually one day).

d. The installation of assignment will coordinate with the Soldier's assigned unit to out-process the Soldier in his absence

e. Installation of attachment will process separation documents to include the DD Form 214

f. Installation of attachment will coordinate with local finance to assist Soldier with his final out-processing to resolve finance issues

g. The Soldier and family will use the separation orders to proceed to home of record or station of choice.

6-11. Continuation on Active Duty (COAD) and Continuation On Active Reserve (COAR) for Graduate Level Education

a. Graduate-Level Education and/or Faculty Assignment at Service Schools for Wounded Warriors

b. Purpose. To outline the current process for Continuation on Active Duty (COAD) or Continuation on Active Reserve Status (COAR) officers to compete for existing graduate-level education opportunities and potential assignment as faculty at Intermediate Level Education (ILE), military academies, Senior Service Colleges, and other service Schools.

c. Background. The Army Medical Action Plan (AMAP) defined “Warriors in Transition” as active duty Soldiers with complex medical needs requiring six months or more of treatment. The newly formed Warrior Transition Units (WTU) will provide additional opportunities for skill development and career counseling for those officers that are COAD or COAR. The AMAP also determined the need to ensure a process was in place within the Human Resources community to allow COAD and COAR officers to compete for existing graduate-level education opportunities and potential assignment as faculty at Intermediate Level Education (ILE), military academies, Senior Service Colleges, and other service Schools.

d. Facts:

(1) The Army Wounded Warrior Program (AW2) focuses on Soldiers with a 30% or more disability from GWOT operations. AW2 assists Soldiers with support services from initial notification and evacuation, through medical care and board evaluations, and then through reintegration into the Army or transition to civilian employment. AW2 assists active duty Soldiers and their families with decisions regarding COAD and COAR.

(2) Based on the COAD/COAR request, the U.S. Army Human Resources Command (HRC) career managers work with AW2, individual Soldiers, commands and proponents, and others to outline a Five-Year Plan for each Wounded Warrior, focused on the Soldier’s ability to continue in his/her primary specialty or required retraining/reclassification. These Five-Year Plans ensure each Soldier completes rehabilitation and makes maximum use of Army training and education (military and civilian) opportunities. These Soldiers are targeted for assignment to Generating Force units whenever possible to ensure their complete rehabilitation while providing their assigned units with current operational experience. The five-year planning window ensures a minimum of two consecutive assignments, ensuring visibility of the Soldier through rehabilitation and beyond.

(3) During the development of the five year plan, HRC looks at each COAD/COAR officer’s educational background and potential for both military and civilian schooling. COAD officers without a degree are scheduled for Degree Completion to complete their undergraduate degree requirements. COAD/COAR officers with an undergraduate degree will discuss their desires with HRC career managers at either HRC-Alexandria or HRC-St Louis depending on their component. HRC career managers evaluate potential for a graduate degree for COAD officers to facilitate

follow on assignments and work with HRC Leader Development to resource a graduate education quota from existing fully funded programs. The Army G1 will fund additional quotas for COAD/COAR officers as necessary.

(4) Graduate school opportunities for COAD officers are currently being offered under the Expanded Graduate School Program (EGSP) at HRC-Alexandria. The goal of EGSP is to enhance development of the broader intellectual capital required in a Joint and Expeditionary Army. The program leads to a high-quality graduate degree in residence and return to a follow-on key developmental Army Educational Requirements System utilization assignment. EGSP has two reinforcing objectives: development of critical skills and long term retention of quality junior officers. Selected officers are required to study in an approved discipline that enhances the competencies required in an expeditionary Army and will incur an ADSO of three days for every one day spent in graduate school IAW AR 350-100, Officer Active Duty Service Obligations.

(5) Leader Development Division (LDD), Officer Personnel Management Directorate (OPMD), HRC-Alexandria is responsible for the EGSP. HRC career managers will assist COAD officers interested in this program to ensure all necessary transcripts and required Graduate Record Exam (GRE) and/or Graduate Management Admission Test (GMAT) requirements are met. HRC will also work with COAD officers to determine the timeframe they may be expected to start a graduate program of study. Many schools have application deadlines in the January-February timeframe. Therefore, early identification of officers is essential. Once an officer is approved and accepted, HRC assigns the officer to the United States Army Student Detachment at Ft. Jackson with duty at the specified institution. Most programs are 18 months in length. However some programs, particularly those with more technical disciplines, may require 20-24 months to complete a graduate degree. The officer receives an Academic Evaluation Report (AER) for the period of schooling.

(6) Follow-on assignments as faculty at Intermediate Level Education (ILE) sites such as Fort Leavenworth, military academies such as the United States Military Academy, Senior Service Colleges such as the Army War College, and other service Schools such as National Defense University will be discussed prior to graduate school study and prior to completion of the graduate school program. The point of contact is Mr. Jack Kendall/AHRC-OPL DSN: 221-3099 or via email at john.kendall5@us.army.mil

e. Current interim policy guidance (ALARACT 192/2007) allows Soldiers currently approved for COAD to remain on active duty (provided otherwise qualified) until their Retention Control Point (RCP), Mandatory Removal or Retirement Date (MRD), age 62 for Active Duty or age 60 for AGR, whichever occurs first. Soldiers currently approved for COAR may serve to their maximum years of service (MYOS), MRD, or age 60, whichever occurs first. AR 635-40 update will contain this information.

6-12. Army Career and Alumni Program (ACAP)

a. Soldiers are required to start their ACAP processing upon the initiation of medical board proceedings. As a minimum, Soldiers must receive the mandatory pre-separation counseling prior to departure from their assigned installation. The counseling must be recorded on a DD Form 2648 for AC Soldiers. Soldiers are also encouraged to participate in a Transition Assistance Program (TAP) Employment Workshop**,** a Veteran Administration (VA) benefits briefing and a disabled TAP briefing. Soldier and their Family members are eligible to continue ACAP services for up to 180 days after release from Active Duty. For the location of the nearest ACAP center, log on to the ACAP website at http://www.acap.army.mil.

b. Soldiers are referred to ACAP within 30 days of assignment to WTU as appropriate. Soldiers receive ACAP pre-separation counseling and completed DD Form 2648-1 Pre-Separation Counseling Checklist NLT 90 days prior to REFRAD.

6-13. RC REFRAD and Separation Processing (Non-AGR)

a. Soldiers being REFRAD:

(1) When a Soldier has been medically cleared to return to duty, the Soldier's C2 element will forward the REFRAD check list and a "fit-for-duty memorandum" (signed by the Soldier's primary care giver) to Human Resources Command at rcmedicalretention@conus.army.mil

(2) HRC-A will forward a REFRAD authorization memorandum to the supporting WTU and the Transition Center. Upon receipt of the REFRAD authorization memorandum, the WTU administrative specialist will coordinate with the Transition Center for the Soldier to process DD Form 214.

(3) The WTU administrative specialist will coordinate with the Installation Transition Center to publish the final DD 214 and the REFRAD order and make any corrections with supporting documents.

(4) The Transition Center will make the appropriate changes in Transition Processing (TRANSPOC) and review with the Soldier. The transition center will publish the final DD Form 214 and the REFRAD order (format 523) (when publishing the final DD Form 214 the "mobilization service 10 USC 12302" and the "MRP service 10 USC 12301(h)" will be listed as separate period in block 18 of the final DD Form 214).

(5) The Transition Center will mail copies 1 and 4 along with a copy of the REFRAD order to the Soldier's address listed on the DD Form 214, and distribute other copies of the DD Form 214 as required to include the owning ARNG or USAR unit.

(6) The WTU administrative specialist is required to complete the eMILPO 5010 transaction. The Transition Center will forward a copy of the final DD Form 214 to the local finance office in order to stop the individual's pay and allowances. The local finance office will complete either an A24 transactions in the Defense Joint Military Pay System (DJMS) to stop the Soldier's active duty pay and allowances.

(7) The Soldier may be released to his unit with a faxed or emailed copy of the DD FORM 214 and REFRAD order.

b. For Soldiers being separated due to a Physical Disability Evaluation System finding it is required that the WTU send only the TRANSPROC printout and a Physical Disability Information Report (PDIR) be sent to HRC to initiate the MRP/MRP2/ADME order amendment.

c. Soldiers separated without disability benefits:

(1) When a Soldier has processed through the PDES and is selected to separate without physical disability benefits the US Army Physical Disability Agency (PDA) will input the Soldier's personnel data into TRANSPROC.

(2) When the Installation Transition Center locates the Soldier's information in TRANSPROC, the Transition Center will notify the WTU or C2 element. Upon notification, the WTU or C2 element will locate the Soldier and direct Soldier to begin transition proceedings. Soldiers residing on or near installations will report to the transition center, with their records, for out-processing within 24 hours of the notification. Soldiers attached to CBHCOs will follow MEDCOM WTU/CBHCO procedures.

(3) The Transition Center will publish the final DD Form 214 and the discharge order using Format 501 and the SPD Code will be JFP, (when publishing the final DD Form 214 the "mobilization service 10 USC 12302" and the "MRP service 10 USC 12301(h)" will be listed as separate periods in block 18 of the final DD Form 214).

(4) If the Soldier has 15/20 years of creditable Reserve service, has been issued a 15/20 years "Notification for Retired Pay at Age 60" memorandum, and requests to transfer to the Retired Reserve, the Soldier will be REFRAD using Format 523 order and transferred directly to the Retired Reserve.

(5) The Transition Center will mail copies 1 and 4 along with a copy of the REFRAD order to the Soldier's address listed on the DD Form 214 and distribute other copies of the DD Form 214 as required (to include the parent ARNG or USAR unit).

(6) The Installation Adjutant General is required to complete the eMILPO 5010 transaction. The Transition Center will forward a copy of the final DD Form 214 to the local finance office in order to stop the individual's pay and allowances. The local finance office will complete either a A24 transactions in DJMS to stop the Soldier's active duty pay and allowances.

d. Soldiers Separated with Severance Pay:

(1) When processing a Soldier through the PDES and the Soldier is to be separated with Severance Pay, the PDA will input the Soldier's personnel data into TRANSPROC.

(2) When the Installation Transition Center locates the Soldier's information in TRANSPROC, the Transition Center will notify the WTU or C2 element. Upon notification the WTU or C2 element will locate the Soldier and direct the Soldier to begin transition proceedings. Soldiers

residing on or near installations will report to the Transition Center, with their records, for out-processing within 24 hours of the notification. Soldiers attached to CBHCOs will follow MEDCOM WTU/CBHCO procedures.

(3) The Transition Center will publish the final DD Form 214 and the discharge order using Format 501 and the SPD Code will be JFL, (when publishing the final DD Form 214 the "mobilization service 10 USC 12302" and the "MRP service 10 USC 12301(h)" will be listed as separate periods in block 18 of the final DD Form 214).

(4) If the Soldier has 20 years of creditable Reserve service and has been issued a 20 years "Notification for Retired Pay at Age 60" memorandum and requests to be transferred to the Retired Reserve, the Soldier will be REFRAD using Format 523 orders and transferred directly to the Retired Reserve. Soldiers with a LOD-"Yes", with more than 15 years of creditable service for retirement are required to take disability severance pay and are not eligible for transfer to the retired reserve.

(5) For Soldiers' who accept disability severance pay under 10 USC 1209, the election is irrevocable.

(6) The Transition Center will mail copies 1 and 4 along with a copy of the REFRAD order to the Soldier's address listed on the DD Form 214 and distribute all other copies of the DD Form 214 as required.

(7) The Installation Adjutant General is required to complete the eMILPO 5010 transaction. The Transition Center will forward a copy of the final DD Form 214 to the local finance office in order to stop the individual's pay and allowances. The local finance office will complete either a A24 transactions in the Defense Joint Military Pay System (DJMS) to stop the Soldier's active duty pay and allowances.

(8) THE SEVERANCE PAY TRANSACTION WILL BE INPUT BEFORE THE SOLDIER DEPARTS THE ACTIVE ARMY INSTALLATION OR THE CBHCO.

e. Soldiers separated to the Temporary Disability Retirement List (TDRL)/ Permanent Disability Retirement List (PDRL):

(1) When a Soldier has processed for separation through the PDES to the TDRL/PDRL, the PDA will input the Soldier's personnel data into TRANSPROC.

(2) When the Installation Transition Center locates the Soldier's information in TRANSPROC the Transition Center will notify the WTU or C2 element. Upon notification, the WTU or C2 element will locate the Soldier and direct Soldier to begin transition proceedings. Soldiers residing on or near installations will report to the Transition Center, with their records, for out-processing within 24 hours of the notification. Soldiers attached to CBHCOs will refer to paragraph 3-21 Community Based Health Care Organizations.

(3) The Transition Center will publish the final DD Form 214 and a retirement order using Format 430 (reassignment for separation processing) and Format 610(TDRL) or 612(PDRL) and the SPD Code will be SFK (TDRL) or SFJ (PDRL). When publishing the final DD Form 214 the "mobilization service 10 USC 12302" and the "MRP service 10 USC 12301(h)" will be listed as separate periods in block 18 of the final DD Form 214.

(4) The Transition Center will mail copies 1 and 4 along with a copy of the retirement order to the Soldier's address listed on the DD FORM 214 and distribute all copies of the DD FORM 214 as required.

(5) The Installation Adjutant General is required to complete the eMILPO 5010 transaction. The Transition Center will forward a copy of the final DD FORM 214 to the local finance office in order to stop the individual's pay and allowances. The local finance office will complete a A24 transaction in DJMS to stop the Soldier's active duty pay and allowances.

6-14. RC DD Form 214 Distribution

a. Once medical care is complete, the WTU commander requests a REFRAD order authorization from HRC-A. Upon receipt of the 'memorandum request,' HRC-A sends the REFRAD authorization memorandums back to the WTU of origin. HRC-A will send copies to the garrison's Transition Center (TC), ARNGFSC and to the original order-cutting agency.

b. The TC publishes the final REFRAD orders and the DD214.

c. The TC immediately upon publication of the orders and the DD214, forwards copies through the local finance office.

d. When a Soldier in the MRP program has been processed through the Physical Disability Evaluation System (**PDES**) and is to be separated with severance pay or disability, the PDA inputs the Soldier's personnel data into **TRANSPROC.**

e. If the Soldier has less than 20 years of service towards reserve retirement, the **PDA** places the Soldier in TRANSPROC, and the processing installation cuts orders based off the TRANSPROC message.

f. When the Installation **TC** locates the Soldier's information in TRANSPOC, the TC notifies the WTU or command and control (C2) element. Once notified, the WTU or C2 element locates the Soldier and directs the Soldier to begin *transition proceedings*. Soldiers residing on or near installations reports to the TC, with their records for out-processing within 24 hours of the notification.

g. The TC publishes the final DD Form 214 and the Transition order, and makes distribution IAW MILPER MSG 05-258, 17 October 2005.

h. The TC will input severance pay transaction before the Soldier departs the active Army installation or WTU.

i. When Soldiers processed through PDES for separation to the TDRL/PDRL, the same procedures take place.

j. Once the final discharge orders are done, HRC-A will distribute orders as listed in section 9 (as applicable).

k. When a Soldier requests a Continuation on Active Reserve (**COAR**), upon COAR approval, HRC-A sends out a memorandum with separation instructions to the servicing installation. If the COAR is disapproved, the Soldier will be REFRAD and depending on the PDES recommendation, may or may not get disability.

l. A Soldier is eligible for retirement only if they meet certain criteria as stated in USC 10, section 12731 or 12731(b). Normally in the line of duty (LOD), a Soldier will not be eligible for retirement.

6-15. Procedures for Transitioning Soldiers from Active Duty (AD) while attached to a Medical Facility (MILPER Message 08-008)

a. The purpose of this message is to provide procedures for transitioning Soldiers from active duty (AD) while attached to a military medical facility.

b. Upon notification of separation from Physical Disability Agency (PDA), the installation transition center (TC) where the Soldier is attached or geographically located will coordinate with the installation of assignment TC for publication of orders.

c. The installation of assignment TC will:

(1) Forward a copy of the Soldier's service records and allied papers electronically to the installation of attachment TC for the preparation of DD Form 214 and publication of separation orders.

(2) Coordinate with Soldier's assigned command to appoint a service member to out-process the Soldier and family in his/her absence.

(3) Forward medical, dental, and personnel records (201 file) along with the appropriate copy of the final DD Form 214 for disposition. (If those records are located geographically with the Soldier, the attached TC will complete this task).

d. The installation of attachment TC will:

(1) Publish separation orders in accordance with (IAW) AR 600-8-105 and provide a copy electronically to the assigned TC.

(2) Inform the Soldier to use his/her separation orders to make transportation and flight arrangements in order to proceed to his/her home of record or station of choice.

(3) Inform Soldier to schedule an appointment with the local Army Wounded Warrior (AW2) Representative prior to his/her final transitioning.

(4) Initiate Army Career and Alumni Program (ACAP) services (pre-separation counseling Checklist DD Form 2648).

(5) Verify completion of physical exams if appropriate.

(6) Ensure Soldier is briefed to attend Retiree Pre-Retirement Briefings if appropriate.

(7) Coordinate with local finance to assist the Soldier in resolving finance issues.

(8) Prepare the DD Form 214 Worksheet in coordination with the assigned TC, review DD Form 214 worksheet with Soldier, and distribute final DD Form 214. (to include coordination with the assigned TC for file copy in the 201 file and medical records).

(9) Ensure all required actions are completed for final transitioning and records that are geographically located with the Soldier are sent to the appropriate mailing address for disposition by the attached TC.

e. Transition centers and managers need to ensure Point of Contacts on the Transition Center Directory is updated so that immediate coordination can be established between transition centers upon notification of separation action in TRANSPROC.

f. Point of contacts are Ms. Ketly Ray and Ms. Jackie Hill at commercial (703) 325-4741/4444, (DSN: 221), email: ketly.ray@us.army.mil. and Jacqueline.e.hill@us.army.mil for Transition Proponents, and Ms. Strayhorn, at commercial (703) 602-3311 (DSN: 332), email: rosa.strayhorn@us.army.mil for IMCOM.

Chapter 7
Support Sections, Agencies, and Organizations

7-1. Soldier and Family Assistance Center (SFAC)

The Soldier and Family Assistance Center will coordinate the delivery of essential services listed below through: either providing the services on-site at the SFAC facility; bringing forward services on a part-time basis; or establishing priority appointments on behalf of WTs at other offices. In all cases, the place where the services are delivered should be convenient and accessible to the WT or Family member. Essential services are:

a. Military Personnel (MILPER).

(1) Given the projected WT population, determine the optimum method for conducting in/out processing. Determine the ideal location and resource requirements to achieve WT in/out processing.

(2) Determine the resource requirements and methodology for issuing WT Common Access Cards (CAC) and Teslin Cards to Family members.

(3) Provide WTs separating from military service appropriate transition services and decision support assistance. Determine additional resources required to provide assistance via the SFAC.

(4) Provide assistance for WT Transition and/or Separation.

(5) Identify the resources and method for delivering Casualty Assistance services to Families as required.

(6) Provide WTs timely Orders Processing within five duty days of notification. Identify additional resource requirements to achieve service standard.

(7) Provide WT Retirement Services IAW AR 600-8-7. Determine additional resource requirements necessary to provide a tailored service via the SFAC or within existing service center.

b. Army Substance Abuse Program (ASAP).

(1) Provide Employee Assistance Program (EAP) crisis intervention and information and referral services for WTs and their Families.

(2) Provide a comprehensive substance abuse prevention education, intervention, information and referral program for WTs and their Family members. Establish a stress management program tailored to the WT population. Coordinate with installation Chaplain and WTU Commander in conducting Suicide Prevention training and establishing a comprehensive information program to provide hotline and resource information.

(3) Establish and maintain effective working relationship with Garrison Army Substance Abuse Program (ASAP) and Alcohol and Drug Control Officer (ADCO).

c. Information and Referral Services (I & R).

(1) Provide reception services, which include a general orientation on the services available in the SFAC.

(2) Establish a centralized intake for information, referral, and crisis intervention, while conducting initial interviews. Assess individual and family needs, provide information and make service referrals within the center and to external agencies.

(3) Maintain resource listings on a variety of installation, local, state, and federal agencies, which offer support services to WTs. Resource listings will include services to special needs' population.

(4) Conduct specialized needs assessment to tailor services.

(5) Create customer feedback forms and service request forms to identify and determine service emphasis.

(6) Provide and maintain current inventory of brochures, fact sheets, and handouts regarding the SFAC and resources available in community.

(7) Maintain a roster of available language translators who would provide free-of -charge services to Families who are speakers of other languages.

(8) Provide lodging referral resource information for Family members.

(9) Publish brochures, phone contact cards, and/or tailor welcome packets in coordination with WTU cadre to offer WTs and their Families concise service contact information upon their arrival at the installation.

(10) Maintain a client tracking system.

(11) Maintain information on points of contact for members of the Army National Guard and Army Reserve.

(12) Maintain points of contact on WTs' equivalents for other services: i.e. Navy, Marine and Air Force wounded support programs.

(13) Coordinate with Military Personnel and the Provost Marshal Office to establish installation access and access to installation services for non-medical attendants arriving on Invitational Travel Orders.

(14) Maintain information on Virtual SFAC (TBD).

(15) Through the donations program, purchase/obtain and maintain a supply of healthy refreshments on site.

(16) Transportation policy (TBD).

(17) Coordinate/arrange respite care services for families with special needs through ACS, Exceptional Family Member Program (EFMP).

(18) Arrange for adult caregivers to have respite care for WTs.

d. **Financial Counseling Services.** Counsel and educate WTs and Families on person financial self-sufficiency. These services will include:

(1) Assistance in personal budget development.

(2) Developing a spending plan.

(3) Managing personal finances.

(4) Evaluating assets and liabilities for long term planning.

(5) Army Emergency Relief referrals.

e. Transition and Employment Assistance.

(1) Complete DD Form 2648/2648-1 with individual SFAC participant for personalized services no later than 90 days from separation date.

(2) Build a transitioning service provider referral program for the SFAC customized services. Support DD Form 2648-1 requirements.

(3) Develop individual transition plans (ITP) that support transitioning needs for the WTs, Families, and non-medical caregivers assigned to the SFAC. Use ITP to advocate service delivery and case management.

(4) Coordinate services between Army, Department of Defense, Department of Labor, and Veterans Affairs organizations in providing employment, training, and benefits services.

(5) Identify and Develop Transition Resource Room with equipment and sufficient ADA compliant equipment / computers needed to support WTs their Family Members

(6) Provide Job Assistance and development of ITPs through coordinating efforts with Army, Department of Labor and Veterans Affairs.

(7) Develop resumes and work history documents for all SFAC participants.

(8) Provide job assistance and ITPs' to Family members and non-medical attendants. Coordinate with ACS Employment Readiness Program manager to assist Family members seeking employment.

(9) Forward work history/resumes to service providers.

(10) Support HQ IMCOM Technical Assistance and Transition Workshop Initiative (HQ IMCOM H3; Heal, Help and Hire). Transition information and training provided to WTs and Families who may or may not be located near an Army Installation.

(11) Support and advocate SFAC participation in installation and local job fairs.

(12) Contact and support employer registration for WTs.

(13) Use central automated reporting system to maintain program data to monitor and evaluate quality of program delivery.

(14) Lead, organize and execute Wounded Warrior Technical Assistance and Transition Workshops.

(15) Develop needs assessment and support initiatives for WTs.

(16) Support provision outlined in MILPER Message Number 07-225, AHRC-PDT-O; Transition Services for Soldiers assigned to Warrior Transition Units and Adjustment of VA Benefits Briefing Delivery, issued 08/22/2007.

(17) Develop internal measures that support and ensure WTs receive total transition services.

f. Army Continuing Education System (ACES).

(1) Provide education-counseling services to Soldiers and family members.

(2) Provide on-site academic and military testing when possible.

(3) Provide mandatory Montgomery GI Bill counseling to WTs who will transition out of the Army.

(4) Ensure all WTs are familiar with the GoArmyEd portal procedures for applying for Army Tuition Assistance.

(5) Ensure WTs and Family members have computer access for education programs and services.

(6) Assist WTs and Family members in accessing state, county or local education benefits.

(7) Assist Soldiers and family members in accessing state, county or local education benefits.

g. Child Youth Services (CYS)

(1) Extend eligibility for Child and Youth Services (CYS) to designated non-dependant WT Caregivers.

(2) Provide CYS programs to WTs and their Families to include but not limited to short-term childcare services in the Medical Treatment Facility with MEDCOM assistance and/or in locations convenient to WTs and their Families.

h. Pastoral Services (CH): Provide comprehensive religious support:

(1) Provide religious services to Soldiers and their family members to include coordination with chaplains who can provide needed religious support.

(2) Ensure pastoral care by providing timely ministry to Soldiers and their family members.

(3) Administer counseling by either direct approach or referral to the Family Life chaplain. The chaplain can supply the counselee's with materials and/or references that support the counseling situation.

(4) Provide rites and sacraments according to the religious needs of the Soldier or their family members. The chaplain may refer the Soldier and family members to chaplains that will be able to assist them with their religious needs.

(5) Provide ministry of presence to staff, Soldiers and their family members by being available throughout the duty day.

(6) Assist Soldiers and their family members through referrals to other installation helping agencies to meet the full range of associated needs.

(7) Provide resources such as religious literature, counseling materials, religious items, and any materials that meet the religious needs of the Soldier and their family members.

i. Legal Services (TBD).

j. Outreach Services (TBD).

k. Donation Management (TBD).

7-2. Army Wounded Warrior Program

a. Under control of The Adjutant General Directorate, Army Human Resource Command.

(1) The focus of the AW2 Program is on the most severely Wounded, Injured and ill population throughout the Wounded Warrior Lifecycle, from Evacuation through the transition back to the force or to Veteran status, indefinitely. The Army recognized that those Soldiers suffering from illness or injuries incurred after 10 September 2001 in support of the Global War on Terrorism that need it most will be supported with the assistance, advocacy and support they need when and where they need it. AW2 Soldiers are those who have received, or are expected to receive a 30% PEB finding for at least one Special Category/ Enabling Care condition in categories such as: Amputation; Blindness/Vision Loss; Spinal Cord Injury/ Paralysis; Post Traumatic Stress Disorder (PTSD); Permanent Disfigurement; Severe Burns; Traumatic Brain Injury (TBI). These categories fall within the "Special Category (SPECAT) patients" defined in AR 40-400 "Patient Administration."

(2) The Soldier Family Management Specialist (SFMS) is the "boots on the ground" AW2 Agent to assist, support and advise Soldiers and their Families during medical treatment, in

navigating federal, state and private benefit systems; and link them with selected financial, educational, employment, legal and medical resources. Since the WTU Triad is the primary support entity for The SFMS is fully supported by AW2 Staff Specialists who are Subject Matter Experts in critical area as such as Medical, Military Human Resources, Finance, Employment, and Strategic Communications.

(3) For AW2 Soldiers the TRIAD support system includes the AW2 SFMS. The TRIAD and SFAC personnel must understand the capabilities the AW2 Program provides for the most seriously wounded, injured, ill Soldiers and their Families. The TRIAD will refer Soldiers they believe to be AW2 injury eligible to the AW2 SFMS and incorporate the SFMS into the TRIAD support system. For Soldiers that are already identified as AW2, the AW2 SFMS and the TRIAD will perform a case review. The TRIAD (especially the NCM) and AW2 SFMS will communicate issues, concerns, and Soldier status. The AW2 Program is also a resource for the TRIAD to leverage additional assistance for regulatory and policy roadblocks they may encounter. The AW2 SFMS is the single point of contact for referring AW2 Soldiers to and interaction with the Federal Recovery Coordinator.

(4) AW2 serves as an advocate and change agent to implement lessons learned to adjust policy and increase the responsiveness and effectiveness of our medical and benefit systems. These services to Soldiers are not limited by geography or physical locations or constrained by recovery or rehabilitation timelines – AW2 provides counseling and assistance throughout the lifetime of the Soldier.

(5) AW2 works with Soldiers in coordination with Army Career and Alumni Program (ACAP) on career plans and employment opportunities beyond their Army careers. Helps keep Soldiers in the Army by educating and facilitating COAD/COAR application efforts. AW2 has well established partnerships with veteran service organizations, non-profits and other individual and corporate partners for the individual benefit of Soldiers and Families.

(6) Soldiers are tracked and managed utilizing an application within the Wounded Warrior Accountability System (WWAS) that operates on real-time, authoritative data directly from the source to empower AW2 with the total Soldier situation. AW2 Toll Free: 800-237-1336, Website: **www.aw2.army.mil**

b. **Soldier Family Management Specialists (SFMS)** provide a personalized plan to Soldiers and their Families empowering them to make informed and relevant decisions. Coordinate and facilitate support services, and information for AW2 Soldiers and their Families.

(1) Provides individualized support to severely injured Soldiers and their families and champions change to business processes, policy and law.

(2) Navigate the maze of federal and state benefits and private initiatives.

(3) AW2 Soldier Family Management Specialists are located at MEDCENs, VA Medical Centers & Army Installations with concentrations of AW2s.

(4) SFMS Soldiers and Families with WHATEVER IT TAKES!

(a) Facilitate a TSGLI application

(b) Audit finance records

(c) Educate employers

(d) Assists with changing retirement dates

(e) Continuation on Active Duty (COAD/COAR): Coordinate 5 yr career plans

(f) Provide side by side comparisons of medical retirement pay and VA disability compensation

(g) Negotiate transition amongst federal agencies

(h) Assist with employment/education opportunities

(i) Prepare Families for fiduciary responsibility over their Soldier's pay

(j) Arrange for financial counseling to improve mortgage eligibility

(k) Locate a lost Purple Heart medal; arrange for an award ceremony

(l) Assisting in either Soldier or Family member citizenship

(m) Manage non-clinical transition between Army and VA

c. How does AW2 play a role into the TRIAD:

(1) AW2 has SFMS embedded into all 4 Polytrauma Centers and the 17 Polytrauma network and major military installations (WRAMC, Bethesda, BAMC, Balboa).

(2) Each AW2 Soldier is assigned a Soldier & Family Management Specialist (1:30 ratio) that does the following:

(a) AW2 contacts WTU command as a checks and balance for both to identify and refer WTU/AW2 Soldiers.

(b) SFMS works with WTU case managers.

(c) Works with the PCM at the bedside of the Soldier.

(d) Works and assists with SFAC.

(e) Coordinates with VA/CBHCO for smooth transition.

(f) Coordinates with PEBLO's, PAD, TRICARE Service Centers

(g) Notifies WTU of COAD/COAR Soldiers interested and approved.

d. AW2 Links Soldiers and Family Members with Valuable Federal Benefits

(1) Health Care: TRICARE, VA Health Care, Medicare/Medicaid

(2) Retirement & Disability Compensation

(a) US Army Retirement Pay

(b) VA Disability Compensation

(c) Traumatic Service members Group Life Insurance (TSGLI)

(d) Combat Related Special Compensation (CRSC)

(e) SSI Disability Compensation

(3) Transition Assistance

(a) Army Career and Alumni Program (ACAP)

(b) VA Disabled Transition Assistance Program (DTAP)

(c) VA Seamless Transition

(d) Unemployment Compensation

(4) VA Adaptive Housing & Vehicle Assistance

(5) Vocational Rehabilitation

(6) Employment

e. AW2 Operations Staff includes

(1) Call Center for contact, referral and information

(2) VA Liaison, Finance personnel, HR manager for Military Benefits and Awards

(3) Medical, Operations and Employment Specialists.

(4) Strategic Communications, Public Relations, Strategic Partnerships and Website Management.

7-3. Legal Information

a. When a WT has a scheduled formal board hearing before one of the PEBs, they should be put on orders so that they will arrive 2 days before the hearing if CONUS (and 3 days if coming from OCONUS) in order to have additional time to meet with counsel, further prepare for the hearing, and adjust to the different location.

b. Upon assignment to a WTU, Soldiers and families should be provided with the contact information to the local legal assistance attorney, who will most likely be assigned to the MTF. Attorneys and paralegals are assigned generally assigned at all MTFs.

c. WTs and family members should consider changes to wills, standard and health care powers of attorney, living wills, and other general legal assistance issues such as taxes, USERRA, SCRA, etc. The dedicated legal assistance attorney can assist with all of these issues for the Soldier and his/her family members.

Chapter 8
Reference

8-1. Staff Assistance Visits

a. The purpose of the Staff Assistance Visits (SAVs) is to provide MTF, WTU, SFAC and select garrison staff guidance and knowledge on the operations of a Warrior Transition Unit (WTU). The SAVs are multidisciplinary and led by designated officers. These visits will ensure that every organization understands and adheres to the standards and maximizes operational capability of the WTU.

b. Initial SAVs were conducted from July through September 2007 at select WTU locations. Follow up SAVs will be scheduled on an interim basis. These visits are 'assistive' in nature. Each SAV team includes SMEs from MEDCOM Regional Medical Commands (RMCs), DA G-1, IMCOM, FINCOM and the Department of Veterans Affairs. Each team contains Active, Reserve, and National Guard members and will have both Army level and regional representation.

c. A typical SAV will be a three-day process and will have a prepared schedule. A command in-brief and self-assessment will be conducted. The SAV team will conduct assistance and assessment which will include interviews and observations.

d. A detailed SAV checklist has been developed and will be utilized to conduct the SAV. Out briefs will be conducted on the last day of the visit and will be interaction

e. between the SAV team members and counterpart staffs. A final document will be provided to the command during the out-brief.

8-2. Special Duty Assignment Pay (SDAP) for WTU and CBHCO Cadre (Milper Message 08-179)

MILPER message 08-179 supersedes MILPER message 08-027 and provides policy guidance to changes, additions, amendments, and clarifications made to the SDAP eligibility criteria for Soldiers serving in authorized duty assignment positions as cadre in WTU's and CBHCO's that are documented and designated for award of SDAP. See the message for specific details.

8-3. Army Mild Traumatic Brain Injury (MTBI)/Post Traumatic Stress Disorder (PTSD) Awareness And Response Program:

a. On 22 June 2007, the Acting Secretary of the Army and Chief of Staff, Army approved the Army mTBI/PTSD awareness and response program and directed that it be implemented throughout the Army.

b. Key components of the Army mTBI/PTSD awareness and response program include an understanding by every Soldier and leader in the army of the causes, symptoms, and treatment available for mTBI and PTSD.

c. In order to ensure the key awareness and response by all Army components a chain teaching training program has been developed and is supported by training resources available at the army knowledge on-line website homepage (https://www.us.army.mil). This program provides Commanders with instructions and training material required to prepare for and conduct army mTBI/PTSD awareness and response training. Effective immediately, all army activities shall conduct this training program. See ALARACT 160/2007 for further information.

8-4. Frequently Asked Questions

The answers are 'best available' and do not constitute official Army policy. For official Army policy, please refer to the WTU – Administrative Guidance, PPG and pertinent Army regulations. This is an initial list- we encourage additions which you can submit to the POC on the front of this document. As this list grows, it will be sorted by 'chapter' breakout.

a. **Is a retiree recall eligible for MRP2 entry?** This issue is currently being worked and reviewed by Army leadership. Generally, it depends on the retiree's status at the time of mobilization and after REFRAD. A retiree called up under 10 USC 638 may not be eligible for MRP2; a retiree called up under section 12301(d) in support of GWOT might be eligible; other

categories may not be eligible for MRP2. The retirees must meet eligibility requirements as stated in the WTU – Administrative Guidance.

b. **Is a recruiter with a health problem eligible for MRP2?** No. A recruiter is normally an AGR or AC Soldier on active duty orders; they are eligible for WTU as any active component Soldier.

c. **Can AC or AGR WT have more then one PCS in a year?** Yes, with an exception to policy. Please refer to MILPER message 07-075.

d. **How do I transfer from one WTU to another?** There has to be justification to transfer. For RC, HRC-A Mob Cell will publish new orders transferring the Soldier from one WTU to another. For AC, the current MTF will publish orders (TDY) transferring the WT from one site to the next. In all cases, the Triad (Case Manager, 1SG, and Medical Provider) must be involved in the decision-making and coordinate with the gaining WTU. Once at the gaining WTU, that MTF/WTU will assign or attach appropriately.

e. **How do I transfer a WT from WTU to Polytrauma Center?** A Soldier with a justifiable medical reason may be attached or assigned to a WTU with duty at the Polytrauma Center. The WTU leadership will maintain C2 and accountability for the Soldier.

f. **What is the current guidance on CIP?** The current policy for Combat Related Injury Pay is for WT to continue receiving CIP until discharge from the hospital or receipt of payment for TSGLI (Traumatic Service members Group Life Insurance). A member is considered hospitalized if he/she is admitted as an inpatient or is receiving extensive rehabilitation as an outpatient while living in quarters affiliated with the military health care system.

g. **Can a WT take transition leave?** Yes, all compos are authorized Transition Leave. Warriors in Transition are authorized transition leave (formerly called terminal leave) after completing medical processing or the PDES process and prior to discharge, REFRAD, separation or retirement. Refer to ALARACT 185/2007.

h. **Can a WT leave the program (Compo 2/3)?** A WT may request to leave the program once they are on orders. However, the recommendation is for WT to complete their medical care prior to requesting leaving the program. Only under special mitigating circumstances may a Soldier leave the WTU which could be considered essentially against medical advice.

i. **What are the medical treatment options for Compo 2/3 who decline entry into WTU?** Compo 2/3 (RC Soldiers) may decline entry into the WTU and file a request for INCAP (incapacitation pay). In addition the RC Soldiers may require care from their local VA. Also, TAMP healthcare benefits continue for 6 months post REFRAD.

j. **Can AC or AGR Soldiers go into CBCHO?** AC Soldiers may enter the CBHCO under certain conditions and currently on a limited basis. This option is being explored for the AC WT population. Currently, an AC Soldier may be assigned to a CBHCO as an exception.

k. **Can a Soldier select which WTU he/she enters?** The assignment is based on the best medical facilities for the Soldier and their family. A WT may request a certain WTU; the Army will attempt to accommodate the WT or his family. The assignment is generally made with input from the 'Triad'.

l. **Who can come and take care of me?** Family members or a special designee. Soldiers must select a designated "non-medical attendant" on DD form 93 (MILPER Message 07-206) prior to mobilization- usually at the SRP site. Soldiers should carefully select an individual they believe would be most supportive of them should they require medical care and treatment.

m. **How do I contact my home unit (Compo 2/3)?** You may contact your unit directly or through your current WTU chain of command. If your unit is mobilized, you may contact your RSC. The WTU leadership can assist in this communication process.

n. **May I accept donations?** Unconditional gifts (less than $1000) maybe used by the unit. Process all "conditional gifts" (any gift with a value greater than $1,000) through the MTF commander in line with AR 1-100. All gifts to WTUs should come without any conditions or cost. Complete guidance is referenced at AR 1-100.

o. **What do I do when a Soldier arrives without orders?** WTU leadership will be responsible to coordinate for AC or AGR Soldiers arriving without orders to have their orders reconstructed. Refer to memorandum dated 22 October 2007, (DAPE-PRC) subject: "Reconstruction of Deployment Orders for Wounded Warriors" for further details. RC Soldiers WTU cadre need to contact HRC-A "medical retention cell".

p. **If Compo 2/3, why do I have to accept BAH from HOR?** RC Soldiers are moved on TCS orders, their HOR does not change. Since RC Soldiers do not PCS, their HOR, and as a result their BAH does not change.

q. **How does an AC WTU move the family to WT Station?** Once assigned to a WTU, the WT's Family will move in the normal fashion of a PCS move. AR 614-6 covers Army PCS moves.

r. **If I am badly injured, may I stay in the Army?** A Soldier who is badly injured most likely will have to be processed by the PDES, which will determine fitness to remain in the Army. Following completion of the PDES process, the Soldier may have an option to apply for Continuation On Active Reserve (COAR)/Continuation On Active Duty (COAD). Further information is available in the WTU Administrative Guidance.

s. **May I retain my specialty pay while in a WTU?** Certain specialty pays may be retained for specific periods. More information about special pay is available on the 'Pay and Entitlements' chart in this document and in the PPG.

t. **When do I need a LOD and who does it?** As a rule, RC Soldiers should **always** get a LOD; the Soldier's current unit should create it. AC Soldiers need a LODI in the event a situation is determined "in the line of duty: no".

u. **What is the source of information for the LOD process?** AR 600-8-4 is the source of information for the LOD process.

v. **Can an IET Soldier go into a WTU?** Yes, given that the IET and the MTF commander agree. This issue is currently being reviewed with further recommendations to follow.

w. **If I am in a WTU, can I also be cadre?** Normally cadre at the WTU are assigned to a paragraph and line number on the TDA. Whereas, a WT is assigned or attached to the WTU to solely concentrate on healing and not function as a full time cadre member. The WT may work in a variety of details assigned them by the WTU cadre as appropriate to their clinical limitations, to include 'acting' cadre positions. However, approval of the WTU chain of command is required. Refer to the WTU Administrative Guidance for more information.

x. **What are the differences between "assigned" and "attached"?** An assigned AC or AGR Soldier is a Soldier PCSing to a new unit. The original unit will 'lose' the Soldier and the new unit will 'gain' the Soldier (information about reassignment is available at the WTU Administrative Guidance "Pay and Entitlements" chart). An attached AC or AGR Soldier is a Soldier who remains assigned to their original unit of assignment and is attached for duty at a WTU.

y. **How does being in a WTU affect my OER/NCOER promotion status?** Time in the WTU will be a "non-rated" time. Time in the WTU should not affect promotion eligibility.

z. **Who mediates transfer push back?** The Triad (WT's case manager, doctor and 1SG) in conjunction with the WTU commander of the gaining unit will mediate 'push back'.

aa. **How do I get my personal items?** Current WT unit commander will coordinate with the receiving unit commander to ship personal items left behind. For a WT PCS move, the normal PCS rules apply. If on TDY reference DA PAM 55-20. In other circumstances, for deployed WT, personal items authorized per the PPG, chapter 6.

bb. Are Soldiers on ADME eligible for CBHCO? Yes

cc. **Who is responsible for AC or AGR orders?** In one scenario, the MTF Commander, aware of the Soldier's medical situation, will initiate the nomination process and notify the WT's unit commander. In another scenario, the unit commander may initiate the nomination process as appropriate to the situation (WTU Administrative Guidance). Once coordination is completed and Soldier is counseled on assignment or attachment options, the MTF/WTU Commander will issues assignment/attachment orders to the WTU.

dd. When an AC or AGR Soldier is on TCS orders to site A, after a deciding to move the Soldier to site B, who will publish the new orders? A Soldier on TCS orders to site A may move to site B on his current TCS orders given that site A has not attached or assigned the Soldier to site A and the original TCS orders will cover the move to site B. If not, a new set of TCS orders should be published by site A to move the Soldier to site B. Upon arrival at site B, site B will publish new orders assigning or attaching the Soldier to site B. Fund site codes are located in the WTU Administrative Guidance.

ee. A Soldier moved to an MTF on TCS orders. Later on, after arriving at his TCS destination, the Soldier needs to move his household goods from his original unit to a new unit. How will the Soldier get back to his home unit to facilitate the PCS move from his old unit to his new PCS

location? Once assigned or attached to the MTF, the MTF will provide the Soldier or a designated attendant with TDY orders to the original unit of assignment to facilitate the PCS move.

Appendix A
References

Section I

Required Publications
Section contains no entries.

Section II

Related Publications
A related publication is a source of additional information. Note: Army regulations are available online from the USAPA Website (www.usapa.army.mil).

AR 25-400
Army Records and Information Management System

AR 40-66
Medical Records Administration and Health Care Documentation

AR 40-400
Patient Administration

AR 40-501
Standards of Medical Fitness

AR 135-155
Promotions of Commissioned Officers and Warrant Officers other than General Officers

AR 135-381
Incapacitation of Reserve Component Soldiers

AR 600-8-4
Line of Duty Policy, Procedures, and Investigations

AR 600-8-19
Enlisted Promotions and Reductions

AR 600-8-101
Personnel Processing (In, Out, Soldier Readiness Mobilization, and Deployment Processing)

AR 600-8-10
Leaves and Passes

AR 600-8-105
Military Orders

AR 600-60
Physical Performance Evaluation System

AR 623-3
Evaluation Reporting System

Pam 623-3
Evaluation Reporting System

AR 635-40
Physical Evaluation for Retention, Retirement, or Separation

AR 635-200
Enlisted Administrative Separations

NGR 600-100
Officer Promotions

NGR 600-200
Enlisted Personnel

ALARACT Message 008/2006
Contingency Operations Temporary Tour of Active Duty (COTTAD) in Support of the Global War on Terrorism

ALARACT Message 134/2006
Combat Injury Rehabilitation Pay (CIP) policy.

ALARACT Message 008/2007
Notification of Limited Change to Current Army Unit Stop Loss/Stop Movement (SL/SM) Policy

ALARACT 135/2007
Initial Personnel Policy Guidance for Assignment and Attachment to Warrior Transition Units (WTU)

ALARACT 138/2007
Documenting Blast Exposure/Injury in Theater Medical Records, 152114Z June 2007

ALARACT 139/2007
Applicable processing procedures for military orders pertaining to Soldiers in a patient status who are moved from theater

ALARACT 141/2007
HQDA G3/5/7 Warriors in Transition Family Escort

ALARACT 153/2007
Announcement Of Army Mild Traumatic Brain Injury (Mtbi)/Post Traumatic Stress Disorder (Ptsd) Awareness And Response Program, Dtg 110703z Jul 07

ALARACT 160/2007
Interim Guidance: Army Mild Traumatic Brain Injury (MTBI/Post Traumatic Stress Disorder (PTSD) Awareness and Response Program

ALARACT 175/2007
Commander Notification of Arrival and Departure of Medically Evacuated Warriors

ALARACT 185/2007
Transition Leave Processing for Active Component (AC) (Medical Hold) and Mobilized Reserve Component (RC) Medical Holdover.

ALARACT 186/2007
Uniform Wear Policy Changes for Soldiers Assigned to the Warrior Transition Unit (WTU).

ALARACT 187/2007
Transition Team and Individual Augmentee Sourcing, and Dwell Time for Units and Individual Soldiers

ALARACT 188/2007
Separation Retirement Due to Physical Disability

ALARACT 192/2007
Continuation on Active Duty (COAD) and Continuation on Active Reserve (COAR) Status

ALARACT 212/2007
Change in Policy for Pre-Deployment Administration of Anthrax and Smallpox Vaccines

ALARACT 228/2007
Submission of Requests for Assistance/Augmentation (RFAS) to HQDA, DTG 172323Z OCT 07.

ALARACT 256/2007
Combat Related Injury Rehabilitation Pay (**CIP**)

ALARACT 003/2008
Accounting Classifications for Reserve Component (RC) Orders for Soldiers In Support Of GWOT, DTG 041835Z Jan 08

ALARACT 031/2008

Procedural Change for Transfer of Health Records of Transitioning Soldiers to Veterans Administration

Army G-4 message, dated 071757Z May 07
Army Clothing for OIF/OEF Hospitalized Personnel in support of ALARACT 141/2007

MILPER message 05-036
Disability Processing for Mobilized RC (USAR and ARNG) Soldiers, to Include RC Soldiers on ADME.

MILPER message 07-156
Organizational Clothing and Individual Equipment (OCIE) Retain Issue Program Additional Instructions.

MILPER message 07-157
Implementation of Transition Program Memorandum of Understanding

MILPER message 07-179
Warrior Transition Unit Cadre personnel (Assignment and Stabilization of Active Component Soldiers), 7/17/2007

MILPER Message 07-206
DD Form 93: Non-Medical Attendant

MILPER Message 07-225
Transition Services for Soldiers Assigned to Warrior Transition Units and Adjustment of VA Benefits.

MILPER message 08-004
Policy change on the Use of Leave in Conjunction with a Special pass

MILPER message 08-027
Special Duty Assignment Pay (SDAP) for Soldiers Who are in the Warrior Transition Units (WTU) in the U.S. Army Medical Command (USAMEDCOM) (Active Army, Army National Guard and U.S. Army Reserve).

MILPER Message 08-060
Upload Temporary Change of Station (TCS) Orders in IPERMS, issued 2/28/2008

OTSG / MEDCOM Policy Memo 04-007, dated 29 June 2004
Soldiers Considered Appropriate for Medical Retention Processing

OTSG / MEDCOM Policy Memo 06-013
Policy Guidance for Separation Physical Examinations

OTSG/MEDCOM Policy Memo 07-017, dated 30 May 2007
MEDCOM Military Treatment Facility (MTF) Access Standards for Active Duty Service Members

OTSG/MEDCOM Policy memorandum 07-24, dated 2 July 2007
Transfer of Medical Information from the Joint Patient Tracking Application (JPTA) into AHLTA

OTSG/MEDCOM Policy Memo 07-025, dated 17 July 2007
Patient Movement from Outside Continental United States (OCONUS) and Reception of Warriors in Transition to Continental United States (CONUS) Military Treatment Facilities (MTFs)

OTSG/MEDCOM memorandum dated 24 July 2007
Clarification of Requirement for Line of Duty Investigations (LODI) for Soldiers being referred to the Physical Disability Evaluation System

OTSG/MEDCOM Memo 07-031, dated 6 Aug 07
Access to Veterans Benefits Counseling

OTSG/MEDCOM Memo 07-036, dated 23 August 2007
Escorts for Non-Medical Caregivers and Families Traveling on Official Orders

OTSG/MEDCOM Policy Memo 07-038, dated 06 September 2007
Ombudsman Program in Support of Warriors in Transition

OTSG/MEDCOM Policy 07-41, dated 26 Sep 07
Patient Movement from OCONUS and Reception of WT to CONUS MTF

MEDCOM OPORD 06-03
Community Based Health Care Organizations (CBHCO) WTU Operations.

MEDCOM FRAGMENTARY ORDER (FRAGO) TO MEDCOM OPORD 06-03
All CONUS Regional Medical Commands will assume command and control of CBHCO within their regions

MEDCOM OPORD 07-55
MEDCOM Implementation of the Army Medical Action Plan (AMAP)

FRAGO 27 to OPORD 07-55
Enhanced Risk Reduction Measures to Mitigate and Control Risks Associated with Warriors in Transition NLT 03 Mar 08.

FRAGO 29 to OPORD 07-55
Appendix 3 and 4 update MEB document checklist. Update Commander's Functional Statement for PEB

OTSG/MEDCOM memorandum, dated 11 Jan 2008
Movement of Soldiers in Transition Between Warrior Transition Units (WTU's) and WTU's/Community Based Health Care Organizations (CBHCO).

Operation Order (OPORD) 08-21
Soldier Transfer and Regulating Tracking Center, February 2008

HRC memorandum, dated 13 June 2007
Clarification of Requirement for Line of Duty Investigations (LODI) for Soldiers being Referred into the Physical Disability Evaluation system

HRC memorandum, dated 15 June 2007
Implementation of Transition Policy for Wounded Warriors in Medical Hold/Holdover and their Families

Judge Advocate General Memorandum, dated 2 August 2000
Retention for Medical Reasons on Active Duty Beyond Established Separation Date

Judge Advocate General Memorandum for Deputy Chief of Staff G-1
Authority to Implement 10 USC 12301(h)

Judge Advocate General Memorandum for Commander, U.S. Army Physical Disability Agency (PDA), 26 June 2007
Delegation of Authority to Approve the Separation for Physical Disability Soldiers Authorized "Sanctuary" UP 10 U.S.C. § 12686"

HQDA Operation Order (OPORD) 04-01
Annex Q (Medical Holdover Operations - WTU

HQDA EXORD 118-07
[Healing Warriors], 021000Q JUN 2007

HQDA FRAGO 1 to EXORD 118-07
Healing Warriors, DTG 161400Q August 2007

HQDA FRAGO 2 to EXORD 118-07
Healing Warriors, DTG 141600Q December 2007

HQDA FRAGO 3 to EXORD 118-07
Healing Warriors, DTG 010900Q July 2008

HQDA Fragmentary Order (FRAGO) 10016ZJAN172006
Transfer of Authority of CBHCO from Forces Command (FORSCOM) to MEDCOM

United States Army Reserve Command OPORDER 08-035

Interim Guidance TDY/TCS Assignments in Excess of 180 days

ALARACT
Uniform Wear Policy Changes for Soldiers Assigned to the Warrior in Transition Unit (WTU).

Department of the Army Personnel Policy Guidance (PPG)
Contingency Operations in Support of the Global War on Terrorism found at the following website: http://www.armyg1.army.mil/

HQDA, G-1, Memorandum, dated 18 Jun 2007
Housing Prioritization for Warriors in Transition (WT)

HQDA G-1 Memorandum, dated 18 Jun 2007
Housing Prioritization for Warriors in Transition (WT)

Memorandum of Agreement between, HQDA Installation Management Command and U.S. Army Medical Command
Command and Control of Warrior Transition Units and Medical Retention Processing Units, dated 12 June 2007

U.S. Army Accessions Command Interim policy
Nominate and assign or attach Initial Entry Training (IET) and Initial Military Training (IMT) Soldiers to Warrior Transition Units (WTU)

Presidential Proclamation 7463
Declaration of National Emergency by Reason of Certain Terrorist Attacks. Executive order 13223

10 USC 101
Definitions

10 USC 507
Extension of Enlistment for members needing medical care or hospitalization.

10 USC 972
Section 972 of 10 U.S.C. “Armed Forces Members: effect of time lost”.

10 USC 1074
Title 10 U.S. Code collection search site for Armed Forces issues.

10 USC 1074a
Medical and dental care: members on duty other than active duty for a period of more than 30 days.

10 USC 1074e
Medical care: certain Reserves who served in Southwest Asia during the Persian Gulf Conflict.

10 USC 1076
Medical and dental care for dependents: general rule.

10 USC 1076b
TRICARE program: TRICARE Standard coverage for members of the Selected Reserve.

10 USC 1076d
TRICARE program: “coverage for members of reserve components who commit to continued service in the Selected Reserve after release from active duty in support of a contingency operation”.

10 USC 1077
Medical care for dependents: authorized care in facilities of uniformed services

10 USC 1176
Enlisted members: retention after completion of 18 or more, but less than 20, years of service

10 USC 1201
Regulars and members on active duty for more than 30 days: retirement

10 USC 1202
Regulars and members on active duty for more than 30 days: temporary disability retired list

10 USC 1203:
Regulars and members on active duty for more than 30 days: separation

10 USC 1204:
Members on active duty for 30 days or less or on inactive-duty training: retirement

10 USC 1205
Members on active duty for 30 days or less: temporary disability retired list

10 USC 1206
Members on active duty for 30 days or less or on inactive-duty training: separation

10 USC 1206a
Reserve component members unable to perform duties when ordered to active duty: disability system processing.

10 USC 1207
Disability from intentional misconduct or willful neglect: separation

10 USC 12301
Reserve components generally.

10 USC 12302
Ready Reserve.

10 USC 12322
Active duty for health care.

37 USC 204
Entitlement

38 USC 101
Definitions: “Military and Veterans related definitions”.

38 USC 105
Line of duty and misconduct

38 USC 4312
Reemployment rights of persons who serve in the uniformed services

DODD 1241.1
Reserve Components Incapacitation Benefits, 3 December 1992

DODI 1241.2
Reserve Component Incapacitation System Management, 30 May 2001

DODI 1300.18
Personnel Casualty Matters, Policies and Procedures, January 8, 2008

DODD 1332.18
Separation and Retirement for Physical Disability, 4 November 1996.

DODI 1332.38
Physical Disability Evaluation, 14 November 1996

DOD Financial Management Regulation, Volume 7A
Military pay policy and procedures – Active Duty and Reserve pay (October 2007).

DOD Financial Management Regulation, Volume 7B
Military pay policy and procedures – Retired pay (December 2007).

DOD Travel Regulations
Joint Federal Travel Regulation (JFTR) and Joint Travel Regulation (JTR)

ASA (M&RA) Memorandum

Release from Active Duty of Mobilized Personnel not Qualified for Deployment, 24 Oct 2003

ASA (M&RA) Memorandum
Transition of Reserve Component Soldiers from Partial Mobilization Orders to Medical Retention Processing, 6 March 2004".

ASA (M&RA) Memorandum
Health Care Benefits for RC Members and their Dependents: Second Addendum to Mobilization/Demobilization Personnel and Pay Policy for RC Members Ordered to Active Duty in Response to the World Trade Center and Pentagon Attacks

ASA (M&RA) Memorandum
Guidelines for Implementing Sections 415 and 416 of the Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005.

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

ASA (M&RA) Memorandum
Definition of the term "Operational Support

ASA (M&RA) Memorandum
Policy for Management of Reserve Component Soldiers on Active Duty for Operational Support and Full-Time National Guard Duty for Operational Support". Dated Feb 21, 2008.

Section III

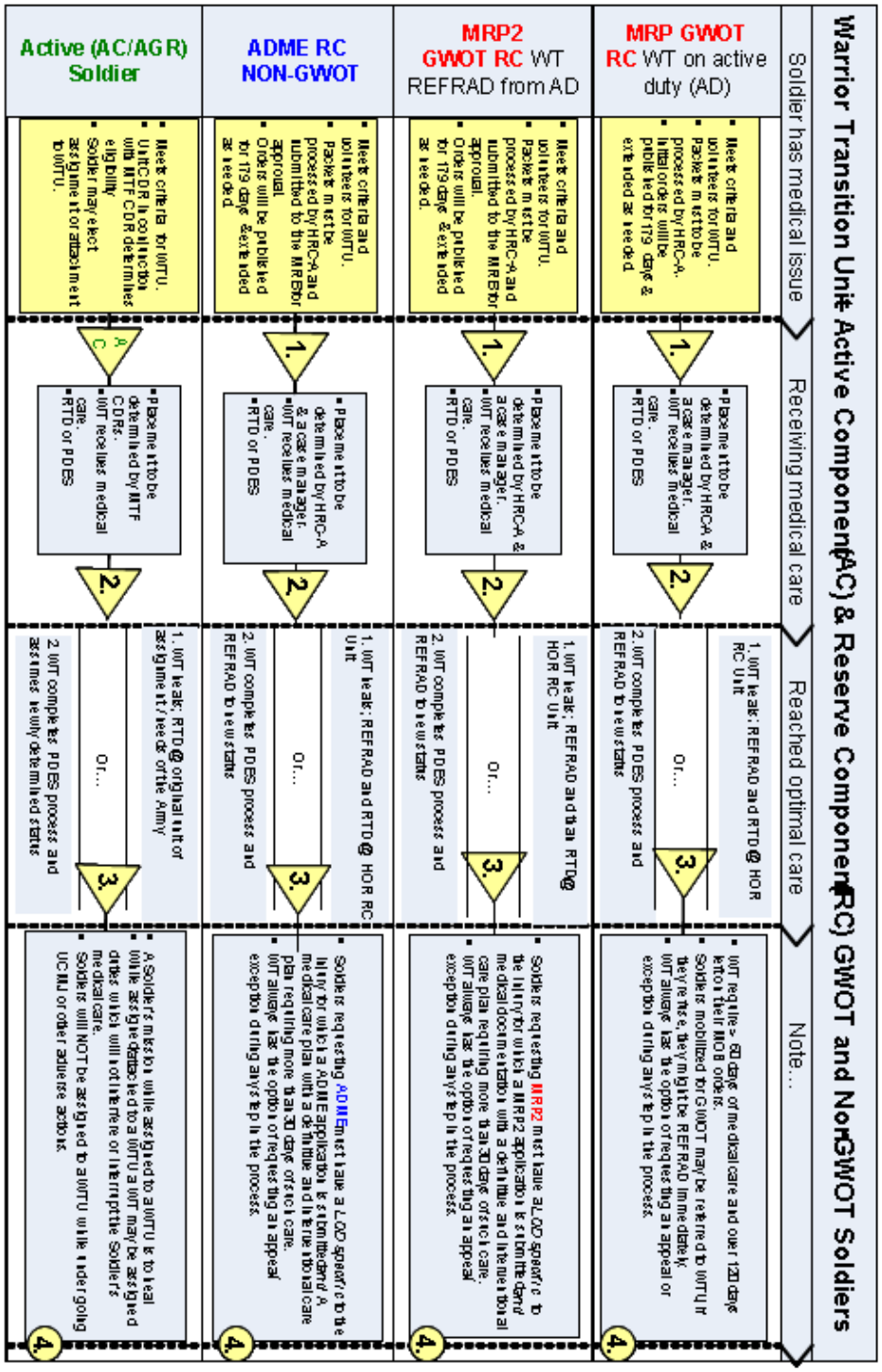
Prescribed Forms
Refer to Annex B for prescribed forms, Flow Charts, Sample Memorandums

Section IV

Referenced Forms
Section contains no entries

Appendix B
Flow Charts, Forms, and Sample Memorandums

B-1 Warrior Transition Unit Time Line Flow Chart



B-2 Warrior Screening Matrix for Entry/Exit into a Warrior Transition Unit

References:

a. National Defense Authorization Act of 2008 (P.L. 110-181) section 1611

b. Report of the President's Commission on Care for America's Returning Wounded Warriors (a/k/a "Dole-Shalala Commission") Jul 2007

c. Army EXORD 118-07 Healing Warriors, FRAGO 3

1. **Purpose**. The purpose of this Screening Matrix is to assist health care providers and Unit Commanders in identifying Warriors who may benefit most from assignment or attachment to a Warrior Transition Unit.

2. **Background**. Soldiers who qualify for Warrior Transition Unit is outlined in Army EXORD 118-07, Healing Warriors, FRAGO 3, ANNEX B. This Warrior Screening Matrix will be utilized by Commands to refer Soldiers for WTU attachment, assignment. The Warrior Screening Matrix will provide information to allow Army units to identify the Soldiers who will benefit the most from the Warrior Transition Program.

3. **Applicability**. This Screening Matrix applies to Service members of all uniform services for illnesses and injuries occurring while on active duty or in a line of duty status.

4. **Process**

The healthcare provider will complete the Screening Matrix with input from healthcare team to include Behavioral Health staff.

The completed forms will be reviewed and signed by the unit commander and included in the packet forwarded to the Triad of Leadership.

5. **Health Care Provider Notes**.

[1] Member has catastrophic illness/injury prohibiting Service Member's return to pre-injury occupation, including: Spinal cord injury, significant burn, amputation, visual impairment, Traumatic Brain Injury and Post Traumatic Stress Disorder.

[2] Tolerance is defined as requiring increased doses of a medication to achieve a consistent effect.

[3] For a more refined assessment of Life Stressors, the Life Event Stress Scale may be used. Less than 150 points indicates a relatively low amount of life change and a low susceptibility to stress-induced health breakdown.. 150 to 300 points indicates about a 50% chance of a major health breakdown within the next two years.. 300 points or more raises the odds to 80% chance of a major health breakdown within the next two years, according to the Holmes-Rahe statistical prediction model.

6. **Unit Commander Instructions**. If the score is 200, screening for the Warrior Transition Unit is encouraged. If the risk score is greater than 1000 then referral to the Triad of Leadership is required.

7. **Unit Commander Notes**. [4] Soldiers cannot be assigned or attached to the WTU if legal or administrative actions are pending. Unit Cdr and MTF Cdr must coordinate risk-mitigating actions until legal or administrative actions are complete. [5] Commanders should annotate additional pertinent information in this block. If the Commander's assessment differs from the health care provider's assessment, the Commander should indicate the reason for their decision.

8. **Point of Contact**. Questions, feedback, or recommendations for improvements should be sent to COL Rebecca Baker at Rebecca.baker@amedd.army.mil

Warrior Screening Matrix for WTU

The health care provider will complete Sections 1-5 to determine if Soldier meets criteria for referral to Triad of Leadership. The Soldier's Commander will complete Section 6.

1. Health Provider Assessment

		A	B	C	D
	Condition requires referral to an MEB[1]			☐	
	Catastrophic illness/injury prohibiting return to pre-injury occupation	☐			
Behavioral Health	No Combat stress or operational stress				☐
	Combat Stress or Mild PTSD				☐
	Moderate PTSD-improving			☐	
	Moderate PTSD (existing, exacerbated or recurrent)			☐	
	Severe psychiatric illness	☐			
Predicted duty absence	Requires 1 Appointment or less per month				☐
	Requires 1 or 2 Appointments per week			☐	
	Requires 3 or more Appointments per week		☐		
	Soldier unable to perform any assigned duties in unit for >30 days.		☐		
Treatment Estimate	Treatment & Rehab complete in <3 mos				☐
	Treatment & Rehab complete in 3-6 mos			☐	
	Treatment & Rehab complete in 6-12 mos		☐		
	Treatment & Rehab needed for >12 mos	☐			
Drug or alcohol use	No indication of drug or alcohol use disorder				☐
	Daily use of prescription controlled substances			☐	
	Tolerance[2] to prescription controlled substances		☐		
	Prior enrollment in ASAP or legal/admin action for drugs/alcohol		☐		
	Dependence on or addiction to drugs or alcohol. (Excludes nicotine)		☐		
Suicide	No history of Suicide thoughts or actions				☐
	Suicidal Ideation			☐	
	History of Suicide Gesture		☐		
	History of Suicide Gesture/Ideation w/ access to lethal means		☐		
	History of Suicide Attempt		☐		
Medical Compliance	Participates actively in treatment and keeps all Appts.				☐
	Participates actively in treatment with <3 No Shows in last 6 mos.			☐	
	Participates moderately in treatment with 3 No Shows in last 6 mos.		☐		
	Does not participate in treatment; >3 No Shows in past 6 mos		☐		
Psychosocial Events	No Significant Life Stressors[3]				☐
	Moderate Life Stressors			☐	
	Significant Life Stressors or recent divorce or loss of relationship		☐		
	Soldier involved in Family Violence within last year		☐		
	Injury/Illness mod-severely impacts Soldier's view of Self-Worth		☐		
2. Add checks in each column to determine Risk Score					
		A	B	C	D
	Weights	1000	100	10	1

3. Administrative Information

Soldier's Name (Last, First, MI)	Health Care Provider's Name (Last, First, MI)
Soldier's SSN	Health Care Provider's Signature
Soldier's Unit of Assignment	Date Assessment Completed

4. Transfer Column Totals to Risk Score

SOLDIER'S RISK SCORE			
A	B	C	D

5. Circle Risk Assessment based on Score.

Score Interpretation / Risk Assessment
< 0029 No Indication for Assignment or attachment to WTU; Low risk effect on medical plan of care.
0030-0199 Possible indication for Assignment or attachment to WTU; Mild risk effect on medical plan of care.
0200-0999 Indication for Assignment or attachment to WTU; High risk effect on medical plan of care.
>1000 Failure to assign or attach Soldier to WTU likely to decrement the medical plan of care.
Additional Provider Comments:

6. Unit Commander's Assessment:

- ☐ Nominate Soldier for WTU assignment/attachment[4]
- ☐ Keep Soldier in Unit (for Soldiers with scores <0200)
- ☐ Keep Soldier in Unit with Risk-Mitigating Strategies (for Soldiers with scores >0200). Must be coordinated between MTF Commander and Unit Commander.

Risk Mitigating Strategies (for Soldier's remaining in Unit and with scores>200)

Additional Commander Comments[5]:

Unit Commander's Name (Last, First, MI)
Unit Commander's Signature (O5+ if Soldier score > 200)
Date Assessment Completed

B-3 Commander Referral Letter for AC Soldiers

DEPARTMENT OF THE ARMY
UNIT
UNIT ADDRESS
LOCATION, ZIP CODE

REPLY TO
ATTENTION OF:
OFFICE-SYMBOL Date

MEMORANDUM THRU

FOR Triad of Leadership

SUBJECT: Commander's Statement, SPC John Smith, (last SSN 4) 9999

1. Request SSG Smith be evaluated for (Assignment/Attachment/Enrollment or Cadre) to the WTU.

2. PAST HISTORY:

SSG Smith's medical condition began after jumping from a truck during OIF when he injured his left knee. He is a Combat Engineer, which requires extensive marching, running and frequent manual labor. Over the past five months, he was on 30-day limited duty profiles on three occasions.

SSG Smith's had surgery on XX May 2008 to repair his knee. SSG Smith returned to work and continued physical therapy once per day.

3. PRESENT CONDITION:

His knee pain and mobility continued to worsen. SSG Smith's physical therapy consumes 10 hours per week and is expected to last over 6 months.

I recommend that SSG Smith be assigned to the WTU for complex medical management.

4. MEDICAL PLAN and PROGNOSIS

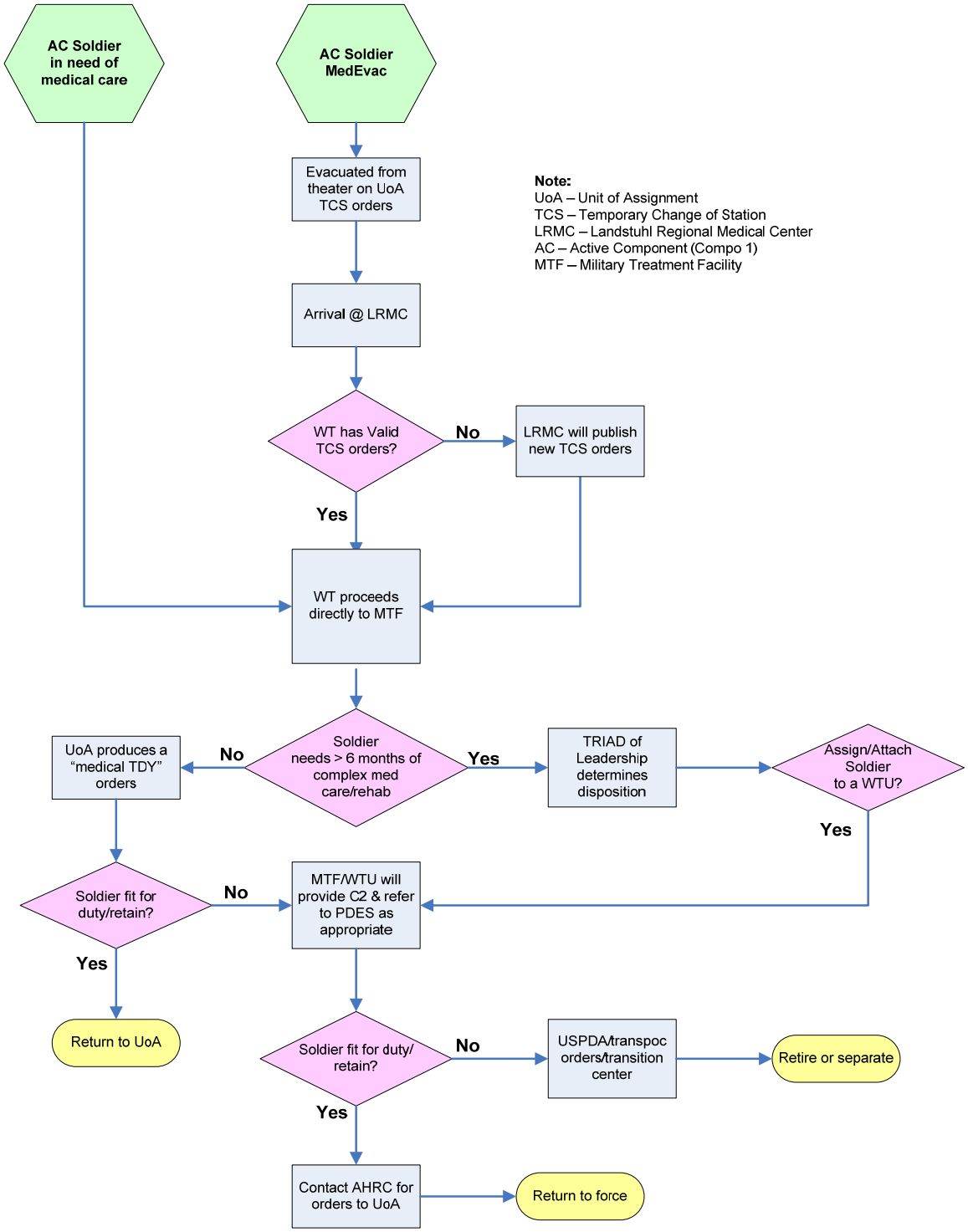
Plan

Prognosis

FIRST I. LAST
RNK, BR
Commanding

B-4 AC to WTU Flow Chart

AC to WTU flowchart



HQDA, G1 07/17/2008

B-5 Sample 410 Assignment Order

SAMPLE 410- ASSIGNMENT ORDER
FOR OFFICIAL USE ONLY
DEPARTMENT OF THE ARMY
Warrior Transition Unit
XXXX Smith St.

ORDERS 080-02 1 OCTOBER 2007

Moore, Clayton M., 000-00-0000, MAJ, 48th CSH (W116Y1), Ft. Meade, MD XXXXX

You will proceed on permanent change of station as shown below.

Assigned to: Warrior Transition Brigade, (W175AQ), Ft. Carson, CO 00000
Purpose: To continue treatment at a Medical Treatment Facility (MTF)
Reporting Date: 1 January 2008: Allow 90 days from order issuance to report date to prevent negative impact on Soldier allowances.
Temporary Duty: N/A
Report Date, TDY Station: N/A
Period of Temporary Duty: N/A
Accounting Classification Code: N/A
Movement designator code: 4CO8 (officer)/4CE8 (enlisted) OCONUS to CONUS PCS; CONUS to CONUS PCS: 3AO8 (officer)/3AE8 (enlisted).
PPD:
PMOS/AOC: 68W40/66H8A
CIC:

Additional Instructions:

a. You are authorized shipment of HHG to the Permanent duty Station. Contact the local transportation office for assistance.
b. Early Reporting (not more than 60 days earlier than the NLT report date) is authorized to PCS station.
c. Travel of your dependents to your permanent duty station is authorized.
d. Use of CBA authorized when procuring Government plane tickets (OCONUS to CONUS PCS orders only).
e. You are authorized the use of one or two Privately Owned Conveyances for travel to the PDS (CONUS to CONUS PCS orders only).

Format: 410

FOR THE COMMANDER

JACK A NICHOLSON
LTC, MS
WTU Adjutant

DISTRIBUTION:
Indiv Con (5)
CDR, C Company, WTU, Ft. Carson, CO XXXXX (1)
CDR, WTU, Ft. Carson, CO XXXXX (1)
CDR, 48th CSH, Ft. Meade, MD XXXXX (1)
S1, 48th CSH, Ft. Meade, MD XXXXX (1)

B-6 Sample 440 Attachment Order

SAMPLE 440- ATTACHMENT ORDER
FOR OFFICIAL USE ONLY
DEPARTMENT OF THE ARMY
Warrior Transition Unit
XXXX Smith St.

ORDERS 080-02
1 OCTOBER 2007

Moore, Clayton M., 000-00-0000, MAJ, 48th CSH (W116Y1), Ft. Meade, MD XXXXX

You are attached or released from attachment as shown.

Action: You are attached to Warrior Transition Brigade (W175AQ), Ft. Carson, CO 00000
Effective Date: 15 OCTOBER 2007
Period: N/A
Purpose: Obtain Medical Care
Accounting Classification Code: Hospital OMA Funds. Reimburseable via GWOT.
Additional Instructions:
Government meals and lodging will be maximized at the attached location. If not available, Government contract lodging will be utilized to the maximum extent possible.

TDY weight allowance authorized.

Special storage of Household Goods is authorized at the previous PDS.

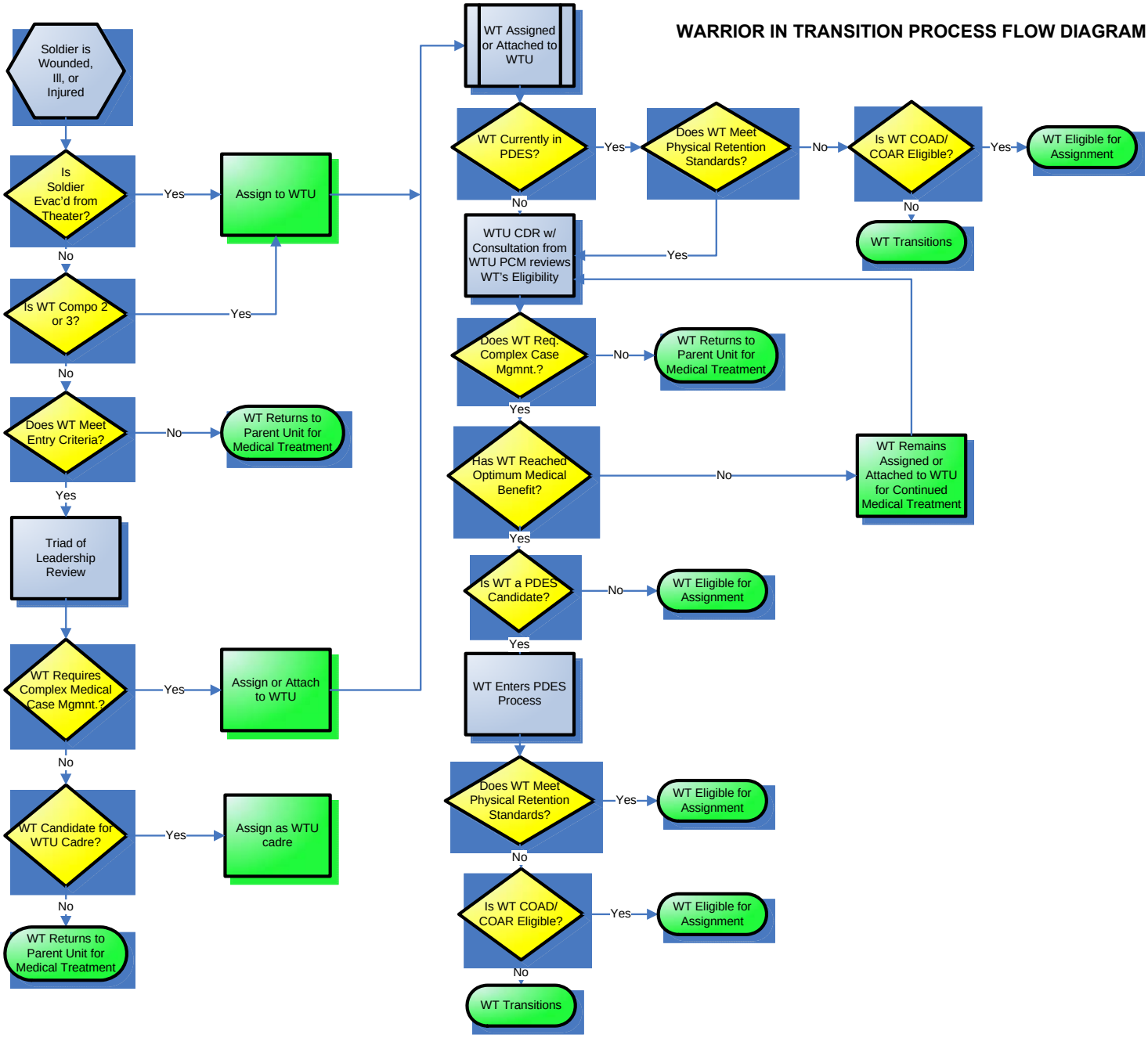
Format: 440

FOR THE COMMANDER

JACK A NICHOLSON
LTC, MS
WTU Adjutant

DISTRIBUTION:
Indiv Con (5)
CDR, C Company, WTU, Ft. Carson, CO XXXXX (1)
CDR, WTU, Ft. Carson, CO XXXXX (1)
CDR, 48th CSH, Ft. Meade, MD XXXXX (1)
S1, 48th CSH, Ft. Meade, MD XXXXX (1)

B-7 Warrior in Transition Process Flow Chart



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 MTF Commander Nomination to Unit Commander Sample

Office Symbol Date

MEMORANDUM FOR Commander, Unit Soldier Eligible for the WTU Assigned To

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

1. SPC Doe meets the Warrior in Transition criteria. Recommend that SPC Doe be assigned or attached to the Warrior Transition Unit, (Installation Name).

2. Every effort should be made to clear the Soldier from the unit with a goal of completing this action within the next 30 days to facilitate healing.

3. SPC Doe's profile is attached.

_____
MTF Commander Signature Block

Instructions to Unit Commander
1. Circle disposition for the Soldier.

ASSIGN **ATTACH** **RETAIN AT UNIT**

2. If selected disposition is "Retain at Unit," state reason for decision:

_____

_____

3. If selected disposition is "Assign" or "Attach," circle the Soldier's current status in the following statements:

I verify that the Soldier **IS / IS NOT** facing UCMJ actions, other legal actions, investigations, and/or Line of Duty determinations.

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

5. Return this form to the MTF.

_____
Unit Commander Signature Block

B-10 Reserve Component WTU Application Documents

a. Listing and explanation of the forms:

1) **Form 1:** Initial MRP application form, used for initial application for MRP only.
2) **Form 2:** Unit Cover letter, used for all RC - WT programs.
3) **Form 3:** DA Form 4187, used to request participation in all RC - WT programs.
4) **Form 4:** Initial MRP2 or ADME application form, used for initial application for MRP2 or ADME only.
5) **Form 5:** Extension request form, used by RC to request extension in all WT programs.
6) **Form 6:** WT-RC Medical Provider statement, used by the medical care provider to request an extension beyond the initial order in the WT program.
7) **Form 7:** Declination or Withdrawal statement from WT program, used by RC – WT to decline entry into MRP or withdrawal from current participation in the WTU.
8) **Form 8:** Exception, Appeal or Resubmission request for RC-WT, used by RC – WT to request an exception to policy, appeal a denial of entry into the WT programs, or resubmit an ADME or MRP2 packet previously denied, with newly added documents.

b. List of forms required for specific programs:

1) For MRP (Medical Retention Processing only):
   a) Form 1: Initial MRP application form.
   b) Form 2: Unit Cover letter.
   c) Form 3: DA Form 4187.

2) For MRP2 (Medical Retention Processing 2 only):
   a) Form 4: Initial MRP application form.
   b) Form 2: Unit Cover letter.
   c) Form 3: DA Form 4187.

3) For ADME (Active Duty Medical Extension only:
   a) Form 4: Initial MRP application form.
   b) Form 2: Unit Cover letter.
   c) Form 3: DA Form 4187.

4) For Extensions of RC-WT in the WT program:
   a) Form 5: Extension Checklist.
   b) Form 2: Unit Cover letter.
   c) Form 3: DA Form 4187.
   d) Form 6: Medical Provider Statement

5) For Declinations to, or for Withdrawals from WT program:
   a) Form 7: Declination or withdrawal statement.

6) For RC Exceptions, Appeals or Resubmissions to the WT program:
   a) Form 8: Exception, Appeal or Resubmission request for WT-RC.

B-11 Initial MRP Application (RC ONLY): – Form 1

NOTE: Signatures and contact information must be included or packet processing will be delayed.

1. ____ **WTU Initial Packet Checklist (Form 1).**
2. _____ **Unit Cover Letter (Form 2)**.
3. _____ **Completed DA FORM 4187** – Request For Personnel Action (**Form 3, must be signed by soldier**).

Soldier or unit must provide the following:

4. ____ **Documentation supporting duty status** – as applicable (Unit sign-in roster, Annual Training order, mobilization orders, amendment to mobilization orders etc.) (Supplied by the **unit**).
5. _____ Attach all issued Physical Profile (**DA FORM 3349)** completed by **military medical authority**.
6. _____ **Medical Provider statement**, which includes the following:
   a. Current diagnosis
   b. Anticipated length of care
   c. Medical Provider's full name, grade, tel. #, email address, address and other contact information.

LOD (Line of Duty Investigation) for RC (USAR or ARNG):

d. If line of duty is not completed at time of application, the LOD must be completed ASAP after assignment/attachment to the WTU.

For the Soldier's unit commander:

1. Has the Soldier previously appealed, resubmitted or requested an exception to any WTU program?
   YES / NO
2. Is the Soldier **currently** on any type of active duty orders? YES / NO **Type** of orders: _____.
3. **Unit point of contact** (POC) completing this packet (PRINT information):
4. Rank / Name: _____
5. Phone: _____
6. Job Title: _____
7. Unit address and UIC:
   _____
8. **POC AKO Email**:_____@us.army.mil

B-12 Unit Cover Letter: WT-(RC) (MRP/MRP2/ADME) Program – Form 2

REQUESTING UNIT'S LETTERHEAD

OFFICE SYMBOL DATE

MEMORANDUM FOR Human Resources Command – Alexandria,
Attn: AHRC-PLM-MS, 200 Stovall Street, Alexandria, VA 22332
mailto:rcmedicalretention@conus.army.mil, Tel. (703) 325-9071/9095/4575

SUBJECT: Request for (circle choice) MRP/MRP2/ADME Status for:
_____.
(Print Soldier's name, rank, and Social Security Number)

1. I have counseled the Soldier about the relevant WTU program and the Incapacitation Pay (INCAP) program, and he/she desires to continue on / return to active duty under the provisions of the MRP/MRP2/ADME.

2. I have reviewed the packet for completeness and submit it for further review and approval.

3. I have verified that this Soldier is currently not undergoing any UCMJ or adverse administrative actions.

4. I recommend that the Soldier enter **or** remain on active duty under provisions of the (Circle one) ADME/MRP/MRP2 program.

5. I have notified the Soldier's HOR unit of the Soldier's change in status.

6. **For MRP/MRP2 only:** I verify that he/she were mobilized on contingency operation orders and that the medical condition(s) is/are a result of the mobilization tour and were sustained or aggravated in the line of duty.

7. **For ADME/MRP2, Army National Guard (ARNG) only:** As an ARNG unit commander, I have received consent from the State Governor or other appropriate authority of the State concerned through JFHQ, Health Systems Specialist Headquarters for this Soldier to be considered for the WTU program.

8. Point of contact (POC) for this action is:
_____.
(Print POC's name, phone number, and AKO email address)

Encl
WT Packet

Commander's Name
Signature Block

B-13 Initial/Extension: WT-(RC) DA Form 4187 for WT-RC program, Form 3

PERSONNEL ACTION

For use of this form, see DA PAM 600-8 and AR 680-1; the proponent agency is MILPERCEN.

DATA REQUIRED BY THE PRIVACY ACT

Authority: Title 5, section 3012; Title 10, U.S.C. E.O. 9397. Principal Purpose: Use by service member in accordance with DA Pamphlet 6--=8 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 service member. 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)*	2. TO: *(Include ZIP Code)*	3. FROM: *(Include ZIP Code)*
N/A	HRC-Alexandria, Attn: AHRC-PLM-MS 200 Stovall Street, Alexandria, VA 22322	COMMANDER UIC: Fill in code…

SECTION I - PERSONAL IDENTIFICATION

4. NAME *(Last, first MI)*	5. GRADE OR RANK/PMOS *(Enl only)*	6. SOCIAL SECURITY NUMBER

SECTION II - DUTY STATUS CHANGE *(Proc 9-1, DA Pam 600-8)*

7. The above member's duty status is changed from _____

to **10 USC 12301(h)** effective _____ hours _____ 200__

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action:

	TYPE OF ACTION	Procedure		TYPE OF ACTION	Procedure
	Service School *(Enl only)*			Reassignment Married Army Couples	
	ROTC or Reserve Component Duty			Reclassification	
	Volunteering For Overseas Service			Officer Candidate School	
	Ranger Training			Assgmt of Pers with Exceptional Family Members	
	Reassignment Extreme Family Problems			Identification Card	
	Airborne Training			Separate Rations	
	Special Forces Training/Assignment			Leave - Excess/Advance/Outside CONUS	
	On-the-Job Training *(Enl only)*			Change of Name/SSN/DOB	
	Retesting in Army Personnel Tests		☒	Other *(Specify)* **Volunteer for MRP/MRP2/ADME**	

9. SIGNATURE OF MEMBER *(When Required)*	10. DATE (yyyymmdd)

SECTION IV - REMARKS *(Applies to Sections II, III, and V) (Continue on separate sheet)*

REQUEST TO VOLUNTEER FOR (circle one) **MRP/MRP2/ADME PROGRAM** (initial one) **INITIAL / EXTENSION**

Current Unit: **UIC:** **POC:**

Unit Phone: **Unit Email:**

HOR: **City :** **State:** **Zip:**

Home phone: **Alternate phone:**

Soldier's AKO Email:

Sex: **ETS (enlisted):** **MRD (Officer/WO):** **PEBD:**

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 -

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL

☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE
Unit Commander		

B-14 Initial: WT-(RC) MRP2/ADME Application Checklist - Form 4

NOTE: Signatures and contact information must be included or packet processing will be delayed.

1. ____ **WTU Initial Packet Checklist (Form 4).**
2. _____ **Unit Cover Letter (Form 2)**.
3. _____ **Completed DA FORM 4187** – (**Form 3, must be signed by Soldier**).

Soldier or unit must provide the following:

4. ____ **Documentation supporting duty status** – as applicable (Unit sign-in roster, Annual Training order, mobilization orders, amendment to mobilization orders etc.) (Supplied by the **unit**).
5. _____ Attach all issued Physical Profile (**DA FORM 3349)** completed by **military medical authority**.
6. ____Approved **Line of Duty (DA Form 2173) with endorsement** (supplied by the unit).
7. _____ **Attending physician statement**, which includes the following (to be supplied by **Soldier**): (See Annex B-25 for sample statement)
   a. Current diagnosis/diagnoses
   b. ICD-9 codes for each diagnosis or condition
   c. Management plan: detailed treatment plan for each diagnosis, care options, estimated duration and end date.
   d. Prognosis for recovery/return to duty.
   e. Attending physician's full name, grade, tel. #, email address, address and other contact information
   f. Other medical documentation to substantiate the medical condition.

For MRP2 only:

Note: MRP2 applications will be considered for Soldiers who have demonstrated significant obstacles/barriers to care and/or to obtain a complete medical evaluation following REFRAD. Documentation describing the individual Soldier's situation must be provided by the Soldiers unit commander, command surgeon, or civilian primary care provider, and be submitted with the remainder of the required packet documentation.

- ____ **DD form 214.**
- _____ **DD form 2795**, **DD form 2796**, **DD form 2900** (pre and post deployment health assessment or reassessment forms – when available, to be supplied by the **Soldier)**.

For the unit commander:

1. Has the Soldier participated in any of these programs? (Circle all): ADME/INCAP/MRP/MRP2
2. Has the Soldier previously appealed, resubmitted or requested an exception to policy to any WTU program? YES / NO
3. Is the Soldier **currently** receiving Incapacitation (INCAP) Pay? YES / NO
4. Is the Soldier **currently** on any type of active duty orders? YES / NO
5. Type of orders Soldier is currently on: _____.

6. **Unit point of contact** (POC) completing this packet (PRINT information):
7. Rank / Name: _____ Phone: _____
8. Job Title: _____
9. **POC AKO Email**:_____@us.army.mil

B-15 Extension: WT-(RC) Extension Checklist - Form 5

NOTE: Lack of signatures or contact information will delay or prevent packet processing.

1. _____ **Extension Checklist (Form 5)**.
2. _____ **Unit Cover Letter (Form 2)**.
3. _____ **Completed & signed DA FORM 4187** – **(Form 3)**.
4. _____ **Medical Provider Statement (Form 6)**.

Is the Soldier pending or undergoing any Uniform Code of Military Justice (UCMJ) or adverse administrative actions? (Circle one) YES / NO

Unit Point of Contact (POC) completing WT extension packet (PRINT):

Rank / Name: _____

Unit name & UIC: _____

Unit address: _____

Job Title: _____ Phone: _____

POC's AKO email : _____@us.army.mil

B-16 EXTENSION: WT-(RC) Medical Provider's Statement, Form-6

Date: _____

Warrior in Transition Name: _____ MODS ID #: _____

Current WT Order#_____ Program: _____ Expiration Date: _____

The Deputy Commander of Clinical Services, _____ Location, has reviewed Soldier's prognosis and plan of care. Above named Soldier will need an extension to complete WTU process. Specific plan of care indicated below.

Extend on WTU based on the plan of care/prognosis/timeline as indicated below:

1. ___ WT has met Optimal Medical Benefit (OMB) and meets Retention Standards, Soldier needs an extension to start the REFRAD process.

2. ___ WT has met OMB, does not meet Retention Standard; and will be referred to MEB on or about_____.

3. ___ WT is currently in the MEB and will most likely be referred to the PEB on_____.

4. ___WT is currently in PEB and needs extension to complete the PEB.

5. ___WT has not met OMB but will most likely MEET retention standard. REFRAD process will begin on or about_____.

6. ___WT has not met OMB and will most likely NOT MEET retention standard. Will refer WT to the MEB on or about _____.

7. ___ WT diagnosed with another service connected or service aggravated condition and needs additional medical treatment. **Condition is _____.**

   a. WT will most likely meet retention standard and start REFRAD process on or about _____.
   b. WT will most likely NOT meet retention standard and will referred to MEB on or about_____.

Primary Care Provider Signature: _____
Name and AKO Email: _____@us.army.mil

Deputy Commander Clinical Services, DCCS Signature:
_____
DCCS Name :_____(required for requests extending WT **beyond 358 days**)
AKO Email: _____@us.army.mil

WTU Commander's name & signature:
_____
Name and AKO Email:
_____@us.army.mil

B-17 Declination or Withdrawal Statement from WT-(RC) Program, Form 7

REQUESTING UNIT'S LETTERHEAD

OFFICE SYMBOL DATE

MEMORANDUM FOR Human Resources Command – Alexandria,
ATTN: AHRC-PLM-MS (medical retention), 200 Stovall Street, Alexandria, VA 22332
mailto:rcmedicalretention@conus.army.mil, Tel. (703) 325-6577/9071/9075/4575

SUBJECT: **DECLINATION** of, or **WITHDRAWAL** from the WT program

1. I, (print name / rank), _____ (SSN), _____ decline orders to (Circle one) **return to** or **remain on** active duty status for medical care, and if applicable, process through the Army Physical Disability Evaluation System (PDES) as a participant in the WT program. If PDES process was not begun, it is to be initiated by your unit after you REFRAD. Once REFRAD, any conditions that were/are determined to be pre-existing (meaning originating in a non-duty status and not aggravated by a duty status) fall under the non-duty related process for referral to the PDES.

2. I understand that I have not waived my right to medical care. I am entitled to care through military or Department of Veterans Affairs (DVA) medical treatment facilities for "in line of duty" illness or injury (DA Form 2173) sustained while on orders or in Individual Training status.

3. I understand that if I have entered the PDES process that this process will continue even if not completed by my REFRAD date.

4. I may also be eligible to apply for Incapacitation Pay through my USAR/ARNG unit.

5. **MRP/MRP2:** I understand that if I have served more than 30 days on active duty in support of a contingency operation I am entitled to 180 days of medical care under the Transitional Assistance Management Program (TAMP) for my eligible Family members and me. Care under the TAMP is limited to this 180 day period only. Information for this program is available at the following web site: http://www.tricare.osd.mil.reserve

Soldier's Signature: _____
Soldier's AKO email: _____@us.army.mil
Currently participating in MRP/MRP2/ADME
Telephone Number: _____

Counselor: name: _____ signature: _____
Counselor's AKO email: _____@us.army.mil
Duty Position/title: _____ Tel. No: _____

Privacy Act, Sec 3 (c) (10), established appropriate safeguards for personal information. This information will not be released outside DOD without prior written consent from individual concerned or for the purposes stated herein.

B-18 Exception, Appeal or Resubmission Request for WT-(RC), Form 8

Soldier's full name: _____ SSN (last four): _____ Date - _____

Soldier's AKO email: _____@us.army.mil

MEMORANDUM FOR AHRC, Attn: AHRC-PLM-MS, 200 Stovall Street, Alexandria, VA 22332 mailto: rcmedicalretention@conus.army.mil, Tel. (703) 325-6577/9071/9075/4575

SUBJECT: I Request the following action for my (circle one) MRP/MRP2/ADME packet, Please select only one option and **initial:**

1. ____ I am **Re-submitting a packet** for (check one) **MRP/ MRP2** / **ADME**
* I have added new documents for the Medical Review Board.
* If approved, the order effective date will be the date a completed packet was received by HRC-A.
* *I understand that resubmission of my packet does NOT ensure acceptance into the WTU Program*.

2. ____ I am requesting an **Administrative Appeal** to my WTU application denial
* I have NOT been denied due to a Medical Review Board's decision.
* I have NOT enclosed any new documents.
* I have NOT appealed this application to HQDA, G1, or the Army Boards for Correction of Military Records (ABCMR or ARBA).
* *I understand that an approved administrative appeal approval does NOT ensure acceptance into the WTU Program*.

3. ____ I am requesting a **Medical Appeal** of my WTU application denial
* I have NOT been denied a previous appeal.
* I have NOT enclosed any new documents.
* I have NOT appealed this application to HQDA, G-1, or the Army Boards for Correction of Military Records (ABCMR or ARBA).
* *I understand that a request for medical appeal does NOT ensure acceptance into the WTU Program.*

4. ____ I am requesting an **Administrative Exception to Policy**
* I understand that an approved administrative exception does NOT ensure acceptance into the WT Program.

On above request the Medical Review Board will make the final determination of eligibility based on medical criteria.

Initial "Yes" or "No":

a. I am currently in the MEB or PEB Process YES _____ NO _____
b. I am currently a member of the Selected Reserve YES _____ NO _____
c. All administrative documents are attached YES _____ NO _____
d. All required medical documentation is attached YES _____ NO _____

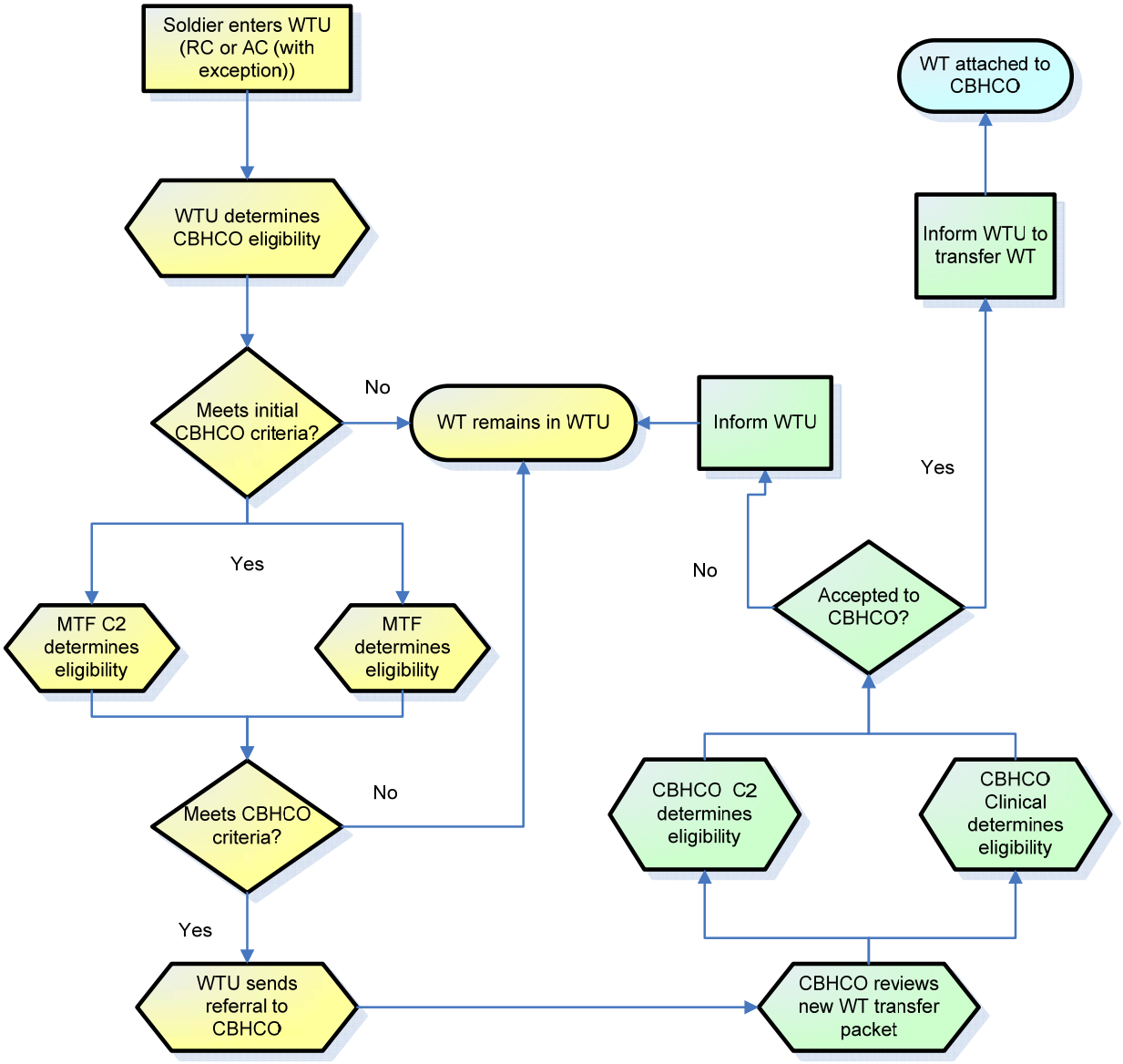
ALL requests require a **typed summary by the Soldier**, (simple letter format) stating why the request is being submitted (be specific: my X-rays were added, my MRI results are in) and why it should be approved.

Soldier's signature _____

POC Name _____ **POC AKO** _____@us.army.mil

B-19 CBHCO Referral Process Chart

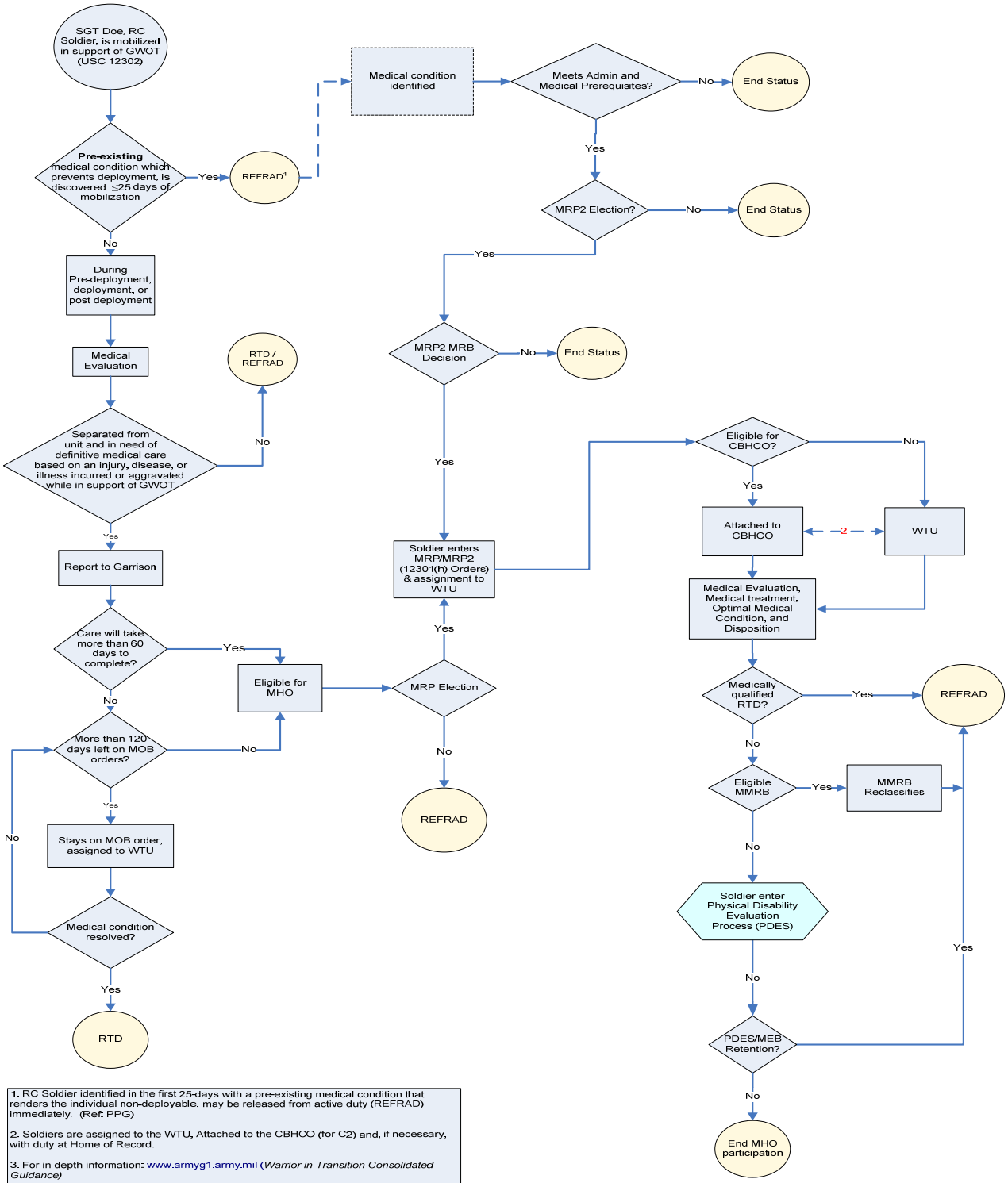
WT: WTU to CBHCO transfer flowchart



2/29/2008

B-20 Reserve Component Warrior in Transition Process Flow Chart (CBHCO included)

Appendix B: Warrior in Transition Process flowchart



1. RC Soldier identified in the first 25-days with a pre-existing medical condition that renders the individual non-deployable, may be released from active duty (REFRAD) immediately. (Ref: PPG)

2. Soldiers are assigned to the WTU, Attached to the CBHCO (for C2) and, if necessary, with duty at Home of Record.

3. For in depth information: www.armyg1.army.mil (*Warrior in Transition Consolidated Guidance)*

4. Once entered into the PDES, Soldier remains in WT status until final PDES disposition, to include appellate process.

Updated: 28 September 2007

B-21 Checklist for Referral to MEB/PEB

MEB DOCUMENT CHECKLIST REQUIRED BY PEB (Updated 1 JAN 2008)		
MEB Documents (in this order)		
1		DA Form 5889-R "PEB Referral Transmittal Document"
2		MEB Proceedings (DA Form 3947 or appropriate Interservice/Triservice MEB)
3		NARSUM
4		Additional Medical Documents supporting NARSUM or Addendum (i.e Medication Profile, Photos as appropriate) , Health Record and associated clinical records
5		Physical Exam (DD Form 2808 & DD 2807-1)
6		Physical Profile (DA Form 3349)
PERSONNEL Documents (in this order)		
7		COAD/COAR Request (may provide with either MEB or with informal election)
8		New Commander's Statement(Include copy of MMRB, as applicable)
9		Retirement Orders, amendments and/or revocations
10		Approved LOD Decision (DD Form 261/DA Form 2173) (when required)
11		OERs / NCOERs and or Developmental Counseling- Last three (as applicable)
12		ORB/ERB/PQR/ Officer /Enlisted Record Brief, Personnel Qualification Record or Equivalent
13		LES Leave and Earnings Statement (DFAS Form 702)
14		ACAP Pre-Separation Counseling Checklist (DD Form 2648)
RC/NG Documents		
15		Individual Mobilization Orders to also include extension orders, if applicable
16		ADME/CBHCO Orders
17		Attachment Orders
18		15/20-Year Letter
19		Retirement Points Statement (NGB Form 23 or ARPC Form 249-2-E) – Thru current RYE

B-22 Physical Disability Evaluation System Commander's Performance and Functional Statement

PHYSICAL DISABLITY EVALUATION SYSTEM (PDES)
COMMANDER'S PERFORMANCE & FUNCTIONAL STATEMENT

For use of this form see AR 635-40, Chapter 4; This form is subject to the Privacy Act of 1974. The proponent is Army G-1.

AUTHORITY:

PURPOSE: To provide information on the impact a medical impairment has on the ability of military personnel to perform their military duties, and to document administrative actions.

ROUTINE USES: To provide information to the Physical Evaluation Board (PEB) to evaluate military personnel in the PDES with medical impairments that may render them unfit for further military service.

Section I: SOLDIER DEMOGRAPHIC INFORMATION

1. DATE(YYYYMMDD)	2. LAST NAME	FIRST NAME	MIDDLE INITIAL	3. SSN:	4. PMOS / BASD

4. COMPONENT	5. AGE	6. UNIT OF ASSIGNMENT

Section II: FUNCTIONAL STATEMENT

Description	YES	NO	COMMENTS REQUIRED IN SECTION V
7. Soldier is performing duties in his/her MOS.			
8. Soldier is in an appropriate TO&A or TDA position for his/her grade and MOS.			
9. Soldier can perform his/her assigned MOS duties in the unit.			If answer is NO
9a Soldier performs alternate duty well.			
10. Soldier's medical condition/limitations affect the unit accomplishing its mission.			
11. Soldier keeps all medical appointments.			If answer is NO

Section III:INDUSTRIAL CAPACITY STATEMENT:

Description (For Soldier's with a psychiatric disorder, a traumatic brain injury, and or other neurological conditions such as migraines, please answer the following items).	YES	NO	COMMENTS REQUIRED IN SECTION V
11. Soldier works an 8-hr duty day.			If answer is NO
12. If Soldier is not working, it is because he/she is going to appointments.			If answer is NO
13. Soldier is able to remember locations, work-like procedures and instructions.			If answer is NO
14. Soldier is able to maintain a level of attention and focus to carry out instructions and complete tasks in a timely manner.			If answer is NO
15. Soldier is able to communicate effectively with others.			If answer is NO
16. Soldier is able to relate civilly to supervisors and other workers.			If answer is NO
17. Soldier is able to sustain an ordinary routine without extra supervision.			If answer is NO
18. Soldier is able to make basic work-related decisions. (e.g. establish priorities)			If answer is NO
19. Soldier is able to perform without an unreasonable number and duration of rest periods.			If answer is NO
20. Soldier is able to ask simple questions and request help when appropriate.			
21. Soldier is able to respond appropriately to changes in routine.			
22. Soldier is able to be aware of safety hazards and take appropriate precautions.			
23. Soldier is required to attend formations.			If answer is NO

24. Soldier interacts with healthcare team on a regular basis. **(Check appropriate block.)**	**< 1 time/wk**	**1-3 times/wk**	**3-5 times/wk**	**>5 times/wk**
Commander	_____	_____	_____	_____
Platoon Sergeant	_____	_____	_____	_____
Squad leader	_____	_____	_____	_____
Case manager	_____	_____	_____	_____

LAST NAME	FIRST NAME	MIDDLE INITIAL	SSN:

SECTION IV: ADMINISTRATIVE STATEMENT

Description (Information provided by Cdr or Personnel Service Center)	YES	NO	COMMENTS REQUIRED IN SECTION V, AS APPLICABLE
25. **BASD date confirmed.**			
26. The Commander has reviewed, completed block 19 and 20 and signed Soldier's Permanent Profile DA Form 3349.			
27. The Commander agrees with the Soldier's Permanent Profile as written.			**If answer is NO**
28. The Commander has observed the Soldier performing tasks on or off duty **which are restricted by the profile.**			**If answer is YES**
29. Soldier is charged or under investigation for an offense chargeable under the UCMJ, which could result in dismissal or punitive discharge.			**If answer is YES**
30. Soldier is pending voluntary or involuntary administrative separation under AR 635-200 (enlisted) or AR 600-8-24 (officer). **CHAPTER _____, PARA _____**			**If answer is YES (Specify the chapter and paragraph)**
31. Soldier is pending voluntary retirement. **Date retirement approved:**			**If answer is YES (List date retirement was approved**
32. Officer is within 12 months of mandatory retirement for age or years of service or has been approved for selective early retirement. **Mandatory Retirement Date**			**If answer is YES (List mandatory retirement date)**
33. **RESERVE COMPONENT ONLY.** Soldier is within 12 months of mandatory retirement or mandatory removal date and has 20 qualifying years of service for non-regular retirement. **Mandatory Removal Date**			**If answer is YES (List mandatory removal date)**
33a. **RESERVE COMPONENT ONLY. If the answer to question 33 is 'YES'.** Soldier has 20 qualifying years of service for non-regular retirement.			
34. **ACTIVE COMPONENT ENLISTED SOLDIERS Only.** Soldier is within 12 months of Retention Control Point (RCP) with eligibility for length of service retirement at RCP. **RCP Date:**			**If answer is YES (List RCP date)**
35. Soldier's retirement was delayed by Stop Loss. **MILPER MESSAGE:**			**If answer is YES (List applicable MILPER message)**
36. Soldier falls under the automatic promotion policy. **Date Due Next Promotion**			**If answer is YES (List date Soldier due next automatic promotion)**
37. Soldier is on a centralized promotion list or semi- centralized promotion list			
38. Soldier has previously held a higher rank. **Previous Rank _____ Number of Months Held:**			**If answer is YES (List rank and number of months held)**
39. On **24 September 1975, the Soldier was** a member of the Armed Forces to include the Reserve components, the national Oceanic and Atmospheric Administration (NOAA and formerly the Coast and Geodetic Survey), the U.S. Public Health Service, or was under binding written agreement to become such a member. **NOTE**: "A Soldier who was a contracted Service Academy or ROTC Cadet or a member of an Armed Force of another country on that date is included in the meaning of Armed Forces.)			
40. **A MOS Medical Retention Board (MMRB) was conducted.** ***(If YES, attach MMRB results).***			

LAST NAME	FIRST NAME	MIDDLE INITIAL	SSN:

SECTION V: COMMENTS:
Provide comments if required by SECTION II, III or SECTION IV:

SECTION VI: COMMANDER'S VALIDATION AND SIGNATURE

1. PRINTED NAME	2. RANK	3. TITLE

4. UNIT ADDRESS	5.PHONE NUMBER

6. SIGNATURE	7. E-MAIL ADDRESS	8.DSN	9. FAX NUMBER

B-23 WTU Staffing Ratios IAW FRAGO 3 to EXORD 188-07

Company Command Group

- 1 Company Command Group
- 1 Company Commander, 1SG, and XO per Company
- 1 Platoon Sergeant for every 40 WTs (2-5 per CO)
- 1 Medical Support Assistant for every 200 WTs
- 1 Finance for every 200 WTs
- 1 Training Specialist for every 200 WT
- 1 Human Resource Specialist for every 60 WTs
- 1 Supply Technician for every 200 WTs
- 1 MEB Physician for every 200 WTs
- 1 Social Worker for every 100 WT (1:50 at WRAMC and BAMC)
- 1 Occupational Therapy Technician/Recreation Spec for every 200 WTs

WTU Triad of Care

- 1 Squad Leader for every 10 WTs (2-4 per PLT)
- 1 PCM for every 200 WTs
- 1 Nurse Case Manager for every 20 WTs
- 1 Senior Nurse Case Manager for every 200 WTs
- 1 LPN/LVN for every 200 WTs

Battalion Command Group

- 1 BN CDR, XO, CSM, FRSA for every BN
- 1 S-1 per BN
- 1 SR HR ASST
- 1 SR FIN MGR per BN
- 1 S-3 per BN
- 1 OPS per BN
- 1 OPS SP per 500 WT
- 1 S4 per BN
- 1 SUP per BN
- 1Transporation Coordinator per 500 WT
- 1 Information System Management Specialist per BN
- 1 MED NCO per BN
- 1 BN SURG per BN
- 1 OT per BN
- 1 CHAP for every 450 WT
- 1 CHAP ASST for every 600 WT
- 1 JAG per BN

1 Paralegal per BN

B-24 Army Agent Letter Sample

(date)

MEMORANDUM FOR Commissary, Exchange, and Morale, Welfare, and Recreation (MWR)

FROM: RAPIDS (Site Number and ID Card Facility Location)

SUBJECT: Authorization for Access to Commissary, Exchange, and MWR Facilities

Reference Inter-Service Air Force Instruction (AFI) 36-3026, Chapter 21,

paragraph 21.23.

(First, middle, and last name) is authorized to act as an "Agent" on behalf of an eligible patron. Eligible patron (first, middle, and last name) is enrolled in DEERS under the sponsorship or DoD beneficiary (social security number).

The above individual is authorized to purchase items on behalf of an eligible ID card beneficiary under the following conditions:

1. Upon providing satisfactory identification (ID) whenever presenting this authorization letter to military commissary store, exchange, and Morale, Welfare, & Recreation (MWR) facilities.
2. The officer in charge or manager of these facilities will brief individual on procedures when making purchases at the facility.
3. The office in charge or manager of theses facilities reserves the right to withdraw commissary, exchange and MWR privileges from anyone who is found to have made purchases for the benefit of another who is not entitled to the privileges.
4. Authorization will remain in effect for 1 year from the date of agent letter, or earlier if revoked or suspended. In the event of hardship, the sponsor may apply for an extension of this privilege. ***NOTE:*** Whenever multiple Commissary, Exchange, and MWR facilities exist in the local area, the agent letter authorizing patronage may be recognized by those facilities.

Questions or additional information, our point of contact is (first, middle, last

name, and telephone number).

Signed
Installation Commander or Designate

B-25- MRP2/ADME Statement of Medical Condition and Treatment Plan

PLEASE PUT ON OFFICE LETTER HEAD

STATEMENT OF MEDICAL CONDITION AND TREATMENT PLAN

Physician please note: This document will be reviewed by Board Members who are Health Care Providers

This document must be typed or legibly written.

Soldier's Name:
Last Four SSN:

Provider:
Current Medical Diagnosis/Diagnoses:
ICD-9 codes for each diagnosis or condition

Management Plan:
Provide a detailed current treatment plan for each diagnosis, including non-invasive care, surgical options, and physical therapy with frequency and length of sessions, estimated duration and end date.

For conditions without a firm diagnosis, please provide recommended diagnostic studies and time frame to complete.

Prognosis for Recovery/Return to Duty:
(Provide for each diagnosis)

Attending Physician's Full Name:
Grade or Rank, if applicable:
Contact information:

Signature: Date:

B-26 Soldier Referral to WTU or CBHCO Form

WT SOLDIER REFERRAL TO WTU _____ or CBHCO - _____

For use of this form, see Army G-1 Warrior Transition Consolidated Guidance; the proponent agency is the Office of the Surgeon General.

1. NAME (*Last, First, MI*)	2. GRADE	3. MOS	☐ NG ☐ USAR 4. MODS #	5. PHONE
6. REFERRING INSTALLATION (*WTU/CBHCO, street address, phone number*)				7. REFERRAL DATE
8. CASE MANAGER	9. PHONE	10. FAX		11. EMAIL

SECTION I – TO BE COMPLETED BY REFERRING INSTALLTION

12. **ADMINISTRATIVE CRITERIA** – TO BE COMPLETED BY WTU/CBHCO	YES	NO	NA
a. Soldier meets command and control (C2) and administrative eligibility and selection criteria IAW Army WTU Consolidated Guidance and OTSG/MEDCOM policy.			
b. Soldier is on Medical Retention Processing (MRP or MRP2) orders (COMPO2/3). EXP DATE			
c. Soldier is unencumbered by administrative, legal or investigative hold.			
d. Soldier demonstrates responsibility and accountability required for remote ops.			
e. Soldier has acceptable housing plan. (*Complete residence street address and phone number*)			
f. Soldier has acceptable transportation plan			
g. Soldier has completed line of duty (DA Form 2173; to include validation memo) If not, date initiated: _____ Anticipated completion date: _____			
h. Comments (*Explain any special circumstances or exception to policy.*)			
13. COMMAND RECOMMENDATION: ☐ YES ☐ NO (*Include rationale if recommendation is "NO".*)			
14. DATE / 15. TYPED OR PRINTED NAME OF WTU COMMANDER / 16. SIGNATURE			

17. **MEDICAL CRITERIA** – TO BE COMPLETED BY MTF CASE MANAGER	YES	NO	NA
a. Soldier meets medical eligibility and selection criteria IAW Army WTU Consolidated Guidance and OTSG/MEDCOM policy.			
b. Soldier incurred injury/disease or aggravated pre-existing injury while on mobilization (10 USC 12302) orders.			
c. Soldier requires more than 60 days of medical evaluation and treatment to achieve optimal medical benefit.			
d. Soldier has current physical profile that describes functional limitations. (*Attach copy of profile.*)			
e. Soldier has current or preliminary treatment plan. (*Attach copy of treatment plan.*)			
f. PCM clinical summary addresses each item on the master problem list. (*Attach copy of MPL.*)			
g. Soldier agrees to the release of protected health information to CBHCO medical managers.			
h. Soldier has been cleared by licensed behavioral health provider.			
i. Comments (*Explain any special circumstances or exception to policy.*)			
18. MEDICAL RECOMMENDATION: ☐ YES ☐ NO (*Include rationale if recommendation is "NO".*)			
19. DATE / 20. TYPED OR PRINTED NAME OF MTF CASE MANAGER / 21. SIGNATURE			
22. CBHCO REFERRAL: ☐ APPROVED ☐ DISAPPROVED (*Include rational if disapproved.*)			

OTSG/MEDCOM Form

NAME (*Last, First, MI*)	MODS RECORD NUMBER

SECTION II – TO BE COMPLETED BY CBHCO

26. **CBHCO CRITERIA** – TO BE COMPLETED BY CBHCO COMMANDER & CASE MANAGER	YES	NO	NA
a. Soldier meets CBHCO command & control (C2) and administrative acceptance criteria IAW Army WTU Consolidated Guidance and OTSG/MEDCOM policy.			
b. Soldier's housing plan is acceptable to C2 and medical cadre.			
c. Soldier's transportation plan is acceptable to C2 and medical cadre.			
d. Potential Title 10 duty location has been identified.			
e. Soldier meets CBHCO medical acceptance criteria IAW Army WTU Consolidated Guidance and OTSG/MEDCOM policy.			
f. Primary care and frequent or recurring specialty care is available within TRICARE access and commuting standards.			
g. Working diagnoses and treatment plan can be managed by the CBHCO medical cadre.			
h. Soldier's behavioral health assessment has been reviewed and cleared by CBHCO.			
i. CBHCO has capacity to accept new WT Soldiers.			

j. Comments *(Explain any special circumstances or exception to policy.)*

27. REFERRAL RECOMMENDATION: ☐ ACCEPT ☐ DO NOT ACCEPT *(Include rationale if recommendation is "NO".)*

28. DATE	29. TYPED OR PRINTED NAME OF CM SUPERVISOR	30. SIGNATURE

31. MEDICAL RECOMMENDATION: ☐ ACCEPT ☐ DO NOT ACCEPT *(Include rationale if recommendation is "NO".)*

32. DATE	33. TYPED OR PRINTED NAME OF PHYSICIAN	34. SIGNATURE

35. CBHCO ACCEPTANCE: ☐ APPROVED ☐ DISAPPROVED *(Include rationale if disapproved.)*

36. DATE	37. TYPED OR PRINTED NAME OF CBHCO COMMANDER	38. SIGNATURE

SECTION III – TO BE COMPLETED BY CBHCO

43. TRANSFER COORDINATION – TO BE COMPLETED BY CBHCO COORDINATOR

a. ACCEPTING CBHCO UNIT ADDRESS	b. UIC	c. PHONE	d. FAX
	e. PLATOON SERGEANT		f. CASE MANAGER
g. POINT OF CONTACT	h. PHONE	i. EMAIL ADDRESS	

j. REPORTING INSTRUCTIONS

OTSG/MEDCOM Form

Page 2 of 2

B-27 Reserve Component REFRAD Checklist

Release from Active Duty (REFRAD)

_____ _____ _____
SOLDIER'S NAME **SSN** **RANK**

REASON ⎕ FFD
⎕ NON-COMPLIANCE
⎕ WITHDRAWAL

AUTHORITY WTU- ADMINISTRATIVE CONSOLIDATED GUIDANCE
PERSONNEL POLICY GUIDANCE (PPG)
AR 635-200, CHAPTER 4 (ENLISTED)
AR 600-8-24, CHAPTER 2 (OFFICER)

Transitional Leave _____ Days PDMRA _____ Days

TRANSITION CENTER _____

WTU/CBHCO _____ **ORDER END DATE** _____

ASSIGNED TO ⎕ NG _____
⎕ USAR _____

POC _____

PHONE _____

E-MAIL _____@ us.army.mil

********** HRC USE ONLY **********

DATE RECEIVED _____

NO LATER THAN _____
Soldier is given 14 days from today's date plus Transitional Leave and PDMRA taken.

REQUIRED DOCUMENTS

⎕ FIT FOR DUTY/RETURN TO DUTY STATUS SIGNED BY A MEDICAL PROVIDER

⎕ WITHDRAWAL STATEMENT SIGNED BY SM AND COUNSELOR (IF APPLICABLE)
Supporting justification documents required for Withdrawal and Non-Compliance.
(Counseling Statements, proof of missed appointments etc.) Memorandum Optional.

_____ _____
SIGNATURE OF PROCESSOR **DATE COMPLETED**

B-28 Reserve Component REFRAD sample memorandum

DEPARTMENT OF THE ARMY
U.S. ARMY HUMAN RESOURCES COMMAND
200 STOVALL STREET
ALEXANDRIA VA 22332-0470

OFFICE SYMBOL DATE
MEMORANDUM THRU:

FOR:

SUBJECT: Request Early Release From Active Duty (REFRAD)

1. A medical evaluation of _____ SSN _____ has resulted in the following:

( ) **Fit For Duty/RTD** – Released from Active Duty to rejoin parent NG/AR unit. This Soldier meets medical retention standards per AR 40-501 and AR 40-400. The Soldier may need to perform MOS duties within the limits of a physical profile. This Soldier needs to follow up with TRICARE, VA, and INCAP upon return to their USAR/NG unit.

2. Soldier Profile:
P___U___L___H___E___S___
None___ Temp___ Permanent___
Diagnosis: _____

3. POC for this request is _____

_____
Primary Care Manager Signature date

B-29 MTF Geographical Responsibility Charts

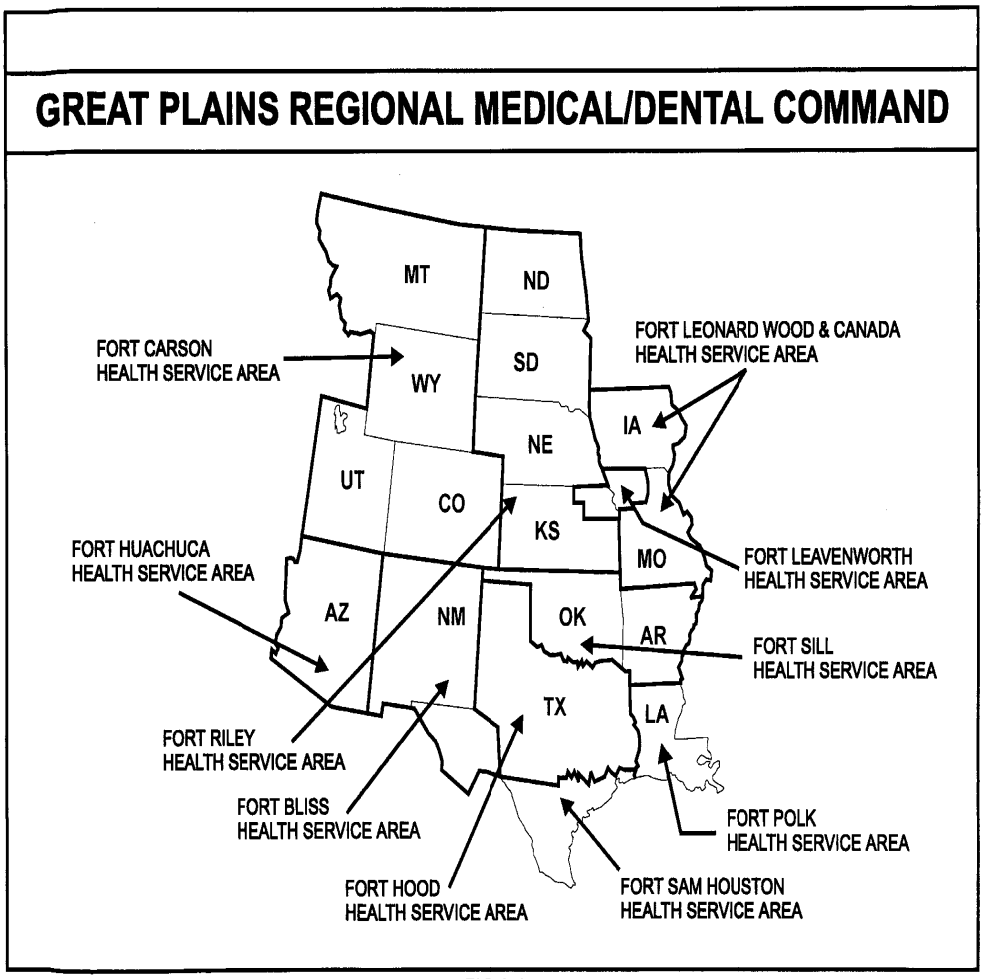


FIG 2-1

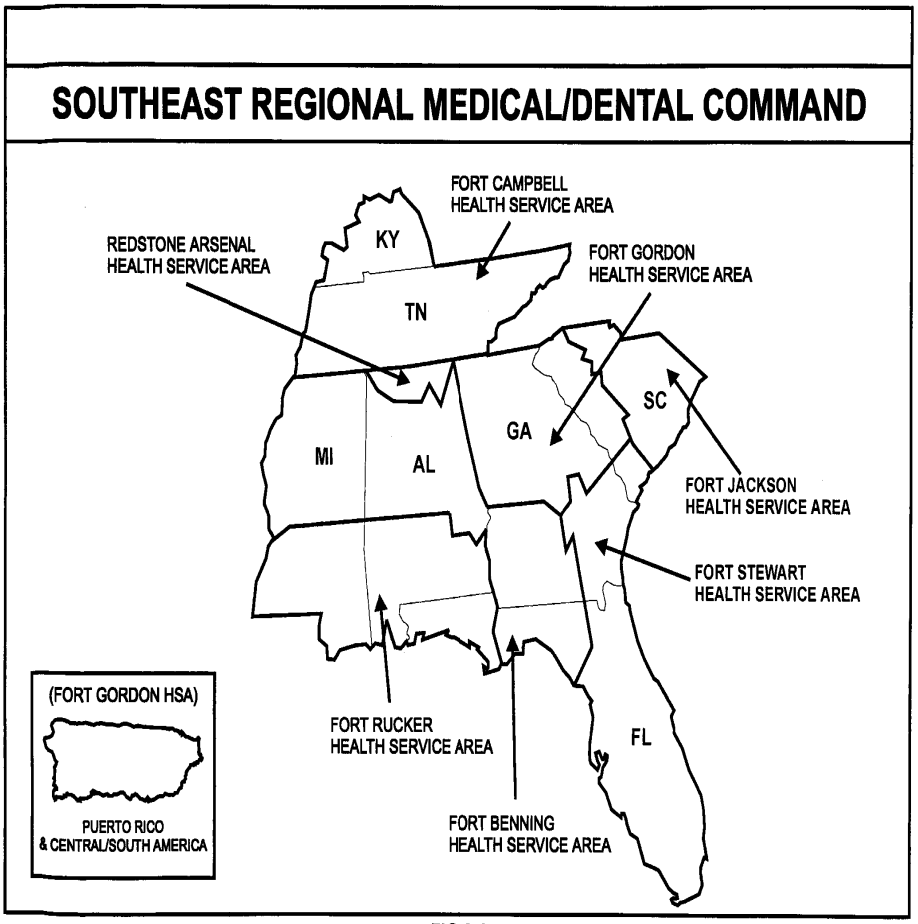
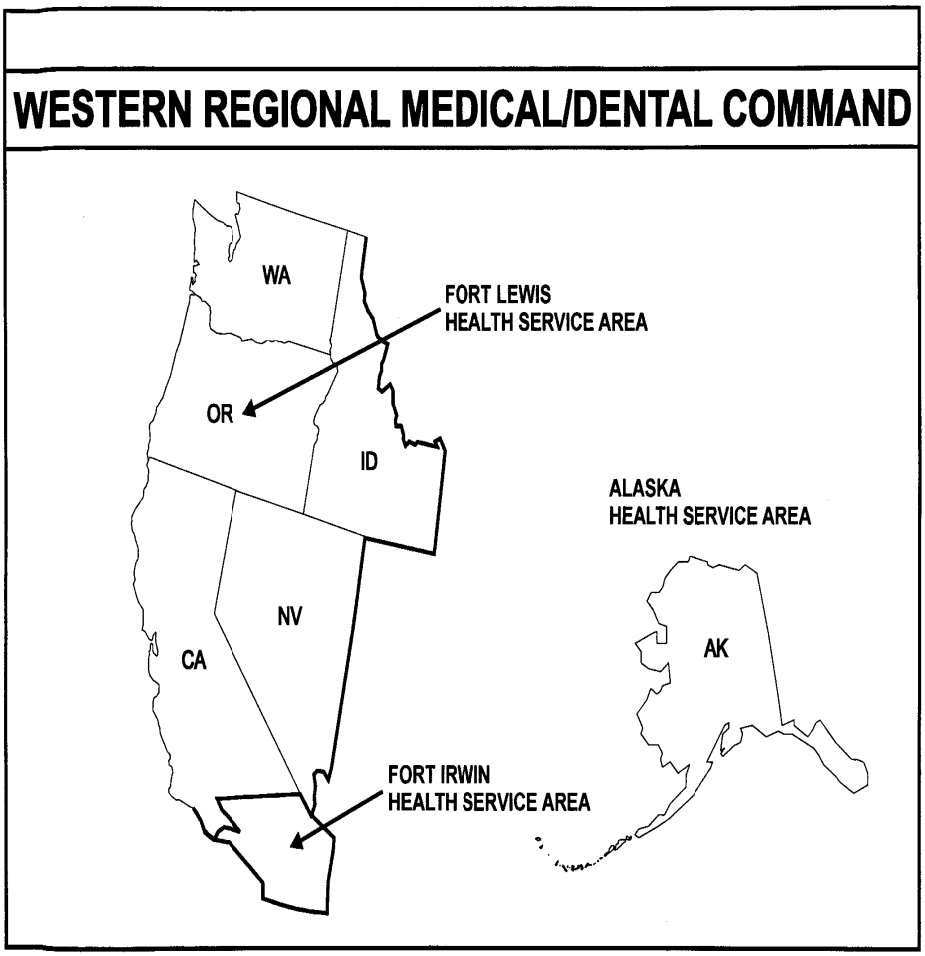
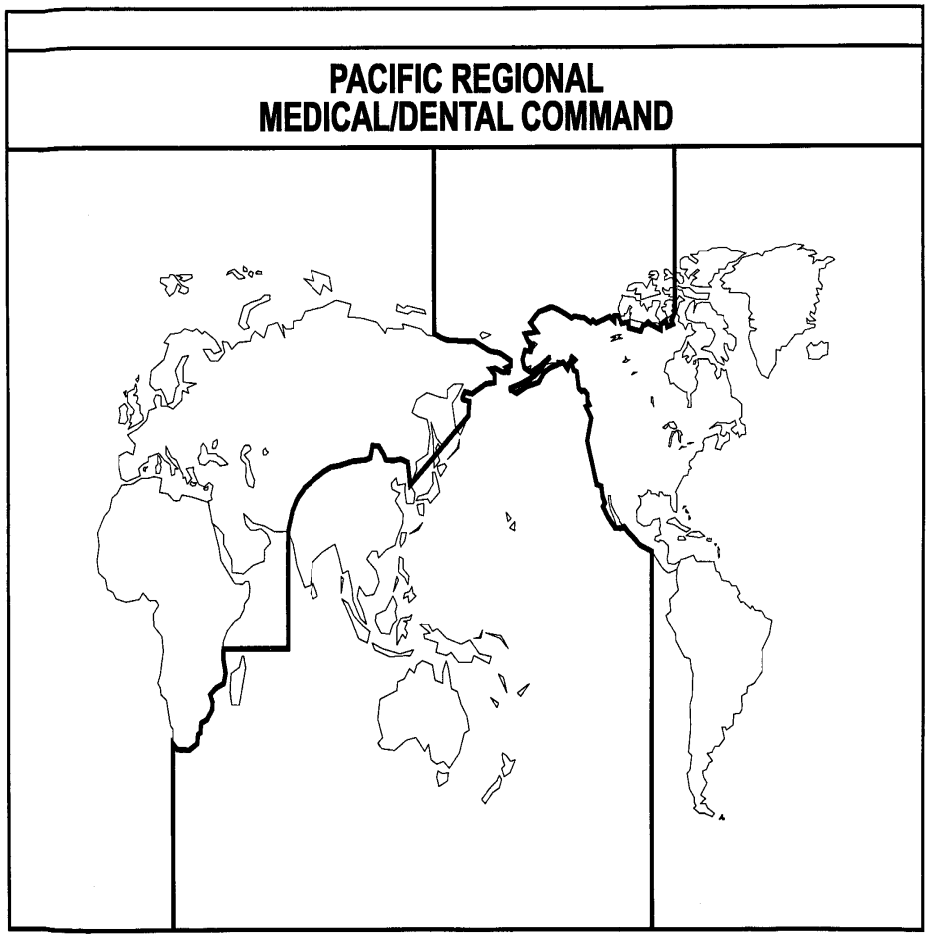

SOUTHEAST REGIONAL MEDICAL/DENTAL COMMAND
FORT CAMPBELL
HEALTH SERVICE AREA
REDSTONE ARSENAL
HEALTH SERVICE AREA
FORT GORDON
HEALTH SERVICE AREA
KY
TN
SC
GA
MI
AL
FORT JACKSON
HEALTH SERVICE AREA
FORT STEWART
HEALTH SERVICE AREA
(FORT GORDON HSA)
PUERTO RICO
& CENTRAL/SOUTH AMERICA
FORT RUCKER
HEALTH SERVICE AREA
FL
FORT BENNING
HEALTH SERVICE AREA

FIG 2-2


WESTERN REGIONAL MEDICAL/DENTAL COMMAND
WA
FORT LEWIS
HEALTH SERVICE AREA
OR
ID
ALASKA
HEALTH SERVICE AREA
NV
CA
AK
FORT IRWIN
HEALTH SERVICE AREA


PACIFIC REGIONAL
MEDICAL/DENTAL COMMAND

NORTH ATLANTIC REGIONAL MEDICAL/DENTAL COMMAND

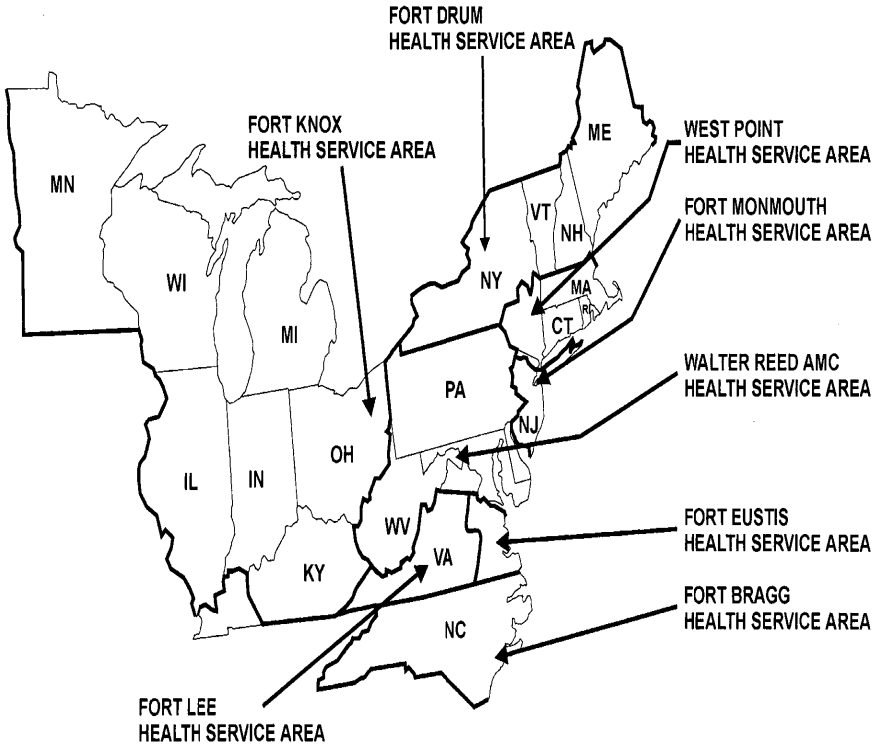


FIG 2-5

Glossary

Section I
Abbreviations

AC
Active Component (Compo 1)

AD
Active Duty (means full time duty in the Military Service)

AGR
Active Guard and Reserve

AHLTA
Armed forces Health Longitudinal Technology Application

AHRC
Army Human Resource Command

ALARACT
All Army Activities

AORS
ARPERCEN Orders and Resource System

AR
Army Regulation

ARNG
Army National Guard

ARNGUS
Army National Guard of the United States

ASA (M&RA)
Assistant Secretary of the Army (Manpower and Reserve Affairs)

ADME
Active Duty Medical Extension

BAH
Basic Allowance for Housing

BAS
Basic Allowance for Subsistence

BASOPS
Base Operations

C2
Command and Control

CAR
Chief, Army Reserve

CBHCO
Community Based Health Care Operations

CIP
Combat-Related Injury Rehabilitation Pay

CNGB
Chief, National Guard Bureau

CONUS
Continental United States

COTTAD
Contingency Operations Temporary Tour of Active Duty

CZTE
Combat Zone Tax Exclusion

DCCS
Deputy Chief Clinical Services

DCS
Deputy Chief of Staff

DEERS
Defense Enrollment Eligibility Report System

DES
Defense Enrollment Eligibility Report System

DFAS
Defense Finance and Accounting Service

DFAS-IN
Defense Finance and Accounting Service-Indianapolis

DJMS
Defense Joint Military Pay System

DOD
Department of Defense

DODD
Department of Defense Directive

DODFMR
Department of Defense Financial Management Regulation

DODI
Department of Defense Instruction

EMILPO
Electronic Military Personnel Office (eMILPO)

ETS
Estimated Time of Separation

FCP
Family Care Plans

FORSCOM
Forces Command

FRAGO
Fragmentary Order

FRSA
Family Readiness Support Assistance

FSA
Family Separation Allowance

GWOT
Global War on Terrorism

HRC-A
Human Resources Command-Alexandria

HRC-STL
Human Resources Command-St Louis

HQDA
Headquarters, Department of the Army

IAW
In Accordance With

IET
Initial Entry Training

IMCOM
Installation Management Command

IMIT
Information Management/Information Technology

ITA
Invitational Travel Authorizations

ITP
Individual transition plans

JFTR
Joint Federal Travel Regulation

JTR
Joint Travel Regulation

JFHQ
Joint Field Headquarters

LDI
Line of Duty Investigation

LRMC
Landstuhl Regional Medical Center

LNO
Liaison Officer

MACOM
Major Army Command

MEB
Medical Evaluation Board

MEDCOM
Medical Command

MEDEVAC
Medical Evacuation

MH
Med Hold (changed to WTU)

MHO
Medical Holdover (changed to WTU)

MODS
Medical Operational Data System

MRD
Mandatory Removal Date

MRP
Medical Retention Processing

MRP2
Medical Retention Processing 2

MRPU
Medical Retention Processing Unit (changed to WTU)

MTBI
Mild Traumatic Brain Injury

MTF
Medical Treatment Facility

NARSUM
Narrative Summary

NCOER
Noncommissioned Officer Evaluation Report

NGB
National Guard Bureau

NGR
National Guard Regulation

NMA
Non-Medical Attendant orders

OER
Officer Evaluation Report

OCONUS
Outside the Continental United States

OPORD
Operations Order

OSA
Office of the Secretary of the Army

OSD
Office of the Secretary of the Defense

OTSG
Office of the Surgeon General

PAD
Patient Administration Department

PDA
Physical Disability Agency

PDES
Physical Disability Evaluation System

PEB
Physical Evaluation Board

PEBLO
Physical Evaluation Board Liaison Officer

POC
Point of Contact

PTSD
Post Traumatic Stress Disorder

QA
Quality Assurance

RC
Reserve Component

REFRAD
Release from Active Duty

RMC
Regional Medical Command

RRC
Regional Readiness Command

RTD
Return to Duty

SAR
System Analysis and Review

SFAC
Soldier Family and Assistance Center

SRP
Soldier Readiness Processing

STANDING
Standard Operating Procedure

TAMP
Transitional Medical Benefits

TCS
Temporary Change of Station

TDRL
Temporary Disability Retirement List

TMA
TRICARE management activity

TRANSPROC
Military Personnel Transition Processing

UCMJ
Uniformed Code of Military Justice

UoA
Unit of Assignment

USAR
United States Army Reserve

USAFINCOM
United States Army Finance Command

WIA
Wounded in Action

WT
Warrior in Transition

Section II
Terms

There are no entries in this section

Section III
Special Abbreviations and Terms

There are no entries in this section