

Army Regulation 600–77

Personnel-General

**Administrative
Management of
Wounded, Ill,
or Injured
Soldiers**

**Headquarters
Department of the Army
Washington, DC
5 March 2019**

UNCLASSIFIED

SUMMARY

AR 600–77

Administrative Management of Wounded, Ill, or Injured Soldiers

This new Department of the Army regulation, dated 5 March 2019—

- o Prescribes policy for wounded, ill, or injured Soldiers (chaps 1 through 10).
- o Prescribes the following new forms: DA Form 7692 (Active Duty for Medical Care Application) and DA Form 7696 (Commander's Performance and Capability Checklist) (para 3–1*e*).
- o Incorporates Army Directive 2011–22, Special Compensation for Assistance with Activities of Daily Living, dated 21 November 2011, (hereby superseded) as modified by DODI 1341.12 and DODM 1341.12 (throughout).
- o Replaces Military Medical Support Office with Defense Health Agency-Great Lakes (throughout).

Effective 5 April 2019

Personnel-General

Administrative Management of Wounded, Ill, or Injured Soldiers

By Order of the Secretary of the Army:

MARK A. MILLEY
General, United States Army
Chief of Staff

Official:


KATHLEEN S. MILLER
Administrative Assistant
to the Secretary of the Army

History. This is a new Department of the Army regulation.

Summary. This regulation prescribes policy, procedures, and administrative guidance for the management and support of wounded, ill, or injured Soldiers. Wounded, ill, or injured Soldiers are administratively and medically managed by the Soldiers' organic command, State and Territory (for Army National Guard), regional support commands (for U.S. Army Reserves), U.S. Army Human Resources Command (for individual ready reserve) and Warrior Transition Units and Community Care Units during time of injury through return to duty, or transition to civilian life through medical processing. Pertinent Federal statutes, regulations, and other standards governing these programs and services are cited throughout this regulation. This regulation is supported by AR

40–58 which consolidates policies on the Comprehensive Transition Plan and Warrior Care for transitioning wounded, ill, or injured Soldiers back into the force and/or Veteran status. It reinforces existing Department of the Army, G1 personnel policy that remains in effect to include active duty medical extension, medical retention processing, medical retention processing 2, and medical retention processing – evaluation as well as incorporates major changes in the Warrior Care and Transition Program. DA Form 7692 (Active Duty for Medical Care Application) and DA Form 7696 (Commander's Performance and Capability Checklist) are new electronic forms prescribed in this Army regulation for the management and care of wounded, ill, or injured Soldiers by their chain of command and medical providers and to request active duty orders for the purpose of medical care and/or processing.

Applicability. This regulation applies to the Regular Army, the Army National Guard/Army National Guard of the United States, and the U.S. Army Reserve, unless otherwise stated.

Proponent and exception authority. The proponent of this regulation is the Deputy Chief of Staff, G–1. The proponent has the authority to approve exceptions or waivers to this regulation that are consistent with controlling law and regulations. The proponent may delegate this approval authority, in writing, to a division chief within the proponent agency or its direct reporting unit or field operating agency, in the grade

of colonel or the civilian equivalent. Activities may request a waiver to this regulation by providing justification that includes a full analysis of the expected benefits and must include formal review by the activity's senior legal officer. All waiver requests will be endorsed by the commander or senior leader of the requesting activity and forwarded through their higher headquarters to the policy proponent. Refer to AR 25–30 for specific guidance.

Army internal control process. This regulation contains internal control provisions in accordance with AR 11–2 and identifies key internal controls that must be evaluated (see appendix B).

Supplementation. Supplementation of this regulation and establishment of command and local forms are prohibited without prior approval from the Deputy Chief of Staff, G–1 (DAPE–MPE), 300 Army Pentagon, Washington, DC 20310–0300.

Suggested improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to Deputy Chief of Staff, G–1 (DAPE–MPE), 300 Army Pentagon, Washington, DC 20310–0300.

Distribution. This regulation is available in electronic media only and is intended for the Regular Army, the Army National Guard/Army National Guard of the United States, and the U.S. Army Reserve.

Contents (Listed by paragraph and page number)

Chapter 1
General, page 1

- Section I*
Introduction, page 1
Purpose • 1–1, page 1
References • 1–2, page 1
Explanation of abbreviations and terms • 1–3, page 1

*This regulation supersedes Army Directive 2011–22, dated 21 November 2011.

Contents—Continued

Responsibilities • 1–4, *page 1*
Overview • 1–5, *page 1*
Objectives • 1–6, *page 1*

Section II

Responsibilities, page 1
Assistant Secretary of the Army (Financial Management and Comptroller) • 1–7, *page 1*
Assistant Secretary of the Army (Manpower and Reserve Affairs) • 1–8, *page 2*
Chief, National Guard Bureau • 1–9, *page 2*
Deputy Chief of Staff, G–1 • 1–10, *page 2*
Chief, Army Reserve • 1–11, *page 3*
The Surgeon General • 1–12, *page 3*
Assistant Chief of Staff for Installation Management • 1–13, *page 5*
The Judge Advocate General • 1–14, *page 5*
Senior commanders • 1–15, *page 5*
Warrior Transition Unit commanders • 1–16, *page 6*

Chapter 2

References to Statutes, Department of Defense Instructions and Duty Status Programs, *page 6*

Section I

Federal Legal Foundations and Department of Defense Guidance, page 6
Purpose • 2–1, *page 6*
Statutes • 2–2, *page 7*
Department of Defense instructions • 2–3, *page 8*

Section II

Reserve Component Duty Status Programs, page 8
Background • 2–4, *page 8*
Alternatives to active duty • 2–5, *page 8*
Medical retention processing (to include medical retention processing 2 and medical retention processing – evaluation) • 2–6, *page 8*
Active duty medical extension • 2–7, *page 9*

Chapter 3

Eligibility and Application Processes for Medical Care of Wounded, Ill, and Injured Soldiers, *page 9*

Section I

Eligibility Criteria, page 9
Eligibility for medical care for Reserve Component Soldiers (mobilized/deployed) • 3–1, *page 9*
Continuation on active duty for medical care (medical retention processing/medical retention processing – evaluation) • 3–2, *page 10*
Return to active duty for medical care (medical retention processing 2), contingency operations • 3–3, *page 11*
Return to active duty for medical care (active duty medical extension), non-contingency operations • 3–4, *page 12*
Declination of Reserve Component active duty medical care • 3–5, *page 12*
Withdrawal from Reserve Component active duty medical care • 3–6, *page 13*

Section II

Retiree recalls, retention beyond mandatory removal date, and sanctuary, page 14
Reserve Component Soldiers with 18 years but less than 20 years of active service • 3–7, *page 14*
Retiree recall retained on active duty for medical care • 3–8, *page 15*
Retention on active duty for medical care beyond mandatory removal date • 3–9, *page 15*

Section III

Resubmissions, appeals, and exceptions to policy for Reserve Component Duty Status Programs, page 15
Resubmissions • 3–10, *page 15*
Appeals • 3–11, *page 16*

Contents—Continued

Exception to policy requests • 3–12, *page 16*

Section IV

Warrior Transition Unit Assignment or Attachment, page 18

Warrior Transition Unit eligibility and processing • 3–13, *page 18*

Community Care Unit • 3–14, *page 18*

Community Care Unit to Warrior Transition Unit transfer • 3–15, *page 18*

U.S. Department of Veterans Affairs medical centers • 3–16, *page 18*

Section V

Regular Army, Active Guard Reserve, and Reserve Component additional eligibility instructions, page 19

Regular Army and Active Guard Reserve • 3–17, *page 19*

Title 32 USC Army National Guard Active Guard Reserve • 3–18, *page 23*

Reserve Component • 3–19, *page 23*

Chapter 4

Application processes for medical care of wounded, ill and injured senior grade Soldiers, *page 24*

Senior grade or rank criteria • 4–1, *page 24*

General officer requests for entry into a Warrior Transition Unit • 4–2, *page 24*

General officer requests for extension beyond mandatory removal date • 4–3, *page 24*

General officer points of contact • 4–4, *page 24*

Chapter 5

Orders, *page 24*

Retention on active duty for medical treatment and evaluation (non-Active Guard Reserve) • 5–1, *page 24*

Return to active duty for medical treatment under medical retention processing 2 and the active duty medical extension orders process • 5–2, *page 26*

Order extensions for medical retention process 2/active duty medical extension • 5–3, *page 27*

Medical temporary duty orders to the continental United States military treatment facilities • 5–4, *page 27*

Permanent change of station orders (Regular Army, Active Guard Reserve, and Soldiers on orders greater than 179 days) • 5–5, *page 28*

Retroactive modification of the effective date of orders • 5–6, *page 28*

Medical temporary duty orders • 5–7, *page 28*

Invitational travel authorizations in support of wounded Soldiers • 5–8, *page 28*

Orders distribution list for Reserve Component Soldiers • 5–9, *page 29*

Reserve Component management controls • 5–10, *page 29*

Patient movement • 5–11, *page 30*

Noncompliance • 5–12, *page 30*

Chapter 6

Personnel and Pay Actions, *page 30*

Section I

Personnel Functions, page 30

Line of duty determinations and access to medical and dental care • 6–1, *page 30*

Non-medical attendant and DD Form 93 • 6–2, *page 31*

Section II

Pay and Entitlements, page 32

Medical treatment and evaluation and active duty medical extension pay and entitlements • 6–3, *page 32*

Reserve Component DD Form 214 distribution • 6–4, *page 32*

Soldier pay processing within the Warrior Transition Unit or Community Care Unit • 6–5, *page 33*

Traumatic Servicemembers' Group Life Insurance • 6–6, *page 33*

Section III

Supply and Logistics, page 33

Household goods • 6–7, *page 33*

Contents—Continued

Unaccompanied personnel housing for wounded, ill, and injured Soldiers • 6–8, *page 34*
Return of personal effects from theater • 6–9, *page 34*

Chapter 7

Return to Duty, Release from Active Duty, Separation, and Retirement, *page 35*

Section I

Return to Duty, page 35

Assignment after completion of care • 7–1, *page 35*

Return to duty of Soldiers returned on temporary change of station or mobilization order • 7–2, *page 35*

Regular Army return to duty assignment procedures • 7–3, *page 35*

Active Guard Reserve return to duty assignment procedures • 7–4, *page 36*

Reserve Component release from active duty criteria • 7–5, *page 36*

Reserve Component released from active duty for medical condition existing prior to service • 7–6, *page 37*

Section II

Separation, page 37

Administrative separation of Regular Army and Reserve Component Soldiers found fit for duty • 7–7, *page 37*

Reserve Component separation processing (non-Active Guard Reserve) • 7–8, *page 37*

Transitioning Soldiers from active duty while attached to a medical facility • 7–9, *page 39*

Process to separate an attached Warrior Transition Unit Soldier • 7–10, *page 39*

Chapter 8

Benefits, *page 40*

Department of Veterans Affairs benefits briefing • 8–1, *page 40*

Soldier For Life - Transition Assistance Program • 8–2, *page 40*

Transitional Assistance Management Program • 8–3, *page 40*

Chapter 9

Support Sections, Agencies, and Organizations, *page 40*

Army retirement services • 9–1, *page 40*

Legal information • 9–2, *page 40*

Soldier and Family Assistance Center • 9–3, *page 40*

U.S. Department of Veterans Affairs • 9–4, *page 42*

Chapter 10

Special Compensation for Assistance with Activities of Daily Living, *page 43*

Intent of the program • 10–1, *page 43*

Soldier's application • 10–2, *page 43*

Determination of threshold eligibility • 10–3, *page 45*

Soldier is not eligible for the Special Compensation for Assistance with Activities of Daily Living compensation if receiving any of the following services • 10–4, *page 46*

Certification of DD Form 2948 • 10–5, *page 47*

Action on the application • 10–6, *page 47*

Computing compensation • 10–7, *page 47*

Regional Health Command payment authorization • 10–8, *page 47*

Notification to Soldier • 10–9, *page 48*

Special Compensation for Assistance with Activities of Daily Living packet • 10–10, *page 48*

Expiration of Special Compensation for Assistance with Activities of Daily Living eligibility • 10–11, *page 50*

Special Compensation for Assistance with Activities of Daily Living appeal process • 10–12, *page 50*

Continuation of Special Compensation for Assistance with Activities of Daily Living Compensation beyond 6 months • 10–13, *page 50*

Non-compliance to pay caregivers • 10–14, *page 51*

Appendixes

A. References, *page 52*

Contents—Continued

B. Internal Control Evaluation, *page 59*

Figure List

Figure 3–1: Declination of, or withdrawal from the Warrior Care and Transition Program, *page 13*

Figure 3–2: Exception, appeal, or resubmission request, *page 17*

Figure 3–3: Warrior Transition Unit nomination memorandum, *page 21*

Figure 3–3: Warrior Transition Unit nomination memorandum—Continued, *page 21*

Figure 3–4: Military treatment facility commander nomination memorandum, *page 22*

Figure 10–1: Sample notification memorandum to Soldiers of commander’s determination of eligibility regarding Special Compensation for Assistance with Activities of Daily Living, *page 45*

Figure 10–1: Sample notification memorandum to Soldiers of commander’s determination of eligibility regarding Special Compensation for Assistance with Activities of Daily Living—Continued, *page 45*

Figure 10–2: Sample memorandum from the regional health command to the defense finance and accounting service for payment of Special Compensation for Assistance with Activities of Daily Living, *page 46*

Figure 10: 3. Sample language for DA Form 4856, Developmental counseling for Special Compensation for Assistance with Activities of Daily Living, *page 49*

Glossary

Chapter 1 General

Section I

Introduction

1–1. Purpose

This regulation establishes policies and procedures for the administrative management of wounded, ill, or injured (WII) Soldiers.

1–2. References

See appendix A.

1–3. Explanation of abbreviations and terms

See the glossary.

1–4. Responsibilities

Responsibilities are listed in chapter 1, section II.

1–5. Overview

This regulation governs policies and procedures necessary for the administrative management of WII Soldiers of all Army components (Regular Army (RA) and Reserve Components (RC)). It reinforces existing personnel policy pertaining to Soldiers in transition formerly outlined in the Warrior Transition Unit Consolidated Guidance – Administrative to include, among other programs, active duty medical extension (ADME), medical retention processing (MRP) and medical retention processing 2 (MRP2), and medical retention processing – evaluation (MRP–E). It is complemented by the policies prescribed in AR 40–58, AR 635–40, AR 600–8–4, and AR 40–400. The goal is to successfully and efficiently transition Soldiers back to duty or to civilian life through comprehensive medical care, rehabilitation, and, if necessary, the Disability Evaluation System (DES).

1–6. Objectives

a. To ensure the timely resolution of all aspects of WII Soldiers' administrative management in the areas of personnel, finance, and logistics, from identification of wound, illness, or injury through final disposition. Final disposition occurs when the WII Soldier is found medically cleared and returned to duty (RTD), retires, or completes the DES process.

b. To ensure the timely resolution on the administrative aspects of medical management for the WII Soldier to include care within either the military health system, the civilian network of care administered by the Tri-Service Medical Care (TRICARE) health plan, or support provided by the Veterans Health Administration.

c. To ensure senior commander logistical support for WII Soldiers assigned or attached to a garrison unit, military treatment facility (MTF), Warrior Transition Unit (WTU), Community Care Unit (CCU), or organic unit.

d. To ensure accountability and tracking during their progression through the healing process and, if necessary, the DES process.

Section II

Responsibilities

1–7. Assistant Secretary of the Army (Financial Management and Comptroller)

On behalf of the ASA (FM&C), the Commander, U.S. Army Financial Management Command (USAFMCOM) will—

a. Assist, as requested, the Deputy Chief of Staff, G–1 (DCS, G–1) in developing personnel policy for WII Soldiers, to include the Warrior Care and Transition Program (WCTP).

b. Conduct oversight of finance roles and responsibilities in all aspects of WTU operations.

c. Resolve and/or assist in resolving military and travel pay issues.

d. Coordinate with Defense Finance and Accounting Service (DFAS), Army National Guard (ARNG), and U.S. Army Reserve (USAR) pay and/or ombudsman offices for pay support and provide procedural, policy, and pay systems guidance.

- e.* Coordinate, when necessary, with DFAS, ARNG, and USAR pay and/or ombudsman offices to support WII Soldiers and the WCTP, staff assistance visits, and the Organizational Inspection Program.
- f.* Ensure compliance with the DFAS Wounded Warrior Pay Management Program.
- g.* Coordinate and schedule military pay courses, Wounded Warrior Pay Management Program training, and travel voucher preparation and review training for finance management specialist in WTUs and CCUs.
- h.* Train new ombudsman personnel on financial management matters.
- i.* Establish or revise financial management operations memoranda of agreement, as necessary, with the DFAS, the U.S. Army Medical Command (MEDCOM), ARNG, and USAR.
- j.* Report monthly metrics on mobilization and demobilization pay (tours), medical orders, and aero medical evacuation entitlements timeliness to the DCS, G-1.

1-8. Assistant Secretary of the Army (Manpower and Reserve Affairs)

The ASA (M&RA) will—

- a.* Provide policy and oversight for the administrative management (personnel, finance, and logistics) of WII Soldiers.
- b.* Coordinate, as necessary, personnel policy for WII Soldiers with Headquarters, Department of the Army (DA) staff elements, other Army commands, and Army service component commands.
- c.* Coordinate with the DCS, G-1 in developing WII Soldiers' administrative management guidance in coordination with MEDCOM; U.S. Army Installation Management Command (IMCOM); U.S. Army Human Resources Command (HRC); U.S. Army Physical Disability Agency (USAPDA); ARNG; U.S. Army Reserve Command (USARC); USAFMCOM; and DFAS.
- d.* Oversee the Special Compensation for Assistance with Activities of Daily Living (SCAADL) Program.

1-9. Chief, National Guard Bureau

The CNGB will—

- a.* Assist the DCS, G-1, and MEDCOM in developing personnel policy for the WII Soldier population, to include the WCTP.
- b.* Assist the local servicing finance office or WTU financial management specialist, upon request, in order to resolve military and travel pay inquiries and assist Family members in travel voucher processing and payment, as necessary.
- c.* Coordinate with and assist DFAS in completing pay account reviews and maintenance.
- d.* Assist USAFMCOM and DFAS in responding, upon request, to inquiries or pay account audits.
- e.* Coordinate, when necessary, with USAFMCOM, DFAS, and USAR pay and/or ombudsman offices.
- f.* Provide, upon request and as available, personnel for CCU operations and task force personnel.
- g.* Process medical orders (initial and extensions) into the reserve pay system for the ARNG.
- h.* Provide primary overall pay support to WII Soldiers, including those attached or assigned to WTUs or CCUs.
- i.* Assist MEDCOM with analysis of personnel strength data for all WTUs and CCUs and develop a sustainable multi-component manning strategy that supports directed Cadre-to-WII Soldier ratios.
- j.* Execute necessary mobilization tasks to support the ARNG portion of the developed manning strategy.

1-10. Deputy Chief of Staff, G-1

The DCS, G-1 will—

- a.* Develop personnel policy for the administrative management (personnel, finance, and logistics) of WII Soldiers in coordination with ASA (M&RA); MEDCOM; IMCOM; HRC; DCS, Warrior Care and Transition (WCT); MEDCOM Soldier Transition Branch; USAPDA; ARNG; USAR ; USAFMCOM; and DFAS.
- b.* Provide policy guidance for WII Soldiers as directed by the ASA (M&RA).
- c.* Oversee the execution of the SCAADL Program for WII Soldiers.
- d.* Coordinate with the ASA (M&RA) to develop and propagate any additional administrative procedures necessary for the SCAADL Program to include appropriate internal controls applicable to commanders and the regional health command (RHC) in accordance with AR 11-2.
- e.* Ensure the Commanding General (CG), HRC—
 - (1) Develops procedures, conducts technical oversight and quality control of personnel actions, assignments, and attachments, and ensures accountability and Soldier welfare.
 - (2) Conducts training on personnel management and strength accounting procedures, internally and externally, for key personnel in coordination with MEDCOM and other Army commands and Army service component commands.
 - (3) Receives and reviews initial and extension packets for completeness.

- (4) Maintains accountability of participants by maintaining a monthly internal tracking program and reporting metrics to DCS, G-1.
- (5) Assists MEDCOM with analysis of personnel strength data for all WTU or CCUs and develops a sustainable multi-component manning strategy that supports directed Cadre-to-Soldier assigned or attached to WTU ratios.
- (6) Executes necessary mobilization tasks to support the USAR and ARNG portions of the developed manning strategy.
- (7) Manages pay and allowances continuation in accordance with Section 372, Title 37, United States Code (37 USC 372).
- (8) Ensures the USAPDA—
 - (a) Assists the DCS, G-1 in developing personnel policy for DES processing.
 - (b) Trains cadre on the DES processes.
 - (c) Coordinates and manages all Soldiers on the temporary disability retired list (TDRL).
 - (d) Coordinates with Department of Defense (DOD) and other military departments to facilitate uniform interpretation of applicable DES laws, policies, and directives among the services.
 - (e) Implements policies from HRC, Headquarter, Department of the Army, and DOD.
 - (f) Makes final decisions on behalf of the Secretary of the Army (SECARMY) concerning a Soldier's fitness for duty that relates to physical disability; except when a decision is reserved for a higher authority including Office of the Secretary of Defense, Office of the Secretary of the Army, ASA (M&RA), DCS, G-1, or HRC.
 - (g) Maintains an automated database system to track and record a Soldier's progress through the DES.
 - (h) Responds to requests for information about the DES from Soldiers, the Soldier's chain of command, Headquarter, Department of the Army, and Congressional inquiries.
 - (i) Conducts a weekly review and takes the appropriate action on all WTU cases received by the physical evaluation board (PEB) or USAPDA that are older than 90 days and provides a weekly report to DCS, G-1.
 - (j) Schedules formal hearings requested by WTU Soldiers for a date within 30 calendar days of the Soldier's request.
 - (k) Enters a separation/retirement date (no later than 30 calendar days from the completion of processing a Soldier's case) into the Transition Processing System (TRANSPROC), Veterans Tracking Application, and Integrated Disability Evaluation System Dashboard, and provide a weekly report to the DCS, G-1.
 - (l) Manages the subordinate elements of the USAPDA.
 - (m) Reviews PEB proceedings to ensure that Soldiers are given uniform consideration under the applicable laws, policies, and directives.

1-11. Chief, Army Reserve

The CAR will—

- a. Assist the DCS, G-1 and MEDCOM in developing personnel policy for the WII Soldier population, to include the WCTP.
- b. Assist the local servicing finance office or WTU financial management specialist, upon request, in order to resolve military and travel pay inquiries and assist Family members in travel voucher processing and payment, as necessary.
- c. Coordinate with and assist DFAS in completing pay account reviews and maintenance.
- d. Assist USAFMCOM and DFAS in responding, upon request, to inquiries or pay account audits.
- e. Coordinate, when necessary, with USAFMCOM, DFAS, and ARNG pay and/or ombudsman offices.
- f. Provide, upon request, personnel for WTU and CCU operations on installation and USAR liaison personnel for WTU and CCU sites.
- g. Assist MEDCOM with analysis of personnel strength data for all WTUs and CCUs.
- h. Develop a sustainable multi-component manning strategy that supports directed Cadre-to-WII Soldier ratios.
- i. Execute necessary mobilization tasks to support the USAR portion of the developed manning strategy.

1-12. The Surgeon General

- a. TSG will—
 - (1) Assist the DCS, G-1 in developing personnel policy for WII Soldiers to include WTU and CCU operations in coordination with ASA (M&RA), IMCOM, HRC, USAPDA, ARNG, USAR, USAFMCOM, and DFAS.
 - (2) Support synchronizing efforts of ARNG, USARC, and other agencies in support of WTU and CCU operations.
 - (3) Maintain ownership of WTU and CCU dedicated assets, tasking authority, and funding responsibility.
 - (4) Establish medical decision criteria and make individual evaluations on type and location of medical treatment for Soldiers.
 - (5) Ensure that the RHCs provide senior command, personnel, logistical, fiscal, legal, chaplain, and communications coordination and support to WTUs and CCUs.

(6) Establish technical procedures to conduct quality assurance review of the medical evaluation board (MEB) and the physical evaluation board liaison officer (PEBLO) functions.

(7) Conduct periodic assistance visits of WTU and CCU sites to ensure compliance with established operation standards.

(8) Develop and implement medical standards and policy to support the WII Soldier population 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.

(9) Provide overall technical supervision and quality control over all medical aspects of the WII Soldier population, including the WCTP.

(10) Manage and provide manpower and funding requirements to support the WII Soldier population, to include the WCTP.

(11) Maintain ownership of WTU and CCU dedicated assets, tasking authority, and funding responsibility.

(12) Establish medical decision criteria and make individual evaluations on type and location of medical treatment for Soldiers. Medical decision criteria will be made in a manner that conforms to and supports existing statutory and policy-based obligations to Soldiers who require medical treatment or evaluation.

(13) Ensure that the RHCs provide senior command support, personnel, logistical, fiscal, legal, chaplain, and communications coordination and support to WTUs and CCUs.

(14) Establish technical procedures to conduct quality assurance reviews of the MEB, medical evaluation board transition office and the PEBLO functions.

(15) Ensure the provision of personnel, logistical, and finance support for the WII Soldier population, to include the WCTP.

(16) Conduct periodic assistance visits of WTU and CCU sites to ensure compliance with established operation standards.

(17) Monitor and track all non-medical attendants (NMA) in accordance with AR 11–2.

(18) Serve as the orders issuing authority for orders requested under 10 USC 12301(h) (hereafter referred to as 10 USC 12301(h) orders).

(a) Contact appropriate agencies to revoke remainder of current active duty orders, if needed, when a Soldier is approved for 10 USC 12301(h) orders.

(b) Contact appropriate agencies to ensure continuation of pay and entitlements, if needed, when a Soldier is concurrently transitioned from an active duty order to a 10 USC 12301(h) order.

(c) Forward a copy of the 10 USC 12301(h) orders to the Soldier's home address, organic unit, losing and gaining units, RHC senior case manager, ARNG Resources Management Comptroller Financial Services Center (ARNG–RMC–F), and, if applicable, the Joint Forces Headquarters.

(d) Provide a monthly report to the DCS, G–1 on the status of 10 USC 12301(h) orders. The report will include the following data, as a minimum:

1. List of Soldiers on 10 USC 12301(h) orders.
2. Start and end date of orders.
3. Location of attachment/assignment of the Soldier.

(19) Ensure the RHC commander—

(a) Establishes and maintains a transmittal control log for all incoming SCAADL-related documents.

(b) Appoints one regular and one alternate certifying officer who are authorized to transmit SCAADL payment data to DFAS for payment.

(c) Submits a certified DD Form 577 (Appointment/Termination Record - Authorized Signature).

(d) No later than the 15th day of each month, submits a consolidated pay authorization roster to DFAS to effect timely SCAADL payments for each eligible Soldier.

(e) Prepares a monthly roster of all Soldiers and their primary caregivers who are currently receiving Veterans Affairs (VA) caregiver benefits not associated with SCAADL; ensures Soldiers are not receiving duplicative benefits.

(f) Prepares a monthly feedback report documenting all SCAADL actions completed, to include the amount of SCAADL payments disbursed to each eligible Soldier and transmits the report by the last day of each month to WCTP, (MCWT–HR).

(g) Retains the records pertaining to SCAADL payments for 3 years, including—

1. The completed application.
2. The payment computation.
3. Documentation to DFAS authorizing payment.

(h) Ensures that commanders are completing Soldier's reevaluation every 6 months to validate eligibility and assure uninterrupted payments of SCAADL benefits.

- (i) Ensures the RHC certification officer—
 1. Becomes thoroughly familiar with Chapter 33, Volume 5 of the DOD Financial Management Regulation (DODFMR), AR 11–2, and DODI 1341.12.
 2. On behalf of the command, submits Soldier’s status changes to DFAS, as required, especially SCAADL eligibility redetermination at least every 6 months or earlier should the Soldier’s medical condition or circumstances change.
- (j) Ensures the DCS, WCT—
 1. Serves as the lead proponent for the WCTP.
 2. Executes the Army Wounded Warrior Program for MEDCOM and the Army.
 3. Develops and executes an Organization Inspection Program to enforce the standardized execution of the WCTP.
 4. Coordinates the movement of WTU Soldiers with MEDCOM, DCS, G–1, HRC, USAR, and ARNG.
 5. Oversees the WCTP to ensure clinical compliance and assesses the impact policies have on recovery and reintegration for WTU Soldiers.
 6. Develops and conducts training for the WTU and CCU cadre.
 7. Oversees the execution of personnel and finance support within WTU and CCU operations.
 8. Manages manpower and funding requirements in coordination with MEDCOM.
 9. Synchronizes the efforts of ARNG, USAR, DFAS, USAFMCOM, and other agencies in support of the WII Soldier population, to include WTU and CCU operations.
 10. Receive all monthly feedback reports documenting all SCAADL actions completed, to include the amount of SCAADL payments disbursed to each eligible Soldier and consolidate the reports into one program-wide report.
 11. Provide the DCS, G–1 with annual SCAADL funding requirements, with input from the RHCs (Warrior Transition offices).

1–13. Assistant Chief of Staff for Installation Management

ACSIM through the CG, IMCOM will—

- a. Assist, as required, the MEDCOM and DCS, WCTP.
- b. Provide non-clinical support service through the IMCOM Soldier and Family Assistance Center (SFAC).
- c. Collaborate with MEDCOM and HRC, ARNG, or USAR, respectively, to implement procedures for the transfer of Soldiers from IMCOM installation-to-installation, installation-to-CCU, and CCU-to-installation.
- d. Support WTU and CCU commanders with installation personnel administrative processes.
- e. Provide support to the WTU adjutant (S-1) to ensure the complete installation in-processing of Soldiers, including all personnel and pay actions such as, personnel status changes to support accountability in the electronic Military Personnel Office (eMILPO) and updating DD Form 93 (Record of Emergency Data) and Servicemembers’ Group Life Insurance (SGLI) forms (including SGLV 8286 (Servicemembers’ Group Life Insurance Election and Certificate), SGLV 8286S (Servicemembers’ Group Life Insurance Supplemental SGLI Beneficiary Form), SGLV 8283 (Claim for Death Benefits), SGLV 8284 (Claim for Accelerated Benefits), and SGLV 8715 (Application for the Servicemembers’ Group Life Insurance (SGLI) Disability Extension)), update the Defense Enrollment Eligibility Reporting System (DEERS), and issue Family member identification cards, if necessary.
- f. Provide Soldier for Life-Transition Assistance Program (SFL–TAP) services at the SFAC.
- g. Conduct IMCOM specific deployment cycle support, redeployment (see AR 600–8–101), and additional tasks for WTU Soldiers and their Families.

1–14. The Judge Advocate General

TJAG will—

- a. Provide advice and opinions to the Army Staff and, in coordination with the Army Office of the General Counsel, Army Secretariat concerning the laws and regulations governing the Army DES.
- b. In coordination with MEDCOM and through the Office of Soldiers’ Counsel, train and provide sufficient legal counsel to represent Soldiers upon referral and throughout the Army DES.
- c. Train Army attorneys in Army DES disability law.

1–15. Senior commanders

The senior commander will—

- a. Serve as member of the Triad of Leadership.
- b. Execute policy for the WTU entry and exit management of WII Soldiers in accordance with statutory guidance.
- c. Ensure all WII Soldiers on their installation are properly managed.

- d.* Coordinate with MEDCOM and HRC to ensure quality officers and noncommissioned officers are in leadership positions to serve as commanders, first sergeants, and platoon sergeants.
- e.* Ensure the WTU is staffed at the specified Cadre-to-Soldier ratios.
- f.* Ensure the Triad of Leadership maintains good order and discipline in the WTUs and enforces all applicable ARs.

1–16. Warrior Transition Unit commanders

The WTU commanders will—

- a.* Serve as member of the Triad of Leadership.
- b.* Provide command and control for WII Soldiers.
- c.* Evaluate and process all administrative and Uniform Code of Military Justice (UCMJ) actions for assigned or attached Soldiers.
- d.* Establish sponsorship program for assigned or attached Soldiers and their Families.
- e.* In accordance with applicable Army regulations, establish policies and procedures that include initial interface or intake procedures, Family readiness group involvement, transition procedures, process for conduct of traumatic brain injury or posttraumatic stress disorder briefings, briefing on the SCAADL Program, referral to CCU procedures, conduct of behavioral health assessment, line of duty (LOD) processing, housing procedures, and standardized new cadre or commander orientation in-brief.
- f.* Establish conditions that facilitate Soldier’s physical, mental, and spiritual healing process.
- g.* Coordinate with MEDCOM to move eligible RC Soldiers from their initial order type to a 10 USC 12301(h) order.
- h.* Ensure for all departing Soldiers that the gaining installation WTU command element contacts the Soldier and Soldier’s unit for coordination of his or her arrival.
- i.* Initiate requests for CCU attachment and forward to MEDCOM.
- j.* Ensure extension requests are completed and forwarded to MEDCOM no later than 45 days before current orders expire in order to prevent a gap in orders.
- k.* Coordinate with original mobilization installation and losing installation for the transfer of records, documentation of deployment cycle, and other administrative information, as appropriate.
- l.* Ensure Soldiers assigned or attached to their units who have completed DES processing and have been loaded into the military personnel TRANSPROC report to the transition center, within 3 working days of notification by the transition center (Soldiers assigned/attached to a CCU need not return to the supporting installation transition center for processing. CCU will coordinate directly with supporting transition center to provide counseling statement and separation date information within the 3-day limit).
- m.* Ensure the required transition counseling has occurred and DA Form 31 (Request and Authority for Leave) is provided for permissive temporary duty (TDY) and transition leave within this 3-day period.
- n.* Ensure that the unit finance management specialist briefs new commanders, staff, and cadre within 30 days of their arrival to the unit on the importance of pay timeliness, pay accuracy, unit commander’s finance report (for RA), unit commander’s pay management report (for RC), leave (DA Form 31) accountability and processing, internal controls, and entitlements.
- o.* Establish and maintain a working relationship with the SFAC program and SFAC Director.

Chapter 2

References to Statutes, Department of Defense Instructions and Duty Status Programs

Section I

Federal Legal Foundations and Department of Defense Guidance

2–1. Purpose

This chapter includes references to the legal foundations and departmental instructions from Title 10 USC, Chapter 55 and related DODIs, authorizing the access to care, entitlements and benefits for Soldiers in various duty statuses. These statutes and instructions, considered collectively, ensure that Soldiers from all components have access to medical treatment and evaluation from the point of illness or injury to final disposition determining a return to duty, retirement or separation from the military. The guidance in this regulation is built on the purpose and intent of the various authorities listed below and can only be superseded by guidance from this proponent.

2–2. Statutes

a. 10 USC 1074, Medical and dental care for members and certain former members. This section of Title 10 Chapter 55 states that “under joint regulations to be prescribed by the administering Secretaries, the following Soldiers are entitled to medical and dental care in any facility of any uniformed service:” This section refers primarily to Regular Army Soldiers, Soldiers scheduled for active duty orders, Soldiers entitled to retired or retainer pay, or Soldiers without any other health care insurance and not covered by any other health benefits plan, listed as such:

- (1) A Soldier on active duty;
- (2) A member of a RC of a uniformed service who has been commissioned as an officer if—
 - (a) The member has requested orders to active duty for the member's initial period of active duty following the commissioning of the member as an officer;
 - (b) The request for orders has been approved;
 - (c) The orders are to be issued but have not been issued or the orders have been issued but the member has not entered active duty; and
 - (d) The member does not have health care insurance and is not covered by any other health benefits plan;
- (3) A Soldier or former Soldier who is entitled to retired or retainer pay, or equivalent pay may, upon request, be given medical and dental care in any facility of any uniformed service, subject to the availability of space and facilities and the capabilities of the medical and dental staff. This does not apply to a member or former member entitled to retired pay for non-regular service under chapter 3 of Title 10 who is under 60 years of age.

b. 10 USC 1074a, Medical and dental care for members on duty other than active duty for a period of more than 30 days. Summarily, this statute authorizes each member of a uniformed service who incurs or aggravates an injury, illness, or disease in the LOD while performing active duty for a period of 30 days or less, inactive duty training, or service on funeral honors duty to receive medical and dental care appropriate for the treatment of the injury, illness, or disease of that person until the resulting disability cannot be materially improved by further hospitalization or treatment. A member is not entitled to medical and dental care appropriate for the treatment of the injury, illness, or disease if the injury, illness, or disease, or aggravation of an injury, illness, or disease is the result of the gross negligence or misconduct of the member.

c. 10 USC 1206a, Reserve Component members unable to perform duties when ordered to active duty: disability system processing. A member of a RC who is ordered to active duty for a period of more than 30 days and is released from active duty within 30 days of commencing such period of active duty for failure to meet physical standards for retention due to a preexisting condition not aggravated during the period of active duty; or failure to meet medical or dental standards for deployment due to a preexisting condition not aggravated during the period of active duty will be considered for all purposes under the authority of 10 USC 1206(a) to have been serving under an order to active duty for a period of 30 days or less.

d. 10 USC 1218(d), Discharge or release from active duty: claims for compensation, pension, or hospitalization. A member of an Armed Force may not be discharged or released from active duty because of physical disability until he or she has made a claim for compensation, pension, or hospitalization, to be filed with the Department of Veterans Affairs or has refused to make such a claim; or has signed a statement that his/her right to make such a claim has been explained to him/her, or has refused to sign such a statement.

e. 10 USC 12301(h), Reserve components generally.

(1) RC on active duty to receive authorized medical care. When authorized by the Secretary of Defense, the Secretary of the Army may, with the consent of the Soldier, order a member of the RC to active duty—

- (a) To receive authorized medical care;
- (b) To be medically evaluated for disability or other purposes; or
- (c) To complete a required DOD health care study, which may include an associated medical evaluation of the member.

(2) A Soldier ordered to active duty under this subsection may, with the member's consent, be retained on active duty, if the Secretary of the Army considers it appropriate, for medical treatment for a condition associated with the study or evaluation, if that treatment of the member is otherwise authorized by law. A member of the ARNG of the United States may be ordered to active duty under this subsection only with the consent of the Governor or other appropriate authority of the State concerned.

f. 10 USC 12322, Active duty for health care. A Soldier who incurs or aggravates an injury, illness, or disease in the line of duty may be continued on active duty, for a period of more than 30 days while the Soldier is being treated for (or recovering from) an injury, illness, or disease when—

- (1) A Soldier is performing inactive-duty training or while traveling directly to or from the place at which that member is to perform or has performed inactive-duty training.
- (2) A Soldier performs active duty for a period of 30 days or less or while traveling directly to or from the place at which that member is to perform or has performed active duty incurred or aggravated in the line of duty.

2–3. Department of Defense instructions

a. DODI 1241.01. This Instruction establishes policy and provides guidance for determining an entitlement to medical and dental treatment and pay and allowances for RC Service members with injury, illness, or disease incurred or aggravated in the line of duty. Specifically, this department-wide policy instructs that an LOD determination is the mechanism for determining an RC Servicemember entitlement to medical and dental treatment and incapacitation pay for an injury, illness, or disease incurred or aggravated while in a qualified duty status and that is not the result of gross negligence or misconduct.

b. DODI 1332.18. This department-wide policy instructs that the DES is the mechanism for determining return to duty, separation, or retirement of Servicemembers because of disability.

Section II

Reserve Component Duty Status Programs

2–4. Background

Drawing from 10 USC, the DOD has two DODIs prescribing responsibilities to the services to retain or order RC Soldiers (with Soldier consent) to active duty for purposes of medical treatment or evaluation. The process is initiated with a duty status determination. The Army created four distinct duty status programs with associated eligibility criteria to support RC Soldiers who require authorized medical treatment or evaluation. The LOD determination process outlined in AR 600–8–4 serves as the basis for authorizing orders and medical treatment or evaluation. All active duty orders published specifically for medical purposes are designated as 10 USC 12301(h) orders in accordance with the Section of Title 10 that addresses active duty orders for medical purposes (10 USC 12301(h); 10 USC 1074a). All 10 USC 12301(h) orders are voluntary on the part of the Soldier.

2–5. Alternatives to active duty

An RC Soldier may elect incapacitation pay or demobilization and pursuit of medical care through the Veterans Administration health system or outside the purview of the Army through his or her civilian medical benefit. The Office of The Surgeon General (OTSG)/MEDCOM executes the provision of medical and dental care and provides programmatic support for eligible Soldiers who enter the WCTP through an attachment to a WTU or CCU. An OTSG/MEDCOM medical review board executes duty status determinations for two programs (ADME and MRP2). In accordance with AR 40–58, Triad of Leadership (comprised of the senior commanders and installation command sergeants major (CSMs); MTF commanders and MTF CSMs; and WTU commanders, CSMs and first sergeants) at Army installations provide governance for the two remaining programs (MRP and MRP–E). The below paragraphs describe each of the four duty status programs that serve as the basis for voluntary retention on or an order to active duty.

2–6. Medical retention processing (to include medical retention processing 2 and medical retention processing – evaluation)

The basis for the MRP programs (including MRP2 and MRP–E) is drawn directly from DODI 1241.01 and DODI 1332.18 which state that RC Soldiers who are on active duty orders, in support of contingency operations (for example, 10 USC 12301(a), 12302, 12304(a)(b), 12301(d)), greater than 30 days will, with Soldier consent, be retained on or returned to active duty for authorized medical treatment or evaluation.

a. Medical retention processing – evaluation. MRP–E was created based on a recognition that Soldiers may arrive at a mobilization force generation installation or other demobilization site without medical documentation that support MRP orders. Short duration MRP–E orders may be generated, affording an opportunity for a medical provider to evaluate and, if necessary, create a medical care plan. Soldiers on MRP–E orders will either: (1) demobilize subsequent to evaluation (if no MRP-qualifying medical treatment or DES adjudication is required), or (2) transition to MRP orders. MRP–E decisions will be executed by the supporting installation Triad of Leadership based on the recommendation of the medical Soldier readiness processing site (or other military medical provider) recommendation. The supporting WTU provides operational and administrative support to the RC Soldier for the duration of MRP–E orders.

b. Medical retention processing. If, during the course of a contingency mobilization or during demobilization processing, it becomes evident that a Soldier has incurred or aggravated a duty-related medical condition, the Soldier may be transitioned from operational mobilization orders to MRP orders. Eligibility criteria and application instructions are prescribed in chapter 3. Requests for MRP orders will be produced by the Soldier’s unit of assignment with the commander’s referral letter and forwarded to the supporting WTU. The installation Triad of Leadership of the supporting WTU location will review the MRP packet and, subject to approval, ensure that the Soldier is directly transitioned from existing orders to MRP orders.

c. Medical retention processing 2. MRP2 was created based on a recognition that RC Soldiers may demobilize from contingency operations without receiving the appropriate guidance/support for transition to MRP orders or the medical condition may become evident pursuant to demobilization. If, during the 180 days pursuant to demobilization, it becomes evident that the Soldier requires authorized medical treatment or evaluation, a MRP2 application may be submitted. Eligibility criteria and application instructions are prescribed in chapter 3. Requests for MRP2 orders will be produced by the Soldier's unit of assignment with the commander's referral letter and forwarded to the OTSG/MEDCOM medical review board for adjudication. If approved, MEDCOM G1 will generate MRP2 orders returning the Soldier to active duty and the Soldier will be attached to a supporting WTU.

2-7. Active duty medical extension

The ADME Program was created to support RC Soldiers in a non-mobilization status. Non-mobilization duty statuses may include, but are not limited to, active duty for operational support, active duty for training, annual training, and inactive duty training. Non-mobilized Soldiers who incur or aggravate a medical condition documented with a LOD may be eligible for ADME. Eligibility criteria and application instructions are prescribed in chapter 3. Requests for ADME orders will be produced by the Soldier's unit of assignment with the commander's referral letter and forwarded to the OTSG/MEDCOM medical review board for adjudication. If approved, MEDCOM G1 will generate ADME orders and the Soldier will be attached to a supporting WTU.

Chapter 3

Eligibility and Application Processes for Medical Care of Wounded, Ill, and Injured Soldiers

Section I

Eligibility Criteria

3-1. Eligibility for medical care for Reserve Component Soldiers (mobilized/deployed)

a. Purpose. To establish eligibility criteria and mandated procedures for RC Soldiers seeking active duty medical care.

b. Post mobilization and/or pre-deployment.

(1) Defined as Soldiers placed on orders after mobilization date (M-date) through departure from the mobilization station and movement to an outside the continental United States (OCONUS) or continental United States (CONUS) assignment.

(2) Soldiers who have incurred or aggravated a wound, illness, or injury and are found medically non-deployable by a military medical authority, but can receive treatment that will change their status to deployable in a reasonable timeframe (less than 90 days), will be kept on partial mobilization orders and managed by the installation or unit to which they are assigned or attached.

(3) If, at any time, a military medical authority determines the Soldier will not RTD within a reasonable time (less than 90 days), the Soldier will be retained on active duty to receive medical treatment or to undergo DES processing, subject to his or her consent to remain on active duty orders.

(a) If the Soldier agrees to remain on active duty for medical treatment, he or she is attached to the installation WTU on 10 USC 12301(h) orders.

(b) If the Soldier declines to remain on active duty for medical treatment, he or she will be released from active duty (REFRAD) back to his or her respective RC unit.

(4) In the event of an emergent situation where the Soldier is unable to consciously make the decision to request or decline WTU orders, the legal next of kin identified on the Soldier's DD Form 93 has the authority to decide for the Soldier. If there is no legal next of kin, the unit commander will treat this case as emergent and request WTU orders on behalf of the Soldier. The commander may only utilize this authority for the initial order. All other determinations to remain on active duty will be determined by the legal next of kin. If legal next of kin cannot be identified or found and the commander's signature is required, then a memorandum should be submitted to MEDCOM from the WTU stating, "All resources have been utilized to contact the Soldier's legal next of kin with no response; therefore, I am authorizing the Soldier's continued participation in the WCTP based on the Soldier's medical need and the recommendation of the primary physician."

c. Deployment.

(1) Defined as Soldiers who are evacuated from a theater of operation or a CONUS mobilization assignment that incur an LOD wound, illness, or injury or aggravate a pre-existing condition.

(2) When the medical authority determines that a Soldier evacuated from a theater or CONUS assignment will RTD within a reasonable timeframe, the Soldier remains on his or her current mobilization order and enrolled in the WCT

program until medical authority determination returns the Soldier to duty. If, during that time, the medical authority determines the medical condition will not be resolved within a reasonable time (less than 90 days) the Soldier is evaluated for placement into a WTU on a 10 USC 12301(h) order.

(3) If the medical authority determines a Soldier will not RTD within a reasonable time (less than 90 days) when he or she is WII, the Soldier will be retained on active duty for medical treatment or to undergo DES processing, subject to his or her consent. If the Soldier consents to remain on active duty orders, he or she will be attached to a WTU on 10 USC 12301(h) orders. If the Soldier does not consent, he or she is REFRAD back to his or her respective RC unit. See chapter 3, section II for further information on declination of/withdrawal from the WCTP.

d. Post-deployment.

(1) Defined as Soldiers arriving at the demobilization station and determined by military medical authority to have an LOD wound, illness, or injury or aggravated pre-existing medical condition incurred during the current deployment. These Soldiers will be evaluated for WTU placement. If the Soldier agrees, he or she is attached to the installation WTU on 10 USC 12301(h) orders. Soldiers who decline will be REFRAD to their respective RC unit.

(2) If the transition of medical care is required, the Soldiers will be counseled on access to care utilizing VA benefits, TRICARE benefits, or the Defense Health Agency-Great Lakes (DHA-GL).

e. In-patient. Defined as Soldiers that are hospitalized in a VA hospital, MTF, or a civilian hospital for the evaluation and/or treatment of injuries incurred or aggravated in the LOD. The Soldier's current command will process DA Form 7692 (Active Duty for Medical Care Application), DA Form 7696 (Commander's Performance and Capability Checklist) to remain on or return to active duty; if the Soldier volunteers to do so and is approved for WTU entry.

f. Rest and recuperation leave. When a Soldier is on leave and requires emergency medical care and is admitted to a civilian facility, he or she will be processed as "absent sick" and will be picked up by the MTF responsible for that geographical location and dispositioned according to current policies and procedures. The process for an RC Soldier on rest and recuperation leave would be no different than a RA Soldier on ordinary leave who is injured and taken to a civilian hospital for emergency care. The Soldier will be processed through regular medical channels to ensure the responsible MTF is aware of the location and current medical status of the Soldier. Depending on the injury or illness the Soldier may return to theater or be assigned or attached to a WTU. Care can continue at a civilian hospital if the Soldier is unable to be physically moved.

g. Transitional leave. If a Soldier becomes ill or injured while on transitional leave, he or she must be processed through military medical channels. If the Soldier is treated in a civilian facility, the MTF responsible for that geographical location will pick up the Soldier and coordinate with the nearest WTU for assignment or attachment. The previous unit of assignment or attachment coordinates with HRC to adjust or amend the DD Form 214 (Certificate of Release or Discharge from Active Duty).

3-2. Continuation on active duty for medical care (medical retention processing/medical retention processing – evaluation)

a. Purpose. To retain Soldiers for evaluation and treatment of medical conditions requiring case management.

b. Eligibility. RC Soldiers on active duty orders for more than 30 days who incur or aggravate a wound, illness, or injury with a definitive treatment plan requiring one of the following are eligible to request voluntarily retention on active duty:

(1) Require definitive care; or

(2) A permanent profile that refers the Soldier into the DES. If approved, the Soldier will be retained on active duty until he or she meets their medical retention determination point (MRDP) and is returned to duty, REFRAD, or separated or retired as a result of the DES process.

c. Ineligibility.

(1) Soldiers ordered to active duty for more than 30 days that are REFRAD within the first 30 days for a wound, illness, or injury that is not determined to be incurred or aggravated during the current period of active duty.

(2) Soldiers with pending actions under the UCMJ.

(3) Soldiers who are flagged or are pending adverse action are prohibited for assignment or attachment to a WTU until the action is complete. This includes any punishment phase. Soldiers flagged solely based on Army Physical Fitness Test failure or for enrollment in the Army Body Composition Program remain eligible for assignment or attachment to a WTU.

(4) A Soldier who is qualified for retention on active duty for the purpose of medical care and who is also pregnant may be retained on active duty if the pregnancy will not interfere with the medical care needed for the qualifying wound, illness, or injury.

(5) In the event of an emergent situation where the Soldier is unable to consciously make a decision to request or decline medical 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 medical orders on behalf of the Soldier.

Note. For application, see DA Form 7692.

3–3. Return to active duty for medical care (medical retention processing 2), contingency operations

a. Purpose. To voluntarily return RC Soldiers to active duty to receive evaluation and/or treatment for an unresolved wound, illness, or injury incurred or aggravated while the Soldier was on active duty for more than 30 days.

b. Eligibility. All of the following must be met:

(1) Must be a member in good standing in the Selected Reserves, which includes ARNG and USAR troop program unit, individual ready reserve, or an individual mobilization augmentee who was previously released from an order or call to active duty.

(2) Must require definitive care, defined as a specific treatment or sequence of treatments of at least 30 days duration and requiring a significant commitment of the Soldier's time, which, in the opinion of competent medical authority may, upon completion of treatment and care, be reasonably expected to return the Soldier to duty or be subsequently referred to the DES.

Note. Pregnancy is not a criterion for return to active duty for medical care. A Soldier who is qualified to return and who is also pregnant may apply if the pregnancy will not interfere with the medical care needed for the qualifying illness or injury.

c. Process.

(1) Soldier provides documentation that he/she incurred or aggravated an illness or injury while on active duty for more than 30 days.

(2) Unit commander, or his or her representative, counsels the Soldier using DA Form 4856 (Developmental Counseling Form) and ensures the facilitation and follow up of medical care through a DHA–GL, VA, or a MTF utilizing clinical assets as consultants. Incapacitation pay may be utilized in accordance with AR 135–381.

(3) If the Soldier's command determines that medical treatment or the individual circumstances surrounding the Soldier's medical condition meet the criteria to return to active duty, the request for active duty is submitted through the State Surgeon's Office to the ARNG (ARNG–HRP–P) for ARNG Soldiers or, for USAR Soldiers, through the Regional Support Command Surgeon's Office to the USAR (DAAR–HR).

(4) The following documents are required when submitting a request for 10 USC 12301(h) orders:

(a) Unit cover letter.

(b) Completed DA Form 4187 (Personnel Action) (must be signed by the Soldier).

(c) Documentation supporting duty status at time of illness or injury, as applicable. Examples include mobilization orders and amendments, unit sign-in roster, annual training order, and so forth.

(d) All issued DA Forms 3349 (Physical Profile) completed by the military medical authority.

(e) Statement from medical provider will include, at a minimum, diagnosis, anticipated length of care, primary care manager (PCM) contact information, treatment plan, prognosis for recovery, and other medical documentation sufficient to substantiate the medical condition.

(f) Statement verifying Soldier is not pending adverse administrative or UCMJ action.

(g) Statement that expiration of term of service, mandatory removal date (MRD), or retention control point will not occur during this active duty period.

(h) DD Form 214, if applicable.

(i) DD Form 2795 (Pre-Deployment Health Assessment), if applicable.

(j) DD Form 2900 (Post Deployment Health Re-Assessment (PDHRA)), if applicable.

(5) If it is determined by ARNG or USAR that the Soldier's medical needs cannot be met outside of a WTU, the respective component will forward the request for 10 USC 12301(h) orders to the WCTP Surgeon's Office for validation and action.

(6) Once requests are validated, the DCS, WCT will coordinate with the RHC to determine the most appropriate WTU location for the Soldier. The DCS, WCT will establish a report date, length of order, and submit the request for orders using a DA Form 4187 and DA Form 7692 to MEDCOM.

(7) If a request is not validated, the DCS, WCT will return the request with written explanation/justification to ARNG or USAR. Requests may also be returned to ARNG or USAR if additional information is needed to validate the request.

(8) An appeal of the DCS, WCT disapproval is forwarded through the Soldier's chain of command to the OTSG.

(9) The following RC Soldiers are ineligible for continuum of care processing:

(a) Soldiers with conditions existing prior to service not aggravated while in a duty status.

(b) Soldiers approved for continuation on active duty or continuation on active reserve in accordance with AR 635–40.

(c) Soldiers discharged from the Army.

3–4. Return to active duty for medical care (active duty medical extension), non-contingency operations

a. Purpose. To voluntarily return RC Soldiers to active duty to receive evaluation and/or treatment for an unresolved wound, illness, or injury incurred or aggravated while the Soldier was on active duty for more than 30 days.

b. Eligibility. Must be a member in good standing in the Selected Reserves, which includes ARNG and USAR troop program unit, individual ready reserve, or an individual mobilization augmentee who was previously released from an order or call to active duty.

3–5. Declination of Reserve Component active duty medical care

Soldiers may decline Reserve Component active duty medical care up to the time of orders issuance. If the Soldier is eligible and wishes to withdraw his or her application, the Soldier must sign a declination statement (see fig 3–1). If medical care is needed after REFRAD, the Soldier’s RC unit coordinates access to medical treatment to ensure transition in access to care. LOD will be processed in accordance with AR 600–8–4.

Note. The template memorandum should never be modified to include protected health information. A declination or withdrawal statement is an administrative document, not a health record.



DEPARTMENT OF THE ARMY
ORGANIZATION
STREET ADDRESS
CITY STATE ZIP

(OFFICE-SYMBOL)

[DATE]

MEMORANDUM FOR Commander, U.S. Army Human Resources Command
(EP) HRC-EPF-C, ((OP) HRC-OPD-M), 1600 Spearhead Division Avenue, Fort Knox, KY 40122-5001

SUBJECT: Declination of, or Withdrawal from the Warrior Care and Transition Program

1. I, [print name and rank], 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 Warrior Care and Transition Program. I understand that if the PDES process has not begun, it is to be initiated by my unit after my release from active duty (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 medical treatment facilities for "in line of duty" illness or injury (DA Form 2173 (Statement of Medical Examination and Duty Status)) 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 website: <http://www.tricare.osd.mil.reserve>).

a. [Soldier's signature: phone number: and email:]

b. Currently participating in (MRP) (MRP2) (ADME) [circle one].

c. [First line leader: name, signature: email: duty position/title: phone:]

The Privacy Act of 1974, as amended, Title 5 U.S.C. § 552a(b) established appropriate safeguards for personal information. This information shall not be disclosed outside DOD, except pursuant to a written request by, or with the prior written consent of, the individual to whom the record pertains, or unless disclosure of the record would be pursuant to the conditions of disclosure stated therein.

[Soldier Signature Block]

Figure 3-1. Declination of, or withdrawal from the Warrior Care and Transition Program

3-6. Withdrawal from Reserve Component active duty medical care

a. The decision to withdraw from RC active duty medical care will be made by the Soldier in conjunction with the Triad of Care (PCM, Nurse Case Manager (NCM), and platoon sergeant/squad leader).

b. A RC Soldier may request to withdraw from active duty medical care at any time during the active duty medical order.

c. RC Soldiers volunteer for active duty medical care. Requesting REFRAD is a Soldier's option at any time during his or her medical treatment and/or disability evaluation processing.

d. Release from active duty withdrawal request does not dismiss the requirement for the Soldier to maintain medical readiness, or as applicable, does not dismiss the requirement to complete the DES process. DES processing will continue in accordance with AR 635–40.

e. A Soldier must—

(1) Sign the withdrawal statement (see fig 3–1) after counseling by the Soldier's chain of command. The counseling should include information on access to medical care.

(2) Inform the PEBLO (if applicable) and unit of assignment of the intent to withdraw from active duty medical care.

f. For REFRAD requests, the Soldier must submit DA Form 4187 and the WCT Program withdrawal statement (see fig 3–1) through his or her chain of command to the HRC medical team. All medical and administrative REFRAD requests should be submitted to usarmy.knox.hrc.mbx.epmd-refrad-section@mail.mil for enlisted Soldiers and to usarmy.knox.hrc.mbx.opmd-refrad@mail.mil for officers. Upon REFRAD, the Soldiers return to the command and control of their RC unit. Soldiers who require completion of any portion of the DES and elect REFRAD will have a DA Form 3349 prepared indicating the diagnosis and current status in the DES process. A copy of DA Form 3349 must be given to the Soldier and his or her chain of command.

Section II

Retiree recalls, retention beyond mandatory removal date, and sanctuary

3–7. Reserve Component Soldiers with 18 years but less than 20 years of active service

a. Under the provisions of 10 USC 12686, RC Soldiers on active duty (other than for training) and are within 2 years of eligibility for a regular retirement cannot be involuntarily REFRAD before the Soldier obtains 20 years of active service unless the release is approved by the SECARMY or designee.

b. Prior to REFRAD from the WCTP, RC Soldiers with 18 but less than 20 years of active service may submit requests to the HRC sanctuary team (at usarmy.knox.hrc.mbx.epmd-sanctuary-section@mail.mil for enlisted Soldiers and usarmy.knox.hrc.mbx.opmd-rc-tours@mail.mil for officers) no earlier than 120 days from the end date of their 10 USC 12301(h) order.

c. RC Soldiers on active duty when referred into the DES may fall under the provisions of 10 USC 12686. However, these Soldiers must complete a disability evaluation before any action regarding retention under sanctuary is taken. Moreover, Soldiers eligible for sanctuary are not authorized to waive referral to or completion of the DES process. If found unfit for duty, the Soldier will be separated or retired in accordance with AR 635–40. If found fit for duty and has 18 but less than 20 years of active service, the Soldier is eligible to submit a request to HRC for a sanctuary assignment. HRC will confirm the Soldier qualifies for sanctuary, and the Soldier will, by law, be retained on active duty until he or she reaches 20 years of active service.

d. Soldiers on sanctuary orders who are wounded, ill, or injured must meet entry criteria established by MEDCOM, in coordination with the DCS, G–1, for placement into a WTU. Upon receipt of acceptance into a WTU, the Soldier must notify the HRC medical REFRAD team (usarmy.knox.hrc.mbx.epmd-refrad-section@mail.mil for enlisted Soldier and usarmy.knox.hrc.mbx.opmd-refrad@mail.mil for officers) of the following in writing:

(1) Consideration to re-enter sanctuary program with the understanding he or she will be submitted for retirement at 20 years active service;

(2) Contact with a career counselor for acceptance into active duty (if Soldier is requesting to remain beyond 20 years active service); and/or

(3) Request to return to previous status (individual ready reserve, troop program unit, or individual mobilization augmentee) before submission of application.

e. Once the HRC medical REFRAD team receives the Soldier's determination, they will forward the information back to the HRC sanctuary team for further processing, if applicable.

f. The SECARMY or designee may direct REFRAD or separation; therefore, retention to 20 years of active service may not occur.

Note. In accordance with AR 635–40, the application of the “Presumption of Fitness Rule” is reserved for determination by the PEB or the USAPDA and only after a Soldier completes MEB processing.

3–8. Retiree recall retained on active duty for medical care

- a.* Will be processed in accordance with AR 601–10.
- b.* Retirees will be medically screened prior to REFRAD.
- c.* Retirees who incur a wound, illness, or injury or aggravate a previous condition during a period of recall are authorized to remain on active duty in order to receive medical care and/or DES processing.
- d.* Request for active duty for medical care will be submitted by the Soldier's unit to which he or she is assigned during the recall to MEDCOM via email to usarmy.jbsa.medcom.mbx.medcom-hr-warrior-transition-office@mail.mil.
- e.* If treatment plan is 30 days or less, the retiree should remain with unit assigned to during recall. If treatment plan is greater than 30 days, the retiree should be enrolled in the WCT Program and possibly attached or reassigned to a WTU.
- f.* Orders may not be extended to allow the retiree to take leave.

3–9. Retention on active duty for medical care beyond mandatory removal date

- a.* Will be processed in accordance with AR 40–501 and 10 USC 14519.
- b.* Soldiers with a licensed DOD physician's recommendation are authorized to remain on active duty beyond their MRD to complete processing through the DES. The Soldier must consent to remain beyond his or her MRD.
- c.* Each request for retention beyond MRD will be adjudicated on a case-by-case basis. WTUs will submit requests through MEDCOM human resources (MCWT–HR) to OTSG for adjudication at least 90 days prior to the MRD.
- d.* MRDs must be screened during in-processing and tracked by the WTU in order to avoid late submission of retention beyond MRD requests to OTSG.
- e.* Retention beyond MRD requests will be in the form of a packet with the following information and documentation:
 - (1) DA Form 4187 (must be complete with Soldier's signatures and dates).
 - (2) DD Form 2870 (Authorization for Disclosure of Medical or Dental Information).
 - (3) Commissioned service date.
 - (4) MRD.
 - (5) Reason for removal (age or years of service).
 - (6) Copy of current orders (for example, 10 USC 12301, 12302, or other).
 - (7) Current orders start and end dates.
 - (8) Retirement point accountability.
 - (9) Copy of any previous retention beyond MRD approvals.
 - (10) Start date of MEB or PEB (if applicable).
 - (11) Name and address of current MTF.
 - (12) Name and address of current WTU (if applicable).
 - (13) Case manager's name and contact information (if applicable).
 - (14) DCS, WCT approval memorandum.
 - (15) Physician's memorandum identifying diagnosis, treatment plan, and estimated completion date of MEB and/or PEB. Must include physician's contact phone number and email address.
 - (16) Endorsement by the treatment facility's commander (O–6 or above).
- f.* The retention beyond MRD request packet will be sent as a portable document format from the originating unit to the MEDCOM human resources support branch via email at usarmy.jbsa.medcom.mbx.medcom-hr-warrior-transition-office@mail.mil. Do not forward packets requesting retention beyond MRD directly to OTSG, HRC, or DCS, G–1. MEDCOM human resources support branch will forward and track all MRD retention requests involving WTU Soldiers.

Section III

Resubmissions, appeals, and exceptions to policy for Reserve Component Duty Status Programs

3–10. Resubmissions

- a.* A resubmission is a request by the Soldier to have his or her original disapproval of application for active duty for medical care reviewed based on the inclusion of additional documentation.
- b.* The Soldier must initiate the resubmission process and return the original packet, new information, and a letter requesting review directly to the DCS, WCT. The DCS, WCT will adjudicate the request for active duty for medical care in coordination with the ARNG or USAR. If the resubmission is approved, the DCS, WCT will work directly with the Soldier, the Soldier's chain of command, and appropriate RHC to facilitate the request for orders through MEDCOM and coordinate the WTU or CCU location, report date, and length of order.

c. The new information must specifically address the reason(s) for the original packet's rejection. If the new information does not address identified deficiencies, the two possible courses of action are either an appeal or a request for exception to policy (ETP).

d. Resubmission is authorized one time only. Following a denial of a resubmission, any appeals or ETP requests are authorized on time only.

3-11. Appeals

a. An appeal is a request by the Soldier to have his or her application packet reviewed by a higher level of authority. The appeal should include a memorandum requesting an appeal (see fig 3-2) and all originally submitted documentation for the specific request. An appeal will not include new documentation. After disapproval of application, the Soldier has 5 full duty days to appeal his or her application.

b. The administrative appeal process includes requests specific to administrative issues. Examples include report date to WTU, utilization of privately owned vehicle (POV), and so forth.

c. The DCS, WCT is the administrative appeals authority. The appeal will originate with the Soldier and proceed through his or her chain of command to the administrative appellate authority via email at usarmy.pentagon.medcom-wtc.list.g1-orders-approval@mail.mil. Submission of an administrative appeal means that the Soldier asserts he or she meets the medical criteria for WTU attachment, as determined by the appropriate medical authority. The DCS, WCT will send an administrative appeal denial to the Soldier and the Soldier's chain of command. The DCS, WCT has 5 full duty days from the date he or she receives the appeal to respond to the Soldier's Component chain of command.

d. The medical appeal process includes requests specific to medical issues, that is, denial of an application due to medical assessment. The medical appeal authority is OTSG, Health Policy and Services. The appeal will originate with the Soldier and be sent through the chain of command to the medical appellate authority via email at usarmy.pentagon.medcom-wtc.mbx.adme-mrp2processing@mail.mil. If OTSG, Health Policy and Services denies an appeal, the Soldier may not appeal the same case again. If the appeal is approved, the DCS, WCT will notify the Soldier through his or her chain of command. The effective order date will be the date the appeal is approved.

3-12. Exception to policy requests

A request for an ETP is available to Soldiers to ensure that unique or special cases (those that are not covered in the written policy) can be considered and decided on by the SECARMY. ETP requests should include a memorandum requesting review of the application packet (see fig 3-2) and all originally submitted documentation for the specific request. Similar to an appeal, an ETP will not include new documentation.



DEPARTMENT OF THE ARMY
ORGANIZATION
STREET ADDRESS
CITY STATE ZIP

(OFFICE-SYMBOL)

[DATE]

MEMORANDUM FOR Commander, U.S. Army Human Resources Command
(EP) HRC-EPF-C, ((OP) HRC-OPD-M), 1600 Spearhead Division Avenue, Fort Knox, KY 40122-5001

SUBJECT: Exception, Appeal, or Resubmission Request for SSG Joe G. Soldier

Request the following action for my Reserve Component Medical Treatment packet
[Include only one of the below options in the memorandum]

1. I am re-submitting a packet for [circle 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.
 - * I understand that resubmission of my packet does NOT ensure acceptance into the Warrior Care and Transition Program.

OR

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 the DCS, G-1.
 - * I understand that an approved administrative appeal request does NOT ensure acceptance into the WTU Program.

OR

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 the DCS, G-1.
 - * I understand that an approved request for medical appeal does NOT ensure acceptance into the WTU Program.

OR

4. I am requesting an administrative exception to policy
 - * I understand that an approved administrative exception to policy does NOT ensure acceptance into the WTU Program.(Note. The medical review board will make the final determination of eligibility based on medical criteria.)
Circle "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]

Soldier's Signature email
Contact information

Figure 3-2. Exception, appeal, or resubmission request

Section IV

Warrior Transition Unit Assignment or Attachment

3–13. Warrior Transition Unit eligibility and processing

a. The Triad of Leadership decides on the WTU or CCU assignment/attachment location for WII Soldiers. The respective RCs (ARNG and USAR) decide on RC Soldiers' qualifications for ADME and MRP2. RC Soldiers will be attached and not assigned to a WTU or CCU. Regardless of the duration of orders, RC Soldiers will remain in the Reserve systems for management and assignment to the RC unit.

b. Prior to a WTU assignment or attachment, all Soldiers must clear the losing command. The Soldier's Triad of Leadership will assist the Soldier with this task. The Soldier may be required to return to the losing command in unusual circumstances; such as, significant missing hand receipt property. In those rare circumstances, coordination between the senior leadership of the losing command and the gaining WTU may alleviate the requirement for the Soldier to return to the previous assignment.

c. HRC, Personnel Management Directorate is the authority for assignment/attachment of an USAR Active Guard Reserve (AGR) Soldier, and ARNG, Personnel Division for ARNG AGR Soldiers. The ARNG Title 32 AGR populations are maintained in Standard Installation and Division Personnel Reporting System within each respective State. The ARNG Title 10 AGR population is maintained within the Full Time Management Control System.

3–14. Community Care Unit

a. General.

(1) The CCU is the preferred location for RC Soldiers to receive medical management and transition services. CCU attachment allows Soldiers to live at home and perform duty at a location near home while receiving medical care from the TRICARE network, VA, or MTF providers in or near their community. RA Soldiers may elect the basic allowance for housing (BAH) location either at their CCU duty location or their installation WTU.

(2) RC Soldiers that meet WTU eligibility criteria with medical conditions that do not require complex medical care management may be further attached to a CCU for completion of medical management and RTD, REFRAD, or DES processing.

(3) RC Soldiers that meet WTU eligibility criteria with medical conditions that do not require complex medical case management may remain attached to a WTU vice being further attached to a CCU if:

(a) The level and type of medical care required is not available in the Soldier's community.

(b) The RC Soldier is evaluated as "High Risk" in accordance with MEDCOM's health assessment risk criteria.

(c) The RC Soldier lives within 50 miles of a MTF with a WTU.

(4) RC senior grade Soldiers that do not receive the approval of the senior commander or first general officer (GO) in the chain of command to remain in a WTU will transfer and further attach to a CCU within 30 days.

b. Procedures for selection.

(1) The WTU will screen all eligible RC WTU Soldiers within 30 days to determine eligibility for referral to a CCU. The NCM coordinates with the WTU commander on the referral to the CCU. The WTU commander will consider demonstrated reliability and accountability as a key factor in recommending Soldiers for referral. If a Soldier is not considered ready for referral at that time, he or she may be reconsidered at a later point in his or her medical care.

(2) The NCM consults, as necessary, with the Triad of Care to determine whether the Soldier's medical care can be managed within the community by the CCU.

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

3–15. Community Care Unit to Warrior Transition Unit transfer

A transfer request to the WTU is required when the Soldier is determined to need MTF/WTU level of care due to medical complexity or non-compliance in CCU.

3–16. U.S. Department of Veterans Affairs medical centers

WII Soldiers should first be assigned or attached to a WTU which has a VA medical center in its catchment area. Soldiers can then be further assigned or attached to a specific company with "duty at" the VA medical center or other facility. The WTU maintains command responsibility during the period the place of duty is designated as the VA medical center.

Section V

Regular Army, Active Guard Reserve, and Reserve Component additional eligibility instructions

3–17. Regular Army and Active Guard Reserve

a. The Triad of Leadership will review the cases of all RA and AGR Soldiers and determine disposition for assignment or attachment to a WTU, where the focus is to heal while receiving medical evaluation and managed treatment. This includes all RA and AGR Soldiers who meet the following criteria:

(1) 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-deployable is not an automatic entrance into a WTU).

(2) The wound, illness, or injury requires clinical case management in order to ensure access to health care services to support healing and rehabilitation.

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

(4) Pregnancy is not a criterion for attachment or assignment to a WTU. A Soldier who is qualified for entry into a WTU for a clinical condition and is also pregnant may be attached or assigned to the WTU if the pregnancy will not interfere with the medical care needed for the qualifying illness or injury.

b. If an RA or an AGR Soldier meets the requirements, the Soldier's commander will—

(1) Assemble a packet using DA Form 7696.

(2) Ensure that the physical capacity (P), upper extremity (U), lower extremity (L), hearing-ears (H), vision-eyes (E), psychiatric (S) (known as the PULHES on DA Form 3349) in the Medical Protection System reflects the Soldier's current physical profile.

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

c. Senior commanders will ensure that Soldiers who qualify for assignment or attachment to a WTU are referred to the Triad of Care for evaluation.

d. The following RA and AGR Soldiers are ineligible for entry into a WTU unless unusual circumstances are present:

(1) Soldiers with uncomplicated pregnancy.

(2) Soldiers, who are in initial entry training, advanced individual training, or one station unit training. Only by exception will initial military training Soldiers be assigned or attached to a WTU.

(3) Soldiers in TDRL status.

(4) Soldiers approved for continuation on active duty (see AR 635–40).

e. The desire for personnel replacement should not be a consideration for assignment of a Soldier to a WTU.

f. RA Soldiers will not be in an attached status at WTUs or CCUs for longer than 180 days, unless approved as an ETP. Soldiers attached to a WTU who are assigned to a deployed unit where travel is greater than 1 hour for continuous specialty care will be considered for assignment no later than 30 days from date of attachment.

g. AGR Soldiers will only be attached to WTUs or CCUs.

h. When mission objectives or unusual circumstances require attachment at a WTU for more than 180 consecutive days, the Triad of Leadership must determine if a request for attachment of greater than 180 days is appropriate.

i. ETP requests for approval of attachment greater than 180 days will be submitted by the WTU commander through the DCS, WCT to the Director, G–1, Plans and Resources Directorate (DAPE–PR) at least 60 days prior to attachment end date. Packet composition is outlined on DA Form 7692.

j. Once the MTF commander recommends that a Soldier should enter the WTU system, it is recommended that the Soldier report to the WTU within 30 days. If the Soldier is being assigned to a WTU for treatment of greater than 180 days, a report date of no later than 90 days with early reporting authorized will be designated on the orders. Losing and gaining units must coordinate to ensure continuity of care. The Soldier's unit commander submits the completed entrance request packet to the Warrior Transition Battalion (WTB) NCM. Generally, the MTF commander initiates the nomination process and notifies the unit commander. However, the unit commander has the right to initiate the nomination process, when appropriate. See figures 3–3 and 3–4 for sample nomination memorandums.



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
ORGANIZATION
STREET ADDRESS
CITY STATE ZIP

(OFFICE SYMBOL)

[DATE]

MEMORANDUM THRU

FOR Military Treatment Facility Commander I Triad of Leadership

SUBJECT: Commander's Statement and Warrior Transition Unit Nomination for SSG Joe Soldier

Request SSG Soldier be evaluated for Assignment/Attachment to the Warrior Transition Unit.

1. Past history:

a. SSG Soldier'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 5 months, he was on 30-day limited duty profiles on three occasions.

b. SSG Soldier had surgery on 13 May 2011 to repair his knee. SSG Soldier returned to work and continued physical therapy once per day.

2. Present condition:

His knee pain and mobility continued to worsen. Physical therapy for SSG Soldier consumes 10 hours per week and is expected to last over 6 months.

3. Medical plan and prognosis:

a. Plan:

b. Prognosis:

4. Additional information:

a. I verify that the Soldier **IS NOT** facing Uniform Code of Military Justice actions, other legal actions, investigations, and/or Line of Duty determinations.

b. I verify that the Soldier **IS NOT** a hand receipt holder and I anticipate all hand receipts will be cleared by the proposed assign/attach date.

c. Should the Soldier meet the criteria, the following disposition is recommended:
(**ASSIGN**) (**ATTACH**).

Figure 3-3. Warrior Transition Unit nomination memorandum

d. Date recommended for assign/attach is *[enter DD/MMM/YYYY]*. The Soldier will have completed all unit out processing requirements by this date.

e. Any major family issues that might conflict with Soldier's recovery:

f. *[Soldier's cell phone number; Enterprise email; home address; component (active duty, AGR); unit name and address.]*

g. *[Commander phone number; commander Enterprise email.]*

h. *[1SG phone number; 1SG Enterprise email.]*

[Unit Commander Signature Block]

Instructions to MTF commander: Complete the following statement:

- 1). The Soldier **[HAS]** **[HAS NOT]** been accepted to the Warrior Transition Unit with an effective date of *[DD/MMM/YYYY]*.
- 2). If the Soldier has not been accepted to the Warrior Transition Unit, state reason for the decision.
- 3). Add MTF commander signature block and return this memo to the above unit commander.

Figure 3–3. Warrior Transition Unit nomination memorandum—Continued



DEPARTMENT OF THE ARMY
ORGANIZATION
STREET ADDRESS
CITY STATE ZIP

REPLY TO
ATTENTION OF:

(OFFICE SYMBOL)

[DATE]

MEMORANDUM FOR Commander, (Warrior Transition Unit Soldier Eligible for Assignment)

SUBJECT: Military Treatment Facility Warrior Transition Unit Nomination for SSG Joe Soldier

1. SSG Soldier meets the Warriors in Transition eligibility criteria. Recommend that SSG Soldier 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. SSG Soldier's profile (DA Form 3349) is attached.

[MTF Commander
Signature Block]

Instructions to unit commander

1. 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 NOT** facing Uniform Code of Military Justice actions, other legal actions, investigations, and/or Line of Duty determinations.

I verify that the Soldier **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 [DD/MMM/YYYY]. The Soldier will have completed all unit out processing requirements by this date.
5. Return this memo to the military treatment facility.

[Unit Commander Signature Block]

Figure 3–4. Military treatment facility commander nomination memorandum

k. Soldiers evacuated from CONUS or OCONUS who are an inpatient at a MTF, civilian, VA, or DOD medical facility in proximity to home or Soldiers residing in a non-Army medical facility (for example, civilian, VA, and/or other Services' MTF) must be carried as "Absent Sick" at the Army MTF or WTU with geographic responsibility.

(1) MTF commanders can attach RA Soldiers and coordinate per paragraph 3–2g for attachment orders for AGR Soldiers to a MTF or WTU. Soldiers on TDY orders should arrive at the MTF within 30 days. The MTF commander will account for Soldiers arriving by aero medical evacuation in the headquarters company as soon as it is determined that the evacuation process cannot be completed within 30 days. The Soldier may also move onward closer to home through the aero medical evacuation system once seen by the specialty service evaluating the Soldier. Optionally, the Soldier is released from attachment or assignment to the WTU as soon as the managing provider determines the level of medical management required.

(2) The MTF commander notifies the Soldier's unit commander of the Soldier's status within 24 hours of arrival.

(3) The Triad of Leadership determines eligibility and assignment or attachment status for the Soldier.

(4) If a RA Soldier is assigned, orders will be published by the MTF or WTU as soon as the decision is made.

(5) For AGR Soldiers, orders must be requested via DA Form 4187. For periods greater than 180 days, the WTU will request an assignment order (Format 452) and for periods of 180 days or less an attachment order (Format 440). However, the report date can be no earlier than 90 days from the MTF/WTU commander's decision date (the decision date equates to the date the orders are published). Early report is authorized. This will allow the Soldier to clear housing, move family, and manage other personal matters.

l. Assignment or attachment of Soldiers transferred to an MTF or WTU on installations not aero medically evacuated will be conducted as follows:

(1) Following a Soldier's medical evaluation, as appropriate, a nomination packet is completed and forwarded to the gaining installation's Triad of Leadership for disposition.

(2) If a RA Soldier is assigned, orders will be published by the MTF or WTU as soon as the decision is made.

m. Transferring a Soldier from a MTF/WTU to MTF/WTU and a WTU to CCU will be conducted as follows:

(1) The U.S. Transportation Command Regulating and Command and Control Evacuation System (TRAC2ES) will be used to automate the transfer process. Coordination between losing and gaining WTUs through TRAC2ES facilitates patient movement and tracking.

(2) The Soldier Transfer and Regulating Tracking Center will validate the administrative and clinical information and the DCS, WCT will approve or disapprove the request.

(3) The originating MTF/WTU will enter all patient moves into TRAC2ES based on the Soldier's situation and the MTF/WTU commander's determination, thereby generating a patient movement request that is coordinated with the Soldier Transfer and Regulating Tracking Center. This action will ensure positive control and accountability of Soldiers moving to medical care. This is particularly important for Soldiers moving in an inpatient status to another MTF/WTU or medical facility at the VA or civilian community whether by ground or air evacuation mode of travel.

3–18. Title 32 USC Army National Guard Active Guard Reserve

a. Title 32 USC AGR Soldiers are eligible to volunteer for assignment to WTUs on 10 USC 12301(h) orders.

b. Deputy State Surgeons will validate the Soldier's illness or injury and complete a LOD determination. The State Human Resources Personnel Management Office will coordinate with the WCTP to send the AGR Soldier to the closest MTF via a 15-day TDY order for evaluation.

c. The WTU attachment, if warranted, will utilize entry criteria established by MEDCOM in coordination with the DCS, G–1. The Soldier's unit, in conjunction with the State Human Resource Personnel Management Office, will complete the appropriate paperwork. A packet will be assembled and forwarded to MEDCOM to process 10 USC 12301(h) orders. The packet will include approval from the Triad of Leadership and date the Soldier will convert from Title 32 to Title 10 for assignment to a WTU.

d. Title 32 USC Soldiers approved for attachment to a WTU will have their AGR orders curtailed by the State Human Resource Office and issued a DD Form 214 for that period of service. Attachment orders to the WTU are effective the day after the end date on the DD Form 214.

e. Upon release from the WTU attachment, Soldiers found fit to return to active status will be reinstated into the AGR Program in their State of assignment. If the Soldier is referred to the DES, the Soldier will remain in the WTU until the completion of the DES process. A copy of the Soldier's Title 10 orders and DD Form 214 should be sent to the Soldier's respective State Human Resources Personnel Management Office.

f. The point of contact for ARNG Soldiers on Title 10 orders is the Human Capital Management Division, (ARNG–HCM), at 111 South George Mason Drive, Arlington, VA 22204–1382.

3–19. Reserve Component

The duty status of RC Soldiers recalled or retained in a WTU or CCU will change to active duty when the Soldier is determined to be eligible for WTU entry. The MEDCOM will publish attachment orders to the WTU or CCU. RC Soldiers will only be attached regardless of their location (WTU or CCU).

a. RC (non-AGR) Soldiers with medical conditions that occurred or were aggravated in the LOD during an active duty status (contingency or non-contingency) or inactive duty status that meet the criteria qualify for evaluation, treatment, and/or DES processing while in an active duty status.

b. RC Soldiers that meet WTU criteria and do not require complex medical case management will remain attached to a WTU and not attached to a CCU if:

- (1) The level and type of medical care required is not available in the Soldier's community.
- (2) The RC Soldier is evaluated as "High Risk" in accordance with MEDCOM's health assessment risk criteria.
- (3) The RC Soldier lives within 50 miles of a MTF with a WTU.

Chapter 4

Application processes for medical care of wounded, ill and injured senior grade Soldiers

4-1. Senior grade or rank criteria

Commissioned officers in the grade of O-4 and above, warrant officers in the grade of CW3 and above, and noncommissioned officers in the grade of E-8 and above must have an endorsed approval by the senior commander or the first GO in his or her chain of command to be retained or returned to active duty for medical care and/or DES processing.

4-2. General officer requests for entry into a Warrior Transition Unit

a. A GO request for retention on, or return to, active duty for medical care and/or DES processing is processed by the GO's unit of assignment, through the appropriate component General Officer Management Office (GOMO) for endorsement, and to the DCS, WCT via email to usarmy.pentagon.medcom-wtc.list.g1-orders-approval@mail.mil for disposition.

b. If the GO requires retention beyond MRD, this must be pre-approved and included in the request for entry onto active duty.

4-3. General officer requests for extension beyond mandatory removal date

a. A GO request for retention beyond MRD is processed by the GO's unit of assignment and forwarded through the appropriate component GOMO for disposition.

b. WTUs will submit the request through MEDCOM human resources to OTSG for adjudication at least 90 days prior to the MRD.

c. If OTSG approves the request for retention beyond MRD, the WTU, in coordination with the GO's unit of assignment, will forward the medical order packet, with GOMO endorsement, to MEDCOM at usarmy.jbsa.medcom.mbx.medcom-12301h@mail.mil. MEDCOM will generate an order effective the date the completed packet is received.

4-4. General officer points of contact

Coordination of all GO requests for active duty for medical care must be processed through the appropriate component GOMO:

a. Regular Army GOMO point of contact is: GOMO, Office of the Chief of Staff, Army, 200 Army Pentagon, Room 2A476, Washington, DC 20310-0200.

b. USAR GOMO point of contact is: USAR GOMO, Office of the Chief, Army Reserve, (DAAR-GO), 6075 Goethals Road, Building 1908, Fort Belvoir, VA 22060-5231.

c. ARNG GOMO point of contact is: NGB GOMO, Office of the Director, Army National Guard, (NGB-GO), 111 South George Mason Drive, Arlington, VA 22204-1382.

Note. To ensure the timely resolution of all aspects of WII Soldiers' administrative management in the areas of personnel, finance, and logistics, from identification of wound, illness, or injury through final disposition. Final disposition occurs when the WII Soldier is found medically cleared and RTD or completes the DES process.

Chapter 5 Orders

5-1. Retention on active duty for medical treatment and evaluation (non-Active Guard Reserve)

a. *Medical retention processing orders.* An RC Soldier mobilized under a 10 USC 12302 order migrates to a 10 USC 12301(h) medical order, with his or her consent, when attached to a WTU for evaluation, treatment, and/or DES processing.

(1) The unit commander submits a packet for entry into the WTU Program through the RHC Warrior Transition Office. The RHC Warrior Transition Office director will determine eligibility and forward the packet to the aligned WTU's Triad of Leadership in support of an Army MTF with the medical capability and capacity to accommodate the Soldier's treatment needs. If approved, the gaining WTU will submit a request for orders to MEDCOM.

(2) Demobilization sites utilize established MEDCOM processes, once the clinical evaluation has been completed, to request orders through MEDCOM.

(3) MEDCOM will publish and distribute the 10 USC 12301(h) order attaching the Soldier to a WTU under MEDCOM derivative unit identification codes.

(4) MEDCOM will request that the issuing authority of the original partial mobilization order rescind the remaining time on the Title 10 USC 12302 orders to eliminate the possibility of two valid concurrent orders.

(5) MEDCOM will notify the DFAS Wounded Warrior Pay Management Office of the rescinded portion of the orders for non-AGR Soldiers.

(6) DFAS Wounded Warrior Pay Management Office will update its database and pay accounts using the newly issued 10 USC 12301(h) orders.

b. Medical retention processing – evaluation orders. These short-term 10 USC 12301(h) orders will extend a demobilizing Soldier on active duty to complete medical evaluation processing when there is not enough time remaining on the initial mobilization order.

(1) A Soldier's mobilization order (to include amendments) and a DA Form 4187 signed by the Soldier and commander (signature authority memorandum is required for signature other than commander) are required to process the request for a MRP-E Title USC 12301(h) order.

(2) MEDCOM will issue a MRP-E Title 10 USC 12301(h) order indicating the order is for "the purpose of medical evaluation." These 10 USC 12301(h) orders will not exceed 60 days in length, initially.

(3) If the Soldier completes the medical evaluation and is not referred for longer-term medical care and case management, the Soldier will be REFRAD by the WTU and MEDCOM will rescind any unused portion of the MRP-E 10 USC 12301(h) order. A 30-day extension of the order is authorized when the WTU notifies MEDCOM that the medical evaluation will not be completed within the initial 60 days.

(4) MRP-E 10 USC 12301(h) orders for medical care for RC Soldiers will be requested by the demobilization installation after notification to the gaining WTU commander for the transition of senior commander to the WTU. The MRP-E 10 USC 12301(h) order request will be submitted to MEDCOM via email at usarmy.jbsa.medcom.mbx.medcom-12301h@mail.mil.

(5) If the medical evaluation determines the Soldier does not require medical treatment or the Soldier declines care in a WTU, the Soldier will be REFRAD from the installation where the WTU is located.

(6) Once an MRP or MRP-E 10 USC 12301(h) order is generated by MEDCOM, the Soldier will be transferred to the WTU closest to his or her home of record (HOR) or family support for medical management and senior commander for the duration of the medical evaluation, while completing appointments, and until such time a disposition has been made, resulting in REFRAD. It is the responsibility of the demobilization site to complete all aspects of the demobilization process, except medical, prior to the Soldier moving to the WTU. It is not necessary for the Soldier to return to the demobilization site for REFRAD.

(7) If, following the medical evaluation, it is determined the Soldier requires further medical treatment, a MRP application will be submitted to the WTU. Upon approval of the completed DA Form 7692, the WTU submits the request for orders through MEDCOM. MEDCOM will amend the original MRP-E 10 USC 12301(h) order attaching the Soldier to the WTU for the purpose of obtaining medical treatment.

(8) MEDCOM will provide a monthly report to the DCS, G-1 on the status of 10 USC 12301(h) orders. The report will include the following data, as a minimum:

- (a) List of Soldiers on 10 USC 12301(h) orders;
- (b) Start and end date of orders;
- (c) Location of attachment/assignment of the Soldier; and

(9) Soldiers assigned to CONUS locations should address medical conditions while at their duty location prior to arrival at the demobilization site and the end date of their mobilization order. However, if a medical condition arises in the last few days prior to the end date of the mobilization order, a CONUS-assigned Soldier may be considered for 10 USC 12301(h) orders for medical care.

Note: To ensure compliance with 10 USC and DOD policy, all RC Soldiers, with their consent, will be extended on active duty 10 USC 12301(h) orders to complete the DES process. RC Soldiers who do not consent to extension will be REFRAD to complete the DES process in their non-active duty RC status.

5–2. Return to active duty for medical treatment under medical retention processing 2 and the active duty medical extension orders process

a. Counseling. The RC chain of command must counsel the Soldier (completing DA Form 4856 and DA Form 7692, as applicable) before the Soldier may apply to return to active duty on 10 USC 12301(h) orders. Soldiers must volunteer for retention or recall to active duty for medical assessment or treatment. Using a MRP2 checklist, a packet is assembled and submitted to the OTSG via email to usarmy.pentagon.medcom-wtc.mbx.adme-mrp2processing@mail.mil.

b. Medical retention processing 2—return to active duty on a 10 USC 12301(h) initial order for medical treatment. Orders that allow the voluntary return of a RC Soldier to active duty, following REFRAD from a contingency operation, for the purpose of medical care or treatment for wounds, illnesses, or injuries incurred or aggravated in the LOD during a period of mobilization. The Soldier must apply within 6 months of REFRAD. If additional time is required to complete the application, the Soldier's command will submit a justification, in writing, for the delayed submission.

c. Active duty medical extension—Return to active duty on active duty medical extension initial order.

(1) RC Soldiers and their command may apply to the ADME Program through an emergent or non-emergent request.

(a) Emergent request. The Soldier is in an inactive duty training status, not on active duty orders, and receives an injury or sudden illness in the LOD, 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 inactive duty training, during drill, or in route directly home from drill and is hospitalized. *Example 2:* During inactive duty training, the Soldier suffers the sudden onset of an illness and is hospitalized.

(b) Non-emergent request. The Soldier reports an injury during inactive duty training and the unit initiates a DA Form 2173 (Statement of Medical Examination and Duty Status). *Example:* The Soldier received an ankle injury during inactive duty training 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 military occupational specialty (MOS) and/or area of concentration in the confines of DA Form 3349.

(2) In the event of an emergent situation when it is determined by competent medical personnel that the Soldier is unable to consciously make the decision to request or decline ADME, the legal next of kin on the Soldier's DD Form 93 has the authority to decide for the Soldier. If the next of kin cannot be located, the unit will treat this case as an emergent case and request ADME orders. The commander is authorized to utilize this authority for the initial order. In the event the commander does not receive a power of attorney prior to the publication of an order, then a memorandum should be submitted to MEDCOM from the WTU stating, "All resources have been utilized to contact the Soldier's legal next of kin with no response. I am authorizing the Soldier to continue participation in the ADME Program based on the Soldier's medical need and the recommendation of the primary physician."

(a) The unit is only allowed to use this authority for the initial order. All other determinations to remain in the program will have to be determined by the legal next of kin.

(b) If the unit's authorization is required, then MEDCOM should receive a memorandum from the WTU stating, "All resources have been exhausted in an attempt to contact the Soldier's legal next of kin with no response; therefore, I am authorizing the Soldier to continue participation in the ADME Program based on the Soldier's medical need and the recommendation of the primary physician."

(3) In the case of a Soldier of the ARNG of the United States, 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 Soldier's unit commander to obtain this consent prior to submitting an ADME packet to OTSG/MEDCOM. The commander's signature, or his or her designee, on the DA Form 4187 will serve as proof that the 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.

(4) For both emergent and non-emergent cases, a Soldier's unit is responsible for initiating the LOD investigation process in accordance with AR 600–8–4 to protect the Soldier as well as the interest of the Army.

(5) In emergent cases, DA Form 2173 and 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 within 10 working days after the emergent situation is stabilized to determine whether the Soldier should continue receiving medical care while on ADME orders.

(6) In all cases, a Soldier must be found unable to perform his or her MOS and/or area of concentration within the confines of a DA Form 3349 to enter or continue in the ADME Program.

(7) 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.

d. Active duty medical extension application process.

(1) The RC chain of command will counsel Soldiers on the Incapacitation Pay program options and provisions prior to submitting request for orders packets for the ADME Program to the DCS, WCT.

(2) The RC chain of command will assist Soldiers in completing their ADME application packet.

(3) Soldiers will submit the DA Form 7692 to their chain of command. The Soldier's chain of command will forward the completed DA Form 7692 through ARNG or USAR to the DCS, WCT surgeon's office for validation and action.

(4) The ARNG or USAR will review the application for administrative eligibility. Once the applications are administratively approved, ARNG or USAR forwards the request for orders to the DCS, WCT surgeon's office for validation and action.

(5) The DCS, WCT surgeon's office sends a response to ARNG or USAR with a brief explanation for any packets found invalid and the process for appeal. Approved applications will be sent to the RHC within the area of the Soldier's HOR.

(6) The RHC senior case manager, in coordination with MEDCOM, determines the best installation MTF for attachment. The installation of attachment might not be the closest one to the Soldier's residence. If appropriate, the RHC will coordinate with other RHCs to ensure the appropriate assignment based on medical and garrison capability and capacity to manage the Soldier.

(7) MEDCOM will publish the 10 USC 12301(h) orders assigning the Soldier to the installation designated by the RHC. All Soldiers will report initially to a MTF for evaluation and the development of an initial treatment plan. For ARNG Soldiers (all grades), a copy of their orders will be provided via email to ng.ncr.ngb-armg.mbx.muarcmrp-ad-mengrc@mail.mil.

(8) After an initial evaluation and treatment plan has been completed at the assigned MTF and WTU by a designated medical authority, the WTU commander will coordinate with the garrison commander's representative to determine whether the Soldier remains at the installation or is transferred to another installation MTF or to a CCU. Decisions will be based primarily on medical necessity. The WTU commander will determine where the Soldier will perform duty.

(9) Authorized medical and dental care will be provided until the Soldier is found fit for military duty, or the wound, illness, injury, or disease cannot be materially improved by further hospitalization or treatment and the Soldier has been separated or retired as the result of the DES.

(10) Physicians who identify Soldiers with medical conditions that do not meet the retention standards of AR 40-501 will complete a DA Form 3349. Soldiers who remain unfit to perform military duty within 1 year of diagnosis will be referred to the DES. Delayed referral into the DES is allowed for conditions determined by a medical authority to require more than 1 year to obtain a MRDP, however the referral may be earlier if the medical provider determines that the Soldier will not be capable to returning to duty within 1 year. Once referred into the DES, the Soldier may remain on active duty as part of RC active duty for medical care, with the Soldier's consent, until final disposition of the DES.

(11) See AR 135-18 or AR 600-8-24 or information on processing REFRAAD requests.

5-3. Order extensions for medical retention process 2/active duty medical extension

a. WTU commanders will submit extension requests to MEDCOM. CCU commanders will submit extension requests through the WTU commander to MEDCOM.

b. MEDCOM will publish amended orders extending the Soldier.

c. MEDCOM will electronically distribute copies to the WTU/CCU commander and DFAS Wounded Warrior Pay Management Office.

d. Extension requests for Soldiers assigned or attached to a WTU or CCU in excess of 1 year without a MEB referral require a GO endorsed treatment plan to include an explanation of why there has not been a MEB referral and the expected MRDP date.

e. For Soldiers who have completed the DES process, the separation or retirement date will normally be within the no later than 90-day date established by USAPDA. Exceptions to exceed this date must be in accordance with AR 635-8.

f. MEDCOM will extend 10 USC 12301(h) orders past the original anticipated 10 USC 12301(h) orders end date to complete approved transition, Army post deployment and/or mobilization respite absence leave, and the Yellow Ribbon Reintegration Program.

5-4. Medical temporary duty orders to the continental United States military treatment facilities

a. Soldiers injured, or who sustain an illness, in theater are aero medically evacuated to the closest regional medical center (for example, Europe, Africa, and/or Southwest Asia theaters are aero medically evacuated to the Landstuhl Regional Medical Center) on the authority of their deployment TDY orders. If the regional medical center order issuing authority determines further movement to a CONUS MTF is required, the regional medical center will amend the deployment TDY order sending the Soldier to a CONUS MTF.

b. If the destination in the amended TDY order changes due to treatment requirements and the Soldier is sent to another CONUS location not matching the amendment order issued by the regional medical center, the gaining WTU is authorized to amend the TDY order to reflect the proper final destination. Funding used for all TDY order amendments comes from the Soldier's original deployment TDY order. As such, requesting additional funds for the amended TDY order is unnecessary.

c. For individual ready reserve, drilling individual mobilization augmentee, and retiree recall Soldiers, the Automated Orders and Resource System automatically transmits a copy of the TDY order and amendments into the Soldier's interactive Personnel Records Management System (iPERMS). DFAS must access the Soldier's iPERMS repository to properly settle the Soldier's travel voucher and ensure there is no interruption in pay and entitlements.

5–5. Permanent change of station orders (Regular Army, Active Guard Reserve, and Soldiers on orders greater than 179 days)

a. For RA Soldiers assigned to a WTU or CCU, the MTF/WTU commander is the order issuing authority.

b. For USAR AGR Soldiers assigned to the WTU or CCU, HRC is the order issuing authority.

c. For ARNG AGR Soldiers assigned to the WTU or CCU, ARNG is the order issuing authority.

d. ASA (M&RA) is the approval authority for more than one permanent change of station (PCS) move within the same fiscal year.

e. MTF commanders who have WII Soldiers must request a transfer to a WTU or CCU through the Soldier Transfer and Regulating Tracking Center prior to reassigning (intra) to and between WTUs.

f. Immediately upon transfer, MTF commanders are required to transmit all assignments to or between WTUs through the WTU commander to the respective component authority, and OTSG, TJAG, and Chief of Chaplains, for specialty branch officers.

g. Movement of a Soldier resulting in a second or subsequent PCS in the same fiscal year is prohibited except as authorized by AR 614–30, AR 614–100, and AR 614–200. Approval for a second or subsequent change of station not permitted by the above regulations must be sent from the MTF/WTU commander through the respective component authority to ASA (M&RA).

5–6. Retroactive modification of the effective date of orders

a. In accordance with the Joint Travel Regulation (JTR), an order must not be revoked or modified retroactively to create, deny, or change an allowance except to correct or complete an order to show the original intent (for example, it would be improper to amend an order to “un-authorize” POV travel after travel had been completed and the order had clearly permitted POV travel). Travel authorizations and orders cannot be retroactively modified to increase or decrease an allowance after the travel is completed. A travel authorization or order may be retroactively corrected to show the original intent. The original order, may be amended after travel is performed when an error is obvious or travel requirements change en route (JTR). A written amendment confirming a verbal order is not included in this category provided the verbal order was issued on or before the effective date of the directed change (DODFMR, Volume 9).

b. Backdating the report date on orders 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. Orders may only be corrected by amendments, revocations, or rescissions or as a properly approved ETP.

c. Order issuing authorities 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. Commanders are reminded that it is their responsibility to ensure full compliance with established policy and procedures.

5–7. Medical temporary duty orders

TDY orders should be used for Soldiers traveling to treatment facilities for temporary medical care and/or evaluation in accordance with the JTR and TRICARE travel benefits. Soldiers should be attached, rather than assigned, to the servicing WTU for senior commander for periods of 180 days or less. Early determination of length of treatment and/or rehabilitation is important. If the expected outcome is greater than 180 days, Soldiers will be assigned to the WTU possessing the most appropriate medical capabilities closest to their previously transferred unit. TDY orders cannot exceed 180 days without the approval of the DCS, G–1 (DAPE–PR).

5–8. Invitational travel authorizations in support of wounded Soldiers

Invitational travel authorizations (ITA) are government orders that can authorize up to three designated individuals, which may include family members of a Soldier, to travel to the medical facility providing care. Reimbursement may include cost for hotels, meals, and incidental expenses. The lodging costs cannot exceed the approved lodging rate for the specific

location. The local Wounded Warrior pay management team, finance office, WTU, or CCU can provide current per diem rates. Travelers authorized invitational travel are encouraged to contact a local military finance office or Wounded Warrior pay management team member for any updates to the information contained in this paragraph. Soldiers may contact the DFAS Travel Pay Customer Service Center from the DFAS website at <http://www.dfas.mil/militarymembers/travelpay/customerservice.html>.

a. A completed travel package includes the original or a copy of the following:

- (1) DD Form 1351–2 (Travel Voucher or Subvoucher).
- (2) Orders.
- (3) Amendments or endorsements (if issued).
- (4) Lodging receipts, regardless of the amount.
- (5) Any receipts of \$75 or more.
- (6) Previous travel advance(s) payments, if applicable.
- (7) Rental car receipts, regardless of amount.

b. The following checklist will help ensure that DD Form 1351–2 is proper and complete for payment:

- (1) Required signature on DD Form 1351–2.
- (2) A daytime phone number and/or an email address.
- (3) Staple attachments to DD Form 1351–2.
- (4) Double check the DD Form 1351–2 to ensure all information is correct.
- (5) Submit the DD Form 1351–2 for processing in accordance with the unit's standard operating procedures.

c. A DD Form 1351–2 must be completed and submitted to ensure the traveler reconciles their official travel. This submission will include reconciliation of any travel pay advance(s), payment for all funds due and avoidance of any debt owed to the government for overpayment.

d. Travelers must reconcile their official travel. Travelers may submit a monthly Travel voucher (using a DD Form 1351–2) to pay the travel entitlements accrued from the previous month on extended stay travel. A final DD Form 1351–2 is required when this extended travel is completed. Travelers may elect to submit one DD Form 1351–2 after all official travel is completed for a one-time payment. This DD Form 1351–2 would then include reimbursement for the entire period while in an authorized travel status and would be considered the final document.

e. When a Soldier becomes an outpatient, an individual the Soldier designates may be issued NMA orders. NMA orders are similar to ITAs with the same travel entitlements authorized. Reimbursement may include cost for hotels, meals, and incidental expenses not to exceed the approved daily per diem rate for a specific location. Travelers should continue to file a travel voucher once a month until the Soldier is discharged and submits a final settlement voucher after completion of the travel.

f. When required care is not available, Soldiers will be transferred to a treatment facility that has the required care. A medical attendant, if required and authorized by the local clinical MTF staff, is authorized to accompany the Soldier (see AR 40–400 for detailed guidance).

5–9. Orders distribution list for Reserve Component Soldiers

The minimum distribution of a RC Soldier's orders is:

- a.* Soldier's official Army enterprise email address.
- b.* For USAR Soldiers, orders will be sent to their iPERMS.
- c.* For ARNG Soldiers, Army National Guard Resource Management Comptroller, Finance Service Center, 8899 East 56th Street, Indianapolis, IN 46249–0002. A courtesy copy of orders will be provided via email to sssb@ngb.army.mil.
- d.* DFAS Wounded Warrior Pay Management Office, when applicable.
- e.* WTU (gaining senior commander).
- f.* Regional case manager.
- g.* CCU commander, when applicable.

5–10. Reserve Component management controls

Reference policy for management of RC Soldiers on active duty for operational support and full time National Guard duty for operational support.

a. Regardless of the duration of operational support orders, RC enlisted Soldiers will remain in the Reserve systems for management, and RC officers will remain on the reserve active status list. RC enlisted Soldiers will move to active management and officers will move to the active duty list only if they apply and are approved for accession into the Regular Army.

b. Soldiers on operational support orders will be released on their orders termination date unless otherwise extended.

c. Soldiers on active duty orders that exceeds the “3 out of 4 year” rule (1,095 days) will be counted against Regular Army end strength. Accordingly, organizations requesting operational support orders for Soldiers that will be counted against Regular Army end strength will include a request signed by a brigadier general (O-7) or senior executive service equivalent through HRC for approval.

5-11. Patient movement

MTFs must notify deployed commanders of their Soldiers’ arrival to, and departure from, CONUS-based MTFs within 24 hours (see AR 40-400 for policy on patient movement).

a. Current patient automated tracking applications (for example, joint patient tracking application) must be maintained in accordance with 10 USC 1074f. In accordance with DODI 6000.11, the authorized patient movement and tracking system for DOD is the U.S. Transportation Command’s automated information system TRAC2ES. MTFs will send a confirmation message to forward and/or rear detachments notifying them of their Soldier’s location within 24 hours of arrival to, and departure from, CONUS-based MTFs. This requirement applies to Soldiers arriving and departing by air evacuation or commercial means.

b. Arrival and departure notification to deployed and rear detachment commanders is not required beyond the initial receiving treatment facility in CONUS and the Soldier’s assignment to a WTU.

c. Soldiers evacuated from CONUS or OCONUS who are inpatient at a MTF, civilian, VA, or DOD medical facility in proximity to their homes or Soldiers residing in a non-Army medical facility (for example, civilian, VA, and/or other Services’ MTF) must be carried as “Absent Sick” at the Army MTF or WTU with geographic responsibility.

5-12. Noncompliance

Soldiers who become non-compliant with the requirements of their individual treatment plan or DES process may be REFRAD (RC Soldiers), and/or administratively separated from the Army. In such cases, the Soldier must be counseled on the requirements of the program in which he or she is not in compliance and the consequences of non-compliance. RC Soldiers who are REFRAD and returned to non-active duty RC status due to non-compliance with the DES process are still required to complete the DES process or they are subject to administrative separation. Non-compliance is a subjective command decision based on a Soldier’s unwillingness to comply with the stated or written requirements of the program or process for which he or she was placed on active duty orders. For example, a Soldier would be considered to be non-compliant for repeated failure to attend or cancelling medical appointments. Commanders will process medical treatment or DES related non-compliance in accordance with the guidance found in AR 635-40, DA Pam 635-40, AR 600-20, AR 635-200, AR 600-8-24, AR 135-178, and AR 135-175.

Chapter 6

Personnel and Pay Actions

Section I

Personnel Functions

6-1. Line of duty determinations and access to medical and dental care

a. *Line of duty determination.* LOD determinations are essential for protecting the interest of both the Soldier and the Army when service is interrupted by a wound, illness, injury, disease, or death. An LOD determination is required whenever a Soldier incurs a wound, illness, or injury which prevents him or her from the performance of duty.

(1) *Informal line of duty investigation.* See AR 600-8-4 for the processing steps for informal LOD investigations.

(2) *Formal line of duty investigation.* See AR 600-8-4 for the processing steps for formal LOD investigations.

(3) *Reserve Component.* RC Soldiers who disclose LOD illnesses and/or injuries while on active duty will have LOD documentation completed prior to REFRAD. Soldiers will depart their active duty assignment with a hard copy of DA Form 2173 and a commander’s memorandum.

b. *Access to medical and dental care.*

(1) Unit commanders will counsel their Soldiers on their rights and responsibilities for access to care.

(2) Soldiers on active duty orders are authorized medical and dental care under 10 USC 1074. This includes RC members who are on active duty for more than 30 days and cadets of the U.S. Military Academy. Soldiers on active duty orders and attached to WTUs or CCUs have access to care through the MTF and TRICARE system.

(3) Soldiers not on active duty orders and who incurred or aggravated a wound, illness, or injury in the LOD are eligible for treatment of the LOD condition through the TRICARE Management Activity, Clinical Operations and Patient Care,

DHA–GL. See AR 40–400 or DHA–GL website at <https://www.health.mil/greatlakes> for procedures regarding obtaining medical care and payment of claims.

(4) In accordance with AR 135–381, RC Soldiers maintain access to care until the LOD condition can no longer be materially improved. If an RC Soldier’s condition is determined to not have been incurred in the LOD, medical treatment is not authorized after the expiration of his or her active duty orders. If active duty orders have expired, funded medical treatment entitlement ends on the date the RC Soldier is notified of the final “not in the LOD” determination; except for those RC Soldiers who are retained in an in-patient status beyond the termination of orders.

6–2. Non-medical attendant and DD Form 93

a. A NMA is an individual who is designated, by a Soldier or designee, to contribute to the health and welfare of the Soldier and has the primary responsibility of providing personal care and/or assistance with daily needs for the Soldier. Any Soldier wounded, ill, or injured in the LOD and in need of personal care services, because of an inability to perform one or more activities of daily living or needs supervision or protection based on symptoms or residuals of neurological or other impairment, is eligible for a NMA.

b. A Soldier’s medical condition may prevent him or her from communicating to a health care provider his or her preference for a NMA and the geographic location where he or she would prefer to receive medical care. Therefore, Soldiers may nominate one NMA and identify their preferred geographic location for medical treatment in box 14 (continuation/remarks) of DD Form 93. The NMA information and geographic location for medical treatment information recorded in box 14 should consist of the following:

- (1) NMA: Name, relationship, and address of the person the Soldier nominates to be his or her NMA.
- (2) Geographic location: The facility and the city and State where the Soldier prefers to receive medical care.

c. During Soldier readiness processing, 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 or her request, there is no assurance of the following:

(1) The person nominated will be the NMA. 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 NMA’s residence.

d. When the need arises for non-medical care and assistance during a Soldier’s treatment at a MTF, medical authorities may authorize a NMA to assist the Soldier. The requirement for a NMA is determined by the attending physician or surgeon and the MTF/WTU commander. Medical authorities will consult with the Soldier or designee to identify the NMA. Additionally, medical authorities will consider the Soldier’s requests when determining the facility where care will be provided and attempt to provide care as close to the attendant’s residence as the medical situation permits. Medical authorities are not restricted to providing patient care in a MTF.

- (1) *Non-medical attendant eligibility.* The PCM must validate the NMA candidate possesses the following attributes:
- (a) Is at least 18 years old.
 - (b) Is not involved in personal or professional activities that prevent them from assisting the Soldier with the activities of daily living and implementing the medical and transition plan.
 - (c) Is physically able to provide the assistance the Soldier needs.
 - (d) Is able to understand the Soldier’s medication regimen.
 - (e) Is able to understand, communicate, and follow the Soldier’s treatment plan listing the Soldier’s specific care needs without direct supervision.

Note. In accordance with AR 40–400, an active duty Soldier may serve as a NMA if his or her commander approves and determines an official status (TDY, permissive TDY, or ordinary leave) while acting as an NMA.

(2) Non-medical attendant assignment process.

(a) The Soldier’s PCM must validate the need for a NMA and prescribe a medical order in the designated military database (such as, the Armed Forces Health Longitudinal Technology Application (AHLTA)). If the PCM does not validate the request for a NMA, the Soldier may appeal through the MTF Deputy Commander for Clinical Services. In order to appeal the denial of a NMA request, the Soldier must complete a DA Form 4187, within 14 days of the denial determination, and include a justification for the NMA requirement.

(b) The MTF/WTU commander or the first O–5 commander in the Soldier’s chain of command must also validate the need for a NMA by submitting a DA Form 4187 through the unit’s human resources office/S–1 to HRC or MEDCOM human resources.

(3) *Removal from non-medical attendant status.*

(a) The requirement for a NMA must be reevaluated, at a minimum, every 6 months unless the order is terminated sooner by the PCM.

(b) A NMA may request removal from NMA status through the MTF/WTU commander.

(c) The Soldier's PCM may recommend the removal of the NMA status if the person is unable to perform the duties or is impeding the Soldier's ability to heal, recover, and/or transition. The approval authority for removal of NMA status is the MTF/WTU commander in conjunction with the PCM's recommendation. Moreover, if any member of the Triad of Care witnesses or receives a credible report of a NMA providing unsafe or substandard care, or impeding the Soldier's ability to heal, recover, and/or transition, the MTF/WTU commander will report the findings to the MTF Family Advocacy Program. If the NMA is deemed unsafe for the Soldier, then the MTF/WTU should immediately consult the servicing staff judge advocate for guidance. Removal of a NMA from the Soldier's immediate location must be approved through the Triad of Leadership (under the advisement of the Family Advocacy Program and the staff judge advocate). The MTF/WTU commander should also consult the installation for installation level policy and guidance and his or her servicing staff judge advocate before rendering a final decision.

(d) If NMA status is removed, the NMA will lose the associated benefits and entitlements. If the removed NMA is a spouse or parent, that individual will no longer receive NMA benefits and entitlements but may remain with the Soldier (unless as indicated in para 6-2d(2)(c)). However, the Soldier may select another candidate as a NMA. If lodging accommodations do not support having the removed NMA and the new NMA in the same location, the new NMA and his or her needs necessary to aid the Soldier will take precedence.

e. Soldiers permanently assigned (on PCS orders) to the MTF/hospital where they are being treated are not authorized a NMA because the member is not in a travel status.

Section II

Pay and Entitlements

6-3. Medical treatment and evaluation and active duty medical extension pay and entitlements

a. *Regular pay.* A WII Soldier on active duty for medical care and/or DES processing will receive basic pay, BAH, and other applicable entitlement(s).

b. *Family separation allowance.* Soldiers that are separated from their families by the military and meet regulatory guidance may be eligible to receive family separation allowance for the period of separation.

c. *Per diem (lodging, meals, and incidental expense).* For travel pay, Soldiers receive per diem when they are receiving medical treatment away from their PDS, principal, or primary home of residence.

d. *Pay and allowances continuation.* Soldiers medically evacuated from the theater of operations to receive medical treatment for a wound, illness, or injury incurred in the LOD continue to receive all pay and allowances for up to 12 months, unless released sooner from a WTU. Examples include special pay (hostile fire pay and hardship duty pay – location) and incentive pay (jump, flight, and demolition pay). However, Soldiers that are not hospitalized (outpatient) do not continue to receive combat zone tax exclusion. Refer to the DODFMR, Volume 7A for details.

e. *Designated individual or Family member.* Travel, transportation allowances, and per diem are available for up to three designated individuals, each receiving one roundtrip between the designated individual's home and the medical facility location in any 60-day period.

6-4. Reserve Component DD Form 214 distribution

a. Once medical care is complete, the WTU commander will request a REFRAD order authorization from HRC at usarmy.knox.hrc.mbx.epmd-refrad-section@mail.mil for enlisted and usarmy.knox.hrc.mbx.opmd-refrad@mail.mil for officers. HRC will send the REFRAD authorization memorandum back to the WTU of origin and send copies to the installation transition center, DFAS Wounded Warrior Pay Management Office, and the original orders issuing agency.

b. If the Soldier has completed the DES process and is to separate or retire for disability, the USAPDA will input the Soldier's personnel data into TRANSPROC.

c. The transition center will publish the REFRAD order and generate the DD Form 214 and forwards copies through the local finance office. The transition center will also input any severance pay transaction before the Soldier departs the installation or WTU.

d. Once the final discharge orders have been completed, HRC will distribute orders as listed in chapter 4 (as applicable).

6–5. Soldier pay processing within the Warrior Transition Unit or Community Care Unit

a. Pay authorities and finance office. The Army must ensure accurate and timely delivery of Soldiers' military and travel pay to include travel pay to Family members and caregivers under ITA or NMA orders. The timely delivery of pay is a partnership between the responsible originating activities (that is, housing office, MTF, WTU, unit commander, HRC, IMCOM, and MEDCOM) and the responsible finance office (Army finance unit, DFAS, U.S. Property and Fiscal Office, and USAR 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 feasible, all authorizing documents for military and travel pay and allowances (for example, orders, personnel actions) must be delivered to the servicing finance office no later than 3 calendar days of 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 Families.

c. Counseling Soldiers, Family members, or Soldiers' representative. To ensure Soldiers receive appropriate pay and entitlements during assignment or attachment to an MTF, the MTF is responsible for ensuring 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.

6–6. Traumatic Servicemembers' Group Life Insurance

Traumatic Servicemembers' Group Life Insurance (TSGLI) is an automatic traumatic injury protection provision under the SGLI. Additional information on this program can be found at <http://www.insurance.va.gov>. TSGLI provides for payment to Soldiers who are severely injured as the result of a traumatic event and suffer a loss that qualifies for payment under TSGLI. TSGLI is designed to help traumatically injured Soldiers and their Families with financial burdens associated with recovering from a severe injury. For questions about TSGLI, contact a trained TSGLI service representative at the Army TSGLI call center via telephone at 1–800–237–1336, email at usarmy.knox.hrc.mbx.tagd-tsgli-claims@mail.mil, or on their website at <https://www.hrc.army.mil/tagd/tsgli>.

Section III

Supply and Logistics

6–7. Household goods

a. Shipment of household goods. Point of contact for shipment of household goods (HHG) is DCS, G–1, Compensation and Entitlements Branch (DAPE–PRC), 300 Army Pentagon, Washington, DC 20310–0300. Further information can be found in the JTR.

(1) RA and AGR Soldiers who remain in a TDY or attached status at an authorized health care facility (for example, MTF, VA medical center, civilian hospital, nursing home, or other residential institution health facility) may have HHG from their PDS shipped to them at their attached MTF or WTU. While Soldiers remain in a TDY or attached status, their TDY or attachment orders may be amended to reflect a "TDY weight allowance authorization." The approval authority for such an amendment is the TDY orders issuing authority.

(2) RA WII Soldiers who are assigned or PCS to authorized health care facilities are authorized full shipment of HHG from their previous PDS to the MTF or WTU. Shipment of HHG should be added to the Soldier's PCS orders by the PCS orders issuing authority.

(3) RC Soldiers attached to a WTU or CCU are authorized (if required) a TDY weight allowance for shipment of HHG from the HOR to the MTF or WTU; the weight authorized depends on rank. The approval authority is the order issuing authority. RC Soldiers are authorized full shipment of HHG from their HOR to the MTF or WTU for attachments greater than 180 consecutive days. Shipment of HHG should be added to the Soldier's orders by the Soldier's order issuing authority.

(4) In all circumstances involving shipment of HHG, medical equipment, and supportive devices issued to WII Soldiers are considered professional gear. As such, the weight of these items does not count toward the Soldier's total weight allowance.

b. Special storage of household goods. RA and AGR WII Soldiers who remain in a TDY status while attached to the hospital generally have HHG at their PDS. If the WTU and/or hospital commander, in the grade of O–6 or above, believes keeping the unshipped HHG in storage is necessary, storage may be provided at government expense. The Soldier's PDS installation or the WTU and/or 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 contingency operation. WTU and/or hospital

commanders will amend the Soldier's TDY/attachment orders to reflect this authorization. After storage is authorized, and when or if it becomes apparent that PCS entitlements to the hospital are 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.

6–8. Unaccompanied personnel housing for wounded, ill, and injured Soldiers

a. The guidance in this regulation is provided in addition to AR 420–1 for the specific purpose of managing housing for WII Soldiers. The Triad of Leadership is responsible for ensuring WII Soldiers assigned or attached to a WTU are housed in dedicated facilities conducive to their healing and transition requirements. The Army will provide housing to WII Soldiers that is commensurate with their service and specialized needs. This includes meeting accessibility requirements and co-locating NMAs.

b. Garrisons are responsible for the in- and out-processing. The Army housing office is responsible for the management of all Government housing facilities on the installation, to include WTU unaccompanied personnel housing. Assignment to, and termination from, quarters will be made by the Army housing office in coordination with WTU cadre. WTU cadre will inspect the room for adequacy, ensuring it meets the conditions and requirements of the intended Soldier prior to assignment.

c. The enterprise military housing system will be utilized (where available) to facilitate management and reporting processes for unaccompanied personnel housing utilization and occupancy rates.

d. No distinction is made for housing unaccompanied WII Soldiers on TDY or PCS orders, and/or those who may be geographical bachelors. Any unaccompanied WII Soldier at the WTU may be assigned space within the unaccompanied personnel housing. WII Soldiers with Families located at another installation are authorized to be housed in unaccompanied personnel housing without affecting their BAH entitlements.

e. The following is a list of options to meet the housing needs of unaccompanied WII Soldiers:

(1) Unaccompanied WII Soldiers without non-medical caregivers or NMAs will be housed in MEDCOM facilities or in existing available unaccompanied personnel housing designated facilities, provided it meets their accessibility requirements. If unaccompanied personnel housing is unavailable or does not meet the WII Soldiers' needs, installations may also use U.S. Army lodging or contract with local hotels, if necessary.

(2) Unaccompanied WII Soldiers with NMAs:

(a) NMAs are authorized to live in close proximity to their Soldier (with their own bedroom space) for the duration of their attendant orders. The Soldier and his or her NMA may be placed in two-bedroom apartment style unaccompanied personnel housing units with shared living and kitchen areas. NMAs will not be assigned to renovated unaccompanied personnel housing spaces where the NMA must enter the common hallway outside the module to access the WII Soldier's room. Family members serving as NMAs are foremost considered as NMAs and may be housed in unaccompanied personnel housing.

(b) Installations may utilize Army lodging, contracted hotels, or government-leased housing in the immediate area to provide lodging for WII Soldiers and their NMAs, if suitable unaccompanied personnel housing is unavailable.

(c) NMAs are provided compensation for their lodging, meals, and incidental expenses through a daily per diem. In cases where the NMAs live in government-provided quarters with their Soldier, their daily lodging per diem will be zero.

(d) Garrisons may use the authority in AR 420–1 to temporarily divert non-privatized Army Family housing to a designated facility for WII Soldiers with NMAs. Requests will be forwarded through IMCOM to the Assistant Chief of Staff for Installation Management for approval.

(e) The least desired option is to place unaccompanied WII Soldiers and their NMAs into privatized Residential Communities Initiative Family housing. Military Families will continue to have priority for Residential Communities Initiative housing and no Family will be displaced by an unaccompanied WII Soldier.

6–9. Return of personal effects from theater

For additional information on financial liability investigation of property loss procedures refer to AR 735–5.

a. The Joint Mortuary Affairs Program is a broad-based military program providing for the necessary care and disposition of missing and deceased personnel, including personal effects.

b. While in theater, organizational clothing and individual equipment (OCIE) will be processed as personal effects because some OCIE items have been privately purchased.

c. The Joint Personal Effects Depot determines which OCIE is to be designated as government-owned and cleared from the individual's hand receipt and which is to be handled as personal effects and returned to the individual or to the person(s) eligible to receive the personal effects.

d. Considerations in regard to shipping personal effects and OCIE for Soldier's aero medically evacuated through the mortuary affairs collection point include the following:

(1) The ability of individuals to control the items in their possession throughout the evacuation process.

- (2) The limit on allowable baggage that can be carried on military airlift.
- e. When Soldiers are not aero medically evacuated or equipment could not accompany a Soldier that is aero medically evacuated, commanders are responsible for inventorying equipment and shipping through the mortuary affairs collection point.
- f. Government property brought in with the patient, other than the protective gear and OCIE removed by the MTF to treat the individual, is handled as follows:
 - (1) The property is inventoried using a separate DA Form 4160 (Patient's Personal Effects and Clothing Record).
 - (2) The MTF will safeguard the equipment and make every effort to return the property to the individual's assigned unit.
 - (3) A receipt is obtained and filed when the unit accepts the property.
- g. WTUs with assigned Soldiers who have not received their personal effects from theater will contact the Casualty and Mortuary Affairs Operations Center personal effects section via email at usarmy.knox.hrc.mbx.tagd-cmaoc-ped-dopn@mail.mil to coordinate with the Soldiers' previously assigned unit to identify the location and request release of the Soldiers' personal effects.

Chapter 7

Return to Duty, Release from Active Duty, Separation, and Retirement

Section I

Return to Duty

7-1. Assignment after completion of care

Every effort will be made to return the Regular Army or AGR WII Soldier to his or her previous unit of assignment once determined fit for duty and medical treatment is complete. Release will be coordinated between MEDCOM and HRC through normal assignment procedures.

7-2. Return to duty of Soldiers returned on temporary change of station or mobilization order

AGR Soldiers who are medically evacuated to CONUS for managed medical care on a previously issued mobilization order, upon completion of managed medical care, must return to the home station on a DD Form 220 (Active Duty Report). The unit with senior commander of the Soldier will generate this report. Generally, AGR Soldiers return to the mobilization site upon return from theater; however, in rare cases, the Soldier may need to reside at an alternate location due to medical necessity.

7-3. Regular Army return to duty assignment procedures

- a. Chaplains coordinate directly with Office of Chaplains, 6608 Army Navy Drive, Washington DC, 20310-0300.
- b. Judge Advocates coordinate directly with Office of The Judge Advocate General, Personnel, Plans and Training Office, 2200 Army Pentagon, 2B517, Washington, DC 20310-0300.
- c. Special Operations Commands coordinate directly with the career management field series 18 at LTG Timothy J. Maude Human Resource Center of Excellence Complex, Building 3, 3rd Floor, Room 017, 1600 Spearhead Division Avenue, Fort Knox, Kentucky, 40122-5001.
- d. For CONUS WTUs, immediately upon the RA Soldier being declared RTD, the WTU commander (if WTU commander is not an O-5 or above, the first O-5 commander in the chain of command) will submit a DA Form 4187 directly to HRC requesting assignment instructions (enlisted) or request for orders (officers). Requests must include verification that all medical processing, to include any required board proceedings, is complete. For an USAR AGR Soldier, the WTU will submit a DA Form 4187 to Commander, U.S. Army Human Resources Command (AHRC-EPM-OMB-SAB), 1600 Spearhead Division Avenue, Fort Knox, KY 40122-5001 requesting follow-on assignment.
- e. If the OCONUS theater G-1 determines the Soldier can be reassigned within the OCONUS area, the assignment decision must be issued within 5 days of the RTD notification. Assignment report dates are outlined below. Theater G-1s will also coordinate with the WTU servicing IMCOM military personnel division to produce PCS orders within 5 days. OCONUS theater G-1s must establish internal metrics to track RTD processing standards.
- f. If the OCONUS theater G-1 determines the Soldier cannot be reassigned within the OCONUS command or has a near term or expired date eligible for return from overseas, requests for assignment instructions or request for orders follow the procedures above. For an USAR AGR Soldier, the WTU will submit a DA Form 4187 to Commander, U.S. Army Human Resource Command (AHRC-EPM-OMB-SAB), 1600 Spearhead Division Avenue, Fort Knox, KY 40122-5001 requesting follow-on assignment. For a Soldier in the Married Army Couples Program, the RTD Soldier's military spouse

should be included in the reassignment process if CONUS reassignment is identified. The RTD Soldier's military spouse should request a compassionate reassignment on a DA Form 3739 (Application for Compassionate Actions) upon receipt of his or her spouse's RTD reassignment orders.

g. RTD requests will be forwarded to HRC as follows:

(1) Enlisted requests will be sent to usarmy.knox.hrc.mbx.epmd-special-actions-branch@mail.mil. HRC will provide assignment instructions via the Enlisted Distribution and Assignment System.

(2) Officer requests (excluding chaplains and Judge Advocates) will be sent to usarmy.knox.hrc.mbx.opmd-rc-medical-retention@mail.mil. RC will provide assignment instructions via the Total Officer Personnel Management Information System.

(3) Assignment decisions must be issued within 5 working days of receipt of the RTD notification (officers will be processed in accordance with AR 614–100 and enlisted in accordance with AR 614–200). Upon completion of all assignment validations, HRC will generate an email to each Soldier's unit of assignment, orders issuing authority, and Soldier's Army Enterprise email account. This notification of assignment by email is the authority to issue Soldiers individual PCS orders. Each orders issuing authority must publish orders within 5 working days upon receipt of email notification to include notification to HRC upon completion of task.

h. Request for assignment instructions or request for orders will include the following on a DA Form 4187:

(1) Rank and name.

(2) Social security number.

(3) Skill or primary MOS.

(4) Current WTU unit identification code (location/installation).

(5) Unit identification code of previous unit of assignment prior to WTU.

(6) Three assignment preferences.

(7) Retention memorandum (Soldier will not extend or reenlist).

(8) Statement that all medical related board proceedings have been completed and appropriate data fields updated in the Medical Operational Data System, eMILPO, and other related data management systems, as required.

i. Enlisted Soldiers who are returned to duty and in their reenlistment eligibility window (and will reenlist) or require reclassification must contact their retention career counselor immediately upon being declared RTD. WTUs should not request assignment instructions for these Soldiers as outlined above unless the Soldier does not plan to extend or reenlist. HRC will waive the remaining service requirement. HRC assignment considerations for Soldiers being RTD are as follows:

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

(2) Army requirements.

(3) Soldier preference.

j. The 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 and/or military personnel division. The report date for RTD Soldiers assignment to a unit requiring a PCS will be within 90 days from HRC assignment instructions or request for orders notification. Assignment special instructions will indicate early report is authorized.

7–4. Active Guard Reserve return to duty assignment procedures

AGR officers and enlisted Soldiers are RTD in accordance with AR 614–100 and AR 614–200.

7–5. Reserve Component release from active duty criteria

a. RC Soldiers will remain attached to the WTU or CCU until their medical condition is resolved and they are eligible for REFRAD, complete the DES process, or they request withdrawal from the program. WTU human resources personnel will submit a copy of the fit for duty memorandum to HRC no later than 48 hours from the date signed by the PCM.

b. When a Soldier has been medically cleared to RTD, the Soldier's senior commander element will forward the REFRAD checklist and a fit for duty memorandum (signed by the Soldier's PCM) to the following email addresses: Enlisted Personnel Management Directorate at usarmy.knox.hrc.mbx.epmd-refrad-section@mail.mil or Officer Personnel Management Directorate at usarmy.knox.hrc.mbx.opmd-refrad@mail.mil.

c. MEDCOM, Soldier Transition Branch 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 and Soldier to prepare the DD Form 214.

d. The WTU administrative specialist will coordinate with the transition center to publish the final DD Form 214 and the REFRAD order and make any corrections with supporting documents.

e. The transition center will make the appropriate changes in TRANSPROC 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/MRP2/ADME service 10 USC 12301(h)” will be listed as separate periods in block 18 of the final DD Form 214.

f. The transition center will mail copies 1 and 4 of the DD Form 214 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 organic ARNG or USAR unit).

g. Every USAR or ARNG Soldier who is demobilized must process through or be processed by a transition center. A super server transition transaction is input on each Soldier. The transition path used is “[not Loss to Army].” This will generate a Total Army Personnel Data Base 5010 transaction in the eMILPO system. 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 a transaction in the Defense Joint Military Pay System (DJMS) to stop the Soldier’s active duty pay and allowances.

h. The Soldier may be released to his or her unit with a faxed or emailed copy of the DD Form 214 and REFRAD order.

7–6. Reserve Component released from active duty for medical condition existing prior to service

An RC Soldier identified within 30 days (see the Army’s Mobilization and Deployment Reference (AMDR) 25-Day Rule) from his or her M-date as having a pre-existing medical condition that renders him or her non-deployable may be REFRAD immediately. Administrative processing of REFRAD orders, Soldier out-processing, and return to HOR must be completed no later than 30 days from Soldier’s M-date. Disqualifying conditions include temporary and permanent conditions that do not meet medical retention standards. The Soldier’s command will ensure that the Soldier receives appropriate medical care and follow-up upon return to home station. Upon reaching MRDP for the condition causing REFRAD, the Soldier should be RTD or referred to the DES. If RTD, the Soldier is immediately subject to a subsequent order to active duty. (see 10 USC 1206a).

Section II

Separation

7– 7. Administrative separation of Regular Army and Reserve Component Soldiers found fit for duty

A Soldier may not be administratively separated involuntarily for a medical condition which a PEB previously found the Soldier to be fit for duty unless the condition worsens. If the condition worsens or continues to preclude the Soldier from performing his or her duties, the Soldier may be referred back to the DES. The SECARMY or designee will have final approval authority for any Soldier found fit for duty by the PEB but separated involuntarily as unsuitable for military service.

7–8. Reserve Component separation processing (non-Active Guard Reserve)

a. *Soldiers separated or retired for disability.* The WTU or senior command element will only send the TRANSPROC printout and a physical disability information report to MEDCOM to initiate the MRP, MRP2, or ADME order amendment.

b. *Soldiers separated without disability benefits.*

(1) When a Soldier processes through the DES and separates without physical disability benefits, the USAPDA will input the Soldier’s personnel data into TRANSPROC.

(2) The installation transition center will notify the WTU or senior commander element when the Soldier’s information has been located in TRANSPROC. Upon notification, the WTU or senior commander element will direct the Soldier to begin transition proceedings. Soldiers residing on or near an installation will report with their records to the transition center for out-processing within 24 hours of the notification. Soldiers attached to CCUs will follow WTU or CCU procedures.

(3) The transition center will publish the final DD Form 214 (see AR 600–8–105 for orders format). The “mobilization period under 10 USC 12302” and the “MRP/MRP2/ADME period under 10 USC 12301(h)” will be listed as separate periods in block 18 of the final DD Form 214.

(4) Under provisions of 10 USC 1209, if the Soldier has 20 years of creditable Reserve service, has been issued a 20-year notification of eligibility for non-regular retirement, and requests to transfer to the Retired Reserve, the Soldier will be REFRAD using the appropriate order format per AR 600–8–105 and transferred directly to the Retired Reserve.

Note: Soldiers with 15 years of creditable Reserve service must request approval from HRC, the State military personnel office, or Assistant Chief of Staff for Personnel for 15-year notification of eligibility for non-regular retirement; this is a special request and is not an automatic action.

(5) Under the provisions of 10 USC 12731b, RC Soldiers of the Selected Reserve with at least 15 years of creditable Reserve service and a disposition of separation with severance pay or separation without benefits due to non-service connected disability have the option to transfer to the Retired Reserve to draw non-regular retired pay upon reaching the required statutory age. When the Soldier elects this option and coordination has been accomplished for issuance of the 15-year notification of eligibility for non-regular retirement, the Soldier will be REFRAD using the appropriate order format per AR 600–8–105 and transfer directly to the Retired Reserve.

(6) The transition center will mail copies 1 and 4 of the DD Form 214, 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 organic ARNG or USAR unit).

(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 Soldier's pay and allowances. The local finance office will complete the transaction in the DJMS to stop the Soldier's active duty pay and allowances.

c. Soldiers separated with severance pay.

(1) When a Soldier processes through the DES and is separated with severance pay, the USAPDA will input the Soldier's personnel data into TRANSPROC.

(2) The transition center will notify the WTU or senior commander element when the Soldier's information has been located in TRANSPROC. Upon notification, the WTU or senior commander element will direct the Soldier to begin transition proceedings. Soldiers residing on or near installations will report with their records to the transition center for out-processing within 24 hours of the notification. Soldiers attached to CCUs will follow WTU or CCU procedures.

(3) The transition center will publish the final DD Form 214 and the discharge order (Format 501) and the separation program designator is directed by the USAPDA. When publishing the final DD Form 214 the "mobilization period under 10 USC 12302" and the "MRP/MRP2/ADME period under 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 service for non-regular retirement, has been issued a 20-year notification of eligibility for non-regular retirement, and requests to be transferred to the Retired Reserve in lieu of disability severance, the Soldier will be REFRAD using order Format 523 and transferred directly to the Retired Reserve. Soldiers with more than 15 years of creditable service for non-regular retirement can request to be issued the 15-year notice of eligibility for non-regular retirement and, once issued, can request to be transferred to the Retired Reserves in lieu of disability severance. The Soldier will be REFRAD using order Format 523 and transferred directly to the Retired Reserves.

(5) The transition center will mail copies 1 and 4 of the DD Form 214, 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 (to include the organic 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 Soldier's pay and allowances. The local finance office will complete the transaction in the DJMS to stop the Soldier's active duty pay and allowances.

(7) The severance pay transaction will be input before the Soldier departs the installation or the CCU.

(8) For Soldiers who accept disability severance pay under 10 USC 1209, the election is irrevocable.

d. Soldiers separated to the temporary disability retirement list or permanent disability retirement list.

(1) When a Soldier processes through the DES and is separated as TDRL or permanent disability retired list (PDRL), the USAPDA will input the Soldier's personnel data into TRANSPROC.

(2) The transition center will notify the WTU or senior commander element when the Soldier's information has been located in TRANSPROC. Upon notification, the WTU or senior commander element will direct the Soldier to begin transition proceedings. Soldiers residing on or near installations will report with their records to the transition center for out-processing within 24 hours of the notification.

(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 separation program designator code will be SFK or SEK (TDRL) or SFJ or SEJ (PDRL). When publishing the final DD Form 214 the "mobilization service 10 USC 12302" and the "MRP/MRP2/ADME 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 of the DD Form 214, along with a copy of the retirement order, to the Soldier's address listed on the DD Form 214 and distribute all other copies of the DD Form 214, as required (to include the organic ARNG or USAR unit).

(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 Soldier's pay and allowances. The local finance office will complete the transaction in DJMS to stop the Soldier's active duty pay and allowances.

7–9. Transitioning Soldiers from active duty while attached to a medical facility

a. Upon separation notification from USAPDA, the transition center where the Soldier is attached or geographically located will coordinate with the installation of assignment transition center for guidance on orders.

b. The installation of assignment transition center will—

(1) Forward a copy of the Soldier's service records and allied papers electronically to the installation of attachment's transition center for the preparation of DD Form 214 and guidance of separation orders.

(2) Coordinate with the Soldier's assigned command to appoint another Soldier to out-process the Soldier and Family in the Soldier's absence.

(3) Forward medical, dental, and personnel records (DD Form 93, SGLV 8286A (Family Coverage Election (SGLI)), and Soldier Record Brief) along with the appropriate copy of the final DD Form 214 for disposition. (If those records are located geographically with the Soldier, the attached transition center will complete this task).

c. The installation of attachment transition center will—

(1) Publish separation orders in accordance with AR 600–8–105 and provide a copy electronically to the assigned transition center.

(2) Inform the Soldier to use his or her separation orders to make transportation and flight arrangements in order to proceed to his or her HOR or station of choice.

(3) Inform Soldier to schedule an appointment with the local Army Wounded Warrior Program representative prior to their final transitioning.

(4) Initiate SFL–TAP services via DD Form 2648 (Service Member Pre-Separation/Transition Counseling and Career Readiness Standards EForm for Service Members Separating, Retiring, Released from Active Duty (REFRAD)).

(5) Verify completion of physical exams, if appropriate.

(6) Ensure that Soldiers who may be medically retired, attend the mandatory pre-retirement and Survivor's Benefit Plan briefing no later than the start of the DES process. Retiring Soldiers must complete a DD Form 2656 (Data for Payment of Retired Personnel) prior to retirement to establish their Survivor's Benefit Plan election and retired pay account.

(7) Coordinate with the local finance office to assist the Soldier in resolving finance issues.

(8) Prepare the DD Form 214 worksheet in coordination with the assigned transition center, review the DD Form 214 worksheet with Soldier, and distribute the final DD Form 214. This includes coordination with the assigned transition center to file a copy in the personnel and medical records.

(9) Ensure that 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 transition center.

d. Transition center managers must ensure the points of contact on the transition center directory are updated so that immediate coordination can be established between transition centers upon notification of separation actions in TRANSPROC.

7– 10. Process to separate an attached Warrior Transition Unit Soldier

a. When a Soldier is attached for medical purposes and is due to separate from active duty, the installation where the Soldier is attached will coordinate with the installation of assignment. If the Soldier is a USAR AGR, notify the Commander, U.S. Army Human Resources Command (AHRC–OPL–PR), 1600 Spearhead Division Avenue, Fort Knox, KY, 40122–5001.

b. The installation of assignment transition center will publish separation orders and the two installations will coordinate to receive the Soldier's service records and allied papers.

c. Once the attached installation receives the service records and allied papers, the Soldier will then be released from attachment and assigned for transition purposes (usually 1 day).

d. The installation of assignment will coordinate with the Soldier's assigned unit to out-process the Soldier in his or her absence.

e. The installation of attachment will process separation documents to include the DD Form 214.

f. The installation of attachment will coordinate with local finance to assist Soldier with final out-processing to resolve finance issues.

g. The transition centers will need a copy of the DD Form 2648. Any retirement (TDRL or PDRL) will require a pre-retirement briefing and DD Form 2656 to start the retired pay.

Chapter 8 Benefits

8–1. Department of Veterans Affairs benefits briefing

WII Soldiers assigned or attached to a WTU or CCU will receive a VA benefits briefing during in-processing.

8–2. Soldier For Life - Transition Assistance Program

a. The installation SFL–TAP center is the designated agency to provide the pre-separation counseling to Soldiers separating from the Army and transitioning to civilian life. For installations that do not have a SFL–TAP center, the garrison commander will appoint a point of contact to provide pre-separation counseling in coordination with the nearest SFL–TAP center.

b. The SFL–TAP pre-separation counseling for RA and RC Soldiers is standardized. The slide presentation and supporting scripts can be obtained by contacting the nearest SFL–TAP transition service manager. The SFL–TAP point of contact is Commander, U.S. Army Human Resources Command, 1600 Spearhead Division Avenue, Fort Knox, KY 40122–5001.

c. An booklet produced by the VA on Federal benefits for Veterans, Dependents, and Survivors is available at https://www.va.gov/opa/publications/benefits_book.asp.

8–3. Transitional Assistance Management Program

The Transitional Assistance Management Program (TAMP) provides 180 days of transitional health care benefits to help eligible Soldiers and their Families transition to civilian life.

a. For RC Soldiers, eligibility for transitional health care is based on completion of active duty for more than 30 days in support of contingency operations pursuant to 10 USC 101(a)(13)(B). TAMP eligibility begins upon release or separation from this qualifying active duty service and remains in effect for 180 consecutive days.

(1) If—after a break in service—the Soldier returns to a subsequent active duty period (which includes health care eligibility) that begins during the 180-day period of transition assistance, their health care eligibility will run concurrently.

(2) If the qualifying active duty period is followed by any other active duty period—without a break in service, then the eligibility for transition assistance begins upon REFRAID.

b. Soldiers with a wound, illness, or injury incurred in the LOD while on active duty should contact their unit for eligibility determination or authorizations for follow-up medical or dental care.

c. Changes to TRICARE programs occur when public law and/or Federal regulations are amended. MTF guidelines and policies may be different than those outlined here. For the most current information, Soldiers should contact their TRICARE regional contractor, TRICARE service center, or local MTF.

Chapter 9 Support Sections, Agencies, and Organizations

9– 1. Army retirement services

The Army retirement services homepage is located at <https://soldierforlife.army.mil/retirement/>. It is vitally important that the Soldier and Family understand the many benefits and entitlements they are eligible for before the Soldier retires.

9–2. Legal information

All Soldiers referred for DES processing have access to specially trained judge advocates or DA civilian legal counsel for issues pertaining to their DES processing. The point of contact for locating the appropriate legal counsel is the closest servicing legal assistance office or PEBLO.

9–3. Soldier and Family Assistance Center

The SFAC programs are designed to support the local WTUs, WII Soldiers, and their Family members or support personnel. The available SFAC locations provide coordinated services on site or through coordinated appointments on site or

appointments at the service provider's location. The identified services may or may not be immediately available based on the garrison support composition.

a. Soldier and Family Assistance Center staff and personnel services.

(1) *Soldier and Family Assistance Center information and referral services.*

(a) Assess Soldier and Family needs; conduct specialized needs assessment to tailor services and/or complete the centralized intake process.

(b) Establish automated client case files and record client service usage in the Army Community Services Client Tracking System data recording system.

(c) Provide information and make service referrals within the center and to external agencies.

(d) Maintain resource listings on a variety of installation, local, state, and Federal agencies which offer support services, assistance and information.

(e) Maintain a roster of available language translators and lodging referral resource information.

(f) Provide in person or electronic information on available services and points of contact to clients at distant, non-resident locations.

(g) Coordinate with military personnel and the provost marshal office to establish access to installations and installation services for NMAs arriving on an ITA.

(2) *Financial counseling services.*

(a) The Financial Counselor will provide financial counseling, budget information, and benefits referral for WTU Soldiers and their Family members. In addition, they may provide Army Emergency Relief assistance.

(b) Counsels and educates WII Soldiers and Families on personal financial self-sufficiency.

(3) *Education counseling services.*

(a) Education services are provided in compliance with the Army Continuing Education System.

(b) Provide access to academic and military testing.

(c) Provide mandatory GI Bill counseling and post-911 GI Bill transferability to all WII Soldiers whether they transition within or out of the Army.

(d) Ensure all WII Soldiers are familiar with the GoArmyEd portal (<https://www.goarmyed.com>) procedures to apply for educational assistance.

(e) Assist WII Soldiers and Family members in accessing State, county, or local education benefits.

(4) *Military personnel service support (human resources).*

(a) Provide in- and out-processing support and assistance.

(b) Provide information on common access cards, Teslin cards and assists in setting up appointments to receive cards. When available, provides cards on site.

(c) Provide information on a wide range of personnel type issues to include updating personnel records, transition and/or separation guidance, retirement information, and other key information topics.

(5) *Outreach specialist support.* Provide information, coordination and service development with a wide range of garrison, local community, state and federal groups, organizations and services that support the WII Soldiers and their Family members or NMAs. This may include development of Memoranda of Agreement, Memoranda of Understanding or other operational agreements with partner or support services.

(6) *Social services coordination and support.*

(a) Provide training, information and coordination on issues that impact the well-being of the WII Soldier and their Family members.

(b) Develop a close working relationship with the WTU and medical services so as to provide immediate referral or connection to services, when needed.

(7) *Soldier for Life-Transition Assistance Program.*

(a) The contracted service provider aids the WII Servicemember in meeting their transition goals and requirements as per the Veterans Opportunity to Work, Hire Heroes Act, their WTU Comprehensive Transition Plan goals and other related transition requirements under SFL-TAP.

(b) Services may be offered in varied formats and locations designed to aid the WII Soldier in their goal completion.

(8) *Soldier and Family Assistance Center director.* The SFAC director—

(a) Serves as the overall coordinator of direct, non-clinical services to the WTU Soldiers, their Family members, and/or other support personnel (for example, NMAs).

(b) Coordinates SFAC services and events with the Army Community Service (ACS) director, garrison, and WTU cadre.

(c) Coordinates with and provides overall program guidance and direction to any support personnel working in support of or for the Soldier.

(d) Supervises the SFAC service providers (see paras 9–3a(1) through 9–3a(6)), operates and manages the SFAC program and facility, and coordinates with both the WTU Command and their garrison operations supervisor and staff.

(e) Ensures all ongoing requirements and administrative actions are completed in direct support of the WII Soldiers and their Family members or NMAs.

(9) *Computer room.* SFAC provides a full-service computer room with internet capability to support the specific services and actions needed while the Soldier is in medical rehabilitation and transition.

(10) *Donations management.* The SFAC program, under non-appropriated fund guidance, provides support to the WTU Soldiers and their Family members with events, activities, functions and other support or morale building actions as a result of donations received and managed.

b. Partner service organizations, providers, agencies or non-federal organizations or entities providing services at the SFAC or in coordination with the SFAC.

(1) *Social Security liaison.* SFAC coordinates with the Social Security Administration to ensure all WTU Soldiers are aware of the services available to them and enroll for services they qualify for.

(2) *Veterans Affairs.* SFAC provides information and referral to the many veteran's services offered by the VA. At select locations the VA may be represented in the SFAC to provide these services.

(3) *Traumatic Servicemembers' Group Life Insurance and Combat-related special compensation.* SFAC provides information and referral to these support services.

(4) *Child, youth, and school services.*

(a) Provides information on child and/or youth support programs and services and completes all registration actions.

(b) Assists with childcare services and any extended support to designated nondependent WII Soldier caregivers.

(c) Assists with coordination or arrangement of respite care services for WII Families with special needs members through the ACS and Exceptional Family Member Program.

(5) *Pastoral services (chaplain), usually located in the WTU.*

(a) Provide comprehensive religious support by providing timely ministry and counseling by either direct approach or referral to the Family Life Chaplain.

(b) Provide rites and sacraments.

(c) Provide resources such as religious literature and counseling materials.

(6) *State Judge Advocate and legal assistance.* Services may focus on MEB/PEB Soldiers. When available, provides legal services and/or administrative legal assistance.

(7) *Defense Financial and Accounting Service, located in or coordinated with Soldier and Family Assistance Center.*

(a) Provides WII Soldiers and their Family members' assistance with military pay and benefits information and correction in accordance with DFAS guidance.

(b) Assists with travel orders and necessary actions to complete travel document filing after all travel is completed.

(8) *Non-governmental organizations, Veterans service organizations, non-federal entities and others.* There are many groups or organizations which support the military and veterans. Information about how to identify and connect with these groups is made available.

c. Garrison services which are available to support the WII Soldiers.

(1) *Army Community Service.* ACS provides information on all garrison services to include locations and contact information. ACS also includes a host of services designed to assist everyone on the installation.

(2) *Army Substance Abuse Program.* The garrison provides a comprehensive substance abuse prevention education, intervention, information, and referral program for WII Soldiers and their Family members. The Army Substance Abuse Program provides guidance to assist the WTU or CCU commanders in establishing and conducting successful suicide prevention training, hotline and resource information, and coordination of the Employee Assistance Program. The Army Substance Abuse Program provides an information website at <https://acsap.army.mil/sso/pages/public/resources/commanders.jsp>.

(3) *Survivor Outreach Services Program.* The Survivor Outreach Services Program serves as the advocate for the survivor of fallen Soldiers who have paid the ultimate sacrifice.

9–4. U.S. Department of Veterans Affairs

a. Soldiers may be eligible for a broad range of programs and services provided by the VA. Eligibility for most VA benefits is based upon discharge from active military service under Honorable or General, Under Honorable conditions. Certain benefits require service during wartime. If new to the VA, the Federal Benefits for Veterans, Dependents, and Survivors booklet may help individuals learn about the various benefits and programs.

b. The Pre-Discharge Program is a Joint VA and DOD program that affords Soldiers the opportunity to file claims for disability compensation up to 180 days prior to separation or retirement from active duty or full time National Guard or Reserve duty (Title 10 and 32 USC). Further information is available at <http://www.benefits.va.gov/predischarge/>.

c. Additional information is available at the nearest VA medical facility. Veterans Affairs facilities listings and telephone numbers can be found at <https://www.va.gov/directory/guide/home.asp>. Veterans can also visit the VA health eligibility website at <https://www.va.gov/healthbenefits/>.

Chapter 10

Special Compensation for Assistance with Activities of Daily Living

10–1. Intent of the program

a. The purpose of the SCAADL Program is to assist permanent catastrophically injured or ill Soldiers who require regular aid and attendance after hospitalization as a result of injuries or illnesses sustained or aggravated in the LOD. SCAADL is paid directly to the Soldier and is considered taxable income. This policy extends SCAADL eligibility to those Soldiers with qualifying injuries or illnesses who meet the criteria in paragraph 10–3 on or after 31 August 2011. This policy is not retroactive, and the program is voluntary for Soldiers.

b. To receive SCAADL, a DOD or VA licensed physician will determine that the Soldier has a permanent catastrophic injury or illness to the extent that he or she would be hospitalized or institutionalized without assistance. Once determined to have a permanent catastrophic injury or illness incurred or aggravated in the LOD that meets the criteria set forth in DODI 1341.12 and this policy, the Soldier (RA and RC) will be authorized SCAADL; except as provided in paragraphs 10–4 and 10–11. SCAADL may be paid in addition to any other pay and allowance the Soldier is entitled or authorized.

c. Permanent catastrophically injured or ill Soldiers will be referred and processed through the DES in accordance with AR 635–40 to facilitate their transition and access to eligible VA benefits.

10–2. Soldier's application

a. An application will consist of—

- (1) The Soldier's written request to the commander for SCAADL.
- (2) The commander's verifications required by paragraphs 10–3, 10–5, and supporting documentation referenced in paragraphs 10–3 and 10–5 (see fig 10–1).

b. Commanders will retain records of SCAADL payments in an appropriate system of records, including complete applications, payment computations, and documentation provided to DFAS authorizing payments.



DEPARTMENT OF THE ARMY
ORGANIZATION
STREET ADDRESS
CITY STATE ZIP

(Office Symbol)

(Date)

MEMORANDUM FOR

SUBJECT: Decision on Application for Special Compensation for Assistance with Activities of Daily Living (SCAADL)

1. I have reviewed your application for SCAADL. Your application is:

Approved and you are eligible for SCAADL payments. Given that you live in Zip Code (*enter zip code*), and have been determined to need personal caregiver assistance at the Tier (*enter level*) level, you are eligible for a monthly compensation of \$ (*enter amount*). The effective start date for payment of this compensation is (*enter date*). A copy of the payment computation derived from the U.S. Department of Veterans Affairs (VA) Stipend Inquiry Calculator is at figure 1. The calculator is disseminated by the Department of Defense and is available online at <http://militarypay.defense.gov/Calculators/SCAADL-Calculator/>.

You are reminded that you have a continuing requirement to designate a primary caregiver to provide nonmedical care, support, and assistance with activities of daily living and to keep the caregiver's contact information updated with the command. Your primary caregiver may not be another military member; unless, they are a Reserve Component member that is not on orders.

a. Your eligibility for SCAADL expires on the earlier of the following:

(1) The last day of the month in which the 90-day post-separation/retirement period ends;

(2) The last day of the month in which you become deceased;

(3) The last day of the month during which a licensed DOD or VA physician determines that you are no longer afflicted with the catastrophic injury or illness; would not, in the absence of assistance, require hospitalization, nursing home care, or other residential institutional care; or no longer an outpatient; or

(4) The last day of the month preceding the month during which you begin receiving a monthly aid and attendance allowance from the VA.

I will determine your continued eligibility for SCAADL benefits and whether your level of benefits remains appropriate every 6 months, or earlier, should your medical condition or circumstances change or you relocate.

Figure 10–1. Sample notification memorandum to Soldiers of commander's determination of eligibility regarding Special Compensation for Assistance with Activities of Daily Living

2. You have designated a primary caregiver, who is not a military member, to provide non-medical care, support, and assistance.

Caregiver's name: *(enter name)*
 Caregiver's address: *(enter address)*
 Caregiver's telephone: *(enter phone number)*
 Caregiver's email: *(enter email)*

Denied for the following reasons: *(enter reason)*

3. A complete copy of your SCAADL application is enclosed.

4. If you disagree with this decision for any reason, including the Tier level assigned to you or the amount of monthly compensation you are entitled to, you may appeal. You must submit your appeal request to me, in writing, and the request must state the reasons for your appeal. Your appeal will be forwarded to the regional health command Warrior Transition Office for a decision.

5. I am available to answer any questions you may have.

Name
Rank, Branch
Position

INITIAL ACTION
 I *(do/do not)* recommend the approval of the Soldier's application for SCAADL.

Figure 10–1. Sample notification memorandum to Soldiers of commander's determination of eligibility regarding Special Compensation for Assistance with Activities of Daily Living—Continued


10–3. Determination of threshold eligibility

Upon receipt of a written request from a Soldier (or designee) to participate in the SCAADL Program, the commander will determine the Soldier's threshold eligibility for SCAADL by verifying that the Soldier meets all the criteria. If the Soldier does not meet the threshold eligibility requirements, the commander will inform the Soldier, in writing, about his or her ineligibility and the procedures for appealing the commander's determination (see para 10–9). The following criteria must be met for eligibility:

- a. Soldier has a permanent, catastrophic injury or illness in accordance with the definition in the glossary. Verification will be obtained from a licensed DOD or VA physician; not a contract physician. See DD Form 2948 (Special Compensation for Assistance with Activities of Daily Living (SCAADL) Eligibility), Part I – Eligibility Criteria.
- b. Soldier needs assistance from another person to perform the personal functions required in everyday living or requires constant supervision and, in the absence of such care, would require hospitalization, nursing home care, or other residential institutional care (see fig 10–2). (This certification may also be made by a licensed DOD or VA physician; not a contract physician.);
- c. The permanent catastrophic injury(ies) or illness(es) were incurred or aggravated in LOD;
- d. Soldier is an outpatient and no longer determined to be an inpatient at a MTF, VA medical center, civilian hospital, nursing home, or other residential institutional care facility. Although individuals may be temporarily placed in an inpatient

status during a given month for tests, examinations, or treatment, they are eligible for the full monthly SCAADL payment provided they are in an outpatient status for the majority of the month (more than 15 days). If the Soldier is an inpatient for 16 or more days in a given month, the amount of compensation for that month will be pro-rated based on the number of days he or she is an inpatient, and a reevaluation will be conducted to determine continued SCAADL eligibility; and

e. Soldier has designated a primary caregiver who is at least 18 years of age to provide non-medical care, support, and assistance with at least one of the activities of daily living as set forth in DODI 1341.12. The primary caregiver may not be a member of the military; except RC Soldiers not on orders.



(Office Symbol)

DEPARTMENT OF THE ARMY
ORGANIZATION
STREET ADDRESS
CITY STATE ZIP

(Date)

MEMORANDUM FOR Director, Military Pay Operations (Systems Liaison and Procedures Division), 8899 E. 56th Street, Indianapolis, IN 46249

SUBJECT: Special Compensation for Assistance with Activities of Daily Living, Certified Payment Authorization Roster, TL number *(enter TL number)*

1. Reference. DODI 1341.12 (Special Compensation for Assistance with Activities of Daily Living (SCAADL)), dated August 10, 2015.
2. Based on documentation received and maintained by this organization, I certify the following (###) pay effecting actions annotated on the attached roster are valid for processing.
3. Point of contact for this action is the undersigned at *(enter point of contact information)*.

Certifying Official
U.S. Army Medical Command
Regional Medical Command Warrior
Transition Office

Figure 10–2. Sample memorandum from the regional health command to the defense finance and accounting service for payment of Special Compensation for Assistance with Activities of Daily Living

10–4. Soldier is not eligible for the Special Compensation for Assistance with Activities of Daily Living compensation if receiving any of the following services

- a. Outpatient or in-home services to assist with activities of daily living or supervision to avoid harm to self or others from another Federal agency;
- b. A monthly caregiver stipend (paid directly to the Soldier's primary caregiver) from the VA pursuant to 38 USC 1720G(a)(3);
- c. In-home assistance with activities of daily living (custodial care) paid with supplemental health care program funds and provided by a TRICARE-authorized home health agency; or

- d. If the Soldier is found fit by a PEB or RTD as unfit but continued on active duty.

Note: While receiving SCAADL, the Soldier's primary caregiver is eligible to receive the respite benefit if qualified under TRICARE Operations Manual 6010.51M. Soldiers receiving other home health services under the TRICARE home health benefit remain eligible for SCAADL, except as provided in paragraph 10–4.

10–5. Certification of DD Form 2948

a. After determining a Soldier meets the threshold eligibility requirements, the commander will verify that either a DOD or VA physician has certified the DD Form 2948. The commander will help the Soldier in seeking the required certification to include assisting the Soldier with obtaining any necessary medical examinations or chart reviews.

b. DD Form 2948 will be completed and certified by DOD or VA physician based on input from other sources as appropriate. DD Form 2948 generally should be completed and certified by the physician acting as the Soldier's PCM. If the assessment documented on the DD Form 2948 is conducted by a non-DOD or VA physician or the Soldier presents an uncertified DD Form 2948, the commander will help the Soldier in seeking the required certification from a DOD or VA physician. The commander will afford the Soldier (or designee) the opportunity to review and sign the completed DD Form 2948. The commander will advise the Soldier about how they may appeal the determinations of their PCM, DOD, or VA physician (see para 10–12).

c. A DOD or VA physician who declines to certify a DD Form 2948 must state, in writing, the reasons for the denial to the commander. The reasons must be sufficiently detailed to permit a meaningful appeal by the Soldier. If a DOD or VA physician will not certify the DD Form 2948, the commander will notify the Soldier, in writing, that their application has been denied, provide the Soldier with the DD Form 2948, and the physician's written statement of the reasons for declining certification. The commander will inform the Soldier about the procedures for appeal (see para 10–12).

d. If applicable, a DOD or VA physician may ask to conduct an in-home visit with the Soldier to make the assessments needed to complete or certify the DD Form 2948. A DOD physician may request to conduct an onsite visit when verifying a Soldier's permanent catastrophic injury or illness to determine if the Soldier would require hospitalization, nursing home care, or other residential care in the absence of assistance. The in-home visit may be conducted by nursing personnel with their input provided to the DOD physician for consideration as part of the physician's assessment.

10–6. Action on the application

Upon the commander's verification of all information required by paragraphs 10–3 and 10–5, the Soldier's DD Form 2948 is complete and the commander will recommend its' approval. The commander will disapprove the application if the Soldier does not meet the required eligibility criteria.

10–7. Computing compensation

After recommending approval of the DD Form 2948, the commander will—

a. Compute the amount of monthly compensation the Soldier is entitled to in accordance with DODI 1341.12 using information drawn from the Soldier's complete application and the SCAADL calculator; ensuring that the tier rating used in the calculation is consistent with the dependence level identified on the DD Form 2948;

b. Retain the computation from the SCAADL calculator with the application materials either by printing the screen or otherwise documenting the results; and

c. Forward a copy of the complete application and the payment computation from the SCAADL calculator to a certifying officer in MEDCOM's RHC Warrior Transition Office. For RC Soldiers not attached/assigned to a WTU or CCU, the RC headquarters may designate additional routing channels before sending the copy of the application to the RHC Warrior Transition Office.

10–8. Regional Health Command payment authorization

The RHC certifying officer will—

a. Notify the commander when a Soldier's SCAADL application and payment computation have been received;

b. Verify the DD Form 2948 is complete and the payment computation is accurate and work with the submitting commander to resolve any discrepancies with the application or payment computation;

c. Submit DFAS required documentation to authorize SCAADL payment to the Soldier beginning on the effective start date (the date the DOD or VA physician certified the DD Form 2948); and

d. Notify the commander when RHC authorizes DFAS to pay SCAADL to the Soldier.

Note: See figure 10–2 for an example of the physician certification memorandum.

10–9. Notification to Soldier

After the RHC certifying officer authorizes payment, the commander will notify the Soldier in writing that his or her application is approved to include the amount of monthly compensation the Soldier is entitled. Upon request, the commander will provide the Soldier with a complete copy of his or her application and compensation calculation. See figure 10–1 for an example of the notification memorandum. Commanders will make sure eligible Soldiers (or designee) are informed of the—

- a.* Approval of their DD Form 2948 and eligibility for SCAADL.
- b.* Amount of monthly compensation the Soldier is entitled, how the amount was calculated, and the effective start date of the compensation.
- c.* Requirement to designate a primary caregiver of at least 18 years of age to provide non-medical care, support, and assistance with activities of daily living and to keep the caregiver's contact information updated with the commander.
- d.* Duration of SCAADL eligibility, including the need for a formal reevaluation of eligibility every 6 months or earlier should the Soldier's medical condition or circumstances change or the Soldier relocates.
- e.* Soldier's right to appeal the commander's decision; the appeal request must be submitted in writing and contain the reason for the appeal.

10–10. Special Compensation for Assistance with Activities of Daily Living packet

As a minimum, a Soldier's SCAADL packet will consist of the following documents:

- a.* DD Form 2948.
- b.* Notification Memorandum to Soldier of commander's determination of eligibility (see fig 10–1).
- c.* Payment computation from the SCAADL calculator.
- d.* Pay authorization roster to DFAS for payment.
- e.* Counseling statement (see fig 10–3).

Note. Commanders or designees will use the language in figure 10–3 to execute the SCAADL counseling using a DA Form 4856.

PART II – Background Information

Event Oriented—

Special Compensation for Assistance with Activities of Daily Living (SCAADL) Eligibility/Ineligibility

PART III – Summary of Counseling

SCAADL DISAPPROVAL:

I have reviewed your application/redetermination for SCAADL. Your application/redetermination is denied for the following reasons:

1. *(Enter reason)*
2. *(Enter reason)*

Your SCAADL benefits have been stopped as of *(enter date)*.

SCAADL APPROVAL:

Your application for SCAADL is approved. Given that you live in zip code *(enter zip code)* and have been determined to need personal caregiver assistance at the Tier *(enter level)* level, you are eligible for monthly compensation of \$ *(enter amount)*. The effective start date for payment of this compensation is *(enter amount)*.

If approved, you are reminded that you have a continuing requirement to designate a primary caregiver to provide nonmedical care, support, and assistance with activities of daily living and to keep the caregiver's contact information updated with the command. Your primary caregiver may not be another military member; unless it is a reserve component member not on orders. Failure to pay your caregiver may result in adverse administrative action. SCAADL payments are TAXABLE income.

Your eligibility for SCAADL expires on the earlier of the following:

- (1) The last day of the month in which the 90-day post-separation/retirement period ends;
- (2) The last day of the month Soldier's death;
- (3) The last day of the month during which a licensed DOD or VA physician determines you are no longer afflicted with the catastrophic injury or illness; would not, in the absence of assistance, require hospitalization, nursing home care, or other residential institutional care; or no longer an outpatient; or
- (4) The last day of the month preceding the month during which you begin receiving a monthly aid and attendance allowance from the VA.

I will determine your continued eligibility for SCAADL benefits and whether your level of benefits remains appropriate every 6 months, or earlier, should your medical condition or circumstances change or you relocate.

If you disagree with this decision for any reason, including your eligibility or the Tier level assigned to you, you may appeal. You must submit your appeal request to the commander, in writing, within 60 days of denial notification, and you must submit a statement outlining the reason(s) for the appeal with all supporting documents pertaining to the original application for SCAADL for further disposition. Your appeal will then be forwarded to the Commander, WTC for final decision.

Plan of Action

You or your designee will keep the command informed of all changes regarding your medical care. You or your designee will keep the command informed of all changes in location as they may affect the level of your benefits due to zip code changes.

If you or your designee have elected to appeal, you will follow the appellate process and submit it, in writing, through your command.

Closing Session

I plan to Appeal my DD Form 2948 Tier Level (YES/NO) *(initials)*.

I plan to Appeal my SCAADL eligibility (YES/NO) *(initials)*.

I understand that SCAADL payments are TAXABLE income (YES/NO) *(initials)*.

I understand that a redetermination must be conducted every 6 months, or earlier, if my medical condition or circumstances change or I relocate (YES/NO) *(initials)*.

Leader Responsibilities:

I am available to answer any questions you may have.

Figure 10– 3. Sample language for DA Form 4856, Developmental counseling for Special Compensation for Assistance with Activities of Daily Living

10–11. Expiration of Special Compensation for Assistance with Activities of Daily Living eligibility

The commander will promptly notify DFAS, through the regional health command, to terminate payments when a Soldier's eligibility expires on the earlier of the following:

- a.* The last day of the month in which the 90-day post-separation/retirement period ends;
- b.* The last day of the month during which the Soldier dies;
- c.* The last day of the month during which a licensed DOD or VA physician determines that the Soldier is no longer afflicted with the catastrophic injury or illness; or
- d.* The last day of the month preceding the month during which the Soldier begins receiving a monthly aid and attendance allowance pursuant to 38 USC 1114(r)(2).

10–12. Special Compensation for Assistance with Activities of Daily Living appeal process

TSG is the appellate authority and may delegate his or her appellate authority over appeals to another official at Headquarters, Department of the Army. A Soldier whose application for SCAADL is denied based on failure to meet the threshold eligibility criteria, a licensed DOD or VA physician will not certify the DD Form 2948, or for any other reason may appeal. A Soldier who believes he or she is entitled to additional compensation based on either the DD Form 2948 criteria (for example, the tier level) or the commander's computation may also appeal.

a. The Soldier will submit his or her appeal, in writing, to the commander within 60 days after notification of the outcome of his or her request for SCAADL is issued. The Soldier must state the reason(s) for his or her appeal.

b. The commander will forward the Soldier's appeal, with a command recommendation, through the RHC to the MEDCOM, DCS, WCT as the delegated authority. In all cases, the commander will assist the Soldier by forwarding a complete copy of the Soldier's SCAADL DD Form 2948 and compensation calculation to include all available medical reviews and opinions. TSG or his or her delegate will ensure the thorough review of all available information pertinent to the appeal, including the determinations of eligibility, clinical evaluations, and tier scoring rendered by the Soldier's PCM or other licensed DOD or VA physician. For appeals related to issues requiring a medical assessment or certification, TSG or his or her delegate will request the development of a medical advisory opinion by a licensed DOD physician who did not participate in the original evaluation.

c. Reconsideration may be granted at the lowest level practicable before transmittal to TSG or his or her delegate in an effort to eliminate the need for the appeal. The Commander, regional health command or other appropriate official may also elect to review applications a commander denied, regardless of an appeal. If reconsideration or further review results in the approval of the Soldier's application, the Soldier will be notified, in writing, and his or her application returned to the commander for computation of the payment amount.

d. The appellate authority will give the Soldier a written decision on his or her appeal and such decision will be final. In general, such responses will be provided within 30 days of TSG's receipt of the request for appeal.

e. For an appeal relating to the amount of compensation, any portion of the SCAADL payment not in dispute will be paid to the Soldier while the appeal is being processed. If a Soldier's appeal relating to the amount of compensation is successful, the effective date of SCAADL payments is the date the DD Form 2948 was certified.

f. For appeals not related to the amount of compensation, TSG or his or her delegate will consult with the TJAG to determine the effective date of SCAADL payments. The effective date will depend on the facts and circumstances of each case.

10–13. Continuation of Special Compensation for Assistance with Activities of Daily Living Compensation beyond 6 months

Commanders will continuously evaluate a Soldier's circumstances to ensure the Soldier remains eligible for SCAADL.

a. A formal reevaluation of eligibility is required every 6 months.

b. A reevaluation is also required if the Soldier relocates or his or her medical condition changes in a manner that may warrant a change in eligibility or level of compensation. The Soldier's Triad of Care will notify the commander of any changes in the Soldier's location, medical condition, or other eligibility criteria.

c. Except in circumstances involving relocations, a reevaluation requires a licensed DOD or VA physician to complete and certify a new DD Form 2948. In making a reevaluation of eligibility, commanders will follow the procedures set forth in paragraph 10–3.

d. A Soldier subsequently determined ineligible for SCAADL, or whose monthly compensation is reduced, may appeal under the procedures in paragraph 10–12.

e. While a reevaluation is being processed, the Soldier will continue to receive SCAADL at the previously established rate. A Soldier who has relocated will receive payments at the rate applicable to the new location, as soon as DFAS can process the change.

10–14. Non-compliance to pay caregivers

a. The Army's primary responsibility is to ensure the SCAADL recipient receives the required care attested to by a competent medical authority. As a result, when applicable, Soldiers are expected to pay their caregiver(s) for services received.

b. Commanders can refer to AR 600–20 to resolve issues that pertain to noncompliance of payment.

Appendix A

References

Section I

Required Publications

AR 600–20

Army Command Policy (Cited in para 5–12.)

AR 635–40

Disability Evaluation for Retention, Retirement, or Separation (Cited in para 1–5.)

Section II

Related Publications

A related publication is a source of additional information. The user does not have to read a related reference to understand this publication. Unless otherwise stated, Army publications are available online from the Army Publishing Directorate website at <http://armypubs.army.mil>, DOD issuances are available at <http://www.dtic.mil>, and the USC is available at <http://uscode.house.gov/>.

AR 11–2

Managers' Internal Control Program

AR 25–30

The Army Publishing Program

AR 25–400–2

The Army Records Information Management System (ARIMS)

AR 40–58

Warrior Care and Transition Program

AR 40–66

Medical Record Administration and Health Care Documentation

AR 40–400

Patient Administration

AR 40–501

Standards of Medical Fitness

AR 135–18

The Active Guard Reserve (AGR) Program

AR 135–155

Promotions of Commissioned Officers and Warrant Officers other than General Officers

AR 135–175

Separation of Officers

AR 135–178

Enlisted Administrative Separations

AR 135–381

Incapacitation of Reserve Component Soldiers

AR 420–1

Army Facilities Management

AR 600–8–4

Line of Duty Policy, Procedures, and Investigations

AR 600–8–7

Retirement Services Program

AR 600–8–10

Leaves and Passes

AR 600–8–19

Enlisted Promotions and Reductions

AR 600–8–22

Military Awards

AR 600–8–24

Officer Transfers and Discharges

AR 600–8–29

Officer Promotions

AR 600–8–101

Personnel Processing (In-, Out-, Soldier Readiness, and Deployment Cycle)

AR 600–8–105

Military Orders

AR 601–10

Management and Recall to Active Duty of Retired Soldiers of the Army in Support of Mobilization and Peacetime Operations

AR 601–280

Army Retention Program

AR 608–1

Army Community Service

AR 614–30

Overseas Service

AR 614–100

Officer Assignment Policies, Details, and Transfers

AR 614–200

Enlisted Assignments and Utilization Management

AR 623–3

Evaluation Reporting System

AR 635–8

Separation Processing and Documents

AR 635–200

Active Duty Enlisted Administrative Separations

AR 638–8

Army Casualty Program

AR 735–5

Property Accountability Policies

Army’s Mobilization and Deployment Reference (AMDR) 25–Day Rule

(Access by permissions only.)

DA Pam 623–3

Evaluation Reporting System

DA Pam 635–40

Procedures for Disability Evaluation For Retention, Retirement, or Separation

DOD Financial Management Regulation, Volume 7A

Military pay policy and procedures – Active Duty and Reserve pay (Available at <http://comptroller.defense.gov/fmr/>.)

DOD Financial Management Regulation, Volume 7B

Military pay policy – Retired pay (Available at [http://comptroller.defense.gov/fmr/.](http://comptroller.defense.gov/fmr/))

DOD Travel Regulations

Joint Travel Regulation (Available at <http://www.defensetravel.dod.mil/site/reference.cfm.>)

DODI 1241.01

Reserve Component (RC) Line of Duty Determination for Medical and Dental Treatments and Incapacitation Pay Entitlements

DODI 1300.18

Department of Defense (DOD) Personnel Casualty Matters, Policies, and Procedures

DODI 1332.18

Disability Evaluation System

DODI 1341.12

Special Compensation for Assistance with Activities of Daily Living (SCAADL) Program

DODI 4515.13

Air Transportation Eligibility

DODI 6000.11

Patient Movement (PM)

DODI 6025.20

Medical Management (MM) Programs in the Direct Care System (DCS) and Remote Areas

DODI 6025.22

Assistive Technology (AT) for Wounded, Ill, and Injured Service Members

DODM 1332.18–V1

Disability Evaluation System (DES) Manual: General Information and Legacy Disability Evaluation System (LDES) Time Standards

DODM 1332.18–V2

Disability Evaluation System (DES) Manual: Integrated Disability Evaluation System (DES)

DODM 1332.18–V3

Disability Evaluation System (DES) Manual: Quality Assurance Program (QAP)

DODM 1341.12

Special Compensation For Assistance With Activities Of Daily Living (SCAADL) Process
Federal Benefits for Veterans, Dependents, and Survivors
(Available at https://www.va.gov/opa/publications/benefits_book.asp.)

NGR 600–100

Commissioned Officers – Federal Recognition and Related Personnel Actions (Available at <http://www.ngbpdc.ngb.army.mil/publications.htm#ngr.>)

NGR 600–200

Enlisted Personnel Management (Available at <http://www.ngbpdc.ngb.army.mil/publications.htm#ngr.>)

Personnel Policy Guidance

(Available at <http://www.armyg1.army.mil/militarypersonnel/ppg.asp.>)

10 USC, Chapter 55

Medical and Dental Care

10 USC 101

Definitions

10 USC 507

Extension of enlistment for members needing medical care or hospitalization

10 USC 877, et. seq.

Art. 77. Principals

10 USC 972

Members: effect of time lost

10 USC 1074

Medical and dental care for members and certain former members

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 1074f

Medical tracking system for members deployed overseas

10 USC 1076

Medical and dental care for dependents: general rule

10 USC 1076d

TRICARE program: TRICARE Standard coverage for members of the Selected Reserve

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 1209

Transfer to inactive status list instead of separation

10 USC 1218

Discharge or release from active duty: Claims for compensation, pension, or hospitalization

10 USC 12301

Reserve components generally

10 USC 12302

Ready Reserve

10 USC 12322

Active duty for health care

10 USC 12686

Reserves on active duty within two years of retirement eligibility: limitation on release from active duty

10 USC 12731

Age and Service requirements

10 USC 14519

Deferment of retirement or separation for medical reasons

32 USC

National Guard

37 USC 204

Entitlement

37 USC 372

Continuation of pays during hospitalization and rehabilitation resulting from wounds, injury, or illness incurred while on duty in a hostile fire area or exposed to an event of hostile fire or other hostile action

38 USC 101

Veterans' Benefits, Part I. Definitions

38 USC 105

Line of duty and misconduct

38 USC 1114

Rates of wartime disability compensation

38 USC 1720(G)(a)(3)

Assistance and support services for caregivers

38 USC 4312

Reemployment rights of persons who serve in the uniformed services

Section III**Prescribed Forms**

Unless otherwise indicated, DA forms are available on the Army Publishing Directorate website at <http://armypubs.army.mil>.

DA Form 7692

Active Duty for Medical Care Application (Prescribed in the title page.)

DA Form 7696

Commander's Performance and Capability Checklist (Prescribed in the title page.)

Section IV**Referenced Forms**

Unless otherwise indicated, DA forms are available on the Army Publishing Directorate website at <http://armypubs.army.mil>; DD forms are available on the DOD Forms Management Program website at <http://www.dtic.mil/whs/directives/forms/index.htm>; and SGLI forms are available through the U.S. Department of Veterans Affairs website at <http://www.benefits.va.gov/insurance/resources-forms.asp#fsgli>.

DA Form 11-2

Internal Control Evaluation Certification

DA Form 31

Request and Authority for Leave

DA Form 2028

Recommended Changes to Publications and Blank Forms

DA Form 2173

Statement of Medical Examination and Duty Status

DA Form 3349

Physical Profile (Available through

<https://medpros.mods.army.mil/eprofile/default.aspx?returnurl=%2feprofile%2fadmin%2fusersmanager.aspxs.>)

DA Form 3739

Application for Compassionate Actions (Available through normal supply channels.)

DA Form 4160

Patient's Personal Effects and Clothing Record

DA Form 4187

Personnel Action

DA Form 4856

Developmental Counseling Form

DD Form 93

Record of Emergency Data

DD Form 214

Certificate of Release or Discharge from Active Duty (Available through normal supply channels.)

DD Form 220

Active Duty Report

DD Form 577

Appointment/Termination Record - Authorized Signature

DD Form 1351-2

Travel Voucher or Sub voucher

DD Form 2648

Service Member Pre-Separation/Transition Counseling and Career Readiness Standards EForm for Service Members Separating, Retiring, Released from Active Duty (REFRAD)) (Available through <https://www.dodtap.mil/forms.html>.)

DD Form 2656

Data for Payment of Retired Personnel

DD Form 2795

Pre-Deployment Health Assessment

DD Form 2870

Authorization for Disclosure of Medical or Dental Information

DD Form 2900

Post Deployment Health Re-Assessment Form (PDHRA)

DD Form 2948

Special Compensation for Assistance with Activities of Daily Living (SCAADL) Eligibility

SGLV 8283

Claim for Death Benefits (Available <http://www.benefits.va.gov/insurance/resources-forms.asp>.)

SGLV 8284

Claim for Accelerated Benefits (Available <http://www.benefits.va.gov/insurance/resources-forms.asp>.)

SGLV 8286

Servicemembers' Group Life Insurance Election and Certificate
(Available <http://www.benefits.va.gov/insurance/resources-forms.asp>.)

SGLV 8286A

Family Coverage Election (SGLI) (Available <http://www.benefits.va.gov/insurance/resources-forms.asp>.)

SGLV 8286S

Servicemembers' Group Life Insurance Supplemental SGLI Beneficiary Form
(Available <http://www.benefits.va.gov/insurance/resources-forms.asp>.)

SGLV 8715

Application for the Servicemembers' Group Life Insurance (SGLI) Disability Extension
(Available <http://www.benefits.va.gov/insurance/resources-forms.asp>.)

Appendix B

Internal Control Evaluation

B–1. Function

The function covered by this evaluation is the application for, and approval of, medical care.

B–2. Purpose

The purpose of this evaluation is to assist HRC, commanders, supervisors, and health care personnel in evaluating the key internal controls listed. It is intended as a guide and does not address all controls.

B–3. Instructions

Answers must be based on the actual testing of key internal controls (for example, document analysis, direct observation, sampling, simulation, or other). Answers that indicate deficiencies must be explained and the corrective action identified in supporting documentation. These internal controls must be formally evaluated at least once every 2 years. Certification that the evaluation has been conducted must be accomplished on DA Form 11–2 (Internal Control Evaluation Certification).

B–4. Test questions

- a. Are all DA Forms 4187 indicating appropriate request for RC active duty medical care or ADME dependent upon status of Soldier at time of LOD related medical issue?
- b. Are all LOD documentation requirements completed and/or initiated for RC Soldiers entering the WTU?
- c. Are all RC active duty medical care requests initiated after notification to the gaining WTU commander for the transition of senior commander to the WTU?
- d. Are all Soldiers arriving at the demobilization station and determined by military medical authority to have a LOD related wound, illness, injury, disease, or aggravated pre-existing medical condition incurred during the current deployment being evaluated for WTU placement?
- e. Has the medical provider completed a statement verifying current diagnosis, anticipated length of care, management plan, and prognosis for recovery?
- f. Does the Soldier require an extension to his or her expiration term of service date to complete required medical care?
- g. Has the senior commander ensured that all Soldiers who qualify for assignment or attachment to a WTU are referred to the Triad of Care for evaluation?
- h. Has the Triad of Leadership reviewed all RA and AGR Soldiers for eligibility criteria and determined disposition based on, but not limited to, the following:
 - (1) Does the Soldier have a temporary profile for more than 6 months with duty limitations that preclude him or her from training for, or contributing to, unit mission accomplishment?
 - (2) Does the Soldier have a wound, illness, or injury which requires clinical case management?

B–5. Supersession

Not applicable.

B–6. Comments

Help to make this a better tool for evaluating internal controls. Submit comments to Deputy Chief of Staff, G–1 (DAPE–MPE), 300 Army Pentagon, Washington, DC 20310–0300.

Glossary

Section I

Abbreviations

ACS

Army Community Service

ACSIM

Assistant Chief of Staff for Installation Management

ADME

active duty medical extension

AGR

Active Guard Reserve

AHLTA

Armed Forces Health Longitudinal Technology Application

AR

Army Regulation

ARNG

Army National Guard

ASA (FM&C)

Assistant Secretary of the Army (Financial Management and Comptroller)

ASA (M&RA)

Assistant Secretary of the Army (Manpower and Reserve Affairs)

BAH

basic allowance for housing

CAR

Chief, Army Reserve

CCU

Community Care Unit

CG

commanding general

CNGB

Chief, National Guard Bureau

CONUS

continental United States

CSM

command sergeant major

DA

Department of the Army

DCS

Deputy Chief of Staff

DD

Department of Defense (forms)

DEERS

Defense Enrollment Eligibility Reporting System

DES

Disability Evaluation System

DFAS

Defense Finance and Accounting Service

DHA–GL

Defense Health Agency-Great Lakes

DJMS

Defense Joint Military Pay System

DOD

Department of Defense

DODFMR

Department of Defense Financial Management Regulation

DODI

Department of Defense Instruction

eMILPO

electronic military personnel office

ETP

exception to policy

GO

general officer

GOMO

General Officer Management Office

HHG

household goods

HOR

home of record

HRC

Human Resources Command

IMCOM

Installation Management Command

iPERMS

interactive Personnel Records Management System

ITA

invitational travel authorization

JTR

Joint Travel Regulation

LOD

line of duty

M–date

mobilization date

MEB

medical evaluation board

MEDCOM

U.S. Army Medical Command

MOS

military occupational specialty

MRD

mandatory removal date

MRDP

medical retention determination point

MRP

medical retention processing

MRP2

medical retention processing 2

MRP-E

medical retention processing - evaluation

MTF

military treatment facility

NCM

Nurse Case Manager

NGB

National Guard Bureau

NGR

National Guard regulation

NMA

non-medical attendant

OCIE

organizational clothing and individual equipment

OCONUS

outside the Continental United States

OTSG

Office of the Surgeon General

PCM

primary care manager

PCS

permanent change of station

PDRL

permanent disability retired list

PDS

permanent duty station

PEB

physical evaluation board

PEBLO

physical evaluation board liaison officer

POV

privately owned vehicle

PULHES

physical capacity, upper extremity, lower extremity, hearing-ears, vision-eyes, psychiatric

RA

Regular Army

RC

Reserve Component

REFRAD

release from active duty

RHC
regional health command

RTD
returned to duty

S – 1
adjutant

SCAADL
Special Compensation for Assistance with Activities of Daily Living

SECARMY
Secretary of the Army

SFAC
Soldier and Family Assistance Center

SFL–TAP
Soldier for Life-Transition Assistance Program

SGLI
Servicemembers’ Group Life Insurance

TAMP
Transitional Assistance Management Program

TCS
temporary change of station

TDRL
temporary disability retirement list

TDY
temporary duty

TJAG
The Judge Advocate General

TRAC2ES
U.S. Transportation Command Regulating and Command and Control Evacuation System

TRANSPROC
Transition Processing System

TRICARE
tri-service medical care

TSG
The Surgeon General

TSGLI
Traumatic Servicemembers’ Group Life Insurance

UCMJ
Uniform Code of Military Justice

USAFMCOM
U. S. Army Financial Management Command

USAPDA
U.S. Army Physical Disability Agency

USAR
U.S. Army Reserve

USARC
U.S. Army Reserve Command

USC

United States Code

VA

Veterans Affairs

WCT

Warrior Care and Transition

WCTP

Warrior Care and Transition Program

WII

wounded, ill, injured

WTB

Warrior Transition Battalion

WTU

Warrior Transition Unit

Section II**Terms****Catastrophic injury or illness**

A permanent, severely disabling injury, disorder, or illness incurred or aggravated in the line of duty that compromises the ability to perform ADL to such a degree that a Servicemember requires personal or mechanical assistance to leave home or bed, or requires constant supervision to avoid physical harm to self or others

Senior commander

The senior commander is normally the senior GO at the installation. The senior commander's mission is the care of Soldiers, Families, and civilians, and to enable unit readiness. While the delegation of senior command authority is direct from Headquarters, Department of the Army, the senior commander will routinely resolve installation issues with IMCOM and, as needed, the associated Army Command, Army service component command, or direct reporting unit. The senior commander uses the garrison as the primary organization to provide services and resources to customers in support of accomplishing this mission. All applicable commands support the senior commander in the execution of senior commander responsibilities; therefore, the senior commander is the supported commander by the IMCOM region director, the garrison, and tenants.

U.S. Army Special Operations Command Soldiers

Army special operations forces Soldiers assigned, attached, or under operational control of units of the U.S. Army Special Operations Command, its subordinate commands, or another Army special operations forces unit.

U.S. Army Special Operations Command Soldiers, 'assignment'

The Soldier's unit has released the Soldier to the full control of the senior commander and WTU to include medical, billeting, administrative, and financial care.

U.S. Army Special Operations Command Soldiers, 'attachment'

The Soldier remains assigned to, housed by, and under the administrative control of their unit, yet receives medical care and services through the WTU.

Warrior Care and Transition Program

An Army-wide structure to provide support and services for WII Soldiers. WCTP enables the Army to evaluate and treat Soldiers through a comprehensive, Soldier-centric process of medical care, rehabilitation, professional development, and achievement of personal goals. See <http://www.wtc.army.mil/modules/soldier/s1-wctpprogram.html>.

Warrior Transition Unit Triad of Care

Triad of Care normally refers to the squad leader, NCM, and PCM assigned to a WII Soldier. The squad leader leads the Soldier, the NCM coordinates his or her care, and the PCM oversees the care. The triad creates the familiar environment of a military unit and surrounds the Soldier and his or her Family with comprehensive care and support which is all focused on the wounded warrior's sole mission to heal.

Warrior Transition Unit Triad of Leadership

The Triad of Leadership consists of senior commanders and CSMs, MTF commanders and CSMs, and WTU commanders, CSMs, and first sergeants. This triad executes 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 WII Soldier.

Wounded, ill, or injured

Soldiers who are WII in the LOD and require medical care and/or treatment to bring them to MRDP and/or complete processing through the DES.

Wounded, ill, or injured Soldier's mission

"I am a wounded, ill, or injured Soldier. 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 Soldier."

UNCLASSIFIED

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