



UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

OCT - 4 2013

PERSONNEL AND
READINESS

The Honorable Howard P. "Buck" McKeon
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515


Dear Mr. Chairman:

The Department of Defense Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces was established by section 724 of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111-84). In accordance with section 724(c), the Department sent the Task Force's report and the Department's evaluation of the recommendations to you in January 2013. The Department's implementation plan is enclosed.

The Department continuously evaluates opportunities to provide the best care and support to our wounded, ill, and injured Service members and their families and caregivers. The majority of the task force's recommendations are already being implemented. A similar letter is being sent to the Chairman of the Senate Committee on Armed Services.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,


Jessica L. Wright
Acting

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member



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PERSONNEL AND
READINESS

The Honorable Carl Levin
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

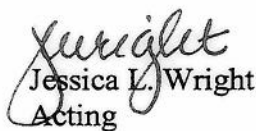
Dear Mr. Chairman:

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Jessica L. Wright
Acting

Enclosure:
As stated

cc:
The Honorable James M. Inhofe
Ranking Member

**Summary of Recovering Warrior Task Force Findings and Recommendations,
with DoD's Evaluation and Implementation**

The 35 Recovering Warrior Task Force (RWTF) Recommendations below are based on cumulative FY2011 and FY2012 data collection and analysis and are published in the FY2012 RWTF annual report. The RWTF grouped its findings into four categories: Restoring Wellness and Function (1-11), Restoring into Society (12-16), Optimizing Ability (17-26), and Enabling a Better Future (27-35). DoD's previously published Evaluations below are repeated and any updates to the evaluation are so noted in the implementation section. Among the 35 RWTF Findings are recommendations for swift publication of several specific pieces of policy; recommendations crafted to sustain DoD attention on key initiatives, such as the Integrated Disability Evaluation System (IDES) and the electronic health records initiatives; recommendations targeting Wounded Ill and Injured Recovery Coordinator (RC) personnel; and recommendations aimed at improving support for Recovering Warrior (RW) families/caregivers, among others. The RWTF Recommendations and DoD Evaluations are repeated as previously published and corrections to text and acronyms are noted in the Implementation sections. Completed deliverables and milestones are annotated with a check (✓) before the description.

Restoring Wellness and Function

1. DoD's failure to publish guidance on administrative and clinical care of RWs is unacceptable. DoD should publish timely guidance to standardize care to RWs without delay.

DoD's Evaluation

- ***DoD partially concurs. DoD's intent is to provide additional guidance on the Education and Employment Initiative and the Operation Warfighter programs and clinical case management as part of the implementation plan. The other highlighted guidance the Task Force recommended be published, the Air Force Instruction 34-1101, "Air Force Warrior and Survivor Care," was published June 21, 2012.***

DoD's Implementation

DELIVERABLES AND MILESTONES:

- ✓ DoD published DoDI 1300.25, "Guidance for the Education and Employment Initiative (E2I) and Operation Warfighter (OWF)," on March 25, 2013.
- ✓ Air Force published Air Force Instruction 34-1101, "Air Force Warrior and Survivor Care", on June 21, 2012.
- DoD is collaborating with VA through the Interagency Care Coordination Committee (IC3) to develop joint overarching guidance that establishes consistent warrior care coordination policy for both Departments. IC3 efforts are intended to effectively harmonize programs, reduce confusion, and simplify processes for Wounded Warriors transitioning between DoD and VA care, benefits and services. The IC3 has developed draft interagency guidance, currently in informal coordination with both Departments, which provides the Departments with instruction on new processes and procedures for complex care coordination. The formal coordination process is expected to be completed by November 30, 2013.

2. There is still confusion regarding the roles and responsibilities of the Recovery Care Coordinator (RCC) and the Federal Recovery Coordinator (FRC). Standardize and clearly define the roles and responsibilities of the RCC, the FRC, non-medical case manager (NMC), Department of Veteran Affairs (VA) Liaison for Healthcare, and VA Polytrauma Case Managers serving RW and his or her family. Standardize the eligibility criteria for RCC (or equivalent) assignment. The RWTF looks forward to seeing the work of the newly formed VA-DoD Warrior Care and Coordination Task Force.

DoD's Evaluation

- ***DoD concurs. The Joint Executive Committee stood up the DoD-VA Warrior Care and Coordination Task Force to specifically address this issue. This group (now known as the Integrated Care Coordination Committee) is currently working on defining the roles and responsibilities of the recovery team.***

DoD's Implementation

DELIVERABLES AND MILESTONES:

- ✓ The Joint Executive Committee (JEC) established the DoD-VA Warrior Care and Coordination Task Force to conduct a comprehensive and deliberate review of all aspects of warrior care coordination. The Task Force reviewed all programs, not just RCC/FRC and found that both Departments are providing excellent services but in an asynchronous and uncoordinated way. It also noted that no common, integrated comprehensive plan exists for warriors in transition. This deficiency produces sub-optimal visibility into the multitude of plans for both patients and staff, produces suboptimal transitions throughout the continuum of care, and does not provide a single point of contact for the patient, families, and care team at any given time. The Task Force recommended and the Joint Executive Committee approved the creation of the *Interagency Care Coordination Committee (IC3)* to execute the Task Force's recommendations.
- ✓ The DoD Recovery Coordination Program Instruction (DoDI 1300.24, published December 1, 2009) clearly delineates which recovering Service member receives a RCC, and when. DoD will reinforce the eligibility criteria with the Services through continued quarterly RCC training, quality assurance visits (beginning in August 2013), and monthly monitoring through caseload reporting from the Services.
- The IC3 is developing interagency guidance to drive consistent warrior care coordination policy for both Departments. The formal coordination process is expected to be completed within the next 6 months (by November 30, 2013). Additionally, the IC3 established an integrated community of practice comprised of professionals that coordinate and manage care, benefits and services, and will establish a single interagency comprehensive plan (ICP), developed and shared by both Departments, which is visible to the patient, family, and care team. Anticipated timeline for procurement, development, and implementation of the interagency comprehensive plan is estimated at 18-24 months (by May 2015).
- The IC3 is also employing a Lead Coordinator Concept to improve clarity and reduce confusion by the patient and the care management team. The Lead Coordinator is responsible for the coordination of care, services and benefits and serves as the single point of contact for Service members and Veterans at each stage of their recovery. The

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first phase of this concept began April 23, 2013, with evaluation at three locations: Walter Reed National Military Medical Center and the VA Medical Centers at Richmond, Virginia and Washington DC. Initial implementation began on June 17, 2013 at Military Treatment Facilities (MTFs) in San Antonio, Texas and all VA Medical Centers throughout Veterans Integrated Service Network 17. Future locations / timelines will be determined as the roll-out results are evaluated. Analysis of results is ongoing and will inform further expansion of the Lead Coordinator concept to other MTFs.

3. DoD should draft a RW Bill of Rights or content for commander's intent letter to guide expectations for communication and treatment of RWs and their families.

DoD's Evaluation

- ***DoD concurs. The Acting Principal Deputy Under Secretary of Defense for Personnel and Readiness will distribute suggested content for a letter for commanders to use in guiding expectations to recovering Service members and their families.***

DoD's Implementation

DELIVERABLES AND MILESTONES:

- The Office of Warrior Care Policy is preparing a letter with suggested content. This Letter to Commanders will be used by the Military Departments to support and guide the recovering Service members and family throughout all phases of recovery, rehabilitation and reintegration. It is anticipated that this information will be provided to the Departments by October 30, 2013.
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4. Substantial rehabilitation expertise has developed over 11 years of war. DoD should partner with VA to further promote interagency collaboration and co-locate/integrate rehabilitation capability of both Departments to sustain DoD and VA capabilities and facilitate the seamless transition of RWs from DoD to VA.

DoD's Evaluation

- ***DoD concurs.***

DoD's Implementation

DELIVERABLES AND MILESTONES:

- To the extent feasible, DoD and VA are collocating rehabilitation capabilities. The Departments are also placing rehabilitation staff / personnel in each other's facilities as liaisons for Service members. DoD continues to work with VA to gain effectiveness and efficiencies through cooperative scheduling of resources where practical. This will be an ongoing process.

Status: Closed

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5. Congress should enact legislation to permanently establish WCP within the Under Secretary of Defense for Personnel and Readiness portfolio at a level no less than Deputy Assistant Secretary of Defense.

DoD's Evaluation

- ***DoD nonconcur. The Warrior Care Policy (WCP) Office is under the Under Secretary of Defense for Personnel and Readiness and the Assistant Secretary of Defense for Health Affairs. A Deputy Assistant Secretary of Defense is the Director of the Warrior Care Policy Office. Legislation is not required because it would restrict the Secretary of Defense's authorities and control of the Department.***

DoD's Implementation

DELIVERABLES AND MILESTONES:

- The Department of Defense understands the importance of providing our wounded, ill and injured with the best services to aid in their recovery, rehabilitation and reintegration. The Warrior Care Policy Office will continue to focus its mission on the Wounded, Ill and Injured headed by a Deputy Assistant Secretary. On June 5, 2012, the Department of Defense aligned the Office of Warrior Care Policy, led by a Deputy Assistant Secretary, under the Assistant Secretary of Defense for Health Affairs, within the Office of the Under Secretary of Defense for Personnel and Readiness.

Status: Closed

6. After two visits to Marine Corps Air Ground Combat Center (MCAGCC) Twentynine Palms, the RWTF found both medical and non-medical resources available to RWs are not sufficient. The Navy and Marine Corps should provide MCAGCC the needed resources on station to meet the medical and non-medical requirements of RWs assigned to MCAGCC.

DoD's Evaluation

- ***DoD concurs that all Warrior Transition Units should have sufficient medical and nonmedical resources available to Wounded Warriors. The forthcoming implementation plan will address specific steps being taken by the Department of the Navy at the Marine Corps Air Ground Combat Center Twentynine Palms.***

DoD's Implementation

DELIVERABLES AND MILESTONES:

- ✓ The Navy Bureau of Medicine (BUMED) believes MCAGCC is appropriately staffed to meet both the medical and non-medical needs of Recovering Warriors at Twentynine Palms and continuously monitors the ratio of Case Managers (CM) to Service members throughout Navy Medicine Enterprise. As of May 2013, there are 8 CMs assigned to support Recovering Service members (RSM) at Twentynine Palms with 2 directly supporting the Wounded Warrior population. Additionally, there is one Physical Evaluation Board Liaison Officers (PEBLO) and one PEBLO administrative assistant assigned to support the RSMs enrolled in the IDES. The Wounded Warrior Battalion (WWB) has 26 assigned RSMs and there are an additional 140 unassigned RSMs. If additional staffing is needed, the Head of Healthcare Operations has the ability to expand CM staff.

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- ✓ The Department acknowledges that resources should be commensurate with need. In determining resources, not all Marines (Recovering Warriors) on limited duty have conditions so severe that they will be referred into the IDES. Resources are continually evaluated in order to provide the best services. One non-medical area identified by the Marines was the need for a Vocational, Rehabilitation and Education (VR&E) counselor at the installation. The Wounded Warrior Regiment worked diligently with the VA (as the hiring agent) to place a VR&E counselor at MCAGCC Twentynine Palms on June 3, 2013.

Status: Closed

7. Extend Transitional Medical Program (TAMP) benefits to one-year post deployment for Reserve Component (RC) in order to promote access to care for late arising diagnoses.

DoD's Evaluation

- *The DoD is doing further evaluation to carefully consider all implications of this recommendation.*

DoD's Implementation

DELIVERABLES AND MILESTONES:

- ✓ DoD does not believe that extension of Transition Assistance Management Program (TAMP) benefits to one-year for RC is necessary because the Transitional Care for Service-Related Conditions (TCSRC) program provides RC Service members with access to care for late arising diagnoses. The TCSRC Program was implemented by the Department, per §1637, NDAA FY 2008 (P.L. 110-181), providing a mechanism for treatment of a previously untreated "medical condition relating to service on active duty" that is identified during TAMP. The law limits this benefit to a condition which can be resolved within 180 days as determined by a DoD physician. TCSRC is an appropriate vehicle to meet the RWTF stated outcome for conditions first identified during the current 180 day TAMP period and DoD will continue to encourage use of TCSRC.
- ✓ DoD conducts frequent content reviews of various web sites. The TAMP information page of the TRICARE web site was updated on June 3, 2013 to promote awareness of the TCSRC benefit.

Status: Closed

8. DoD must ensure 100 percent of DoD behavioral health providers receive training in evidence based PTSD treatment and all primary care providers receive training in identification of PTSD.

DoD's Evaluation

- *The DoD is doing further evaluation to carefully consider all implications of this recommendation.*

DoD's Implementation

DELIVERABLES AND MILESTONES:

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- ✓ DoD continues to provide evidenced-based PTSD training to behavioral health and primary care providers engaged in PTSD treatment. The Department believes it is not necessary to train behavioral health providers who are not engaged in PTSD treatment.
 - ✓ DoD has provided the Services with the following two memoranda as guidance for evidenced-based PTSD training:
 - (1) "Guidance for Mental Health Provider Training for the Treatment of Post-Traumatic Stress Disorder and Acute Stress Disorder," dated Dec 13, 2010, and
 - (2) "Clinical Policy Guidance for Assessment and Treatment of Post-Traumatic Stress Disorder," dated Aug 24, 2012.
 - ✓ In 2007, the Center for Deployment Psychology (CDP) began providing training in evidence-based psychotherapies (EBP) for DoD providers that includes two evidence based treatments for PTSD (Prolonged Exposure Therapy and Cognitive-Processing Therapy). Furthermore, since 2011, the VA / DoD Integrated Mental Health Strategy #9, "Training in Evidence-Based Psychotherapy," with CDP as the DoD training arm, has trained more than 2,600 DoD providers in EBPs for PTSD.
 - ✓ All Primary Care Providers (PCPs) have access to an evidence-based PTSD screening form that lists potential courses of action and access to evidence-based treatment clinical practice guidelines for PTSD.
 - As part of the Fiscal Year 13-15 Joint Strategic Plan Objectives, the DoD-VA Psychological Health/Traumatic Brain Injury Work Group (PH/TBI WG) will provide training and consultation in EBPs for PTSD to 600 providers by September 30, 2013, with a target of providing training and consultation in PTSD, depression, and other PH conditions to an additional 1,000 staff by September 30, 2014.
 - The draft DoD Instruction (DoDI 6490.ss), "Integration of Behavioral Health Personnel Services Into Patient-Centered Medical Home Primary Care and Other Primary Care Service Settings," will require Primary Care Managers (PCMs) to screen for PTSD on at least an annual basis, consistent with VA-DoD Clinical Practice Guidelines. Publication is anticipated during August 2013.
-

9. DoD should audit military treatment records for RW with diagnoses of PTSD to assess completion rates of evidence based PTSD treatment and incorporate lessons learned into clinical practice guidelines.

DoD's Evaluation

- ***The DoD is doing further evaluation to carefully consider all implications of this recommendation.***

DoD's Implementation

DELIVERABLES AND MILESTONES:

- ✓ DoD has procedures in place to audit Active Duty military treatment records in the Direct Care system (Military Treatment Facilities) through the TRICARE Management Activity's Military Health System Clinical Quality Management Support Contract. The contract provides a mechanism to audit a representative sample of Direct Care military

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treatment records to assess completion rates of evidence-based PTSD treatment. DoD will begin an initial audit of records to confirm use of evidence-based protocols for PTSD treatment in the Direct Care system during August 2013 with a target completion of April 2014.

- ✓ It is not possible to audit treatment records of providers in the Purchased Care (civilian) system.

10. The Services should adopt a common comprehensive plan (CRP, Comprehensive Transition Plan (CTP), etc.) format for recovery and transition.

DoD's Evaluation

- ***DoD concurs. The Integrated Care Coordination Committee is currently working on the development of a single, common plan used by the care team, Service member, Veteran, and family.***

DoD's Implementation

DELIVERABLES AND MILESTONES:

- The IC3 is currently working on the development of a single, interagency comprehensive plan that is used by and is visible to the patient, family, and care management team. It will produce a common operational picture of the Service member or veteran's status and needs along the continuum of care and will display all relevant information associated with the delivery of care, benefits, and services.
- The Joint Executive Committee (JEC) approved Joint Incentive funds in January 2013 for use in creating an electronic interagency comprehensive plan, to be used by both DoD and VA. The DoD-VA Lead Coordinator Checklist serves as the initial framework for the interagency comprehensive plan. VA continues work to draw VA case management/care coordination staff into the VA Federal Case Management Tracker (FCMT) system. The Services have agreed to support a "proof of concept" of a common platform as a single solution for the Services. Both DoD and VA would use the same platform and same data elements but with separate hosting. The Air Force has agreed to evaluate this tool in San Antonio and the results will inform the way ahead for the remaining Services. Development of the requirements for the electronic interagency comprehensive plan and data standardization between the Services and the Departments is underway. Timeline for procurement, development, and implementation of the interagency comprehensive plan is estimated at 18-24 months (by June of 2015).

11. The Navy, Air Force, and Marine Corps should ensure that RWs and families can access their Comprehensive Recovery Plan (CRP) and have ability for written comment on information in the CRP. There must be a feedback loop to ensure that the RCC is responsive to RW and family member input and that the CRP is used as a tool to facilitate dialogue.

DoD's Evaluation

- ***DoD partially concurs. DoD understands that families' involvement in a Wounded Warrior's treatment is important in their recovery. The Integrated Care Coordination Committee is developing a standardized plan and is exploring enhanced access, feedback and comment improvements within that plan.***

DoD's Implementation

DELIVERABLES AND MILESTONES:

- The IC3 is currently working on the development of a single, comprehensive interagency plan, shared by both Departments, that is used by and is visible to the patient, family, and care management team.
 - This product will be an electronic, interactive Interagency Comprehensive Plan and the initial framework is currently being used by lead coordinators. Requirements development and data standardization between the Services and the Departments are underway. Timeline for procurement, development, and implementation of the interagency comprehensive plan is estimated at 18-24 months (by June 2015).
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Restoring into Society

12. DoD should adopt a new definition of WII Category (CAT) 2 as below: WII Service members of every Service should be designated as CAT 2 if they meet any of the following four criteria: identified as seriously ill/injured (SI) or very seriously ill/injured (VSI) on a casualty list; referred to IDES for PTSD and/or TBI; RC retained for more than six months on medical Title 10 orders; RC returned to Title 10 orders for medical conditions related to deployment.

DoD's Evaluation

- ***DoD nonconcur and will address the rationale for maintaining the current designation criteria in the forthcoming implementation plan.***

DoD's Implementation

DELIVERABLES AND MILESTONES:

- ✓ Currently, recovering Service members are assigned an RCC if they are in a Wounded Warrior Program and designated as Category 2 or Category 3. As of April 2013, the Services report 12,376 RSMs in Wounded Warrior Programs and 100% of them have RCCs.
- ✓ Currently, the Army has approximately 16,000 Soldiers in IDES who are not assigned to a WTU and remain in their units. In most cases, these Soldiers are able to continue working in their units up until the time they are separated because their conditions do not

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require case management beyond what is available to them through the military treatment facilities.

- ✓ Additionally, it is possible that Service members who are initially diagnosed as VSI or SI may be able to recover quickly and return to full duty, sometimes in less than two weeks. While all members listed as SI or VSI (to include those diagnosed with TBI or PTSD) are screened for DES referral, in most cases only those with long-term issues are enrolled and will receive care coordination as mandated by the NDAA and in accordance with Service programs.

Status: Closed

13. All RW squad leaders, platoon sergeants, fleet liaisons, Navy Safe Harbor NMCMs, Army Wounded Warrior (AW2) advocates, section leaders, and AFW2 NMCMs should attend the joint DoD RCC training course.

DoD's Evaluation

- ***DoD partially concurs. Recovery Care Coordinators (RCCs) perform the important functions outlined in National Defense Authorization Act of 2008. DoD is committed to training the people who perform in these roles across the Services, regardless of whether they hold the title of "RCC".***

DoD's Implementation

DELIVERABLES AND MILESTONES:

- ✓ DoD conducts a joint RCC training course on a quarterly basis and to-date has trained 524 RCCs, Army AW2 advocates, Air Force AFW2 non-medical care managers, Navy Safe Harbor non-medical care managers, and section leaders.
 - It is DoD's intent to train all WWP support staff that fulfills a RCC, NMCM, or Advocate role via the quarterly RCC training course.
 - WTU squad leaders and platoon sergeants, who do not function in the role of an RCC, NMCM or Advocate, do not require full RCC training but would benefit from a condensed joint training curriculum. This training includes material from the DoD RCC training course as well as Service-specific wounded warrior program trainings.
 - WCP collaborated with the Warrior Transition Command (WTC) to identify the training needs of those squad leaders and platoon sergeants who do not function in the role of a RCC and do not require the full training compliment. As a result, DoD, Army WTC, and the Army Medical Department Center and Army Medical Department School are partnering on the development of training modules designed to provide awareness training of critical RW resources, benefits, and transition programs.
 - DoD is in the early stages of developing 12 of the 22 available lessons from the DoD RCC training curriculum into e-learning modules for distance learning with a phased implementation goal of July 2014. Distance learning will make these lessons available to the broader range of personnel, such as squad leaders and platoon sergeants, at an economical cost.
-

14. The Service should provide support to family members/caregivers without requiring RW permission. Support should include a needs assessment, counseling, information, referrals, vocational guidance, financial guidance/assistance, and other resources as needed. HIPAA and Privacy Act should not interfere with support to family members/caregivers.

DoD's Evaluation

- ***DoD concurs. The implementation plan will outline how we intend to respect the rights of the Wounded Warrior as well as ensure that both DoD identification (ID) card holding (and those supporting Wounded Warriors who do not have DoD ID cards) can gain access to important support.***

DoD's Implementation

DELIVERABLES AND MILESTONES:

- ✓ The Services are providing support to family members/caregivers as outlined below. The recovering Service members agree to share relevant information with a family member, caregiver, or a close friend consistent with the Health Insurance Portability and Accountability Act (HIPAA) or Privacy Act rules.
- ✓ Navy Safe Harbor's (NSH) standard practice is to work with the returning warriors and their families to identify their needs as soon as possible. NSH assigns Non-Medical Care Managers (NMCs) who communicate directly with RSMs, families, and caregivers about non-medical matters that arise during care management. NMCs assist with oversight of RSMs' welfare and quality of life, and help them resolve financial, administrative, personnel, transition, and other problems that arise during recovery, rehabilitation, and reintegration. When notified of an inbound RSM, NMCs arrange for the immediate needs of the family or caregiver. These may include coordinating with partner organizations to help facilitate travel, installation access, lodging, and childcare. Within NSH, the Family Programs Coordinator and NMCs ensure that RSMs' families and caregiver needs are identified and addressed. NSH provides non-medical assistance to families and designated caregivers because a Service members' successful recovery, reintegration, and rehabilitation is often related to the level of support families and caregivers are able to provide. The Family Programs Coordinator and NMCs work with enrollees' families and caregivers to help identify their needs, provide them with information and referrals, and assist them in gaining access to existing resources. NMCs help families and caregivers find resources to maintain or improve their welfare and quality of life as their ongoing needs are identified. NMCs routinely assess the changing needs of the RSM, families, and caregivers to ensure RSMs, families, and caregivers get necessary or valuable non-medical support. NMCs also provide information and referrals to help families and caregivers access advice and education services such as personal financial management, spouse employment, respite care, and childcare (e.g., Fleet and Family Support Program (FFSP), CDCs, Families Overcoming Under Stress (FOCUS), Work and Family Life Consultants, Military OneSource, NMCRS Visiting Nurse Program).
- ✓ Marine Corps Wounded Warrior Regiment (WWR) contacts family members/caregivers, providing multiple support services tailored to the Marine's and family members needs following a comprehensive assessment. These support services include counseling (behavioral health, family, health and wellness, financial management), mentorship programs, employment and career planning (vocational guidance), recreation and

relaxation, and housing. Because communication is essential to delivery and sustained usage of support services by eligible family members and caregivers, the WWR executes a continual outreach program where staff (Recovery Care Coordinators, family support staff, military staff, and non-medical care managers) continually make family members and caregivers aware of various support mechanisms and how to gain access.

Additionally, to ensure we are providing services commensurate with need, WWR regularly conducts opportunities for families and caregivers to provide feedback, such as standing town hall meetings, family days, and briefings. WWR Family Support Program Survey (October 2012) indicated that 93% of respondents are satisfied with both the level of contact with their Family Readiness Officer/Family Support Coordinator and with their ability to provide referrals and or information.

- ✓ The Army understands that our Recovering Warriors' health and healing improve with their Families and caregivers active involvement in their care. Army provides support, counseling, information, referrals, vocational guidance, financial management/assistance, and other resources to our Families and caregivers. Army structure enables our Families and caregivers to have contact with Social Workers, Social Services, Nurse Case Managers, and Primary Care Managers on a regular / ongoing basis. They provide referrals to appropriate types of counseling services for Families in crisis, to individual therapies, and provide specific referrals to help children. Army providers will establish referrals into such programs as they advocate for the Family's needs. Army structure also includes Soldier Family Assistance Centers which are specially designed to assist Families. They offer numerous services such as financial counseling, life skills development, child care, and legal services. In addition, they offer education assistance and vocational assessment to help Families develop skill sets to support their futures. Warrior Transition Command (WTC) includes and educates the families as soon as possible to ensure maximum involvement of families. All WTUs and Community-Based Warrior Transition Units (CBWTUs) provide Family orientation that includes location-specific information, familiarization with the Comprehensive Transition Plan (CTP) and the Integrated Disability Evaluation System (IDES), and orientation / training on any requirements that they need to complete.
- ✓ The Air Force Recovery Care Coordinators conduct a needs assessment for the Airman and their families/caregivers in 17 different categories of needs to ensure coverage of as many areas as possible including employment, education and finance. Non-medical and a variety of other referral assistance are provided by the Airman and Family Readiness Center (A&FRC) located on each installation. The A&FRC conducts one-on-one consultation with the family representative for financial assessment and personal issue counseling. They also provide programs to the Airman and family including employment assistance, personal financial readiness services, and life education services.

Status: Closed

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15. Each Service should clearly identify a readily available, principal point of contact for the RW in every phase of recovery. Initial and ongoing contact with the family caregiver is the responsibility of this individual. Provide this individual the requisite tools and equipment to help meet the family's/caregiver's needs.

DoD's Evaluation

- ***DoD concurs.***

DoD's Implementation

DELIVERABLES AND MILESTONES:

- The IC3 has developed a lead coordinator concept that provides a single point of contact for Service members, Veterans and their families at each stage of recovery.
- DoD tested the feasibility of implementing a lead coordinator as the principal point of contact for the RW in every phase of recovery at three locations: Walter Reed National Military Medical Center and the VA medical centers in Richmond, VA and Washington, DC. This initial evaluation period began April 23, 2013 and the concept is being deployed at additional locations in Texas, including San Antonio, Dallas and other VA sites in the Veterans Integrated Service Network 17 area.
- A lead coordinator checklist is being utilized to identify key milestones to ensure that the Service member or Veteran receives the appropriate care, services, and benefits at the right time. This checklist serves as the initial framework for the future electronic interagency comprehensive care and recovery plan. This interagency comprehensive plan (ICP), to be shared by both Departments and managed by the lead coordinator, will guide the Service Member, Veteran, and their families through the various transitions of recovery and rehabilitation while allowing the different supporting programs to access relevant information to optimize care, benefits, and services. The ICP is expected to be deployed in 18-24 months (by May 2015).

16. Upon RW entrance into the IDES, the Services should educate family members/caregivers on potential benefit changes upon separation, the VA Caregiver Program, VA Vet Centers, and other federal/state resources for which families may be eligible. The Services should use social media, apps, fact sheets, pamphlets, videos, or other communication devices, or other communication tools to educate family members on these topics.

DoD's Evaluation

- ***DoD concurs.***

DoD's Implementation

DELIVERABLES AND MILESTONES:

- DoD will incorporate recommendations 16 and 17 into IDES stakeholder training standards by May 2014 and will be incorporated as part of an overarching QA program. The Office of Warrior Care Policy (WCP) has developed a number of communications tools (i.e., WCP blog, social media (Facebook/twitter), updated a WCP fact sheet, an installation specific outreach plan, and NRD widget) to increase the information available to RW, family members and caregivers on available resources and benefits. These

information tools are being incorporated into the initial IDES in-brief for all Service members, family, and caregivers.

- ✓ Additionally the Military Departments are currently taking the following steps to ensure Service members, family and caregivers are informed of benefit changes upon separation:
 - Navy provides Transition services information to service members during PEBLO counseling and Transition Assistance Program (TAP) classes. Contact information to all applicable VA programs is provided in order for service members to receive information directly from Subject Matter Experts. Navy Bureau of Medicine and Surgery (BUMED) continues to standardize all applicable transition programs.
 - Marine Corps Wounded Warrior Regiment (WWR) regularly educates Marines and families on post-separation benefits in a one-on-one setting and via electronic, print and social media.
 - The Army refers all Soldiers entering IDES to pre-separation counseling which includes a VA Benefits orientation and a disability workshop. This referral during initial PEBLO Counseling is documented on the MEB/PEB Checklist (DA 5893). Soldiers in the DES are given priority for all mandatory and desired transition activities. Soldiers meet with the VA Military Service Coordinator (MSC) for prospective VA Benefits information. All Soldiers are provided a hard copy guide book on IDES along with information on how to download both an electronic version of the document and a smartphone app (also available to families and caregivers).
 - Air Force MTFs ensure family members/caregivers are educated on potential DoD medical benefit changes upon RW separation. Air Force non-medical care managers and Recovery Care Coordinators advise the RW and family members/caregiver of potential benefit changes based on their individual circumstances including the VA Caregiver Program and assist them in connecting with Vet Centers and other federal/state resources based on needs and eligibility. VA Reps, at or near the Airmen and Family Readiness Centers, provide briefings on VA benefits and services available post transition.

Optimizing Ability

17. The Services should require that, upon RW entry into IDES, PEBLOS brief families/caregivers enrolled in the Exceptional Family Member Program (EFMP) on the potential loss of TRICARE Extended Care Health Option (ECHO) benefits upon completion of IDES if discharged

DoD's Evaluation

- ***DoD concurs.***

DoD's Implementation

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DELIVERABLES AND MILESTONES:

- ✓ Currently all Services ensure Service members enrolled in the EFMP are referred to a TRICARE Benefits Counselor who is able to provide specific information pertaining to the service member's situation.
 - DoD is updating DoD training standards and learning objectives and these will be included in a guidebook of consolidated training for IDES stakeholders by May 2014. DoD advises families and caregivers, when applicable, to contact TRICARE for detailed information concerning their benefits.
-

18. The Services should seek every opportunity to unify family members/caregivers and RWs. It is important to preserve family dynamics and keep family members engaged in the recovery process.

DoD's Evaluation

- ***DoD concurs. DoD understands the term "unify" to mean that Services should make every attempt to keep families together during the IDES process.***

DoD's Implementation

DELIVERABLES AND MILESTONES:

- ✓ DoD recognizes the importance of preserving family dynamics and providing opportunities for family members to remain engaged in the Service member's recovery process. If the Service member is being treated at a location away from home, then family or designated individuals (care givers) may choose to travel at government expense to be with them during treatment to support them in their recovery. The Services issue Invitational Travel Authorizations (ITAs), Invitational Travel Orders (ITOs), or Emergency Family Member Travel (EFMT) orders for up to three immediate family members or a designated individual caregiver. When the Service member becomes an outpatient, the Services' local finance office can provide one family member with orders to remain with them during recovery.

Status: Closed

19. WCP should rename the NRD to reflect its target audience. Market the newly named portal with a goal to more than double the usage.

DoD's Evaluation

- ***DoD nonconcurr. DoD is committed to maximizing the usage of this important resource but is not convinced that changing the name will increase the usage of the National Resource Directory.***

DoD's Implementation:

DELIVERABLES AND MILESTONES:

- The National Resource Directory is well-established, well-coordinated, and endorsed by DoD, VA, and the Department of Labor. DoD has taken a number of steps to increase the awareness and usage of the NRD amongst RW, their families and caregivers:

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- DoD is pursuing stakeholder engagement with key impact organizations and service-level programs, starting with the Army. NRD team has engaged Soldier for Life, Army Career Alumni Program (ACAP), Fort Family Outreach & Support and Army Community Covenant leaders to pursue greater integration of NRD into the local community networks, supporting active-duty Soldier and family awareness as well as transition policy, including Veteran, recovering Service members and their families and caregivers.
- ✓ DoD designed an NRD Impact Plan to streamline operations and efficiently organize decision making processes. This Plan defined stakeholder groups that will yield institutional support and facilitate subject-matter expertise driven modifications to the site and to standard operating processes.
- ✓ DoD also established a State VA Communications Plan to consolidate efforts to reach out to state-level governments and work with military departments to assess and reduce gaps in content and platform interaction.
- ✓ NRD commercials began appearing on National Capital Region (NCR) InfoNet kiosks in December 2012 and March 2013 and will continue.
- ✓ DoD began utilizing GovDelivery features on March 14, 2013 to share resources directly with over 80,000 subscribers through the NRD partners.
- ✓ DoD began implementing a national campaign on April 9, 2013 to have the NRD widgets loaded onto state and federal Veterans organizations web sites.
- ✓ DoD reinstated a Social Network Plan utilizing Facebook on April 23, 2013 and Twitter on April 25, 2013.
- DoD is currently collaborating with VA's eBenefits team to share data and provide improved support to Service members, their families and Veterans.

20. The Services should specify the RW program relationships with installation level family support centers and sufficiently resource Soldier and Family Assistance Centers (SFACs), Navy Fleet and Family Support Centers, Air Force Airman and Family Readiness Center (A&FRCs), and Marine Corps Community Services (MCCS) family assistance facilities to effectively meet the needs of RWs and their families. Each family assistance center (FAC) should identify personnel responsible for meeting the needs of the RW community.

DoD's Evaluation

- ***DoD concurs.***

DoD's Implementation

DELIVERABLES AND MILESTONES:

- ✓ The Services agree that family support centers play an important part in providing support to RWs and their families and each Service is committed to providing necessary personnel and resources, consistent with budgetary constraints.
- ✓ Army Family support services are provided to RWs through the Soldier and Family Assistance Centers (SFACs), which are co-located with Warrior Transition Units (WTUs). Recovering Warriors and their Families have higher priority for appointments

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at family support centers and satisfaction with / utilization of Army Community Service (ACS) Centers and Morale Welfare and Recreation (MWR) programs is high. The FY13 manpower review validated current and projected staffing levels at SFAC locations and appropriate staffing will be programmed in the Army budget.

- ✓ Navy Fleet and Family Service Centers (FFSCs) are now more closely linked to Navy Safe Harbor following realignment under Commander, Navy Installations Command (CNIC) increasing synergy and effective communication. The Navy Safe Harbor Regional Directors develop and maintain an organizational relationship with the FFSCs in their respective regions, and the non-medical care managers refer their RWs to the FFSCs for services. Navy Reserve members and families are also supported by all RWTF recommended items.
- ✓ The Marine Corps is updating policy to reflect the special relationship between Marine Corps Community Services (MCCS) programs and the Wounded Warrior Regiment (WWR) programs in order to increase recovering warrior and family member awareness and use of existing installation services for wounded, ill, and injured (WII) Marines.
- ✓ The Air Force relationship between Airmen and Family Readiness Centers and the Air Force Wounded Warrior has been identified as a BEST PRACTICE by the RWTF. Air Force Instruction (AFI 36-2009) codifies the program relationship and connects recovering airmen with the services available through the Airmen and Family Readiness Center. Air Force is committed to resourcing these programs at the appropriate level necessary to meet the mission within the current budget constraints.

Status: Closed

21. The Service should establish centralized case management for RC RWs on Title 10 orders. The size of the centralized staff, and the qualifications and training, must comply with staffing ratios and other criteria set forth in DoDI 1300.24 and DTM 08-033. The centralized program must be sufficiently robust that it can meet surges in demand.

DoD's Evaluation

- ***DoD concurs.***

DoD's Implementation

DELIVERABLES AND MILESTONES:

- ✓ Centralized case management exists for RC RWs on Title 10 orders and also for RC RW who are receiving line of duty (LOD) care through the Supplemental Health Care Program (Military Medical Support Office) to ensure they get the proper care they need and deserve. DoD verifies that the Services are in compliance with staffing ratios via analysis of their monthly caseload reports.
- ✓ Army: RC Soldiers who are assigned to a Warrior Transition Command (WTU) or a Community-Based Warrior Transition Unit (CBWTU) receive case management through those units. Army Reserve (USAR) and the Army National Guard (ARNG) ensure that Soldiers not in a transition unit or not on active duty are receiving the case management services that they require. The USAR takes care of Soldiers not on active duty through the Regional Support Commands (RSCs) in conjunction with the Soldier's unit, primarily

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through the Incapacitation Pay (INCAP) program. The USAR is also actively pursuing a program similar to the ARNG program; the Reserve Component Management Care - Mobilize/Training (RCMC-M/T) that will allow them to actively manage the care of wounded Soldiers who would not qualify for a WTU, but have a LOD condition that could be resolved in 179 days or less.

- ✓ Navy: Navy Reserve has implemented centralized case management of RC RWs on Title 10 orders, assigning them to Medical Hold status. This retains RC personnel on orders for a period greater than 30 days beyond the expiration of their existing active duty orders so they can obtain medical treatment for an injury, illness, or disease incurred or aggravated on active duty. Navy Safe Harbor has liaison staff at Navy Personnel Command to refer potential RC RWs and the Regional Directors near Navy Mobilization Processing Sites have established outreach programs to further identify potential RC RWs. Medical Hold units with Case Managers (CM) are located in San Diego, California at Naval Medical Center, West, and Portsmouth, Virginia at Naval Medical, East. CM staffing is based upon number of RC RWs attached to each of the units. As of June 2013, one CM is assigned to each RC Navy Fleet Forces and WWR Reserve Unit.
- ✓ Air Force: The Air Force provides case management services for RC RW on Title 10 orders through RCC, AFW2 and Medical Case Manager programs. The recently established Air Reserve Component Case Management Division assists with special circumstances and rules governing the Reserve Component; expediting medical continuation orders, identifying cases for referral, Title 10 orders status, and working alongside the medical branch and Warrior and Survivor Care Division to meet the needs of wounded, ill and injured Airmen.

Status: Closed

22. DoD must establish policies that allow for the rapid issuance of Title 10 orders to RC RWs who have sustained line of duty injuries/illnesses. Delays in Title 10 orders have resulted in the interim use of Incapacitation (INCAP) pay. DoD should define specific criteria for the appropriate use of INCAP pay that will be consistent across all Services.

DoD's Evaluation

- ***DoD concurs.***

DoD's Implementation

DELIVERABLES AND MILESTONES:

- DoD Instruction 1241.2, "Reserve Component Incapacitation System Management", May 30, 2001, and DoD Directive 1241.01, "Reserve Component Medical Care and Incapacitation Pay for Line of Duty Conditions", February 28, 2004 (certified current as of April 23, 2007), are being consolidated into a single issuance. The new issuance is expected to be published by December 2013.
- This revised issuance will provide policy regarding authority of the Military Departments to retain Reserve Component (RC) members with LOD injuries or illnesses on active orders until the member is fit for duty, or the condition cannot be materially improved with continued treatment and the member has received a final disposition from the IDES.

23. The Army WTC should include out-processing with the RC Service member's home unit as part of the checklist for leaving Title 10 status.

DoD's Evaluation

- ***DoD concurs.***

DoD (Army) Implementation

DELIVERABLES AND MILESTONES:

- ✓ WTC's current Out-Processing Checklist already contains a reference to Reserve Liaison and they will add the requirement to contact the Soldier's specific RC unit prior to separation/transition from a WTU/CBWTU. The checklist will also require contact with local ARNG case managers of those who will be released from Active duty.
- ✓ Following the publication of the recent RWTF FY12 Report, the WTC refined the Out-Processing Checklist to capture and maintain communication with the receiving unit point-of-contact (e.g., unit, name, and contact information).
- ✓ The following actions have been implemented to provide the greatest opportunity for a successful transition from a WTU/CBWTU to the Soldier's RC unit:
 - Human Resources Command (HRC) maintains the responsibility to provide official notification and to issue orders when a WTU Soldier has been medically cleared to return to duty. HRC will generate a Release From Active Duty (REFRAD) Authorization Memorandum to the WTU and Transition Center to return the Soldier to the unit of record. The Transition Center will publish the REFRAD orders.
- ✓ WTU leadership will communicate with RC Company leadership via either Digital Training Management System (DTMS) or telephonically prior to a WTU Soldier's separation/transition from a WTU/CBWTU.
 - Soldiers maintain the responsibility to maintain contact with their parent RC unit throughout their attachment to a WTU/CBWTU.

24. DoD should publish interim guidance to implement NDAA 2012, Section 551.

DoD's Evaluation

- ***DoD concurs. A Directive Type-Memorandum, "Implementation of Mandatory Transition Assistance Program Participation for Eligible Service Members" was published November 21, 2012.***

DoD's Implementation

DELIVERABLES AND MILESTONES:

- DoD Instruction 1332.35 on "Transition Assistance for Military Personnel" is in formal coordination and the anticipated date of publication is December 2013.
-

25. DoD and VA should expand their existing memorandum of understanding (MOU), in accordance with Section 1631 of the Wounded Warrior Act, so that all RWs receive Vocational Rehabilitation and Employment (VR&E) counseling upon entering the IDES process, which allows pre-DD214 access to the VA program, set to expire in December 2012. DoD should issue policy to encourage Service member participation in VR&E.

DoD's Evaluation

- ***DoD concurs.***

DoD's Implementation

DELIVERABLES AND MILESTONES:

- ✓ DoD Instruction 1300.25, "Guidance for the Education and Employment Initiative (E2I) and Operation Warfighter (OWF)", published March 25, 2013, guides Service member opportunities to receive earlier access to counseling.
 - ✓ The Department agrees and is coordinating with the VA to provide Vocational Rehabilitation and Employment (VR&E) services at the earliest opportunity to Active Duty Service members (including National Guard and Reserve members on active duty orders). Service members assigned to the Services' wounded warrior programs who are participating in the Education and Employment Initiative (E2I) are provided an opportunity to receive earlier access to VR&E counseling. E2I operates in six regions and will expand to other locations in FY2013, ultimately reaching 25 locations. Additionally, Service members being processed through the Integrated Disability Evaluation System (IDES) who are being referred to a Physical Evaluation Board to determine their fitness for continued military service are also referred to a VA VR&E counselor. Currently, VA is in the process of hiring additional VR&E counselors and working with the Services to provide physical space and access to Service members. The Military Departments and VA have identified 47 bases to support 111 VR&E counselors during FY2013.
 - ✓ DoD and VA are collaboratively working to provide VR&E counseling to Service members transitioning through the IDES by placing VR&E counselors at Military installations. As of June 7, 2013, VA has hired 135 of 200 required VR&E counselors and has hiring actions pending for 34 more.
 - DoD Instruction on Vocational, Rehabilitation & Employment (VR&E) counseling for Service members transitioning through IDES is being written in conjunction with VA and publication is targeted for February 2014.
-

26. DoD should update DoD Directive (DoDD) 1332.35 and DoDI 1332.36 to include the following: incorporate the changes legislated by the VOW to Hire Heroes Act of 2011; Ensure all RWs receive comprehensive information so that they can make informed decisions about accessing transition assistance opportunities; establish early referral (PEBLO checklist item) for the RW and his or her family member and/or caregiver to meet with the transition assistance program manager.

DoD's Evaluation

- ***DoD concurs. A Directive Type-Memorandum was published November 21, 2012 updating policy on the Transition Assistance Program (TAP) that includes changes mandated in law and changes to policy as a result of the recommendations from the Department of Defense and Department of Veterans Affairs Employment Initiative Task Force.***
- ***Information about TAP and the recent changes to it are briefed as part of the DoD Recovery Coordination Training given to all Recovery Care Coordinators (RCCs) who provide care coordination to wounded, ill, and injured recovering Service members. These recovering Service members are eligible for participation in the Recovery Coordination Program's Education and Employment Initiative and are also mandated to participate in TAP. The RCC, transition counselors, and others are able to provide comprehensive information and guidance in order to assist in appropriate decision making regarding transition.***

DoD's Implementation

DELIVERABLES AND MILESTONES:

- ✓ DoD concurs with this recommendation. Directive-Type Memorandum 12-007, "Implementation of Mandatory Transition Assistance Program Participation for Eligible Service Members", was published November 21, 2012, as part of the Transition Assistance Program (TAP). This DTM includes changes mandated in law and changes to policy as a result of the recommendations from the DoD and VA Employment Initiative Task Force.
 - ✓ Information about TAP and the recent changes are briefed as part of the DoD Recovery Coordination Training given to all Recovery Care Coordinators (RCCs) who provide care coordination to wounded, ill and injured Service members. These recovering Service members are eligible for participation in the Recovery Coordination Program's Education and Employment Initiative and are also mandated to participate in TAP. The RCC, transition counselors, and others are able to provide comprehensive information and guidance in order to assist in appropriate decision making regarding transition.
 - DoD Instruction 1332.35, "Transition Assistance for Military Personnel", consolidates both 1332.35 and 1332.36 into a single issuance. The new instruction should be published by October 2013.
-

Enabling a Better Future

27. Congressional action is required to establish the Deputy Secretaries of DoD and VA co-chairs of the JEC.

DoD's Evaluation

- ***DoD nonconcur. DoD believes the current Joint Executive Committee Charter adequately addresses the leadership requirements to oversee and supports joint activities, initiatives and wounded, ill and injured issues.***

DoD's Implementation

DELIVERABLES AND MILESTONES:

- ✓ The Department believes the current Joint Executive Committee charter adequately addresses the leadership requirements to oversee and support joint activities, initiatives and wounded, ill and injured issues.

Status: Closed

28. DoD should continue to evaluate processes to ensure only those RWs likely to separate enter the IDES process.

DoD's Evaluation

- ***DoD concurs.***

DoD's Implementation

DELIVERABLES AND MILESTONES:

- ✓ DoD continues to emphasize existing policy for referral into the IDES to the Military Departments. The Office of Warrior Care Policy monitors Return-to-Duty (RTD) rates as a benchmark for inappropriate IDES referrals. An outcome of this performance monitoring has been a gradual decline in RTD rates overall (1% decline over the past 12 months). In June 2013, RTD rates represented the smallest proportion (7%) of DoD IDES case dispositions. WCP provides bi-monthly briefs on this matter to the Disability Improvement Working Group and monitors the Military Department's RTD rates twice monthly through IDES performance reporting.

Status: Closed

29. DoD should create individual electronic records of all IDES information and establish common standards for storage and retention of these records.

DoD's Evaluation

- ***DoD concurs. In collaboration with the VA, DoD is developing a mechanism to provide access to individual electronic health records to support the IDES process. This is envisioned to be accomplished via Armed Forces Health Longitudinal Technology***

Application/Healthcare Artifact and Image Management Solution (HAIMS). IDES records created can also be scanned into a potential dedicated repository and accessed via HAIMS by both DoD and VA. Office of the Assistant Secretary of Defense (Health Affairs)/TRICARE Management Activity is submitting a proposed records retention schedule that is expected to support the storage and retention of the records.

DoD's Implementation

DELIVERABLES AND MILESTONES:

- The Department believes Healthcare Artifacts Information Management Solution (HAIMS) is (or will be) the solution for storage and retention of the Service Treatment Record (STR) portion of the IDES records. HAIMS is being evaluated at some installations and is expected to be widely available in the fall of 2013.
-

30. WCP should utilize survey results to improve the IDES program. Improvement goals should be balanced across three areas: timeliness, satisfaction (process vs. disability rating), and effectiveness.

DoD's Evaluation

- *DoD concurs. WCP has consistently provided results of DoD quarterly IDES Customer Satisfaction Surveys to the Military Departments. These surveys are scheduled and funded to resume in January 2013 and we will again begin analysis and reporting in the following quarter. Additionally, DoD is revising IDES surveys to better discriminate among Service members' experiences and increase their usefulness as management tools for identifying areas for improvement. Furthermore, DoD will change survey administration procedures to increase participation by all IDES participants. DoD will apply probability sampling across demographic characteristics of IDES participants to reduce costs and explore additional measures of IDES satisfaction and dissatisfaction to provide a more complete picture of satisfaction and how it varies in different circumstances.*

DoD's Implementation

DELIVERABLES AND MILESTONES:

- WCP consistently provided results of the DoD quarterly IDES Customer Satisfaction Surveys to the Military Departments, until they were suspended in December 2011. These surveys are scheduled and funded, and were resumed in July 2013. We will again begin analysis and reporting in the following quarters. Additionally, DoD has revised IDES surveys to better discriminate among Service members' experiences and increase their usefulness as management tools for identifying areas for improvement. Furthermore, DoD will change survey administration procedures to increase participation by those who were previously excluded. DoD will apply probability sampling across demographic characteristics of IDES participants to reduce costs and explore additional measures of IDES satisfaction and dissatisfaction to provide a more complete picture of different circumstances.

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- DoD has revised the survey instrument based on feedback and guidance from Congress, Government Accountability Office (GAO), and Defense Manpower Data Center (DMDC). These changes will reduce survey costs and the burden on survey participants. The administration of revised surveys resumed on July 10, 2013.
-

31. Terminal leave should not be counted against IDES timeliness.

DoD's Evaluation

- ***DoD nonconcur. DoD considered excluding Terminal Leave from the Transition Phase calculation, but concluded that a complete and accurate representation of the total time required to complete IDES requires reporting all parts of the process (every stage & phase) from beginning to end, until the Service member receives VA benefits or is disenrolled.***

DoD's Implementation

DELIVERABLES AND MILESTONES:

- ✓ WCP began reporting Transition phase time, both inclusive and exclusive of terminal leave, beginning in June 2013.

Status: Closed

32. DoD should consider a joint board modeled after the Physical Disability Board of Review (PDBR) to allow joint adjudication that replaces the Service Formal Physical Evaluation Board (FPEB) with a joint FPEB. The post PEB process would remain unchanged with appeals to the Board for the Correction of Military Records (BCMR) adjudicated by the Service Secretary.

DoD's Evaluation

- ***DoD is currently studying this concept as part of the FY12 National Defense Authorization Act (NDAA), H.R.1540, Consolidation of the Disability Evaluation System.***

DoD's Implementation

DELIVERABLES AND MILESTONES:

- ✓ DoD submitted the report required by the statute on April 18, 2013. In the report DoD identified two options for further study: 1) a DoD regional medical evaluation board and centralized physical evaluation board, and 2) a DoD disability evaluation adjudication agency. Both consolidation approaches would include an independent disability board for appellate reviews. DoD will provide an interim report by December 2013 and a final report by August 2014.

Status: Closed

33. The current PEBLO staffing formula is inaccurate. DoD should develop new and more accurate PEBLO work intensity staffing models. The Services should ensure a minimum manning of two PEBLOS (of any Service) at every MEB site to prevent potential process delays due to a PEBLO being unavailable (e.g., leave).

DoD's Evaluation

- ***WCP has begun a Physical Evaluation Board Liaison Officer (PEBLO) staffing study requested by the House Armed Services Committee to evaluate appropriate resourcing throughout IDES.***

DoD's Implementation

DELIVERABLES AND MILESTONES:

- Congress directed that the on-going PEBLO study determine the adequacy of the current ratio and staffing levels. The PEBLO Interim Report addresses the current ratio based on data provided by the Military Departments as of December 2012. The Military Departments are completing a manpower study that will be used to determine the optimal PEBLO ratio necessary to meet installation-level mission requirements. The PEBLO Addendum Report will be delivered to Congress in February 2014.
-

34. The Services should ensure that 100 percent of RWs are individually contacted by an MEB outreach lawyer (in-person, phone, email, mail, etc.) upon notification to the PEBLO that a narrative summary (NARSUM) will be completed.

DoD's Evaluation

- ***DoD partially concurs. DoD will inform the Military Departments of the benefits of having a Medical Evaluation Board outreach lawyer and recommend they implement to the extent feasible.***

DoD's Implementation

DELIVERABLES AND MILESTONES:

- As part of the congressionally directed PEBLO study, the Office of Warrior Care Policy (WCP) conducted visits to a several Military Treatment Facilities. Meetings with PEBLOs, stakeholders, and Service members indicated the majority of PEBLOs were informing Service members of their right to legal counsel, independent medical review by a physician, financial counseling, and obtaining veteran service organization representatives. The interim PEBLO study report to Congress identifies the need for additional training, and DoD will establish DoD training standards and performance objectives for all IDES stakeholders by June 30, 2014.
- These training standards and performance objectives will formalize instruction to PEBLOs and other stakeholders on the requirements to advise Service members, family members and caregivers that legal counsel and other advisors are available to assist them with questions regarding their case.
- ✓ The Services currently advise Service members in the Integrated Disability Evaluation System of their right to obtain legal counsel during the process.

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- Navy: Navy Bureau of Medicine (BUMED) PEBLOs ensure that service members are counseled on the right for legal representation at any time during the IDES process and that contact information is provided.
 - Army: Upon initial consultation, the PEBLO refers the Soldier to the Soldiers' MEB Counsel (SMEBC) personnel, located at hospitals and MTF, for a briefing on the Soldier's right to consultation and assistance from the SMEBC office. The PEBLO also includes the SMEBC or paralegal as a participant in the MEB in-processing briefing.
 - Air Force: MEB outreach lawyers have designed a program to ensure 100% contact through in-person, phone, email, etc., upon notification to the PEBLO that a NARSUM will be completed. The lawyers will ensure the Airmen understand the support available.
-

35. All military members, upon entering their Service, begin a relationship with the VA. DoD should widely market VA services and benefits to DoD leadership (commanders, senior enlisted leaders, etc.) and include this information at all levels of officer and enlisted professional development. All AC and RC should be encouraged to register in the VA e-Benefits online program.

DoD's Evaluation

- ***DoD partially concurs. Currently, the Military Services ensure that all Service members have a Department of Veterans Affairs' DS Logon username and password by November 2013. Defense Self-Service Logon is the entry mechanism into eBenefits. The Benefits Executive Committee continues to track user registration, which is currently over two million. The Department believes this negates the need to include this information at all levels of officer and enlisted professional development.***

DoD's Implementation

DELIVERABLES AND MILESTONES:

- ✓ The Military Services are ensuring that all current Service members have a Department of Veterans Affairs' DS Logon username and password by November 2013. All new accessions receive a DS Logon during initial entry training and those who are separating/retiring from military service obtain a DS Logon prior to out-processing. DS Logon is the entry mechanism into eBenefits when the veteran no longer possesses a Common Access Card (CAC). The Benefits Executive Committee continues to track user registration, which is currently over 2.4 million, or of 31% of the total DoD eligible population. The Department believes this negates the need to include this information at all levels of officer and enlisted professional development.
- ✓ The Department is ensuring that Service members are aware of VA benefits through various outlets such as: prominent links on the National Resource Directory, regular training awareness for Recovery Care Coordinators, and notices on the Service members' Leave and Earnings statement.

Status: Closed
