

ALARACT 049/2014

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SUBJECT: MOD 1 TO HQDA EXORD 086-11 WARRIOR TRANSITION UNIT (WTU)
TREATMENT PLAN OVERSIGHT AND MEB REFERRAL REPORTING PROCESS.

(U) REFERENCES.

REF/A/ DOD INSTRUCTION 1332.38, PHYSICAL DISABILITY EVALUATION, 14 NOV
1996/CHANGE 1, 10 JUL 2006//

REF/B/ WARRIOR TRANSITION UNIT CONSOLIDATED GUIDANCE
(ADMINISTRATIVE), 20 MAR 2009//

REF/C/ AR 40-501, STANDARDS OF MEDICAL FITNESS, 10 SEP 2008/RAR 23 AUG
2010//

REF/D/ 40-400, PATIENT ADMINISTRATION, 27 JAN 2010//

REF/E/ AR 635-40, PHYSICAL EVALUATION FOR RETENTION, RETIREMENT, OR
SEPARATION, 08 FEB 2006//

REF/F/ MEDCOM POLICY 09-037, MEDICAL EVALUATION BOARD PROCESSING
GUIDANCE, 15 JUN 2009//

REF/G/ OSD POLICY MEMORANDUM, IMPLEMENTING DISABILITY-RELATED
PROVISIONS OF THE NATIONAL DEFENSE AUTHORIZATION ACT 2008 (NDAA 08)
(PUB L. 110-181), 14 OCT 2008//

REF/H/ WARRIOR CARE AND TRANSITION PROGRAM (WCTP) POLICY 09-002,
WARRIOR TRANSITION UNIT TRANSITION REVIEW BOARD PROCESS, 06 OCT
2009//

REF/I/ ALARACT 065-2011-HQDA EXORD 086-11 WARRIOR TRANSITION UNIT
(WTU) TREATMENT PLAN OVERSIGHT AND MEB REFERRAL REPORTING PROCESS,
251201Z FEB 11//

NARR// THIS MODIFICATION ELIMINATES THE TERM "WARRIOR IN TRANSITION"
AND REPLACES IT WITH "SOLDIER," AND WILL SPECIFY SENIOR COMMANDER
RESPONSIBILITIES FOR AND DELEGATION AUTHORITY OF THE MEDICAL
TREATMENT PLAN ENDORSEMENT PROCESS FOR SOLDIERS IN WARRIOR
TRANSITION UNITS (WTUS) AND COMMUNITY BASED WARRIOR TRANSITION
UNITS (CBWTUS), AND ALSO LISTS THE ACOM/ASCC/DRU SENIOR COMMANDER
RESPONSIBILITY FOR WTUS (IAW ACSIM DESIGNATED SENIOR COMMANDER
ASSIGNMENTS AND AR 600-20). THE WTU AND CBWTU UNIT NAME IS NOT
AFFECTED BY THE ELIMINATION OF THE "WARRIOR IN TRANSITION" TERM. BY 30

SEP 2014 USAMEDCOM WILL INACTIVATE THE CBWTUS AND ACTIVATE COMMUNITY CARE UNITS (CCUS). THE CCUS WILL HAVE THE SAME RESPONSIBILITIES ASSIGNED TO THE CBWTUS AS STATED THROUGHOUT THIS EXORD.

1. (U) SITUATION. CHANGE TO READ. A RECENT ANALYSIS OF TIME IN THE WARRIOR CARE AND TRANSITION PROGRAM SHOWS THAT 309 SOLDIERS IN WTU/CBWTUS HAVE NOT BEEN REFERRED FOR A MEDICAL EVALUATION BOARD (MEB) BY THE 12TH MONTH OF THEIR WTU/CBWTU ASSIGNMENT/ ATTACHMENT. A TIMELY MEDICAL RETENTION DETERMINATION POINT (MRDP) DECISION, A REFERRAL TO A MEDICAL EVALUATION BOARD (MEB), OR A MOS ADMINISTRATIVE RETENTION REVIEW (MAR2) WILL IMPROVE THE CARE OF AND TRANSITION TIMES FOR SOLDIERS IN WTU/CBWTUS.

2. (U) MISSION. CHANGE TO READ. ARMY COMMANDS (ACOMS), ARMY SERVICE COMPONENT COMMANDS (ASCCS), AND DIRECT REPORTING UNITS (DRUS) WILL ENSURE EXECUTION OF THE TREATMENT PLAN OVERSIGHT AND MEB REFERRAL REPORTING PROCESS IN ORDER TO IMPROVE CARE AND TRANSITION OF WTU/CBWTU SOLDIERS AND AVOID LONG ASSIGNMENT/ATTACHMENTS WITHOUT A RETENTION DECISION.

3. (U) EXECUTION.

3.A. (U) CONCEPT OF OPERATION. CHANGE TO READ. THIS MODIFICATION SPECIFIES THAT THE SENIOR COMMANDER, OR HIS/HER DESIGNATED GENERAL OFFICER REPRESENTATIVE, WILL ENDORSE TREATMENT PLANS FOR SOLDIERS ASSIGNED/ATTACHED TO A WTU/CBWTU IN EXCESS OF ONE YEAR WITHOUT A MEB REFERRAL. ADDITIONALLY, THIS MODIFICATION REINFORCES THE REPORTING PROCESS ON THE STATUS OF MEB REFERRALS AT WTU/CBWTUS. THIS REPORTING PROCESS REINFORCES EXISTING ARMY GUIDANCE AND PROVIDES COMMANDERS WITH VISIBILITY AND OVERSIGHT OF THE MEB REFERRAL PROCESS AT WTU/CBWTUS. THESE TWO SEPARATE BUT COMPLEMENTARY PROCESSES WILL IMPROVE CARE AND TRANSITION OF WTU/CBWTU SOLDIERS AND AVOID LONG STAYS BY PROVIDING WOUNDED, ILL, AND INJURED SOLDIERS WITH A MORE TIMELY DECISION REGARDING THEIR MEDICAL TREATMENT, A MEDICAL RETENTION DECISION AND/OR A DECISION TO REFER TO A MEDICAL BOARD.

3.A.1. (U) GENERAL OFFICER TREATMENT PLAN OVERSIGHT. CHANGE TO READ. SOLDIERS WHO EXCEED ONE-YEAR ATTACHMENT/ASSIGNMENT TO A WTU/CBWTU WITHOUT A MEB REFERRAL WILL REQUIRE A SENIOR COMMANDER (OR HIS/HER DESIGNATED GENERAL OFFICER REPRESENTATIVE) ENDORSED TREATMENT PLAN,

TO INCLUDE AN EXPLANATION WHY THERE HAS NOT BEEN A MEB REFERRAL, AND CURRENT PLAN WITH EXPECTED TIME NEEDED TO REACH MRDP. THIS PROCESS WILL DETERMINE IF SOLDIERS IN WTU/CBWTUS HAVE A MEDICAL CONDITION(S) THAT DOES NOT APPEAR TO MEET MEDICAL RETENTION STANDARDS RESULTING IN A MEB REFERRAL IN ORDER TO FACILITATE AND STREAMLINE TRANSITION EVEN WITHOUT A RETENTION DECISION. IT IS NOT INTENDED TO DENY REQUIRED MEDICAL CARE.

3.A.2. (U) MEB REFERRAL REPORTING PROCESS. CHANGE TO READ. THE MONTHLY REPORT APPLIES TO SOLDIERS ASSIGNED/ATTACHED TO A WTU/CBWTU WHO REACH SIX (6) MONTHS, TWELVE (12) MONTHS, AND EIGHTEEN (18) MONTHS TIME IN THE PROGRAM; THEN EVERY SIX (6) MONTH INCREMENT THEREAFTER WHO HAVE NOT BEEN REFERRED TO A MEB, A MEB WAS STOPPED, OR WHO DO NOT HAVE AN SENIOR COMMANDER, OR HIS/HER REPRESENTATIVE, ENDORSED TREATMENT PLAN.

3.A.2.A. (U) CHANGE TO READ. THIS REPORTING REQUIREMENT MUST NOT DRIVE MEB REFERRALS, BUT WILL INDICATE WHETHER SOLDIERS IN WTU/CBWTUS AT SIX (6) MONTHS AND BEYOND HAVE A PLAN THAT OUTLINES THE REQUIRED TREATMENT NEEDED IN ORDER TO REACH A MRDP AND/OR REFERRAL TO INITIATE A MEB.

3.A.2.B. (U) CHANGE TO READ. CONDITIONS DISCOVERED AFTER IDENTIFICATION OF THE INITIAL MEDICALLY DISQUALIFYING CONDITION SHALL NOT DELAY REFERRAL INTO THE INTEGRATED DISABILITY EVALUATION SYSTEM UNLESS IT IS A CONDITION WHICH MUST BE ADDRESSED AND DOCUMENTED FULLY IN ORDER TO BE ADJUDICATED BY A MEDICAL EVALUATION BOARD OR PHYSICAL EVALUATION BOARD.

3.A.2.B.1. (U) ADD. SOLDIERS SHOULD NOT BE PREVENTED FROM RECEIVING NECESSARY HEALTHCARE BASED ON THIS POLICY. WHILE IN IDES, SOLDIERS REMAIN FULLY ENTITLED TO ALL MEDICAL TREATMENTS THAT ARE DEEMED NECESSARY BY A LICENSED INDEPENDENT PROVIDER TO INCLUDE SURGERIES, PROCEDURES AND TREATMENTS THAT ARE REASONABLY EXPECTED TO PROVIDE PROMPT RELIEF OF SIGNIFICANT PAIN OR DISABILITY, AND THOSE PROCEDURES THAT ARE PART OF THE NORMAL PLAN OF CARE FOR THE CONDITIONS THAT LED TO THE SOLDIER ENTERING THE IDES, ARE NOT CONSIDERED OPTIONAL. SEE 20 JUL 13 OTSG/MEDCOM POLICY MEMO 13-044 MEDICALLY OPTIONAL SURGERIES FOR SERVICE MEMBERS UNDERGOING DISABILITY EVALUATION THROUGH THE INTEGRATED DISABILITY EVALUATION SYSTEM.

3.A.2.C. (U) CHANGE TO READ. A WTU/CBWTU SOLDIER'S TIME IN PROGRAM IS

DETERMINED BY THE INITIAL DATE HE/SHE IS ASSIGNED/ATTACHED TO A WTU/CBWTU AND WILL NOT BE AFFECTED BY A STOPPED MEB.

3.A.2.D. (U) NO CHANGE. FOR QUESTIONS REGARDING REQUIRED MEDICAL DOCUMENTATION FOR THE MEB, SEE THE REFERENCES LISTED ABOVE AND/OR THE USE ARMY PHYSICAL DISABILITY AGENCY WEBSITE AT:
[HTTPS://WWW.HRC.ARMY.MIL/SITE/ACTIVE/TAGD/PDA/PDAPAGE.HTM](https://www.hrc.army.mil/site/active/tagd/pda/pdapage.htm).

3.A.3. (U) MEDICAL RETENTION DETERMINATION POINT. CHANGE TO READ. THE MRDP, IN ACCORDANCE WITH REF F, APPENDIX A, REPLACED THE TERM "OPTIMAL MEDICAL TREATMENT BENEFIT." TREATMENT PLANS FOR WTU/CBWTU SOLDIERS SHOULD INCLUDE THE EXPECTED MRDP DATE.

3.B. (U) TASKS TO ACOMS, ASCC AND DRU COMMANDERS.

3.B.1. (U) CHANGE TO READ. ENSURE SENIOR COMMANDERS, OR HIS/HER DESIGNATED GENERAL OFFICER REPRESENTATIVE EXECUTES THE TREATMENT PLAN OVERSIGHT PROCESS FOR SOLDIERS EXCEEDING 12 MONTHS ASSIGNMENT/ATTACHMENT TO A WTU/CBWTU WITHOUT A MEB REFERRAL. THE TREATMENT PLAN SHOULD INCLUDE AN EXPLANATION WHY THERE HAS NOT BEEN A MEB REFFERAL, BARRIERS TO ACHIEVING MRDP AND THE EXPECTED MRDP DATE. A SENIOR COMMANDER, OR HIS/HER DESIGNATED GENERAL OFFICER REPRESENTATIVE, WILL REVALIDATE THE TREATMENT PLAN PERIODICALLY AS APPROPRIATE, BUT AT LEAST EVERY SIX (6) MONTHS. TREATMENT PLAN ENDORSEMENT MAY NOT BE DELEGATED BELOW A GENERAL OFFICER.

3.B.2. (U) CHANGE TO READ. ENSURE THE FOLLOWING REPORTS ARE SUBMITTED BY THE END OF EACH MONTH FOR SOLDIERS ASSIGNED/ATTACHED TO A WTU/CBWTU WHO DO NOT HAVE A MEB REFERRAL, MEB WAS STOPPED, OR WHO DO NOT HAVE A SENIOR COMMANDER, OR HIS/HER DESIGNATED GENERAL OFFICER REPRESENTATIVE, ENDORSED TREATMENT PLAN (SEE PARAGRAPH 5(A) FOR ACOM/ASCC/DRU ALIGNMENT TO WTU/CBWTUS). THE MEDICAL OPERATIONAL DATA SYSTEM WARRIOR IN TRANSITION (MODS-WT) MODULE IS THE DATA SOURCE TO SUPPORT ALL REPORTING REQUIREMENTS.

3.B.2.A. (U) NO CHANGE. SIX-MONTHS ASSIGNED/ATTACHED TO A WTU/CBWTU WITHOUT A MEB REFERRAL: THE WTU COMMANDER WILL PROVIDE A BY-NAME REPORT TO THE MILITARY TREATMENT FACILITY (MTF) COMMANDER; THE CBWTU COMMANDER WILL PROVIDE A BY-NAME REPORT TO THE CBWT TASK FORCE COMMANDER.

3.B.2.B. (U) CHANGE TO READ. ASSIGNED/ATTACHED TO A WTU/CBWTU IN

EXCESS OF ONE YEAR WITHOUT A MEB REFERRAL: MTF COMMANDER PROVIDES BY-NAME REPORT TO SENIOR COMMANDER; THE SENIOR COMMANDER IS DEFINED IN AR 600-20.

3.B.2.C. (U) NO CHANGE. 18-MONTHS ASSIGNED/ATTACHED TO A WTU/CBWTU WITHOUT A MEB REFERRAL: SENIOR COMMANDERS PROVIDE A NUMERICAL INSTALLATION SUMMARY REPORT TO ACOM, ASCC OR DRU COMMANDER; RMC COMMANDERS PROVIDE A CBWTU NUMERICAL SUMMARY REPORT TO THE MEDCOM COMMANDER.

3.B.2.D. (U) NO CHANGE. 24-MONTHS AND BEYOND ASSIGNED/ATTACHED TO A WTU/CBTWU WITHOUT AN MEB REFERRAL: THE WTC WILL PROVIDE THE VICE CHIEF OF STAFF OF THE ARMY (VCSA) A CONSOLIDATED ACOM/ASCC/DRU NUMERICAL SUMMARY REPORT UTILIZING THE MODS-WT MODULE AS THE DATA SOURCE.

3.C. (U) TASKS TO U.S. ARMY MEDICAL COMMAND (MEDCOM).

3.C.1. (U) CHANGE TO READ. MAINTAIN THE MODS-WT MODULE TO ALLOW ALL INSTALLATIONS WITH WTU/CBWTUS TO PULL A BY-NAME REPORT OF ALL SOLDIERS ASSIGNED/ATTACHED TO A WTU/CBWTU WITH TIME IN THE PROGRAM OF SIX (6) MONTHS, TWELVE (12) MONTHS, AND EIGHTEEN (18) MONTHS AND BEYOND WHO DO NOT HAVE A MEB REFERRAL, MEB WAS STOPPED, OR WHO DO NOT HAVE A SENIOR COMMANDER, OR HIS/HER DESIGNATED GENERAL OFFICER REPRESENTATIVE, ENDORSED TREATMENT PLAN.

3.C.2. (U) CHANGE TO READ. EXECUTE A COMMUNICATION AND EDUCATION PLAN FOR SOLDIERS TO AVOID THE MISPERCEPTION THAT THEY ARE BEING RUSHED THROUGH THE WARRIOR CARE AND TRANSITION PROGRAM AND INCORPORATE THE EDUCATIONAL MATERIAL INTO EACH SOLDIER'S COMPREHENSIVE TRANSITION PLAN.

3.D. (U) COORDINATING INSTRUCTIONS.

3.D.1. (U) ADD. SENIOR COMMANDERS WITH WTUS ON THEIR INSTALLATION ARE RESPONSIBLE FOR SOLDIERS ASSIGNED/ATTACHED INCLUDING THOSE SOLDIERS BEING REMOTELY MANAGED FROM THE WTU UNDER THE WCTP COMMUNITY CARE PROGRAM.

3.D.2. (U) CHANGE TO READ. EXORD IS EFFECTIVE UPON PUBLICATION; MONTHLY SUBMISSION OF REPORTING REQUIREMENTS IS THE FIRST BUSINESS DAY OF EACH MONTH. EXPIRATION DATE FOR THIS MESSAGE HAS NOT BEEN

DETERMINED.

4. (U) SUSTAINMENT. NOT USED

5. (U) COMMAND AND CONTROL. CHANGE.

5.A. (U) THE FOLLOWING ACOM, ASCC AND DRUS HAVE RESPONSIBILITY FOR THE FOLLOWING INSTALLATIONS WITH WTUS.

5.A.1. (U) U.S. ARMY NORTH (ARNORTH)/5TH ARMY: JOINT BASE SAN ANTONIO.

5.A.2. (U) U.S. ARMY FORCES COMMAND (FORSCOM): FT BLISS; FT BRAGG; FT CAMPBELL; FT CARSON; FT DRUM; FT HOOD; FT IRWIN (INACTIVATING NLT 30 SEP 14), BALBOA (VIA FT IRWIN SENIOR COMMANDER); JOINT BASE LEWIS-MCCHORD; FT POLK; FT RILEY; FT STEWART.

5.A.3. (U) U.S. ARMY TRAINING AND DOCTRINE COMMAND (TRADOC): FT BENNING; JOINT BASE LANGLEY-EUSTIS; FT GORDON; FT HUACHUCA (INACTIVATING NLT 30 SEP 14); FT JACKSON (INACTIVATING NLT 30 SEP 14); FT KNOX; FT LEONARD WOOD; FT SILL.

5.A.4. (U) UNITED STATES ARMY EUROPE (USAREUR): RESPONSIBLE FOR WARRIOR TRANSITION UNIT-EUROPE.

5.A.5. (U) UNITED STATES ARMY ALASKA (USARAK): RESPONSIBLE FOR WARRIOR TRANSITION UNIT-ALASKA.

5.A.6. (U) WEST POINT: WEST POINT; JOINT BASE MCGUIRE-DIX-LAKEHURST. (WTUS AT WEST POINT AND JB MDL WILL INACTIVATE NLT 30 SEP 14)

5.A.7. (U) MILITARY DISTRICT OF WASHINGTON (MDW): WALTER REED NATIONAL MILITARY MEDICAL CENTER, FT BELVOIR; FT MEADE.

5.A.8. (U) CG, 25TH ID: RESPONSIBLE FOR WARRIOR TRANSITION UNIT-HAWAII

5.B. (U) CHANGE. POINT OF CONTACT: WARRIOR TRANSITION COMMAND CURRENT OPERATIONS; USARMY.PENTAGON.MEDCOM-WTC.MBX.WTC-OPS@MAIL.MIL.

6. (U) EXPIRATION DATE FOR THIS MESSAGE HAS NOT BEEN DETERMINED