



DEPARTMENT OF THE ARMY
WARRIOR TRANSITION COMMAND
200 STOVALL STREET
ALEXANDRIA, VIRGINIA 22332-2500

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WCTP Policy Memo 15-005

Expires: 20 July 2017

MEMORANDUM FOR Commanders, US Army Regional Medical Commands, and
Warrior Transition Units

SUBJECT: Policy Memorandum – Warrior Transition Unit (WTU) Soldiers Medical and
Military Responsibilities

1. References:

- a. Manual for Courts-Martial, United States (2012 Edition).
- b. AR 600-8-2, Suspension of Favorable Personnel Actions (Flag), 23 October 2012.
- c. AR 600-8-24, Officer Transfers and Discharges, 12 April 2006, RAR, 13 September 2011.
- d. AR 600-9, The Army Body Composition Program, 28 June 2013.
- e. AR 600-20, Army Command Policy, 6 November 2014.
- f. AR 600-85, The Army Substance Abuse Program, 28 December 2012.
- g. AR 635-200, Active Duty Enlisted Administrative Separations, 6 June 2005, RAR, 6 September 2011.
- h. AR 635-40, Physical Evaluation for Retention, Retirement, or Separation, 8 February 2006, RAR 20 March 2012.
- i. Army Doctrine Reference Publication 6-22, Army Leadership, 1 August 2012, change 1, 10 September 2012.
- j. ALARACT 159/2012, Enlisted Administrative Separation Processing – Final Medical Disposition, 13 June 2012.
- k. WCTP 14-02, Policy Memorandum, Comprehensive Transition Plan (CTP) 10 February 2014.

*This policy supersedes WTC Policy Memo 13-009, 8 Nov 13, Subject: Policy Memorandum -Warrior Transition Unit (WTU)/Community Based Warrior Transition Unit (CBWTU) Soldiers Medical and Military Responsibilities.

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I. OTSG/MEDCOM, Army Medicine 2020 Campaign Plan, version 2, 4 March 2013.

2. **PURPOSE:** Provide clear guidance regarding expectations for the personal conduct of Soldiers in the Warrior Care and Transition Program (WCTP) and outline Soldier and cadre responsibilities in supporting the Comprehensive Transition Plan (CTP), including all clinical and non-clinical care.

3. **PROPONENT:** The Proponent for this policy is the Warrior Transition Command, G-3/5/7, Policy.

4. **APPLICABILITY:** This policy is applicable to all personnel assigned or attached to a WTU.

5. **POLICY:** Soldiers enrolled into the WCTP have a mission to heal and transition. Therefore, medical appointments must take priority over all unit training requirements, activities, and events. Soldiers will incorporate the concepts outlined in the Surgeon General's Performance Triad as part of their mission to heal and transition. The components of the Performance Triad include activity, nutrition, and sleep. Soldiers are encouraged to get at least 150 minutes of moderate intensity exercise per week and strive to improve their sleep and their nutrition. All WTUs will continue to provide a compassionate healing environment while holding Soldiers to the highest standards expected of every Soldier in the United States Army. Soldiers are expected to be accountable and actively participate in meeting the goals outlined in their individual CTP. Below are areas of special emphasis:

a. Comprehensive Transition Plan. Soldiers are accountable for attending all scheduled medical appointments, and for establishing and meeting their goals. They will complete all the requirements related to their CTP such as goal setting, scrimmages, focused transition reviews, and self-assessments as directed by their command teams (commanders and senior enlisted advisors). The chain of command and health care providers will provide the support and counseling to assist Soldiers in their recovery. The Army Warrior Care and Transition System (AWCTS), Armed Forces Health Longitudinal Technology Application, Medical Operational Data System, and Army counseling forms will be used to document progress of all Soldiers through their CTP.

b. Conduct. Despite individual illnesses or injuries, Soldiers remain subject to Army regulations, customs and courtesies, administrative policies, and the Uniform Code of Military Justice (UCMJ). Soldiers must comply with policies and regulations to the fullest extent possible within the limits of their medical profiles. AR 600-20 states that commanders are responsible for establishing the leadership climate of the unit and developing disciplined and cohesive units. Commanders should consult with their servicing Judge Advocates as part of their disciplinary process.

(1) Soldiers are responsible for attending all medical appointments, formations, Town Halls, and unit activities as directed by their command teams. Medical appointments take priority over all other scheduled training activities or events. As Soldiers progress through their recovery, they will actively engage with transition activities to include education programs, internships, and adaptive reconditioning programs. Soldiers will keep their Triad of Care informed if assigned activities or events conflict with their medical appointments or profiles. Therapeutic events/trips are considered mandatory and must be attended once prescribed and can only be superseded by medical appointments or command approval for excusals.

(2) Developmental counseling, whether event or performance oriented, will be used to review a Soldier's demonstrated performance and potential. Reception and integration counseling familiarizes the Soldiers with the unit's standards and clarifies requirements and expectations.

c. Incidents of Misconduct. Commanders will do everything possible to assist and enable Soldiers to heal and transition successfully. Commanders will use their experience and discretion to assess incidents of non-compliance and misconduct on a case-by-case basis. Available commander options include: counseling, return to duty or release from active duty, non-judicial punishment, administrative separation under the provisions of AR 635-200, AR 600-20, AR 600-8-24 (consistent with the guidance in paragraph c (1) below), and courts-martial. Commanders must ensure these decisions are well-reasoned and made in the best interests of the Soldier and the Army. Nothing in this paragraph is intended to mandate that certain action be taken when dealing with misconduct except as required by regulation (e.g., mandatory processing for administrative separation for wrongful use of drugs). Commanders are reminded that the decision to take punitive action in a particular case rests with that commander. The return to duty authority for a non-compliant Soldier (Compo 1) is the MTF commander. Normally, commanders may not separate or Release from Active Duty Soldiers who are currently in Medical Evaluation Board (MEB) processing. However, this does not preclude commanders from administering UCMJ action, initiating separation action, or conducting counseling with corrective training. Commanders should always seek legal advice when recommending or deciding to pursue administrative or UCMJ action on a Soldier.

d. Administrative separation during MEB processing. For enlisted Soldiers, except in separation actions under AR 635-200, chapter 10 and circumstances provided for under AR 635-200, paragraph 1-33b, disposition through medical channels takes precedence over administrative separation processing. Refer to AR 600-8-24 paragraph 1-24 for separation processing of commissioned and warrant officers. Prior to initiating any administrative separation proceeding, commanders must confer with their servicing Judge Advocate. Servicing Judge Advocates are advised to check the latest versions of policies and regulations prior to advising commanders on

administrative separation proceedings for those Soldiers undergoing disability processing.

e. Eligibility for disability processing. Refer to AR 635-40, chapter 4, Section 1, for circumstances in which Soldier may be ineligible for disability processing. These include:

(1) Soldiers charged with an offense (AR 635-40, paragraph 4-1).

(2) Soldiers with suspended sentences. A Soldier may not be referred for, or continue, disability processing if under sentence of dismissal or punitive discharge. If the sentence is suspended, the Soldier's case may then be referred for disability processing. (AR 635-40, paragraph 4-2).

(3) Enlisted Soldiers subject to administrative separation (AR 635-40, paragraph 4-3):

(a) Except as provided below, an enlisted Soldier may not be referred for, or continue, physical disability processing when action has been started under any regulatory provision which authorizes a characterization of service of under other than honorable conditions.

(b) If the case comes within the limitations above, the commander exercising general court-martial jurisdiction over the Soldier may abate the administrative separation. This authority may not be delegated. A copy of the decision, signed by the General Court Martial Convening Authority (GCMCA), must be forwarded with the disability case file to the PEB. A case file may be referred in this way if the GCMCA finds 1) the disability is the cause, or a substantial contributing cause, of the misconduct that might result in a discharge under other than honorable conditions; or 2) other circumstances warrant disability processing instead of alternate administrative separation.

(c) A Soldier being considered for separation because of unsatisfactory performance (AR 635-200, chap 13), must be referred for disability processing upon approved recommendation of a MEB (AR 635-200, paragraph 1-35a).

(4) Soldiers absent without leave (AR 635-40, paragraph 4-5).

(5) Commissioned or warrant officers who may be separated under other than honorable conditions. A commissioned or warrant officer will not be referred for disability processing instead of elimination action (administrative separation) that could result in separation under other than honorable conditions. Officers in this category who are believed to be unfit because of physical disability will be processed simultaneously

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for administrative separation and physical disability evaluation. (AR 635-40, paragraph 4-4).

f. Medical Instructions. A scheduled clinical appointment is a Soldier's appointed place of duty and takes priority over all other non-clinical appointments, training activities and events. Soldiers are expected to keep all scheduled clinical and non-clinical appointments, follow medical instructions, use and secure prescription medications as directed, and adhere to physical profiles. A Soldier's adherence to all medical instructions from providers, social workers, and nurse case managers is essential to healing and transition. A Soldier's failure to keep scheduled appointments or follow medical instructions may constitute a failure to obey lawful orders and may result in UCMJ action, adverse administrative action, or removal from the WCTP. Soldiers will not make initial or specialty medical or surgical appointments without a referral or approval from their Primary Care Manager (PCM). Additionally, Soldiers will not cancel clinical appointments without their Nurse Case Manager's (NCM) approval.

g. Medication Use. Soldiers will use prescription and over the counter medication only as directed and will report any side effects to the PCM or NCM and chain of command immediately. For the Soldier's well being and safety, the following guidance is strictly enforced:

(1) Prescriptions are valid only for the duration and purpose prescribed. Prescription drugs are inappropriately used when they are taken outside their intended purpose, beyond their prescribed dates, in excess of the prescribed dosing regimen or when a Soldier uses another individual's prescribed medication.

(2) Soldiers must report the use of all non-prescription medications and substances, including herbals, supplements, and energy drinks to their NCM and PCM.

(3) A PCM must approve the use of all over the counter medications, as these medications may have adverse effects and/or reactions when taken in conjunction with prescribed medications.

(4) Distributing or sharing one's own prescription drugs and use of another's prescription drugs are illegal. Soldiers who do so may be subject to UCMJ or adverse administrative action.

h. Illegal Drugs. Illegal drugs are prejudicial to good order and discipline and their use is inconsistent with healing. Use, possession, and distribution of illegal drugs are violations of the UCMJ. Use of illegal drugs may result in mandatory separation processing in accordance with Army Regulations 635-200 and 600-85. It may also result in UCMJ action if deemed appropriate by the Soldier's commander. In accordance with AR 635-200, paragraph 14-12c(2)(b)1, "processed for separation" means that separation action will be initiated and processed through the chain of

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command to the separation authority for appropriate action. Commanders will conduct random urinalysis testing in accordance with AR 600-85.

i. Army Weight Standards. Weight gain that results in body fat content that exceeds the Army standards is inconsistent with successful recovery. In accordance with AR 600-9, paragraph 3-3, Soldiers assigned/attached to a WTU must meet the body fat standard. Soldiers who are not in compliance with AR 600-9 will be flagged IAW AR 600-8-2 and enrolled in the Army Body Composition Program (ABCP). These Soldiers will be expected to make satisfactory progress in the ABCP. Units must ensure Soldiers not meeting height/weight standards are enrolled in nutrition counseling and that weight standards and goals are annotated in the CTP and in AWCTS. Soldiers who fail to make satisfactory progress in the ABCP will remain flagged, and subject to involuntary separation in accordance with AR 635-200 (Enlisted) and AR 600-8-24 (Officers).

(1) Exemptions to AR 600-9. The following Soldiers are exempt from the requirements of AR 600-9; however, they must maintain a Soldierly appearance:

(a) Soldiers with major limb loss. Major limb loss is defined as an amputation above the ankle or above the wrist which includes full hand and/or full foot loss. It does not include partial hand, foot, or toes.

(b) Soldiers on established continued on active duty and/or continued on active Reserve status.

(c) Pregnant and postpartum Soldiers.

(d) Soldiers who have undergone prolonged hospitalization for 30 continuous days or greater.

(2) Soldiers found to have a temporary medical condition that directly causes weight gain or prevents weight or body fat loss will have up to 6 months from the initial medical evaluation date to undergo treatment to resolve the medical condition. The medical specialty physician may extend the time up to 12 months if it is determined more time is needed to resolve the medical condition. During this time, the Soldier will participate in the ABCP, to include initiation of a DA Form 268, nutrition counseling, and monthly body fat assessment, but will not be penalized for failure to show progress. However, if the Soldier meets the body fat standard during this timeframe, he or she will be removed from the ABCP.

(3) Soldiers that do not meet the above criteria, have the option to request a temporary exception to policy (see AR 600-9, paragraph 3-17). The exception paperwork must be endorsed by the PCM and processed through the Soldier's Chain of

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Command, reviewed by the servicing staff judge advocate, and submitted directly to the DCS, G-1, who is the sole approval authority.

(4) Soldiers who have been diagnosed by health care personnel with a medical condition that precludes participation in the Army body fat reduction program will not be administratively separated IAW AR 635-200, paragraph 18-2a(1). To remain fit, all Soldiers will participate in adaptive physical training within the limitations of their profile. The use of certain medication to treat an underlying medical or psychological disorder or the inability to perform all aerobic events may contribute to weight gain but are not considered sufficient justification for noncompliance with AR 600-9 and the Soldier will be flagged.

j. Profiles. Soldiers will adhere to all medical profiles, to include no-alcohol profiles. Profiles are designed to ensure a positive rehabilitative process and healing. The chain of command will enforce all medical profiles. Adaptive physical activity within the limits of the Soldier's profile is critical to overall successful healing and transition. Soldiers will receive guidance from a WTU physical therapist or physical therapist assistant on what actions are permissible and non-permissible within the parameters of their profile. Soldiers will carry a copy of their individual profile at all times.

k. Adaptive Reconditioning Participation. Soldiers must participate in Adaptive Reconditioning activities as directed by their local command and their interdisciplinary team. In addition, Soldiers will incorporate the Performance Triad recommendations for physical activity into their medical recovery plan.

l. Career & Education Readiness. Soldiers considered Career & Education Readiness (CER) eligible will be assigned to a worksite, educational program, or internship and will treat these locations as a duty site. CER eligible is based on two distinct evaluations made by the WTU commander and the medical management (M2).

(1) The M2 evaluation must conclude that the Soldier is medically, emotionally, and physically ready to participate in a CER activity or activities while continuing medical treatment.

(2) The NCM in collaboration with the interdisciplinary team is responsible for coordinating the M2 evaluation of CER eligibility.

(3) The command evaluation must conclude that the Soldier demonstrates the initiative and self-discipline required to participate in CER activity or activities. The WTU commander is responsible for the command evaluation of CER eligibility and the squad leader is responsible for the documentation. A Soldier's failure to be at their assigned location demonstrates a lack of compliance and mission failure, and may result in removal from the program, UCMJ or adverse administrative action.

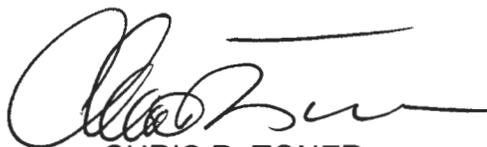
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m. WTU Cadre Collateral Duty Exemption. Non WTU commanders at any level will not task WTU cadre for collateral duties such as Staff Duty Officer, Staff Duty Noncommissioned Officer, Charge of Quarters, Financial Liability Investigations of Property Loss, etc. Cadre are a critical link for Soldiers and their Families as they heal to return-to-duty (RTD) or transition into the civilian life. Interference with the cadre and Soldier's primary mission could seriously erode the trust and confidence in accomplishing the goals of the CTP.

n. Unit Level Taskings. WTU commanders may utilize Soldiers in the WCTP for unit level taskings (i.e. Charge of Quarters) only when this duty does not interfere with the Soldier's medical recovery plan (as validated by the PCM), or violate their profile. The PCM must provide written concurrence if the Soldier is taking narcotics, psychotropic medications, or sleep aids prior to assuming duties that include driving, providing supervision over other WTU Soldiers, and utilizing heavy machinery.

6. The chain of command will counsel all Soldiers on this policy within five duty days of arrival.



CHRIS R. TONER
Colonel, IN
Assistant Surgeon General
for Warrior Care and Transition and
Commander, Warrior Transition Command