



Department of Defense INSTRUCTION

NUMBER 1300.24
December 1, 2009

USD(P&R)

SUBJECT: Recovery Coordination Program (RCP)

References: See Enclosure 1

1. **PURPOSE.** In accordance with the authority in DoD Directive (DoDD) 5124.02 (Reference (a)) and the guidance in sections 1611, 1614, and 1648 of Public Law 110-181 (Reference (b)), this Instruction:

a. Establishes policy, assigns responsibilities, and prescribes uniform guidelines, procedures, and standards for improvements to the care, management, and transition of recovering Service members (RSMs) across the Military Departments.

b. Establishes the RCP evaluation process to provide for a coordinated review of the policies, procedures, and issues of the program.

c. Incorporates and cancels Under Secretary of Defense for Personnel and Readiness (USD(P&R)) Directive-type Memorandum 08-049 (Reference (c)).

2. **APPLICABILITY.** This Instruction applies to:

a. OSD, the Military Departments (including the Coast Guard at all times, including when it is a Service in the Department of Homeland Security by agreement with that Department), the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the Department of Defense.

b. The Joint Task Force National Capital Region Medical (JTFCapMed).

c. RSMs as defined in the Glossary, regardless of component or duty status.

d. Eligible family members of RSMs as defined in the Glossary.

3. DEFINITIONS. See Glossary.

4. POLICY. It is DoD policy that:

a. The RCP shall be established to provide program and policy oversight of DoD resources necessary to ensure uniform care and support for RSMs and their families when the RSM has been wounded or injured or has an illness that prevents him or her from providing that support. Implementation of uniform guidelines, procedures, and standards for the care, management, and transition of RSMs shall ensure consistent, high quality medical and non-medical care for RSMs and their families.

b. DoD programs established for the benefit of RSMs and their families shall comply with DoD RCP policies and support the needs of the RSM.

c. All RSMs shall be eligible to receive uniform standard support, resources, and access to programs, whether members of the Army, Navy, Air Force, Marine Corps, or Coast Guard.

5. RESPONSIBILITIES. See Enclosure 2.

6. PROCEDURES. Enclosures 3 through 7 provide overarching procedures and requirements for the administration, implementation, and management of the RCP.

7. INFORMATION REQUIREMENTS

a. The collection, use, and dissemination of personally identifiable formation (PII) shall be administered in compliance with DoDD 5400.11 (Reference (d)) and DoDD 5411.11-R Reference (e)).

b. Collection of PII from immediate family members and non-dependent family members must be preceded by provision of an appropriate privacy act statement as required by Reference (e).

8. RELEASABILITY. UNLIMITED. This Instruction is approved for public release and is available on the Internet from the DoD Issuances Web Site at <http://www.dtic.mil/whs/directives>.

9. EFFECTIVE DATE. This Instruction is effective immediately.



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Deputy Under Secretary of Defense (Plans)
Performing the Duties of the
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Enclosures

1. References
 2. Responsibilities
 3. Program Management
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ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R))," June 23, 2008
- (b) Sections 1611, 1614, and 1648 of Public Law 110-181, "The National Defense Authorization Act for Fiscal Year 2008," January 28, 2008
- (c) Directive-Type Memorandum (DTM) 08-049, "Recovery Coordination Program: Improvements to the Care, Management, and Transition of Recovering Service Members (RSMs)," January 19, 2009 (hereby canceled)
- (d) DoD Directive 5400.11, "DoD Privacy Program," May 8, 2007
- (e) DoD Regulation 5400.11-R, "DoD Privacy Program," May 14, 2007
- (f) DoD Centers of Excellence for Psychological Health and Traumatic Brain Injury, "Suicide Assessment Five Step Evaluation and Triage (SAFE-T)," 2007
- (g) Assistant Secretary of Defense for Health Affairs Memorandum, "TRICARE Policy for Access to Care and Prime Service Area Standards," February 21, 2006
- (h) Parts A and B of Volume I of the Joint Federal Travel Regulations, current edition
- (i) Secretary of Defense Memorandum, "DoD Housing Inspection Standards for Medical Hold and Holdover Personnel," September 18, 2007
- (j) TRICARE Management Activity, "Medical Management Guide," January 2006
- (k) Public Law 104-191, "Health Insurance Portability and Accountability Act of 1996," August 21, 1996
- (l) Chapter 61 and section 1145 of title 10, United States Code
- (m) DoD Directive 1332.18, "Separation or Retirement for Physical Disability," November 4, 1996
- (n) DoD Directive 1332.35, "Transition Assistance for Military Personnel," December 9, 1993
- (o) DoD Instruction 1100.13, "Surveys of DoD Personnel," November 21, 1996
- (p) Chapter 77 of title 38, United States Code

ENCLOSURE 2

RESPONSIBILITIES

1. USD(P&R). The USD(P&R) shall be responsible for RCP policy and program oversight and shall:

a. Execute RCP policy and program oversight through the USD(P&R) Office of Wounded Warrior Care and Transition Policy (WWCTP). The WWCTP shall:

(1) Administer the RCP and provide oversight of its implementation and guidance for continuous process improvement pursuant to Reference (a).

(2) Coordinate with the Assistant Secretary of Defense for Health Affairs (ASD(HA)) regarding programs that support RSMs and their families when preparing RCP policy.

b. Oversee all RSM support programs throughout the Department of Defense and adjust RCP policy and procedures as necessary.

c. Oversee the development of core training conducted by the WWCTP for the Military Department recovery care coordinators (RCC).

d. Oversee Military Department development of policies and procedures that are uniform and standardized across the Military Departments to provide services and resources for RSMs and their families.

e. Coordinate with the VA to develop and implement administrative processes, procedures, and standards for transitioning RSMs from DoD care and treatment to VA care, treatment, and rehabilitation that are consistent with Enclosure 5 of this Instruction.

2. ASD(HA). The ASD(HA), under the authority, direction, and control of the USD(P&R), shall:

a. Provide RSMs with timely access to inpatient and outpatient medical and behavioral health services through DoD facilities, purchased care, or in coordination with the VA.

b. Ensure that policies and procedures for RSM medical care case managers (MCCMs) are developed, implemented, and consistent across the Military Departments.

c. Establish uniform professional qualifications, including education and training, for MCCMs identified to become members of the RSM recovery team (RT).

d. Ensure that MCCM workload is delineated based on the medical constraints and requirements of the RSMs served.

e. Develop medically appropriate training for RCCs, MCCMs, and non-medical care managers (NMCs) that addresses detection, notification, and tracking of early warning signs of post-traumatic stress disorder, suicidal or homicidal thoughts or behaviors, and other behavioral health concerns among RSMs. Ensure such training includes procedures for the appropriate specialty consultation and referral following detection of such signs in accordance with DoD Centers of Excellence for Psychological Health and Traumatic Brain Injury publication (Reference (f)) for initiating behavioral health early warning sign notification and tracking procedures.

f. Coordinate with the VA to develop and implement medically related processes, procedures, and standards for transitioning RSMs from DoD care and treatment to VA care, treatment, and rehabilitation that address:

(1) RSM transition without gaps in medical care or the quality of medical care, benefits, and services to the maximum extent feasible.

(2) RSM enrollment in the VA healthcare system.

(3) Assignment of DoD and VA case management personnel in military treatment facilities (MTFs) VA medical centers, and other medical facilities caring for RSMs.

(4) Integration of DoD and VA medical care and management of RSMs during transition, to include the accommodation of VA medical personnel in DoD facilities as required to participate in the needs assessments of RSMs.

(5) VA access to the health records of RSMs receiving or anticipating receipt of care and treatment in VA facilities.

(6) Utilization of a joint separation and evaluation physical examination that meets the DoD and VA requirements for disability evaluation of RSMs.

(7) Measurement of RSM and family satisfaction with the quality of health care for RSMs provided by the Department of Defense to facilitate appropriate oversight of such care and services by leadership. (This measurement is separate from that conducted by the WWCTP in the annual RCP evaluation described in Enclosure 7 of this Instruction.) Measured results shall be reported to the WWCTP.

3. SECRETARIES OF THE MILITARY DEPARTMENTS. The Secretaries of the Military Departments shall:

a. Ensure RSM care, management, and transition policies are uniform and standardized.

b. Establish uniform procedures for tracking RSMs that facilitate:

- (1) Locating RSMs.
 - (2) Tracking RSM attendance at medical care, physical exam, and evaluation appointments and scheduling additional appointments as needed.
 - (3) Tracking RSM progress through medical and physical evaluation boards (PEBs).
- c. Ensure their RCPs are extended to include RSMs in their Reserve Components (RC) and incorporate all program services, to include identifying RSMs, assigning RSMs to RCCs, and preparing recovery plans.
 - d. Establish and appropriately resource their Military Department RCP elements, wounded warrior programs, and family support programs.
 - e. Ensure that wounded warrior and family support programs execute the policies of this Instruction.
 - f. Exercise the authority to:
 - (1) Grant waivers to the maximum number of RSM cases assigned to RCCs and NMCMS as described in subparagraph 1.a.(2) of Enclosure 6.
 - (2) Grant RSM requests to continue on duty after being found unfit for duty as described in paragraph 3.b. of Enclosure 5.
 - g. Ensure the Surgeons General comply with the requirements of section 1 of Enclosure 3.
 - h. Authorize access to basic outpatient and inpatient medical and behavioral health services through DoD facilities for members of families who are providing support to RSMs and who are not otherwise eligible for care as dependents (e.g., parents, siblings) and are providing support to RSMs.

ENCLOSURE 3

PROGRAM MANAGEMENT

1. SURGEONS GENERAL OF THE MILITARY DEPARTMENTS. The Surgeons General of the Military Departments shall:

- a. Establish policies and procedures to ensure compliance with this Instruction within their respective components and MTFs.
- b. Provide appropriately trained medical personnel in accordance with Reference (a) to support RSM care management throughout the continuum of care.
- c. Ensure that installation medical directors provide oversight of the medical care delivered to RSMs.
- d. Ensure that MTF commanders facilitate access to family support services within MTFs, and between MTFs and local family service entities (e.g., childcare).
- e. Ensure that RSMs have the highest priority for appointments to non-urgent and other healthcare services in DoD MTFs and for any purchased care medical services. Ensure RSMs receive referrals to other DoD, VA, or purchased care providers if appointments are not available within the MTF that meet TRICARE access standards in accordance with ASD(HA) Memorandum (Reference (g)).

2. COMMANDER, JTFCAPMED. The Commander, JTFCapMed, shall ensure compliance with this Instruction within the JTFCapMed area of responsibility.

3. COMMANDERS, WOUNDED WARRIOR PROGRAMS. Commanders shall:

- a. Have overall responsibility for the management of their Military Department RCP, and shall maintain operational, tactical, and administrative control of their RCP and non-medical personnel to ensure they execute the roles and responsibilities in this Instruction.
- b. Ensure that RSMs are referred to the appropriate RCP, either the DoD RCP or the Federal Recovery Coordination Program (FRCP), established by the Department of Defense and/or the VA.
- c. Provide appropriately trained RCCs, NCMs, and other non-medical members of the RT, in accordance with Reference (b), to support RSM care management throughout the continuum of care.

d. Conduct Military Department-specific training for their RCCs, MCCMs, and NMCMs, provide a certificate of completion to those who have attended the training, and forward a roster of attendees' names to the WWCTP training office.

e. Establish work and duty assignments for RSMs, with the recommendation of appropriate medical and non-medical authorities, that support recovery, rehabilitation, and reintegration, and that may include training and education tailored to the abilities of RSMs.

f. Assist RSMs in obtaining needed medical care and services by providing transportation and subsistence in accordance with parts A and B of Volume 1 of the Joint Federal Travel Regulations (Reference (h)).

g. Ensure RSMs have access to educational and vocational training and rehabilitation opportunities at the earliest possible point in their recovery.

4. RTs

a. Composition. All RTs shall include the RSM's Commander, RSM; an RCC or a Federal recovery coordinator (FRC); an MCCM; and an NMCM. They may also include medical professionals such as primary care managers, mental health providers, physical and occupational therapists, and others such as PEB liaison officers, VA Military Services coordinators, chaplains, and family support program representatives.

b. Overarching Roles and Responsibilities. RT members shall:

(1) Complete Military Department-specific training prior to independently assuming the duties of their positions, and comply with continuing education requirements.

(2) Collaborate with the RCC and other RT members to develop the comprehensive recovery plan (CRP), evaluate its effectiveness in meeting the RSM's goals, and readjust it as necessary to accommodate the RSM's changing objectives, abilities, and recovery status.

(3) Determine the RSM's location of care based primarily on the RSM's medical care needs, with consideration given to the desires of the RSM and family and/or designated caregiver. Provide the RSM and family or designated caregiver options for care locations during development of the CRP that address:

(a) The RSM's medical care and non-medical support needs.

(b) Capabilities required for the RSM's care.

(c) The availability of DoD, VA, or civilian facilities with appropriate capabilities and accreditation or licensure.

(4) Determine the appropriate course of action for the RSM when he or she is located at an MTF, specialty medical care facility, military quarters, or leased housing that is found to be deficient in accordance with Secretary of Defense Memorandum (Reference (i)); this course of action may be temporary or permanent based on the deficiency and the RSM's needs.

(5) Reevaluate the needs of the RSM in accordance with the options for care locations if relocation is required.

(6) Facilitate the most expeditious appointment available for the RSM for non-urgent care to include appointments for follow-up and/or specialty care, diagnostic referral and studies, and surgery.

(7) Allow the RSM to waive the TRICARE standards for access to care detailed in the TRICARE Management Activity guide (Reference (j)) when either of these circumstances occur:

(a) No appointment is available that meets access standards within DoD MTFs or the TRICARE program.

(b) Travel is required beyond the TRICARE catchment area, and the healthcare provider has determined that travel will not adversely affect the health of the RSM.

(8) Document in writing, and maintain in the RSM's records, any situation in which the RSM waives a standard for access to care.

c. RCC Responsibilities. The RCC shall:

(1) Complete uniform core training conducted by WWCTP, and Military Department-specific training conducted by the cognizant wounded warrior program prior to assuming the duties of their positions.

(2) Have primary responsibility for development of the CRP, in conjunction with the RT, and assist the commander in overseeing and coordinating the services and resources identified in the CRP.

(3) Ensure, in coordination with the Secretary of the Military Department concerned, that the RSM and family and/or designated caregiver have access to all medical and non-medical services throughout the continuum of care.

(4) Minimize delays and gaps in treatment and services.

(5) Provide a hard copy of the CRP to the RSM and family and/or designated caregiver upon completion and whenever changes are made to the document. Review and update the CRP in person (when possible) with the RSM and family or designated caregiver as frequently as necessary based on the RSM's needs and during transition phases in the RSM's care (change in location or familial, marital, financial, job, medical, or retirement status).

(6) Facilitate and monitor the execution of services for the RSM across the continuum of care as documented in the recovery plan, to include services available from the Department of Defense, the VA, the Department of Labor, and the Social Security Administration.

(7) Coordinate the transfer of an updated CRP to, and directly communicate with, appropriate medical and non-medical personnel should the RSM be moved to a different location for care.

(8) Close out the CRP when the RSM has met all goals or declines further support and retain all documents according to applicable Military Department policies.

d. MCCM Responsibilities. MCCMs shall:

(1) Ensure the RSM understands his or her medical conditions and treatments and receives appropriate coordinated health care.

(2) Assist the RSM and family or designated caregiver in understanding the RSM's medical status during care, recovery, and transition.

(3) Assist the RSM in receiving well-coordinated prescribed medical care during all phases of the continuum of care.

(4) Conduct periodic reviews of the RSM's medical status. When possible, reviews shall be conducted in person with the RSM and family or designated caregiver.

e. NMCM Responsibilities. The NMCM shall:

(1) Work within established service program procedures to ensure the RSM and family or designated caregiver gets needed non-medical support such as assistance with resolving financial, administrative, personnel, and logistical problems.

(2) Provide feedback on the effectiveness of the CRP in meeting the RSM's personal goals.

(3) Communicate with the RSM and family or designated caregiver regarding non-medical matters that arise during care, management, and transition; assist the RSM in resolving non-medical issues.

(4) Assist the RSM with finding the resources to maintain or improve his or her welfare and quality of life.

ENCLOSURE 4

RECOVERY COORDINATION PROCESS

1. SERVICE MEMBER SCREENING

a. In accordance with standard medical practice, Service members shall be screened for medical and psychosocial needs upon initial presentation to a medical care provider. For Service members who are unlikely to return to duty within a specific period of time determined by their Military Departments wounded warrior program, care and support needs will be assessed by their wounded warrior programs using standardized tools for RCP category assignment and enrollment.

b. Service members may self-refer to the RCP or be referred by their command, medical care provider, Military Department wounded warrior program, or the Wounded Warrior Resource Center.

2. CATEGORY ASSIGNMENT

a. The Military Departments shall use the care coordination categories shown in the table or a similar process standardized within their wounded warrior program to determine an initial care coordination category.

Table. Service Member Care Coordination Categories

SERVICE MEMBER CARE COORDINATION CATEGORIES	
Category 1 (CAT 1)	<ul style="list-style-type: none"> • Has a mild injury or illness • Is expected to return to duty within a time specified by his or her Military Department • Receives short-term inpatient medical treatment or outpatient medical treatment and/or rehabilitation
Category 2 (CAT 2)	<ul style="list-style-type: none"> • Has a serious injury or illness • Is unlikely to return to duty within a time specified by his or her Military Department • May be medically separated from the military
Category 3 (CAT 3)	<ul style="list-style-type: none"> • Has a severe or catastrophic injury or illness • Is highly unlikely to return to duty • Will most likely be medically separated from the military

b. Service members who are determined to be CAT 2 and CAT 3 or who fall within their equivalent Military Department's wounded warrior program's standardized care coordination categories are RSMs.

c. A CAT 2 RSM who is enrolled in the RCP shall be assigned an RCC and an RT. The Military Department wounded warrior program shall assign the RCC to provide assistance for the RSM's recovery, rehabilitation, and transition activities.

d. All CAT 3 RSMs shall be enrolled in the FRCP and shall be assigned an FRC and an RT. The FRC will coordinate with the RCC and RT to ensure the needs of the RSM and his or her family are identified and addressed.

e. An RSM assigned to CAT 2, who later meets the criteria for CAT 3, shall be placed in CAT 3 and an FRC shall be assigned.

f. An RSM assigned to CAT 3, who later meets the criteria for CAT 2, shall be placed in CAT 2. The FRC shall remain with the RSM until such time as the FRC and RSM and family agree that the services of the FRC are no longer needed.

g. An RSM assigned to CAT 1, who later meets the criteria for CAT 2 or 3, shall be placed in the appropriate category and assigned an RCC, FRC, and an RT as required by the category.

3. DESIGNATED CAREGIVERS. RSMs who do not have or want immediate families (spouse or children) to support them with their recovery shall be permitted to designate another individual as a caregiver. The caregiver may be a friend, fiancée or fiancé, co-worker, member of the family who is not a military dependent, etc. RSMs may also decide that he or she does not want to designate a caregiver.

4. CRP

a. All RSMs enrolled in a Military Department RCP shall receive a CRP. (RSMs assigned an FRC shall also receive a federal individual recovery care.) The RSM, family or designated caregiver, and RT members will create action steps for accomplishing plan goals that must be specific, measurable, and achievable within an agreed upon time frame. In addition to the action to be taken, action steps shall contain these data elements:

(1) An identified point of contact for each step.

(2) A list of the support and resources available to the RSM and family or designated caregiver for each action, including the location of the support and resources.

b. The RSM and family or designated caregiver, and the RCC shall review the CRP and sign the document, demonstrating their understanding of the plan and commitment to its implementation.

c. The Military Departments may customize the CRP based on internal requirements, provided the criteria in paragraphs 4.a. and 4.b. of this enclosure are met.

5. FAMILY SUPPORT

a. Response to Family Needs. The NMCM shall:

(1) Identify any immediate family needs upon first interaction with the family. Needs may include lodging, transportation, medical care, finances, or childcare.

(2) Contact the appropriate family support programs to obtain services and resources that respond to the identified family needs. This initial interface with family support services and resources is key to ensuring the RSM's family is appropriately supported.

(3) Ensure key family needs are addressed in relevant goals in the recovery plan.

b. Medical Support for Non-Dependent Family Members. The RCC or FRC, MCCM, and NMCM, in coordination with the Secretary of the Military Department concerned or designee, shall facilitate non-dependent family member access to medical care at DoD MTFs. The RCC or FRC, MCCM, and NMCM shall facilitate non-dependent family member access to non-Federal care providers as needed (not at Government expense). In general, medical care and counseling may be provided at a DoD MTF on a space-available basis when:

(1) The family member is on invitational travel orders to care for the RSM.

(2) The family member is issued non-medical attendant orders to care for the RSM.

(3) The family member is receiving per diem payments from the Department of Defense while caring for the RSM.

c. Advice and Training Services. Advice and training services include, but are not limited to, financial counseling, spouse employment assistance, respite care information, and childcare assistance. When the family has arrived at the treatment facility, the NMCM, RCC, or FRC should provide information on services and resources available through the National Resource Directory (<https://www.nationalresourcedirectory.org>), the Wounded Warrior Resource Center Call Center (1-800-342-9647) and Web Site (<http://www.woundedwarriorresourcecenter.com>), and the Wounded, Ill, and Injured Compensation and Benefits Handbook (<http://tricare.mil/mybenefit/Download/Forms/Compensation-Benefits-Handbook.pdf>).

d. Financial Assistance and Job Placement Services. The RT shall:

(1) Identify any loss of income and financial challenges facing the RSM's family.

(2) Ensure the recovery plan identifies benefits, compensation, services (such as job placement services), and resources from Federal, State, and local agencies and non-profit organizations for which the RSM's family is eligible.

ENCLOSURE 5

TRANSITION PROCEDURES

1. TRANSITION FROM DoD CARE AND TREATMENT TO VA CARE, TREATMENT, AND REHABILITATION

a. Prior to transition of the RSM to the VA, the RCC (assisted by the RT) shall ensure that all appropriate care coordination activities, both medical and non-medical, have been completed, including:

(1) Notification to the appropriate VA point of contact (such as a Transition Patient Advocate) when the RSM begins physical disability evaluation process, as applicable.

(2) Scheduling initial appointments with the Veterans Health Administration system.

(3) Transmittal of the RSM's military service record and health record to the VA. The transmittal shall include:

(a) The RSM's authorization (or that of an individual legally recognized to make medical decisions on behalf of the RSM) for the transmittal in accordance with Public Law 104-191 (Reference (k)). The RSM may have authorized release of his or her medical records if he or she applied for benefits prior to this point in the transition. If so, a copy of that authorization shall be included with the records.

(b) The RSM's address and contact information.

(c) The RSM's DD Form 214, "Certificate of Release or Discharge from Active Duty," which shall be transmitted electronically when possible, and in compliance with Reference (d).

(d) The results of any PEB.

(e) A determination of the RSM's entitlement to transitional health care, a conversion health policy, or other health benefits through the Department of Defense, as explained in section 1145 of title 10, United States Code (U.S.C.) (Reference (l)).

(f) A copy of requests for assistance from the VA, or of applications made by the RSM for health care, compensation and vocational rehabilitation, disability, education benefits, or other benefits for which he or she may be eligible pursuant to laws administered by the Secretary of Veterans Affairs.

(4) Transmittal of the RSM's address and contact information to the department or agency for veterans affairs of the State in which the RSM intends to reside after retirement or separation.

(5) Update the CRP for the RSM's transition that shall include standardized elements of care, treatment requirements, and accountability for the plan. The CRP shall also include:

(a) Detailed instructions for the transition from the DoD disability evaluation system to the VA disability system.

(b) The recommended schedule and milestones for the RSM's transition from military service.

(c) Information and guidance designed to assist the RSM in understanding and meeting the schedule and milestones.

b. The RCC and RT shall:

(1) Consider the desires of the RSM and the family or designated caregiver when determining the location of the RSM's care, treatment, and rehabilitation.

(2) Coordinate the transfer to the VA by direct communication between appropriate medical and non-medical staff of the losing and gaining facilities (e.g., MCCM to accepting physician).

2. TRANSITION FROM DoD CARE AND TREATMENT TO CIVILIAN CARE, TREATMENT, AND REHABILITATION

a. Prior to transition of the RSM to a civilian medical care facility, the RCC (assisted by the RT) shall ensure that all care coordination activities, both medical and non-medical, have been completed, including:

(1) Appointment scheduling with civilian medical care facility providers.

(2) Transmittal of the RSM's health record to the civilian medical care facility. The transmittal shall include:

(a) The RSM's authorization (or that of an individual legally recognized to make medical decisions on behalf of the RSM) for the transmittal in accordance with Reference (i).

(b) A determination of the RSM's entitlement to transitional health care, a conversion health policy, or other health benefits through the Department of Defense, as explained in section 1145 of Reference (1).

b. Transmittal of the RSM's address and contact information.

c. Preparation of detailed plans for the RSM's transition, to include standardized elements of care, treatment requirements, and accountability of the CRP.

d. The RCC and RT shall:

(1) Consider the desires of the RSM and the family or designated caregiver when determining the location of the RSM's care, treatment, and rehabilitation.

(2) Coordinate the transfer by direct communication between appropriate medical and non-medical staff of the losing and gaining facilities (e.g., RCC to FRC, MCCM to accepting physician).

3. RETURN TO DUTY

a. An RSM who is found fit for duty by a PEB shall be returned to duty in accordance with the policies and procedures of the Military Department concerned.

b. In accordance with DoDD 1332.18 (Reference (m)), an RSM may request to continue on permanent limited duty status or active duty in the Ready Reserve after being found unfit for duty. The Secretary of the Military Department concerned may grant such requests based on a determination that the needs of the Service and the RSM's service obligation, special skills, experience, or reclassification justifies the continuation. Transfer of the RSM to another Service may also be considered.

c. Members of the RC who are not designated as RSMs, who are released from active duty and are returned to their units, and who are entitled to non-urgent medical care for injuries or illnesses incurred while on active duty are required to coordinate authorization for medical care and schedule appointments through their units and the Military Medical Support Office.

4. MEDICAL SEPARATION OR RETIREMENT

a. Upon medical retirement, the RSM will receive the same benefits as other retired members of the Military Departments. This includes eligibility for participation in TRICARE and to apply for care through the VA.

b. An RSM who is enrolled in the RCP and subsequently placed on the temporary disability retired list shall continue to receive the support of an RCC, including implementation of the recovery plan, until such time as the wounded warrior program determines that the services and resources necessary to meet identified needs are in place through non-DoD programs.

5. TRANSITION SUPPORT

a. Transition From DoD Care. The RT shall provide transition support to the RSM and family or designated caregiver before, during, and after relocation from one treatment or rehabilitation facility to another or from one care provider to another. Transition preparation will occur with sufficient advance notice and information that the upcoming change in location or

caregiver is anticipated by the RSM and family or designated caregiver, and will be documented in the CRP.

b. Separation or Retirement. Once the PEB determines that the RSM will not return to duty:

(1) The RT shall:

(a) Work with the RSM and family or designated caregiver to prepare for the transition to retirement and veteran status.

(b) Ensure transition plans are written prior to the time of separation for RSMs being retired or separated pursuant to chapter 61 of Reference (1).

(2) The RCC or FRC shall:

(a) Discuss with the RSM his or her short- and long-term personal and professional goals such as employment, education, and vocational training, and the rehabilitation needed to meet those goals; identify the options and transition activities in the CRP.

(b) Ensure the RSM, as appropriate, has received the mandatory pre-separation counseling and has the opportunity to attend the VA benefits briefing and to participate in the Disabled Transition Assistance Program (TAP) and the Department of Labor TAP Employment Workshop. Encourage the RSM to establish a TAP account through the Internet at <http://www.TurboTAP.org>, as outlined in DoDD 1332.35 (Reference (n)).

(c) Ensure RC RSMs have the opportunity to participate in the Benefits Delivery at Discharge Program as appropriate.

ENCLOSURE 6

WORKLOAD AND SUPERVISION PROCEDURES

1. WORKLOAD

a. RCCs and NMCMs

(1) The wounded warrior program shall assign RCCs and NMCMs a maximum of 40 RSMs to serve. The actual number assigned will depend on the acuity of the RSMs' medical conditions and complexity of their non-medical needs.

(2) A waiver will be required by the Secretary of the cognizant Military Department or such individual as delegated the authority by the Secretary if the maximum number of RSM cases assigned to an RCC or NMCM is exceeded. Waivers shall not exceed 120 days.

b. MCCMs. Guidance on MCCM workload shall be established by the ASD(HA), in accordance with section 2 of Enclosure 2.

2. SUPERVISION

a. The Military Departments will provide supervision for the RCCs and NMCMs employed by their wounded warrior programs.

(1) Supervisors of RCCs and NMCMs shall be military officers in the grade of O-5 or O-6, or civilian employees of equivalent grade.

(2) The occupational specialty of persons appointed to supervise RCCs and NMCMs is at the discretion of the Military Departments.

b. Supervisors of MCCMs shall be Military Department medical officers in the grade of O-5 or O-6, or civilian employees of equivalent rank or grade within the MCCM's chain of command.

(1) The Surgeons General will oversee the MCCMs employed in the Military Healthcare System.

(2) The medical occupational specialty of supervisors of MCCMs is at the discretion of the Military Department Surgeons General.

ENCLOSURE 7

RCP EVALUATION PROCEDURES

1. STAFF ASSISTANCE VISITS

a. The WWCTP shall conduct only staff assistance visits from the effective date of this Instruction to 1 year after its effective date to allow the Military Departments to implement the RCP and fully staff the wounded warrior programs.

b. The WWCTP shall provide a planned visit schedule, subject to change, to the Military Departments within 30 days from the effective date of this Instruction.

2. EVALUATION PROGRAM

a. The WWCTP shall:

(1) Develop and conduct an annual, formal RCP evaluation across the Military Departments using existing DoD assessment tools and information found in DoD Instruction 1100.13 (Reference (o)), to measure compliance with Reference (b) requirements.

(2) Conduct a baseline evaluation beginning 1 year from the effective date of this Instruction, and from 6 months of the date of the baseline evaluation shall initiate a recurring program evaluation schedule.

(3) Encourage the Military Departments to conduct internal evaluations as well.

b. The RCP evaluation shall focus on the care, management, and transition process of the RSM. The evaluation will include, at a minimum:

(1) A review of RCC roles and responsibilities.

(2) A review of the maximum number of RSMs that RCCs and NMCMs are allowed to serve.

(3) An assessment of RSM, veteran, and family experiences with the RCP.

c. The WCCTP shall use the results of the evaluation to implement improvements to the RCP and ensure quality in the delivery of healthcare services to the RSM and family. The resulting modifications to RCP care, management, and transition processes or procedures will be reflected in a change to or revision to this Instruction.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

ASD(HA)	Assistant Secretary of Defense for Health Affairs
CAT	category
CRP	comprehensive recovery plan
DoDD	DoD Directive
FRC	federal recovery coordinator
FRCF	Federal Recovery Coordination Program
JTFCapMed	Joint Task Force Capital Region Medical
MCCM	medical care case manager
MTF	military treatment facility
NMCM	non-medical care manager
PEB	physical evaluation board
RC	Reserve Component
RCC	recovery care coordinator
RCP	recovery coordination program
RSM	recovering Service member
RT	recovery team
TAP	Transition Assistance Program
U.S.C.	United States Code
USD(P&R)	Under Secretary of Defense for Personnel and Readiness
VA	Department of Veterans Affairs
WWCTP	Office of Wounded Warrior Care and Transition Policy

PART II. DEFINITIONS

These terms and their definitions are for the purpose of this Instruction.

acuity. The level of severity or urgency of an RSM's medical condition as related to the need for certain care or treatment.

eligible family member. An RSM's spouse, child (including stepchildren, adopted children, and illegitimate children), parent or person in loco parentis, or sibling on invitational travel orders or serving as a non-medical attendee while caring for the RSM for more than 45 days during a 1-year period.

FRC. An individual assigned by the VA to serve as the ultimate point of contact for an RSM and family or designated caregiver to ensure the RSM medical and non-medical needs are met.

FRCP. The program established by the Department of Defense and the VA to provide management and oversight of the resources needed to coordinate care and support to RSMs through recovery, rehabilitation, and reintegration.

invitational travel orders. Military travel orders that allow an RSM's family to travel and stay with the RSM during treatment and recovery after suffering a wound, illness, or injury.

recovery plan. A patient-centered plan prepared by an RT, RSM, and family or designated caregiver with medical and non-medical goals for recovery, rehabilitation, and transition, as well as personal and professional goals, and the identified services and resources needed to achieve the goals.

RSM. A member of the military services who is undergoing medical treatment, recuperation, or therapy and is in an inpatient or outpatient status, who incurred or aggravated a serious illness or injury in the line of duty, and who may be assigned to a temporary disability retired or permanent disability retired list due to the Military Department's disability evaluation system proceedings.

TAP. A program designed to ease the transition of Service members from military service to the civilian workforce and community.

temporary disability retired list. A disposition finding by a PEB for an RSM who has one or more Service unfitting conditions that were incurred in the line of duty and that have a combined rating of 30 percent or higher, and who is considered not stable as a result.

transition. A process that may include:

Leaving military service by way of discharge, separation, or retirement.

Release from active duty (REFRAD) for RC members.

Transfer from the military healthcare system to the VA healthcare system.

VA. The Federal agency responsible for providing a wide range of programs and services to Service members and veterans as required by chapter 77 of title 38, U.S.C. (Reference (p)). The VA includes, among other components, the Veterans Health Administration and the Veterans Benefits Administration.

wounded warrior program. A system of support and advocacy to guide and assist the RSM and family or designated caregiver through treatment, rehabilitation, return to duty, or military retirement and transition into the civilian community. Each Military Department has a unique wounded warrior program that addresses its Service members' needs.