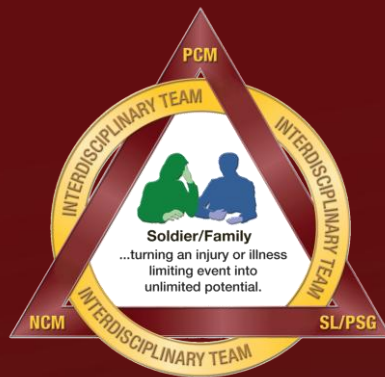


Comprehensive Transition Plan Policy and CTP–Guidance (CTP-G)

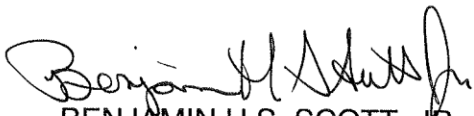


**1 DECEMBER 2011
(expires 29 November 2013)**

Foreword

This guidance is the result of extensive collaboration between the Warrior Transition Command, key command and staff personnel from Warrior Transition Commands and Community Based Warrior Transition Commands, all members of the interdisciplinary team, and most importantly, Soldiers and Family members. It is intended to establish a common understanding of the Comprehensive Transition Plan and better facilitate Soldier healing and transition. The guidance establishes baseline standards for executing the CTP and defines roles and responsibilities for the triads of leadership and care and for the interdisciplinary team. It also standardizes processes and procedures for execution of the CTP. While directive in tone, the guidance requires leaders at all levels to apply critical thinking skills, good judgment, and common sense as every Soldier has a unique set of circumstances and needs that require individual and creative solutions.

Our goal is to provide wounded, ill and injured Soldiers and their Families world-class care and assistance as they heal and ready themselves for the future. Adherence to this guidance by Soldiers and cadre will facilitate a more efficient and fulfilling transition, and prepare Soldiers and Families for success.



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29 NOV 2011

Expires 29 November 2013

MEMORANDUM FOR Commanders, MEDCOM Major Subordinate Commands

SUBJECT: Comprehensive Transition Plan (CTP) Policy

1. References:

- a. DoD Instruction 1300.24, Recovery Coordination Program, 1 December 2009.
- b. The Joint Federal Travel Regulations (JFTR), 1 September 11.
- c. AR 600-8-10, Leaves and Passes, 4 August 11.
- d. AR 40-400, Patient Administration, 27 January 2010.
- e. AR 40-501, Standards of Medical Fitness, 4 August 2011
- f. AR 635-40, Physical Evaluation for Retention, Retirement, or Separation, 8 February 2006.
- g. AR 40-400, Patient Administration, 27 January 2010.
- h. AR 40-501, Standards of Medical Fitness, 4 August 2011.
- i. AR 635-40, Physical Evaluation for Retention, Retirement, or Separation, 8 February 2006.
- j. MEDCOM Regulation 1-4, Gifts and Donations, 30 September 2009.
- k. TC 3-22.20, Army Physical Readiness Training, August 2010.
- l. FRAGO 4, EXORD 118-07, Healing Warriors, 19 May 2009.
- m. FRAGO 47, MEDCOM OPORD 07-55, Army Medical Action Plan, 22 November 2010.
- n. Comprehensive Transition Plan – Guidance, 1 December 2011.

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o. WTC Policy Memo 11-003, subject: Warrior in Transition (WT) Medical and Military Responsibilities, 30 June 2011.

p. Automated Comprehensive Transition Plan (aCTP) system AKO: <https://www.us.army.mil/suite/page/624712>.

q. Building the Soldier Athlete Reconditioning (Profile) Physical Conditioning Supplement (found at <http://www.armymedicine.army.mil/prr/brigade.html>).

r. Comprehensive Soldier Fitness Website: www.army.mil/csf.

s. U.S. Army Medical Command: Soldier Medical Readiness Campaign Plan 2011-2016, 30 March 2011.

2. Purpose: To update policy related to the Comprehensive Transition Plan (CTP) for Soldiers assigned/attached to Warrior Transition Units (WTU) and Community Based Warrior Transition Units (CBWTUs) and to formalize a review process that facilitates the Soldier's progression through the WTU/CBWTU. This policy supersedes the OTSG/MEDCOM Policy Memo 09-011, Comprehensive Transition Plan (CTP) Policy, 10 March 2009; WTC Policy Memo 09-002, Warrior Transition Unit Transition Review Board (TRB), 6 October 2009; WTC Policy Memo 09-003, Warrior in Transition (WT) Employment, Education, and Internship (EEI) Opportunities, 15 October 2009; and WCTP Policy Memo 09-005, Physical Training for Soldiers in Warrior Transition Units, October 2009.

3. Proponent: The proponent for this policy is the Chief, Plans, Policy, and Procedures Branch (P3), G-3/5/7, Warrior Transition Command (WTC). As a general rule, he, his, and him throughout this document refer to both genders.

4. Policy:

a. All Soldiers assigned or attached to a WTU will begin the CTP process upon assignment or attachment to a WTU. The CTP is a dynamic living plan of action that focuses on the Soldier's future, is holistic, and encompasses the six domains of strength: career, physical, emotional, social, Family, and spiritual. As the owner of the CTP, the Soldier is empowered to take charge of his own transition and is accountable for developing and achieving his goals. Led by the Triad of Care, made up of the Squad Leader/Platoon Sergeant, Primary Care Manager (PCM) and nurse case manager, the interdisciplinary team (those individuals that provide direct support to the Soldier) will support the Soldier with training, guidance, and counseling. The Soldier, with the interdisciplinary team, will use the aCTP system, counseling records, and Armed Forces Health Longitudinal Technology Application (AHLTA) to document aspects of his CTP.

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Protected Health Information (PHI) will not be documented in the aCTP and “need-to-know” is preserved through role-based access.

b. The Soldier, in collaboration with his Family, indicates his preferred CTP track (CTP tracks are *Remain in the Army* and *Transition from the Army*) during in-processing, which will be validated by the chain of command and the interdisciplinary team. However, final CTP track preference is based on medical prognosis, and the Soldier’s remaining service obligation after the Soldier meets the medical retention determination point (MRDP). This CTP track may change based upon the Soldier’s medical prognosis and rehabilitation progress and the Soldier may pursue tasks associated with both tracks. Both the Soldier and the WTU cadre can further characterize the tracks based on the outcome of the final disposition. These dispositions are detailed below as they describe a disposition to *Remain in the Army* or *Transition (separate) from the Army*.

(1) *Remain in the Army*. This track is for all Soldiers who will continue military service. Although Soldiers identify a track preference, all Soldiers are presumed *Remain in the Army* until the interdisciplinary team can verify the need to explore *Transition from the Army* tasks, goals, and action plans. *Remain in the Army* track includes:

(a) Return to Duty (RTD). The clinical leadership in a WTU/CBWTU will identify Soldiers who are ready to RTD once they meet medical retention standards, IAW AR 40-501, Chapter 3. This includes Active Component (Compo 1) Soldiers returning to their current or an alternate MOS, and COMPO 2 and COMPO 3 Soldiers who will be attached to the WTU/CBWTU until they meet Army retention standards and are Released from Active Duty (REFRAD) to continue service in the Army National Guard or Army Reserve in their current or an alternate MOS.

(b) REFRAD. Compo 2 and Compo 3 Soldiers who are on track to remain in the Army will also need to complete many of the tasks associated with separating from the Army, including attendance in the Army Career Alumni Program (ACAP), continuing education, internships, and possibly on-base employment preparation.

(c) MOS Administrative Retention Review (MAR2). The MAR2 has replaced the MOS/Medical Retention Board (MMRB). This will enhance the Army’s ability to maintain a quality force by ensuring Soldiers are physically qualified to perform their PMOS in a worldwide deployed environment. MAR2 is a separate process from the Medical Evaluation Board (MEB) and remains a commander’s program in accordance with AR 600-60 and AR 40-501, Chapter 5. It synchronizes medical readiness to decrease the Medically Not Ready population, increases identification and adjudication of Medically Not Deployable Soldiers, and favorably impacts Army oversight on physically limiting conditions of Soldiers.

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(d) Continuation on Active Duty (COAD)/Continuation on Active Reserve (COAR). Soldiers found not fit for duty may apply to *Remain in the Army* if they meet the requirements found in AR 635-40, paragraph 6-7. They must be found not fit, and their medical status cannot be deleterious to the Soldier's health or prejudicial to the best interest of the Soldier or the Army. Soldiers must be physically capable of performing useful duty in a qualified MOS. They also must have 15 years of active service (COAD) or 15 years of qualifying service for non-regular retirement (COAR), or qualify in a critical skill/shortage MOS, or be disabled from combat or terrorism.

(2) *Transition from the Army*. This track includes all Soldiers who will not continue military service in either an active or reserve status. It can be reached through medical or non-medical separation.

(a) Medical Separation. When a Soldier's medical progress has reached a point where the PCM, in collaboration with the interdisciplinary team can make a determination on the Soldier's medical retention it is called the MRDP. If it is established that the Soldier has reached his MRDP and will not meet retention standards in accordance with AR 40-501, Chapter 3, he will be referred to the Physical Disability Evaluation System/Integrated Disability Evaluation System and will follow this track until found fit for duty or separation from the Army (unless approved for COAD or COAR).

(b) Non-Medical Separation. Soldiers may *Transition from the Army* without completing the medical evaluation board process. Soldiers may elect to receive medical care through the Veterans Affairs and apply for regular retirement or non-regular retirement upon completion of 20 years or more active federal service or qualifying service. Soldiers may also elect to separate when they meet their Expiration Term of Service. Furthermore, Soldiers with disciplinary issues may be separated under the Uniform Code of Military justice (UCMJ) or Administrative Actions.

5. CTP Processes. All Soldiers, regardless of CTP track, will complete six CTP processes: In-processing, Goal Setting, Transition Review, Rehabilitation, Reintegration, and Post-transition. These processes overlap, interrelate, and include multiple interconnected feedback loops. All Soldiers will complete in-processing, phase I goal setting training, initial self-assessment, CTP track selection, and initial scrimmage within 30 days of arrival at a WTU, which will be documented using the aCTP, counseling records, and AHLTA.

a. **In-processing**. Lays the foundation for integration into the WTU/CBWTU and initiates the CTP. The keys to success during in-processing to a WTU/CBWTU include the completion of a holistic and professional clinical and non-clinical assessment by the interdisciplinary team, completion of both Parts I and II of the in-processing checklist, and completion of a Soldier's Self-Assessment. In-processing culminates with the

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successful completion of the initial scrimmage. Other in-processing activities include assessing the Soldier and his Family's immediate clinical and non-clinical needs, setting expectations, conducting an initial risk assessment, and developing a mitigation plan. Healthcare professionals initiate and document the initial assessment and all subsequent encounters in AHLTA. Both clinical and non-clinical team members will document encounters in the aCTP or other appropriate systems. The Commander will determine the appropriate critical activities for those Soldiers who are inpatients and has the authority to abbreviate the in-processing timeline to enable inpatient Soldier support. Soldiers transferring to a CBWTU must complete in-processing at a WTU. CBWTUs will adjust the in-processing requirements and timelines in order to ensure that all Soldiers have a good understanding of their duties and responsibilities as a member of the CBWTU and the capabilities and support they can expect from the CBWTU cadre.

b. **Goal Setting.** The goal setting process guides the Soldier and his Family in the development of sub-goals that support the overarching Transition/Outcome goal. Goal setting is made up of two parts. Phase I goal setting will be completed within 21 days and Phase II will be completed within 90 days. The Specific, Measurable, Actionable, Realistic, and Time bound (SMART) Action Statements provide the Soldier a roadmap that supports healing and transition. Sub-goals are developed to support the Soldier's career, physical, emotional, social, Family, and spiritual domains and facilitate successful achievement of the overarching Transition/Outcome goal.

c. **Transition Review.** The Transition Review Process provides the interdisciplinary team with an opportunity to review Soldier goals and progress with a focus on identifying and resolving issues that are impeding goal attainment. Each Soldier must take ownership of his plan to maximize the resources available in the WTU/CBWTU. The different elements of the Transition Review Process (self-assessment, scrimmage, and Focused Transition Review (FTR)) must all work in concert to best facilitate the Soldier's successful transition.

(1) The Soldier's self-assessment is designed to facilitate discussion between the Soldier and his Squad Leader (SL)/Platoon Sergeant (PSG) and nurse case manager. The initial self-assessment is performed in the aCTP upon arrival and allows the WTU to capture a snapshot of how the Soldier views himself in 17 categories. Self-assessments will continue weekly until transition to a WTU line company or CBWTU. The frequency will then be evaluated by the interdisciplinary team and a recommendation will be made to the Commander based upon a Soldier's maturity, risk level, commitment to the transition process, and complexity of life status. Self-assessments must be completed, at a minimum, every four weeks to include while the Soldier is on transition leave status. The aCTP Management Analyst will make the necessary changes to the aCTP to facilitate the schedule. This assessment is clinically validated by the nurse case manager and non-clinically validated by the SL/PSG and

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documented in the aCTP. Action plans must be in place and documented in the aCTP to address Red and, when necessary, Amber validated ratings in the self-assessment.

(2) The scrimmage is a formal meeting with the Soldier's interdisciplinary team, which utilizes the six domains of strength to highlight a future-oriented action plan designed to engage the Soldier in developing goals and measures of success for their time in the WTU and the future. Completion of the initial scrimmage serves as the formal hand-off to the WTU line company. Subsequent scrimmages validate the Soldier's goals, highlight completion benchmarks and tasks, and refine the Soldier's future plans. The initial scrimmage occurs at the end of the 30-day in-processing. Follow-on scrimmages will start at the 90-day mark and be held quarterly.

(3) The FTR focuses on addressing barriers to the Soldier's clinical plan and is led by the company command representative. The FTR will be held at the MRDP and may replace one of the quarterly scrimmages. It will identify barriers to transition and focus command and medical resources on overcoming those barriers. The FTR will validate the Soldier's track, project a date when the Soldier is expected to transition, identify all clinical and non-clinical actions, events, and tasks that support successful completion of the Transition/Outcome goal, and establish the specific final disposition beyond MRDP (RTD, REFRAD, COAD/COAR, MAR2, and Separation).

(4) Review Results. When signed by the Soldier, scrimmage and FTR formal review results become mission guidance to be adhered to by the Soldier. Non-compliance or failure to make progress with his CTP may result in administrative action and/or punishment IAW the UCMJ, termination from the Warrior Care and Transition Program, and/or separation from the Service.

d. Rehabilitation. The rehabilitation process will provide appropriate clinical and non-clinical interventions (vocational rehabilitation, education, and adaptive reconditioning activities, etc.,) to support the Soldier's transition goals. The rehabilitation progress and outcome provide the PCM with information to determine the Soldier's MRDP and substantiates the Soldier's ability to remain in the Army. All medically ready Soldiers will participate in adaptive reconditioning (validated by a positive profile) and participate in Career and Education Readiness (CER) opportunities that support his CTP during rehabilitation and are within their physical profile guidelines.

(1) Adaptive Reconditioning. WTU/CBWTU Commanders, in coordination with WTU Physical Therapy or other clinical providers, will develop and execute an Adaptive Reconditioning Program consisting of physical training and other adaptive activities. A balance between executing a challenging reconditioning program and protecting the Soldier's healing process is required to achieve CTP goals. This will allow Soldiers to remain as functional as possible, with the aim of ensuring Soldiers are transition eligible and achieve their transition/outcome goal based on their CTP.

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(a) Physical training will consist of doctrinal physical readiness training exercises, physical therapy, as directed by a medical provider, and adaptive sports. There are seven approved and resourced adaptive sports, as recognized by the United States Olympic Committee (USOC) – Paralympics, which are wheelchair basketball, archery, cycling, shooting, swimming, track and field, and sitting volleyball. All Soldiers will participate in a minimum of five hours of physical activity each week in accordance with their ability to maintain fitness within the limitations of their profile. Building the Soldier Athlete Reconditioning (Profile) Physical Conditioning Supplement and TC 3-22.20 are guides leaders can use for developing challenging Adaptive Reconditioning Programs to maintain fitness, speed recovery, and to support the individual Soldier's CTP goals. A key doctrinal concept is the categorization of profiled Soldiers into injury/illness-specific ability groups appropriate to a Soldier's abilities and limitations for the performance of the physical activities. An appropriately written 'positive profile' and keen understanding of the capabilities of each Soldier is necessary before beginning adaptive reconditioning. Commanders will follow Army regulations concerning Army Physical Fitness Testing and Height/Weight requirements. An Adaptive Reconditioning Program can support the traditional medical goals of the Soldier, when appropriately coordinated with the MTF-based rehabilitation providers.

(b) Adaptive activities are professional rehabilitation services, delivered as part of the CTP Rehabilitation Process, and can include, but are not limited to, competitive and non-competitive adaptive sports, aquatic exercises, therapeutic recreational activities, (community or Morale, Welfare, and Recreation based), gym-based exercise programs, clinic-based exercise programs, clinical home exercise programs, functional training, and human performance optimization. All WTU and CBWTU Commanders must have a local policy for therapeutic/rehabilitative activities. The Soldier's PCM or equivalent medical provider and selected medical members of the interdisciplinary team, as determined by the Commander, will determine what trips and events are therapeutic or rehabilitative to the Soldier's needs. At a minimum, the local policy must include a process for the interdisciplinary team to identify appropriate events to further the Soldier's rehabilitative process and a system for accepting donated trips/events. Commanders will consult with their servicing legal office and follow the donation approval process outlined by MEDCOM Regulation 1-4. There must be a medical clearance process for identifying appropriate Soldiers who will benefit from the event and establish risk mitigation activities to increase participation by Soldiers with an elevated risk level. There must also be a process for the provider to identify the appropriate staff member to accompany Soldiers on the trip, if required. Trips that have therapeutic or rehabilitative value, as determined by the medical providers, will be accomplished by placing both the Soldier and any required attendant staff in TDY status. Those participating in events that are not considered therapeutic or rehabilitative will use leave or pass IAW AR 600-8-10. The trip or event will not interfere with the performance of official duties, will not detract from readiness, and will not interfere with the Soldier's treatment progression and healing process.

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(2) CER. WTUs/CBWTUs will implement a CER Program that provides CER opportunities for Soldiers and their Families in support of the CTP. The CER program will match the Soldier and Family with CER opportunities that align with their chosen career track and long-term career goals within the CTP. Opportunities to participate in CER activities are essential to a robust transition program and are inherently therapeutic to a Soldier's healing and transition. Participation in CER activities expands Soldier abilities, increases productivity, and orients the Soldier toward a productive and rewarding future. Career and education readiness is essential to a successful CTP and requires careful goal setting, medical assessment, and leadership to maximize the Soldier's benefits.

(a) There is a presumption that every Soldier entering a WTU/CBWTU will remain a Soldier until there is an affirmative decision – by the Soldier and the Army – that the Soldier will separate from the Army. All CER opportunities must support the final decision regarding this outcome.

(b) Eligibility for CER activity is based on two distinct evaluations made by the medical management and mission command team. The medical management evaluation must conclude that the Soldier is medically, emotionally, and physically ready to participate in a CER activity or activities while continuing medical treatment. The nurse case manager in collaboration with the Occupational Therapist, Registered (OTR) is responsible for coordinating the medical management evaluation of CER eligibility with all members of medical management. The nurse case manager is also responsible for documentation. The mission command evaluation must conclude that the Soldier demonstrates the initiative and self-discipline required to participate in a CER activity or activities. The Commander is responsible for the mission command evaluation of CER eligibility and the SL is responsible for documentation.

(c) All Soldiers determined to be eligible for CER will develop CER goals and participate in one or more CER activities. The Soldier's choice of CER activities is limited only by his CER eligibility, interests, available time, long-term career goals, and CTP track. The influence of the chosen CTP track on CER activities is: (1) Soldiers remaining in the Army will participate in training programs to maintain or improve Warrior skills, MOS related skills, and physical fitness; WTUs/CBWTUs will coordinate with local units to use their training facilities and resources, and (2) Soldiers in the transition from the Army track CER activities should focus on employment, education, training, and preparation for the civilian workforce.

(d) Soldiers may participate in DoD Operation Warfighter internships or VA Coming Home to Work internships with Federal agencies. Soldiers will not participate in internships with any non-federal entities, such as agencies of state, county, or local governments, non-profit organizations, or commercial/for-profit organizations.

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e. **Reintegration.** This process is designed to specifically prepare each Soldier and his Family for successful transition back to the force or into civilian life as a Veteran. As soon as possible, but no later than MRDP, Soldiers will complete the appropriate Reintegration Checklist to proactively identify issues with future success beyond their transition from a WTU/CBWTU. For Soldiers that remain in the Army or transition from the Army, the Reintegration Checklist sets the conditions for a successful warm hand off to the VA or military providers in their follow on units. WTU/CBWTU Commanders will ensure Soldiers have optimum opportunity to be transition eligible. Transition eligible objectively measures seven essential CTP tasks, which include the Self-Assessment, Goal Setting, Scrimmage, ACAP, CER participation, Reintegration and all Soldiers must leave with a sustainable medical support plan. Additionally, Soldiers will complete a survey on their experiences, in order to measure the Soldier's subjective transition ready status. Information gathered from this survey will enable the WTC to improve and strengthen policies and procedures critical to Warrior Care and Transition. Both transition eligible and transition ready directly feed the WTC Commander's assessment of the Balanced Scorecard.

f. **Post-transition.** Post-transition refers to the period after a Soldier exits the WTU/CBWTU, regardless of CTP Track. During this process, the Soldier is under the control of his follow on unit, the VA, and/or AW2 program, if eligible.

6. **Conclusion:** The CTP facilitates the Soldier's successful transition. The Soldier is responsible for making the most of the opportunities provided and should exemplify the United States Army's Values and Warrior Ethos.

The CTP is a future-oriented, aspirational action plan which is at the heart of the warrior care & Transition Program. Close adherence to this CTP Policy should be the focus of every WTU/CBWTU Soldier's life/health and fully supported by the family and fully supported by the interdisciplinary WC&T Team!



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**Comprehensive Transition Plan
Guidance
(CTP-G)**

1 December 2011



**Warrior Transition Command
Comprehensive Transition Plan – Guidance (CTP-G)**

Applicability. This policy guidance applies to all Army Warrior Transition Units and Community Based Warrior Transition Units.

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Section 1. General

1-1. Purpose. This document provides guidance for the development and implementation of the Comprehensive Transition Plan (CTP) and automated CTP (aCTP) documentation tool.

1-2. Proponent. The proponent for this guidance is the Warrior Transition Command (WTC).

1-3. Background.

a. The Surgeon General signed OTSG/MEDCOM Policy Memo 11-098, Comprehensive Transition Plan (CTP) Policy, dated 1 December 2011, stating all assigned or attached Soldiers must initiate a CTP upon their assignment or attachment to the Warrior Transition Unit (WTU) or Community Based Warrior Transition Unit (CBWTU). This document supersedes the CTP Implementation Guidance dated March 2011, and provides guidance to support execution of the OTSG/MEDCOM CTP Policy Memo 11-098, dated 29 November 2011.

b. This revision encompasses several significant changes that will establish policy, regulatory guidance, and instruction beyond the initial edition of the 11 March 2011, CTP Implementation Guidance. The following list highlights the changes in this revision:

(1) Standardize the process between WTU Brigades, Battalions, Separate WTU Companies, and CBWTUs.

(2) Soldiers in WTUs will no longer be called Warriors in Transition (WTs). The correct term is Soldier.

(3) The interdisciplinary team will replace the term multidisciplinary team. Interdisciplinary team includes all personnel that play a role in the Soldier's healing, recovery, and transition.

(4) Maintaining squad leader (SL), nurse case manager (NCM), and primary care manager (PCM) as the *Triad of Care*. However, the guidance will focus more on the need for a collaborative and cohesive interdisciplinary team vice specific tasks for the *Triad of Care*.

(5) Refinement of six processes replacing the seven CTP phases

(6) In-processing replaces both Intake and Assessment processes.

(7) First 30 day timeline adjustments to better allow WTUs to complete all their assigned tasks.

(8) Improve explanation of the tracks with future disposition.

(9) Transition Review replaces CTP Review.

(10) Reintegration replaces Pre-transition.

(11) Re-name Transition Review Board (TRB) to Focused Transition Review (FTR), a less formal process.

(12) Formal introduction and streamline of the scrimmage and FTR timelines.

(13) Reduce requirement for company commander to lead FTR only once after the Soldier meets his medical retention determination point (MRDP), which may replace a scrimmage.

(14) Define Adaptive Reconditioning Program (previously termed adaptive sports), to include Adaptive Reconditioning Activities, and the roles and responsibilities of the Soldier and WTU cadre.

(15) Inclusion of an electronic-profile (eProfile), written in a positive profile format, as a requirement to execute an Adaptive Reconditioning Program for a Soldier (see Appendix 8).

(16) Change Education, Employment and Internship (EEI) to Career and Education Readiness (CER).

(17) Change Command and Control (C2) to Mission Command.

c. The CTP focuses on the Soldier's future and aligns with the domains of strength within the Comprehensive Soldier Fitness (CSF) model of physical, emotional, social, Family, and spiritual. The CTP adds career as a sixth domain (see Figure 1). The CTP is a dynamic and evolving framework tailored to each Soldier. The CTP is the Soldier's roadmap to his desired future, and it consists of the self-assessment, the scrimmage, the Focused Transition Review (FTR), and the Reintegration Checklist as we move towards "transition eligible". The Soldier owns his CTP and it empowers him to take charge of his own transition with the support of his Family and the interdisciplinary team.



Figure 1 (CTP Domains from CSF)

d. The WTC will update this guidance in collaboration with WTU/CBWTU leaders and subject matter experts (SME). The WTC will identify best-practices and will continue to refine the process, to include documentation in the automated Comprehensive Transition Plan (aCTP).

e. The aCTP supports the CTP. The aCTP is an evolving automation system that captures the execution of all six CTP processes (see paragraph 1-6). It is not a replacement for the CTP or the electronic health record (EHR). The aCTP should not include Protected Health Information (PHI). The aCTP will move off the AKO platform to the Army Warrior Care & Transition System (AWCTS). Within AWCTS, the aCTP will continue to serve as the primary tool for the execution of the CTP and will play a critical role in the collection and assessment of Soldier CTP records across the Warrior Transition Command.

f. As a general rule, he, his, and him throughout this document refer to both genders.

1-4. Roles and Responsibilities.

a. The Soldier and his Family develop his CTP with the support and guidance of the interdisciplinary team. The WTU/CBWTU uses an interdisciplinary team model to tailor care and focus effort toward a Soldier's recovery, rehabilitation, and reintegration. The Soldier's needs will drive the makeup of the interdisciplinary team. The interdisciplinary team is made up of clinical providers and non-clinical leaders/supporters that play a positive and active role in the Soldier's transition plan (see Figure 2). The Soldier is the cornerstone of his recovery and transition plan and is ultimately responsible for the success of his Transition Plan.

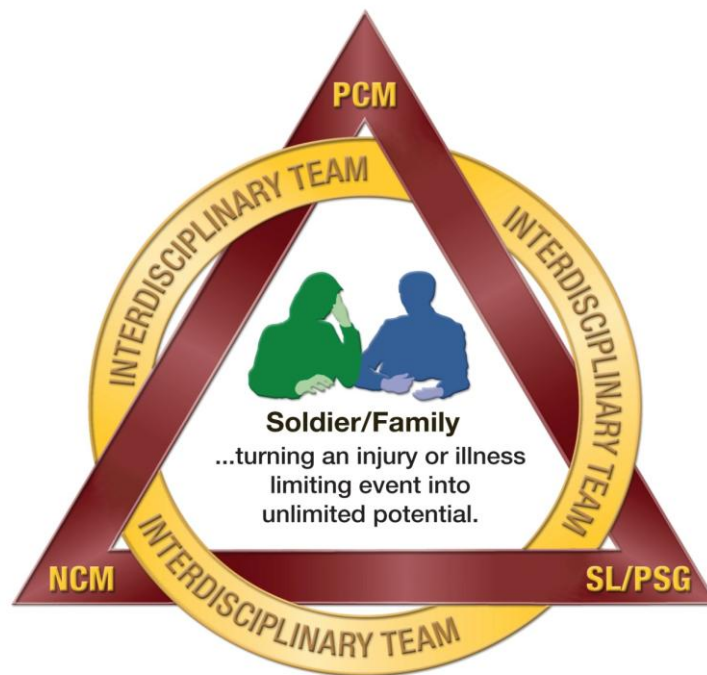


Figure 2 (Triad of Care, Interdisciplinary Team support to the Soldier/Family)

(1) Soldiers will:

- (a) Begin their CTP within the first 30 days of assignment in a WTU/CBWTU.
- (b) Be active, aggressive and accountable for establishing and meeting their goals.
- (c) Provide a complete and honest assessment of their transition status.
- (d) Be on time at their expected place of duty.
- (e) Remain subject for compliance to Army regulations, customs and courtesies, administrative policies, and the Uniform Code of Military Justice (UCMJ).
- (f) Update their self-assessment weekly while in-processing. Once assigned to a line company or CBWTU, the commander may direct a monthly or bi-monthly frequency based on the Soldier's needs.
- (g) Participate in CER opportunities that align with their track preference and long term career goals.

(2) Sustainment Methodology. In order to maintain appropriate focus on the Soldier's recovery, rehabilitation, and reintegration, all members of the interdisciplinary team must provide timely oversight and supervision. SLs/platoon sergeants (PSGs) are responsible for tracking the completion of the Soldiers' transition goals established during the CTP Scrimmage. Soldiers will establish goals with sub-goals and actions statements in support of each domain. These sub-goals and actions statements are personalized for each Soldier, and are the guide path towards transition along the two tracks "Remain in the Army" or "Transition from the Army". SLs/PSGs are empowered to determine a subjective status of transition progress during daily, weekly, monthly, and quarterly CTP progress counseling.

(3) Accountability. Accountability and tracking is accomplished by using standard reporting requirements (aCTP dashboard, manual CTP data calls, Medical Operational Data System (MODS), etc). Every leader shares responsibility to ensure all appointments and documents are accounted for after each meeting. This assists in de-conflicting appointments schedule and ensures the Soldier has the information he needs to succeed in his individual CTP. SL will also ensure that the Soldier completes no less than five hours of adaptive reconditioning activities per week.

(a) Daily Accountability. The SL ensures Soldiers attend all formations conducted by the company, platoon, or squad. The only exceptions are those Soldiers who have "no formation" annotated on their profile DA 3349 or who have approval not to attend from their chain of command prior to formation. Any other unauthorized absences will be dealt with through administrative and/or UCMJ actions as deemed appropriate by the commander. If a Soldier is on the High Risk list, the Soldier must be contacted IAW the company commander's risk mitigation plan. CBWTU PSG will make daily calls to Soldiers' worksite to verify that Soldiers are at their place of duty and are well. This will establish that Soldiers are at their assigned place of duty for the week. Additionally, the SL/PSG will contact each work site supervisor monthly to assess the Soldier's work performance and participation.

(b) Weekly. The Soldier with support from his SL and NCM will maintain and refine his daily schedule and CTP accomplishments. This schedule is an inspectable item by SL/PSG. Changes to the Soldier's risk assessment and mitigation plan or the individual Soldier's CTP during periodic CTP scrubs with the Soldier, will be made in the aCTP by the SL together with the company CTP Management Analyst. The NCM will inform these changes to all members of the key interdisciplinary team via email or telephone. Either the NCM or the appropriate

interdisciplinary team member is responsible for entering the updates into AHLTA. During the first 30 days, the Soldier will enter his personal status in the aCTP Self-Assessment validated each week by the SL and NCM.

(c) Monthly. PCMs will update the risk assessment and medical care plan for each Soldier at weekly Triad meetings. The Triad will discuss significant concerns and/or changes to the risk level. Additionally, the SL will counsel the Soldier on his performance, review the aCTP Self-Assessment, and discuss CBWTU eligibility (if appropriate). This counseling will be documented on a developmental counseling form.

b. The key Brigade and Battalion WTU staff and support members are listed below:

(1) WTU Commander. The WTU Commander is the individual appointed to command and control the WTU. He is responsible for all that the WTU accomplishes or fails to accomplish. The commander:

- (a) Receives frequent updates on the status of Soldiers in the command.
- (b) Directs actions as necessary to ensure that all standards of care and transition for Soldiers are met.
- (c) Establishes the leadership climate of the unit for developing discipline and cohesiveness. Refer to AR 600-20 for a discussion on command policy.

(2) WTU Command Sergeant Major (CSM). The CSM is the senior enlisted trainer and spokesperson. The CSM will:

- (a) Enforce established policies and standards for enlisted Soldiers pertaining to the conduct, performance, care, personal appearance, effective personal utilization, asset management, and Soldier training.
- (b) Ensure subordinate noncommissioned officers (NCOs) do the same.
- (c) Provide advice and recommendations to the commander and staff on all matters pertaining to enlisted Soldiers and their Families.
- (d) Assist in regular inspections of command activities, facilities, and personnel as prescribed by the commander.
- (e) Ensure adherence to command regulations and policies.
- (f) Ensure newly assigned enlisted personnel are instructed in military courtesy and customs of the service.
- (g) Monitor and conduct training of enlisted Soldiers of the command.
- (h) See DA Pamphlet (PAM) 611-21 for additional duties and responsibilities of the CSM.

(3) The WTU Executive Officer:

- (a) Oversees staff activities and assumes command in the absence of the commander.
- (b) Keeps the commander informed of Soldier issues which may require his attention.
- (c) Conducts weekly staff meetings.
- (d) Works with staff elements to resolve any Soldier care issues.
- (e) Receives daily updates on all unresolved Soldier issues.

(4) The WTU Surgeon should devote a portion of his time each month to clinical practice. Wherever feasible, the WTU Surgeon should be either (1) a physician residency-trained in a

primary care or occupational medicine specialty (family, internal, or emergency medicine, pediatrics, physical and rehabilitative medicine, or occupational health); or (2) a mid-level provider specifically trained in a primary care realm of his discipline. The WTU Surgeon:

- (a) Is the senior SME in the organization for all medical management issues.
- (b) Is the primary liaison with the Medical Treatment Facility (MTF).
- (c) Ensures all Soldiers receive the best medical care our nation can provide.
- (d) Provides direct oversight to the WTU PCMs.

(5) The WTU Supervisor NCM is the primary advisor to the commander on nursing issues and works directly for the Brigade or Battalion Commander. In Separate Companies and CBWTUs, these functions are performed by the NCM Officer in Charge (OIC) (formerly the Company Supervisor NCM). The WTU Supervisor NCM:

- (a) Oversees the nursing activities of the case managers within the command.
- (b) Is responsible for ensuring NCMs maintain all licensure and education requirements, and are trained and competent in performing their duties.
- (c) Provides professional development and counseling to NCMs within the command.
- (d) Serves as a direct liaison between the WTU nursing personnel and the MTF Deputy Commander for Nursing (does not apply to CBWTUs).
- (e) Establishes policies and procedures and monitors nursing activities to ensure the delivery of effective, efficient, and quality care.
- (f) Interfaces with the senior nursing leadership to coordinate clinical nursing issues.
- (g) Engages in interagency collaboration to facilitate care.
- (h) Develops and monitors case management clinical outcomes metrics.

(6) The Senior Licensed Clinical Social Worker (LCSW) has a Masters Degree in Social Work and is independently licensed by his State to conduct clinical social work assessments, diagnosis and treatment. He possesses a national clinical credential to conduct therapy and/or has the highest level of licensure granted by his State. The Senior LCSW:

- (a) Provides oversight on the execution of responsibilities, compliance and professional development of all LCSW, Bachelor Level Social Worker (BLSW), and Social Service Assistant (SSAs) assigned to the WTU/CBWTU.
- (b) Is the SME in behavioral health issues in the WTU/CBWTU and works with the MTF and TRICARE Regional Contractor to ensure behavioral health continuity of care for every Soldier.
- (c) Conducts risk, comprehensive behavioral health and psychosocial assessments.
- (d) Performs behavioral health care management.
- (e) Enters information into automation systems (AHLTA, Psychological and Behavioral Health – Tools for Evaluation Risk and Management (PBH-TERM), and aCTP).
- (f) Provides short-term therapy, counseling, or Family/caregiver support.
- (g) Attends interdisciplinary meetings.
- (h) Provides oversight or conducts scrimmages.
- (i) Refers, educates and advocates for Soldiers and Families/caregivers.
- (j) Provides briefings and cadre/peer support.

(7) The Occupational Therapist/Registered's (OTR) responsibilities are a departure from the traditional role of Army OTRs acting as a health care provider, but are within the scope of practice for occupational therapy. In a separate company, the OTR provides all the assigned

functions for occupational therapy. CBWTUs and separate companies without OTRs will utilize the PSG and NCM to properly coordinate functional activities such as CER for their Soldiers. If an OT is not assigned, commanders will select the best qualified member of his cadre to provide the Phase I Goal Setting training using the established PowerPoint presentation and workbook in conjunction with a WTU Comprehensive Soldier Fitness-Performance and Resilience Enhancement Program (CSF-PREP). A regionally assigned OTR will train the identified Cadre member prior to assuming these duties. The OTR:

- (a) Conducts an initial screening for newly assigned Soldiers.
- (b) Initiates the Goal Setting Process.
- (c) Serves as the Computer/Electronic Accommodations Program (CAP) Representative.
- (d) Provides guidance on Soldier Activities of Daily Living (ADL) and training for Advanced Life Skills.
- (e) Provides Phase I Goal Setting Training to Soldiers and WTU/CBWTU Cadre.
- (f) Serves as referral source to CSF-PREP for Phase II Goal Setting Training.
- (g) Provides functional assessments for work reintegration and work site placements.
- (h) Collaborates with the Career Counselor and Transition Coordinator to implement an individual reintegration program for Soldiers, especially those who have suffered a major change in lifestyle due to sustained injuries.
- (i) Collaborate with interdisciplinary team for Adaptive Reconditioning Program as required.
- (j) Provides supervision, oversight and direction over all assigned WTU Certified Occupational Therapy Assistants (COTAs).
- (k) Contributes to program outcome measurement and metrics.

(8) Physical Therapist (PT). The PT's responsibilities are a departure from the traditional role of Army PTs acting as a military treatment facility-based health care provider, but are within the scope of practice for physical therapists. CBWTUs and separate companies will coordinate with the MTF or TRICARE Regional Contractor for required PT support. The PT:

- (a) Is the Soldier Adaptive Reconditioning Program developer, manager, and subject matter expert for the WTU Command.
- (b) Is the subject matter expert for all Adaptive Reconditioning Activities and physical training injury prevention.
- (c) Conducts initial screenings/evaluations and reassessments of Soldiers for participation in an Adaptive Reconditioning Program.
- (d) Completes initial assessment and develops Adaptive Reconditioning Programs tailored to individual Soldiers capabilities and needs within 30 days of assignment to the WTU/CBWTU.
- (e) Provides contributions to goal setting, in any of the six CTP domains, for which Adaptive Reconditioning Activities or other physical therapy assessment findings are appropriate.
- (f) Reviews, modifies, or initiates physical profiles (eProfiles), written in a positive profile format.
- (g) Assists with neuro-musculoskeletal care coordination.
- (h) Provides supervision, oversight and direction of all assigned WTU Physical Therapy Assistants (PTA).
- (i) Performs all the functions of a WTU PTA, when assigned to a separate company.
- (j) Contributes to program outcome measurement and metrics.

(9) The Warrior Transition Battalion (WTB) Transition Coordinator. The Transition Coordinator integrates Career and Education Readiness (CER) activities for all Soldiers. CBWTU PSG will act as the transition coordinator for his Soldiers. The Transition Coordinator will:

(a) Support volunteer work site opportunities found on and off the installation to enable a successful transition plan.

(b) Provide access and referral to Army education counselors, Veterans Affairs (VA) and Vocational Rehabilitation and Employment (VR&E) counselors, Department of Labor (DOL) REALifelines representatives, and other Soldier Family Assistance Center (SFAC) and community support organizations.

(c) Coordinate and work closely with OT staff and the Career Counselor to select appropriate CER activities aligned with the Soldier's track choice, anticipated final medical disposition, and career goals.

(d) Assist the Soldier in the development and refinement of their CER plan and assist with the completion of the CER checklist.

(10) A Unit Ministry Team (UMT) consists of a Chaplain and Chaplain Assistant assigned at the battalion level and above. This team's mission is to respond to the religious, moral, and spiritual needs of Soldiers, their Families, and other assigned personnel. The Chaplain is a personal staff officer to the commander who advises on matters of religion, morals and morale as affected by religion. Chaplains assigned to WTUs are specially trained in the integration of faith and health care. They are SMEs in the role spirituality plays in a Soldier's physical healing. Separate companies and CBWTUs who do not have a UMT assigned should coordinate religious support through local installation Chaplains. In cases where local religious support is not readily available, commanders will coordinate religious support through a MTF or RMC Chaplain's office. The UMT is organized to perform or provide Religious support activities including but not limited to the following:

(a) Religious services

(b) Rites, sacraments and ordinances

(c) Pastoral care/counseling

(d) Religious education

(e) Hospital visitation

(f) Pastoral support to the commander and staff

(g) Advice on ethics and ethical decision making

(h) Maintaining and managing ecclesiastical supplies

(i) Facilitation of free exercise of religion for assigned personnel

(j) Conducting marriage, Family and Soldier retreats.

(k) Support and monitor the Soldier's CTP Spiritual plan as necessary.

(11) Adjutant (S-1). In CBWTUs and separate companies the Senior Human Resources (HR) NCO will perform the duties of the Adjutant. The Adjutant:

(a) Conducts mission analysis of all matters concerning human resources support (military and civilian).

(b) Considers factors relating to manning, personnel services, and support.

(c) Analyzes personnel strength data to determine current capabilities and projects future requirements for WTU/CBWTU manpower requirements.

(d) Analyzes unit strength maintenance, including monitoring, collecting, and analyzing data affecting Soldier readiness.

(e) Prepares estimates for personnel replacement requirements, based on estimated losses, and foreseeable administrative losses to include critical military occupational skill (MOS) requirements.

(f) Determines personnel services available to Soldiers (current and projected).

(12) The Operations (OPS) Officer (S-3) is assisted by the S-3 section (Executive Officer (XO) and OPS NCO in CBWTUs and separate companies) and:

(a) Is responsible for plans, operations, and functions for the WTU/CBWTU.

(b) Prepares broad plans, policies, and programs for command organizations, operations, and functions based on the battalion commanders' guidance.

(c) Is responsible for developing the training programs and developing metrics to ensure all cadre personnel demonstrate satisfactory levels of understanding and work production.

(d) Makes training available through training modules that can be accessed either via the internet or in written form as reference material.

(13) The Logistics Officer (S-4) is assisted by the S-4 section (supply specialist in CBWTUs and separate companies) in:

(a) Determining critical requirements for each service and support function and identifying potential problems and deficiencies.

(b) Assessing the status of all service and support functions required to support any possible courses of action and compares them to available assets.

(c) Monitoring logistics support for WTU/CBWTU units.

(d) Identifying potential shortfalls and recommending actions to eliminate or reduce their effects.

(14) The CTP Management Analyst (commanders without a CTP Management Analyst will select the best available cadre member to fulfill these duties):

(a) Works directly for the S-3 and ensures the integrity and accuracy of the aCTP data.

(b) Ensures quality execution of the processes within the aCTP.

(c) Extracts reports and manages data for the commander.

(d) Serves as the local subject matter expert on the aCTP system and provides training and support to unit staff as needed.

(e) Collects and submits support requests, bug reports (aCTP deficiency report), and enhancement requests on behalf of unit staff.

(15) The Medical Evaluation Board (MEB) Physician, though in the WTU organic structure, is normally managed by the MTF Deputy Commander for Clinical Services (DCCS).

(16) The Family Readiness Support Assistant (FRSA):

(a) Helps with implementing and maintaining Family support services.

(b) Coordinates with community agencies.

(c) Coordinates briefings, orientation, and workshops to inform Soldiers and their Families about the functions of the Family Readiness Program and reunion issues.

(d) Provides information to Families about WTU events, opportunities and initiatives.

(e) CBWTUs will ensure that each Soldier is connected with his unit Family support program.

(17) Soldier and Family Assistance Center (SFAC) Director. Though not organic to the WTU structure, the (SFAC) Director plays a key role to the success of SFAC programs in the WTUs. He provides program guidance and leadership while implementing a tailored, integrated administrative support services program that acts as an information broker/clearing house in a location proximate and convenient for Soldiers and their Family members. This includes:

- (a) Providing the highest quality customer service
- (b) Offering accurate and timely information and/or needed referral services
- (c) Offering a goal oriented family support plan for Family members.

(18) An Army Wounded Warrior (AW2) Advocate will be assigned to all Soldiers who meet eligibility criteria (see paragraph 2-1d(14)). The AW2 Advocate will:

- (a) Review the aCTP dashboard.
- (b) Enter AW2 information and assistance provided in AWCTS.
- (c) Monitor and create Soldier goals and CTP action plans to mitigate Soldier issues.
- (d) Participate in scrimmages/FTR, interdisciplinary team meetings and have access to all relevant Soldier information and documentation.
- (e) Collaborate with the interdisciplinary team.

(19) Career Counselor. The Career Counselor in a WTB will assist Soldiers in extending for continued medical care and provide counseling on all aspects of Soldiers' military career to include education, promotion, reclassification, retention, retraining, and transition into the Reserve components. He also serves as the liaison for COMPO 2 and 3 Soldiers while assigned to the WTU. The career counselor is the point of contact for expiration term of service (ETS) changes and Military Occupational Specialty (MOS) Administrative Retention Review (MAR2) processing.

(20) Soldiers Medical Evaluation Board Counsel (SMEBC). The SMEBC are licensed uniformed and civilian attorneys of the Army Judge Advocate General Corps who are specifically trained and certified to provide legal advice representation to Soldiers in the MEB and PEB process. Soldiers' MEB Counsel represent and advise Soldiers and are also bound to attorney-client confidentiality.

c. The key Company WTU/CBWTU staff members are listed below:

(1) WTU/CBWTU Company Commander. The WTU/CBWTU Commander is the individual appointed to command and control the WTU/CBWTU. The commander is responsible for all the WTU/CBWTU accomplishes or fails to accomplish. The company commander is ultimately responsible for the successful execution of Triad meetings. The commander receives frequent updates on the health status of Soldiers in the command. He directs actions to ensure that all standards of care and transition for Soldiers are met. The commander is responsible for establishing the leadership climate of the unit and developing disciplined and cohesive units. This sets the parameters within which command will be exercised, and therefore, sets the tone for social and duty relationships within the command. Refer to AR 600-20 for a discussion on command policy. The commander will:

(a) Ensure risk assessments are established and documented within the aCTP within 24 hours of attachment/assignment.

(b) Ensure appropriate risk mitigation measures for high risk Soldiers.

(c) Monitor and report appropriate unit metrics to track CTP execution.

(d) Complete "COMMANDER'S PERFORMANCE AND FUNCTION STATEMENT", DA Form 7652, for submission to PEB.

(2) The First Sergeant (1SG):

(a) Assists the commander in planning, coordinating, and supervising all activities that support the WTU/CBWTU mission.

(b) Advises the commander on Soldier issues to include duty profiles and status of Soldiers assigned or attached.

(c) Coordinates unit administration to include submission of required reports.

(d) Counsels and provides guidance to Soldiers and other subordinate personnel.

(e) Conducts inspections of unit activities and facilities, observes discrepancies and initiates corrective action.

(3) Primary Care Manager (PCM). The relationship developed between the Soldier and his PCM is the basis for successful prevention-oriented, coordinated health care. The Soldier benefits from consistent health care and improved overall health. The PCM must play an active leadership role in each Soldier's care, through effective communication with other interdisciplinary team members, especially the other members of the Triad of Care. Wherever feasible, physician PCMs should be residency-trained in a primary care or occupational medicine specialty (family, internal, or emergency medicine, pediatrics, physical and rehabilitative medicine, or occupational health); midlevel provider PCMs should be specifically trained in the primary care realms of their respective disciplines. In separate companies and CBWTUs, the PCM also serves as the WTU Surgeon. The PCM:

(a) Provides primary oversight and continuity of health care.

(b) Ensures the level of care provided is of the highest quality.

(c) Advises the commander on all health related issues for all assigned Soldiers.

(d) Serves as the physician approving authority for all permanent (P3/P4) physical profiles issued for all assigned Soldiers.

(e) Ensures Soldiers with (P3/P4) physical profiles are referred to a MAR2 or Medical Evaluation Board (MEB)/Physical Evaluation Board (PEB), as appropriate.

(4) Nurse Case Manager Officer in Charge (OIC): (Replaces the title Supervisor NCM to align with standard Army Nurse Corps position naming conventions. Future TDA documents will be updated to reflect this change).

(a) Works for the company commander with supervisory oversight from the Battalion/Brigade/RMC Supervisor NCM.

(b) Is responsible for the supervision and oversight of NCM functions within the company.

(c) Coordinates and evaluates nursing activities to ensure safe and cost effective patient care through the efficient use of NCM staff and clinical resources.

(d) Plans, implements and evaluates nursing activities in accordance with regulations, policies and national standards of care.

(e) Ensures NCMs maintain the skills necessary to function competently within the standards of practice for case managers.

(f) Monitors Soldier acuity and NCM ratios to ensure safe caseloads are maintained.

(g) Maintains an average caseload of up to 10 Soldiers when assigned to a brigade or battalion size WTU.

(5) The CTP Management Analyst. CBWTU commanders will select the best available individual from his cadre to fulfill these duties. The CTP Management Analyst:

(a) Works directly for the company commander.

(b) Ensures the integrity and accuracy of the aCTP data.

(c) Ensures the quality execution of the processes within the aCTP.

(d) Pulls reports and manages data for the commander.

(6) The Company LCSW has a Masters Degree in Social Work and is independently licensed by his state to conduct clinical social work assessments, diagnosis and treatment (therapy); has passed a national clinical exam to conduct therapy and/or has the highest level of licensure granted by his state. The LCSW cannot prescribe medications, conduct psychological testing or admit Soldiers to the hospital. A Licensed Master Social Workers (LMSW), under clinical supervision of the LCSW may perform the duties of the LCSW with some exceptions. Although LMSW has a Masters Degree in Social Work, he has a non-clinical license and may only assess, diagnose, and treat under clinical supervision approved by the MTF credentialing board. The LCSW:

(a) Is the SME regarding behavioral health issues in the WTU/CBWTU.

(b) Works with the Triad of Care, MTF, Sister Services and TRICARE to ensure behavioral health continuity of care for every Soldier.

(c) Conducts risk assessments.

(d) Conducts comprehensive behavioral health and psychosocial assessments.

(e) Provides behavioral health care management.

(f) Enters information into automation systems (AHLTA, PBH-TERM, and aCTP).

(g) Provides short-term therapy, counseling, and Family/caregiver support.

(h) Attends interdisciplinary meetings.

(i) Conducts and provides oversight of scrimmages.

(j) Refers, educates, and advocates for Soldiers and Families/caregivers.

(k) Provide briefings and cadre/peer support.

(l) Provides supervision of other LCSWs, LMSWs, Bachelor Level Social Workers (BLSW), or Social Services Assistants (SSA).

(7) The BLSW has a Bachelor Degree in Social Work and may or may not have a license. SSAs also serve in this role under the supervision of the LCSW and may have a Bachelor's Degree or experience, which qualified them for the position. These duties are performed by the CBWTU LCSW. The BLSW or SSA:

(a) Leads, conducts, and coordinates the scrimmage in accordance with (IAW) the six domains (may be conducted by the LCSW).

(b) Manages, coordinates, monitors, and evaluates options and services to meet complex behavioral health needs of the Soldier and Family.

(c) Works with and directly supports the LCSWs and the WTU staff to ensure continuity of care of the Soldier and Family.

(d) Conducts educational classes, seeks applicable resources, referrals, and advocacy for the Soldier, Family and the WTU cadre.

(e) Attends interdisciplinary team meetings.

(f) Coordinates meetings and appointments.

(g) Enters information into automation systems (AHLTA, PBH-TERM, aCTP, and AWCTS).

(8) The NCM is a registered nurse who works with the Soldier throughout the medical treatment, recovery, and rehabilitation. Using a collaborative team approach, the NCM:

(a) Assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet the complex health needs of Soldiers.

(b) Promotes appropriate, timely, clinically effective and cost efficient patient care.

(c) Works directly with the interdisciplinary team to ensure that each Soldier develops and executes an effective CTP.

(9) Certified Occupational Therapy Assistant (COTA). Following the initial assessment by the WTU OTR, the WTU COTA implements the established plan and works under the supervision, direction and oversight of the WTU OTR. The COTA assists with all aspects of program implementation, as directed by the OTR, to ensure a successful transition for the Soldier. All COTA roles and responsibilities are within the scope of practice for occupational therapy.

(10) Physical Therapy Assistant (PTA). Following the initial assessment by the WTU PT, the WTU PTA implements the established plan and works under the supervision, direction and oversight of the WTU PT. The WTU PTA assists with all aspects of program implementation, as directed by the WTU PT, to ensure a successful transition for the Soldier. All WTU PTA roles and responsibilities are within the scope of practice for a physical therapy assistant.

(11) The Company Executive Officer (XO):

(a) Assumes command of the company in the absence of the commander.

(b) Oversees company personnel activities.

(c) Keeps the commander informed on Soldier issues that require his attention.

(d) Conducts weekly meetings.

(e) Works with company cadre and other company elements to resolve any Soldier standard of care issues.

(f) Receives daily updates on unresolved Soldier issues.

(12) Platoon Sergeant (PSG). The PSG reports to the Company Commander and First Sergeant and:

(a) Ensures and maintains daily accountability of Soldiers.

(b) Ensures Soldiers comply with all assigned tasks.

(c) Supervises SLs and routinely inspects counseling files, individual CTP, living quarters, and any other areas of Soldiers well-being and care designated by the commander.

(d) Maintains weekly oversight of Soldiers' self-assessment and ensures SL validations provide appropriate action oriented comments to action plans.

(e) Manages Soldiers work site placements within the platoon and verifies quality of work through face-to-face or telephonic bi-weekly checks.

(f) Manages the movement of Soldiers between SLs within the platoon in accordance with mission requirements to ensure adequate Soldier supervision.

(g) Reviews, approves, or disapproves Soldiers identified for cancellation of weekly self-assessment in the aCTP.

(h) Teaches, coaches, and mentors all Soldiers within the platoon.

(i) Assumes the duties of the company First Sergeant as required.

(j) Ensures Soldiers participate in an Adaptive Reconditioning Program tailored to the individual Soldier physical capabilities and needs.

(k) Makes face-to-face contact with Soldiers assigned to his platoon on a daily basis. It is imperative the PSG gets to know their Soldiers, so he can support the SL when Soldiers develop behavioral health, personal, or other problems.

(l) Maintains communication logs and notifies the NCM on any potential recovery issues.

(m) The CBWTU PSG will become the change agent for the Soldier in his progress through the CBWTU and the CTP. The CBWTU PSG will:

1. Make daily accountability calls to Soldiers.

2. Have a periodic CTP call with the individual Soldier to evaluate the Soldier's progress on their CTP goals. The frequency of these calls will be based on the Soldiers maturity, risk level and commitment to the CTP.

3. Contact each work site supervisor monthly to assess the Soldier's work performance and participation.

4. Fulfill the duties of the WTU SL as listed below.

(13) Squad Leaders (SL). The SL is the critical link for the Soldier to the chain of command, the NCM and the PCM. The SL is the first line supervisor for the Soldier and should build a relationship of trust with everyone he contacts to support the Soldier. Trust and confidence are the SL's most valuable assets in assisting the Soldier. The SL works as part of the Triad providing for the care of the Soldier and his Family. The SL:

(a) Maintains accountability of their Soldiers and equipment and reports all accountability failures to the commander.

(b) Collaborates with the interdisciplinary team to maintain Soldier accountability related to CER activities, to include education classes, and work site placement and ensures Soldiers are at their respective place of duty.

(c) Reports all work site absences to the transition coordinator.

(d) Links Soldiers to SFAC for administrative services and benefits.

(e) Submits requests for awards and decorations.

(f) Ensures that the Soldier's records are transferred from losing unit to gaining unit.

(g) Inspects the condition of Soldier's billeting, clothing, and equipment.

(h) Keeps the PSG informed on squad's medical status and requirements.

(i) Ensures their Soldiers participate in an Adaptive Reconditioning Program tailored to individual physical capabilities and needs.

(j) Coaches, mentors, and counsels their individual Soldiers.

(14) The Human Resources (HR) Specialist:

- (a) Performs a wide variety of procedural and substantive clerical work in support of military personnel functions.
- (b) Is directly responsible for reviewing and ensuring all actions processed are in compliance with regulatory guidelines and local policies.
- (c) Maintains all company rosters and functional files in accordance with the approved Army filing system.
- (d) Conducts in/out-processing counseling and is primarily responsible to update aCTP data.
- (e) Screens records.
- (f) Executes platoon and NCM assignments.
- (g) Inputs personnel data into the Army Medical Department (AMEDD) Human Resources and Warrior Transition Database for all newly assigned Soldiers.
- (h) Reviews consolidated reports, statistics, applications, and prepares recommendation for personnel actions to higher headquarters.

1-5. Triad Meetings. Interdisciplinary coordination is paramount to the successful execution of the CTP. In addition to scheduled scrimmage and FTR meetings that are attended by the Soldier, the Triad meeting serves as a critical communication mechanism for members of the interdisciplinary team.

a. Purpose. The purpose of the Triad meeting is to foster team thinking in order to proactively organize and address Soldier issues, and to ensure a common operating picture for the Soldier's healthcare.

b. Timeline. Triad meetings must be held weekly. High risk Soldiers will be discussed weekly (IAW the overall WTU Commander Risk Assessment). All other Soldiers will be discussed at least monthly.

c. Responsibilities. As previously noted, the company commander is ultimately responsible for the successful execution of Triad meetings. At a minimum, the company commander, SL/PSG, PCM, LCSW, OTR or COTA, NCM OIC and company NCMs are required to attend all Triad meetings. Other individuals such as Transition Coordinator, Family Readiness Support Assistant, Army Wounded Warrior (AW2) Advocate, VHA representative, Career Counselor, etc., should attend as directed by the company commander in order to accomplish the objective of effective communication and collaboration.

d. Required Tasks. At a minimum, the following topics should be discussed at weekly Triad meetings: (Note: other subjects may be addressed in order to facilitate interdisciplinary team communication. Commanders should seek guidance and input from the PCM to develop an effective agenda).

- (1) High risk Soldiers and risk mitigation plans with highlights of any significant life changes (marital separations, divorce, death in the family, and identification of financial setbacks, etc.).
- (2) Reserve component Soldiers with orders that will expire within the next 45 days.
- (3) Soldiers with expired or expiring profiles.
- (4) Soldiers pending transfer and issues with Soldiers who are ineligible for transfer.
- (5) Soldiers in the WTU or CBWTU greater than 365 days who have not reached their Medical Retention Decision Point (MRDP).

(6) Projected date a Soldier will meet MRDP. When a Soldier reaches MRDP, ensure all members of the interdisciplinary team know of the determination (specifically the Soldier's chain of command) prior to notifying the Soldier and his Family.

(7) Soldiers in the MEB process who have exceeded standard timelines or who may potentially have issues.

(8) General discussion on critical medical changes (appointments, medication that may have an effect on behavior, etc).

(9) Career and education plans schedule and work site.

(10) Adaptive Reconditioning Program tailored to individual Soldier.

(11) TRICARE enrollment issues; ensuring Soldiers are TRICARE enrolled to their WTU/CBWTU assignment.

e. Triad Meeting Process. The members of the company leadership and the Triad of Care represent the core of the meeting. Soldier's PCM, LCSW, NCM, and SL/PSG will be present as they discuss each Soldier's case. The commander, in collaboration with the PCM, should establish a Triad meeting process that best meets the needs of his company. As a best practice, the primary team member delivering information during the meeting is the SL or PSG with support from the NCM. The OT, PT, AW2 Advocate, FRSA, Ombudsman and others are often in attendance receiving information and providing critical input when warranted.

1-6. Key Components. The CTP provides a tool that supports the Soldier's goals to heal and successfully transition back to the force or to separate from the Army as a Veteran. The primary function of the WTU/CBWTU cadre is to assist in realistic goal development, provide support to the Soldier, and to validate the Soldier's CTP while overseeing the Soldier's medical care. Soldiers are encouraged to utilize WTU/CBWTU assets to assist them in advancing their current military career or to prepare for a career change while undergoing medical treatment and vocational rehabilitation if indicated by medical needs.

a. The six processes in the CTP are In-processing, Goal Setting, Transition Review, Rehabilitation, Reintegration, and Post-Transition. These processes are defined in Section 2 of this document. These processes overlap, interrelate, and include multiple interconnected feedback loops (see Figures 3 and 4).

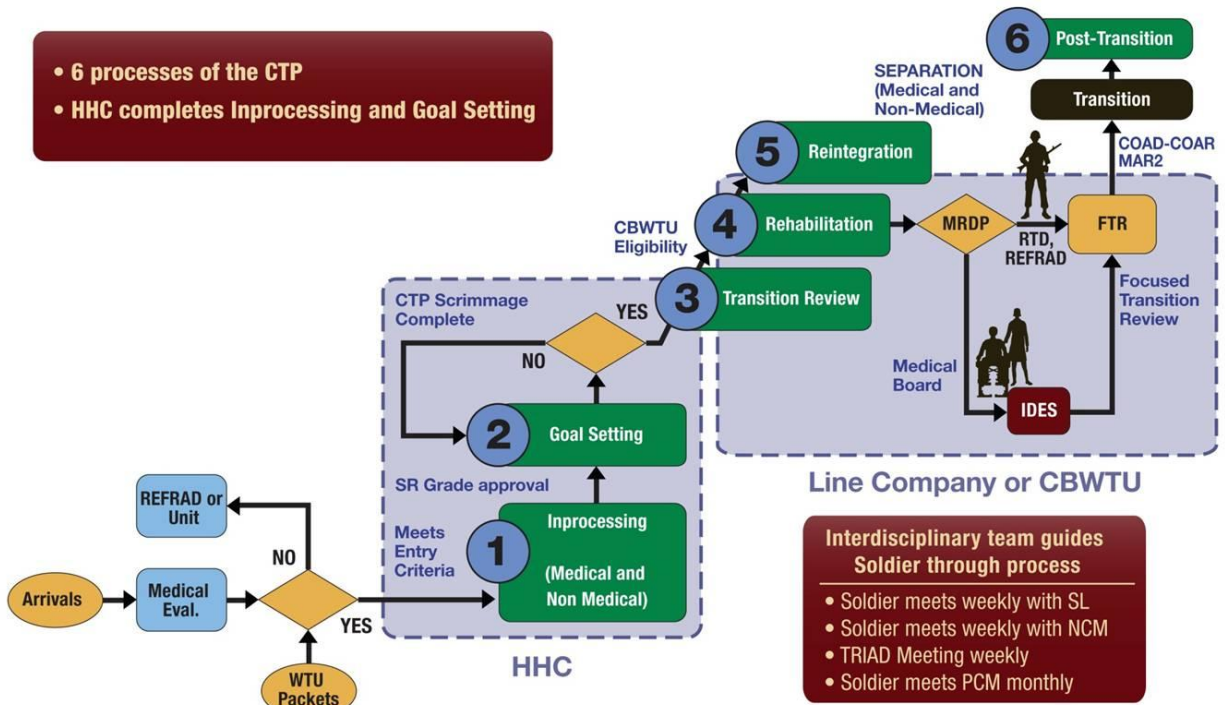


Figure 3 (Comprehensive Transition Plan Overview)

b. A Soldier's stay in the WTU/CBWTU will be determined solely by medical needs (see CTP Lifecycle in Figure 4). Length of stay will not be extended purely to complete a career change (military or civilian). Soldiers are encouraged to utilize WTU/CBWTU assets to assist them in advancing their current career or preparing for a career change while undergoing medical treatment.

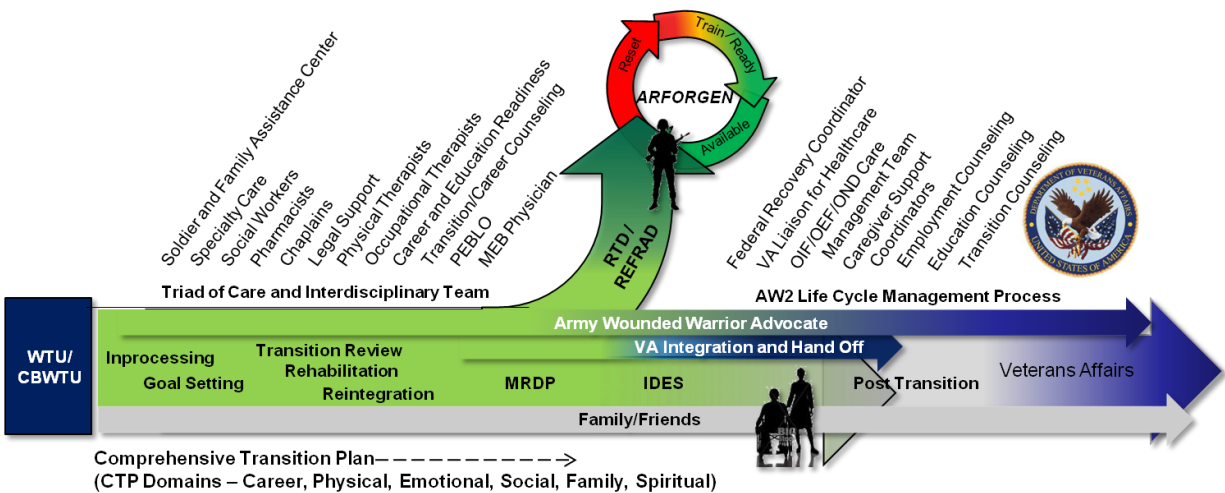


Figure 4 (Comprehensive Transition Plan Lifecycle – Continuum of Care)

c. The two tracks in the CTP are *Remain in the Army* and *Transition from the Army*. The Soldier, in collaboration with his Family, will identify his transition track preference in anticipation to medical disposition. This track will be periodically reviewed by the chain of

command and the interdisciplinary team. The track may change as the Soldier's situation changes and the Soldier may pursue tasks associated with both tracks. Both the Soldier and the WTU cadre can further characterize the tracks based on the outcome of the final disposition. These dispositions are detailed below as they describe a disposition to Remain in the Army or Transition (separate) from the Army (see Figure 5).

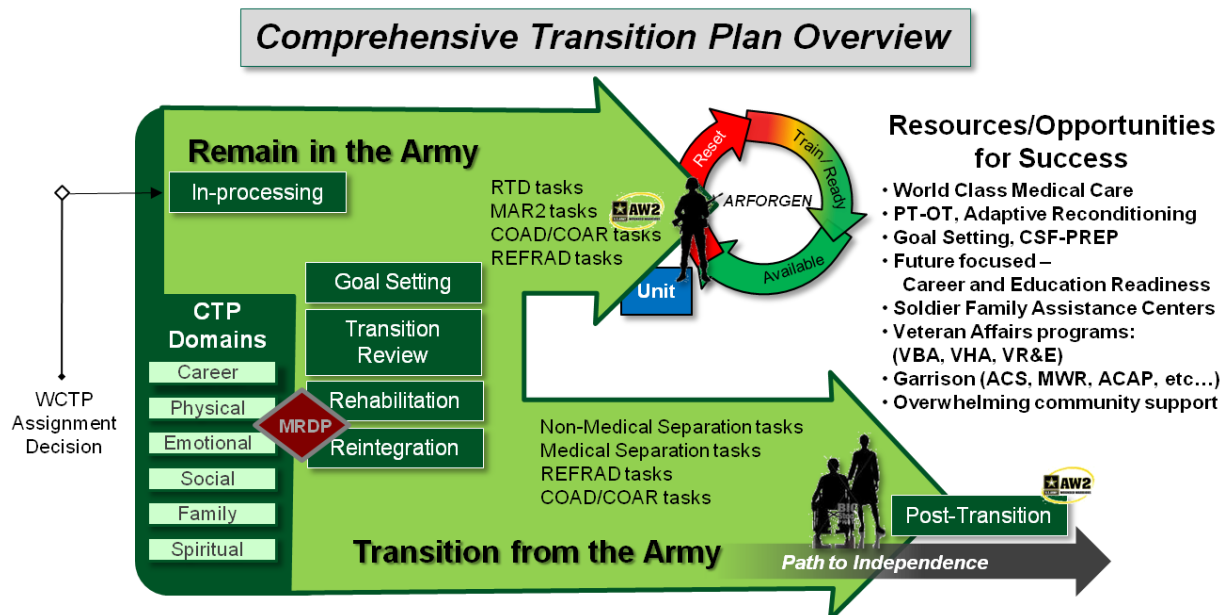


Figure 5 (Comprehensive Transition Plan Processes and Tracks)

(1) *Remain in the Army*. This track is for all Soldiers who will continue military service. Though Soldiers identify a track preference, all Soldiers are presumed *Remain in the Army* until the interdisciplinary team can verify the need to explore “*Transition from the Army*” tasks, goals and action plans. *Remain in the Army* track includes:

(a) Return to Duty (RTD). The clinical leadership in a WTU/CBWTU will identify Soldiers who are ready to RTD once they meet retention standards, IAW AR 40-501, Chapter 3. This includes Active Component (Compo 1) Soldiers returning to their current or an alternate MOS; National Guard (Compo 2) and US Army Reserve (Compo 3) Soldiers attached to the WTU/CBWTU that meet Army retention standards and are Released from Active Duty (REFRAD) to continue service in the Army National Guard or Army Reserve in their current or an alternate MOS.

(b) Released from Active Duty (REFRAD). In addition to reaching their MRDP with a recommendation to RTD, National Guard (Compo 2) and US Army Reserve (Compo 3) will also need to complete many of the tasks associated with separating from the Army, including attendance in the Army Career Alumni Program (ACAP), continuing education, internships, and possibly on-base employment preparation.

(c) MOS Administrative Retention Review (MAR2). The MAR2 has replaced the MOS/Medical Retention Board (MMRB). This will enhance the Army's ability to maintain a quality force by ensuring Soldiers are physically qualified to perform their Primary Military Occupational Specialty (PMOS) in a worldwide deployed environment. MAR2 is a separate process from the Medical Evaluation Board (MEB) and remains a commander's program IAW AR 600-60 and AR 40-501, Chapter 5. It synchronizes Soldier medical readiness with overall

Soldier readiness to decrease Medically Not Ready (MNR) Soldiers, increases identification and adjudication of Medically Not Deployable (MND) Soldiers, and favorably impacts Army oversight on physically limiting conditions of Soldiers.

(d) Continuation on Active Duty (COAD)/Continuation on Active Reserve (COAR). Soldiers found not fit for duty may apply to *Remain in the Army* in accordance with AR 635-40, paragraph 6-7. They must be found unfit, and their medical status cannot be deleterious to the Soldier's health or prejudicial to the best interest of the Soldier or the Army, and they must be physically capable to perform useful duty in a qualified MOS. They must have 15 years of active service (COAD) or 15 years of qualifying service for non regular retirement (COAR), or qualify in a critical skill/shortage MOS, or be disabled from combat or terrorism. However, Physical Evaluation Board Liaison Officers (PEBLOs) must forward all requests submitted to U.S. Army Physical Disability Agency (USAPDA) for decision.

(2) *Transition from the Army*. This track includes all Soldiers who will not continue military service in either an active or reserve status. Once the WTU/CBWTU leadership establishes that the Soldier meets his MRDP and will not meet retention standards in accordance with AR 40-501, Chapter 3, he will be referred to the Army Physical Disability Evaluation System (PDES) and will follow this track through transition or separation from the Army (unless approved for COAD or COAR).

(a) Medical Separation. When a Soldier has a medical condition (including mental health conditions) that doesn't meet retention standards, IAW AR 40-501, the PCM in consultation with the Medical Management (M2) team makes a determination on their medical retention. This is called the MRDP. The MRDP triggers a medical board, now referred to as the Integrated Disability Evaluation System (IDES). The IDES merges the legacy MEB/PEB, and an evaluation by the Veterans Affairs (VA) to ensure every Soldier gets his military severance or medical retirement benefits as well as VA benefits immediately upon discharge from the Army.

(b) Non-Medical Separation. Soldiers may *Transition from the Army* without completing the medical evaluation board process. Soldiers may elect to receive medical care through the Veteran Affairs (VA) and apply for regular retirement or non regular retirement upon completion of 20 years or more active federal service (AFS) or qualifying service. He may also elect to separate when they meet their Expiration Term of Service (ETS). Furthermore, Soldiers with disciplinary issues may be separated under Courts Martial or Chapters.

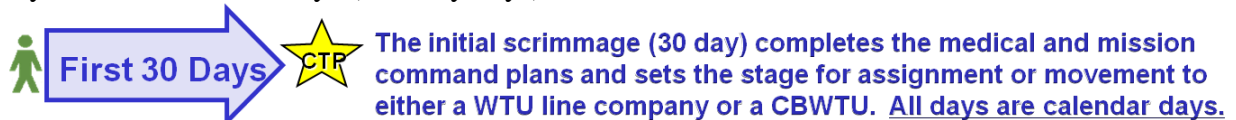
Section 2: The CTP Processes

2-1 In-processing.

a. Purpose: In-processing lays the foundation for the integration into the WTU/CBWTU by initiating the CTP. The key to success during in-processing in a WTU/CBWTU is the initial orientation, a clear establishment of the chain of command and a holistic and professional assessment which includes the current status and abilities of the Soldier and his Family. Critical activities during in-processing include assessing the Soldier and his Family's immediate clinical and non-clinical needs, setting expectations, conducting an initial risk assessment and developing a mitigation plan. Healthcare professionals initiate and document the initial assessment and all subsequent encounters in AHLTA. Both clinical and non-clinical team members will document encounters in the aCTP or other appropriate systems. The commander will determine the

appropriate critical activities for those Soldiers who are inpatient and has the authority to abbreviate the in-processing timeline to enable inpatient Soldier support. Soldiers transferring to a CBWTU must complete in-processing at a WTU. CBWTUs will adjust the requirements and timelines to ensure that all Soldiers have a good understanding of their duties and responsibilities as a member of the CBWTU and the capabilities and support expected from the CBWTU cadre.

b. **Timeline:** In-processing begins once the Soldier is assigned or attached to a WTU/CBWTU. Endstate is when the Soldier completes all in-processing tasks as annotated on the checklists found at Appendices 1 and 2 and completes the initial scrimmage (see Figure 6). All tasks on the In-processing Checklist Part I (Appendix 1) must be completed within five days of arrival and will be filed in the HR/S1 files. The In-processing Checklist Part II (Appendix 2) must be completed no later than 30 days after assignment or attachment or within 30 days of the Soldier’s transition to outpatient status. The NCM and SL will meet with all inpatient Soldiers and their Family to identify areas where WTU assistance may be required. All references to days refer to calendar days (not duty days).



Within 24 hours:

- LCSW completes Social Work Risk Assessment-Questionnaire and BH needs assessment and enters into aCTP, PBH-Term, and AHLTA
- Squad Leader (SL) initial counseling and basic needs assessment
- Nurse Case Manager (NCM) initial counseling and clinical assessment (in AHLTA within 5 days)
- Commander’s initial Risk Assessment/Mitigation completed (in aCTP)
- Soldiers will be seen by a Provider for initial assessment/screening and medication reconciliation (in AHLTA)
- Company HR (or company designee) loads Soldiers admin data into aCTP and MODS

Within 5 days:

- PCM will complete Comprehensive Clinical Assessment (eProfile, CHCS Referrals, medical reconciliation) scheduled no less than 60 minutes
- LCSW with Soldier completes comprehensive BH and psychosocial assessment (BHI-PHA/MEDCOM Form 811)

Within 7 days:

- Soldier completes self assessment in aCTP
- Soldier completes self-assessment and validated by SL and NCM in aCTP (continued weekly)
- LCSW enters comprehensive BH and psychosocial assessment and BH management plan into AHLTA
- Commander’s updated Risk Mitigation Completion (written hardcopy and in aCTP) / Orientation Brief Complete

Within 14 days:

- OTR assessment completed and Certified Occupational Therapist Assistant–COTA appointment scheduled
- Soldier completed in-processing (Part I) and SL ensures Soldier inprocesses SFAC
- LCSW ensures all risk assessment/mitigation, comprehensive BH assessment and management plan are loaded into PBH-TERM and AHLTA

Within 21 days:

- Complete Goal Setting Phase I - OT led
- PT assesses for reconditioning program, positive physical profile and contributes to Soldier goals

Within 30 day:

- Inprocessing Checklist (Part II) and scheduled appointment with Career Counselor
- Initial Scrimmage complete

Figure 6 (WTU First Thirty Days Timeline)

c. **Responsibilities:** The WTU Headquarters and Headquarters Company (HHC)/In-processing Platoons with the interdisciplinary team have the lead for this process and primary responsibility for ensuring and verifying task completion on the standardized in-processing checklists. The WTU Commander has the authority to modify the in-processing to meet the needs of the Soldier.

d. **Required Tasks:**

(1) The Soldier will complete all required tasks on the in-processing checklists within the required timelines (see Appendix 1 and 2, In-processing Checklists). The Soldier will:

- (a) Attend all appointments.
- (b) Complete the initial aCTP Self-Assessment within seven days of arrival and subsequent self-assessments weekly.
- (c) Lead the development of goals.
- (d) Actively participate with any action plans identified by the SL and/or NCM.

(2) The SL or CBWTU PSG will:

(a) Assess Soldiers' basic needs and risk assessment within 24 hours of the Soldiers' arrival to ensure Soldiers and Family have housing, food, clothing, and basic needs.

(b) Complete Soldiers' initial counseling and document it on a DA Form 4856, Developmental Counseling Form within five days. A sample DA Form 4856 is found at Appendix 4.

(c) Counsel Soldiers on eligibility or ineligibility for transfer to CBWTU. A sample DA Form 4856 for this specific counseling is found at Appendix 5.

(d) Validate Soldiers' aCTP Self-Assessment within seven days of arrival and assist the Soldiers' with their development of action plans to resolve issues. Document these events in both the aCTP action plans as well as during monthly counseling.

(e) Ensure that the Soldier and his Family in-process at the SFAC within 30 days (WTU only).

(f) Coordinate and de-conflict schedule on the Soldier's non-clinical and clinical care activities.

(g) Assist the Soldier in developing and maintaining a detailed daily activity schedule.

(h) Schedule an appointment with the career counselor prior to the initial scrimmage.

(i) Communicate all pertinent contact information to the Soldier and the interdisciplinary team to establish an effective collaboration for successful transition planning.

(j) Maintain daily accountability for Soldiers.

(k) Meet with Soldiers weekly for on-going issue resolution, transition facilitation, goal setting refinement and risk assessment. If an event occurs to a Soldier that may have a potential affect on the Soldier's risk level, inform the chain of command and the interdisciplinary team who will recommend refinement to the risk level and mitigation plan.

(3) The NCM will initiate a clinical assessment and complete a risk assessment within 24 hours of assignment or attachment. The purpose of this initial assessment is to begin to identify the Soldier's immediate needs. A complete comprehensive care plan is not expected with this initial 24 hour assessment. The NCM is expected to complete a comprehensive assessment and, in coordination with the PCM and specialty care providers, begin developing and documenting a care plan within five days. All encounters will be documented in AHLTA. Relevant, non-clinical information will also be documented in the aCTP as appropriate to facilitate completion of the Soldier's CTP. The NCM will also:

(a) Include a medication review with each visit to identify compliance or education deficits.

(b) Validate the Soldier's self-assessment within seven days of arrival and assist the Soldier with the development of their transition plan.

(c) Initiate referrals as appropriate and document any identified actionable items in the aCTP.

- (d) Meet with the Soldier at least once per week for on-going case management.
- (e) Refer to the AW2 Advocate and/or Federal Recovery Coordinator (FRC) as appropriate, and provide or attach in aCTP the necessary documentation to determine eligibility.

(4) An LCSW will:

(a) Complete initial and ongoing Behavioral Health (BH) Assessments IAW Office of the Surgeon General (OTSG)/Army Medical Command (MEDCOM) policy for Behavioral Health Risk Assessment and Comprehensive Assessment.

(b) Conduct, within 24 hours, a preliminary behavioral needs and risk assessment of all Soldiers attached/assigned to the WTU/CBWTU using the Social Work Risk Assessment – Questionnaire (SWRA-Q/MEDCOM Form 818-Pilot) and document results in AHLTA and PBH-TERM. This task can also be performed by a behavioral health provider.

(c) Convert the BH risk assessment or SWRA (MEDCOM Form 816-Pilot) into the WTU/CBWTU Risk Assessment four point scale using the aCTP.

(d) Notify the WTU/CBWTU Commander immediately when Soldier is assessed as severe or high BH risk.

(e) Schedule an appointment for the Soldier to meet with the WTU LCSW within five days. (This refinement adds Saturday and Sunday to account with the current policy requiring completion of the initial behavioral risk assessment and comprehensive assessment in three duty days).

(f) Provide the Soldier with the Behavioral Health Intake/Psychosocial History Assessment (BHI-PHA)/MEDCOM Form 811-Pilot to complete prior to the scheduled appointment.

(g) Enter within seven days the BH risk assessment, the results of the comprehensive behavioral health assessment, and the plan for the Soldier into AHLTA in the prescribed template for the WTU/CBWTU LCSWs titled Subjective Objective-Behavioral Health Social Worker-Care Manager (SO-BHSW-CM)-MEDCOM.

(h) Ensure Soldiers assessed at a BH risk level of severe or high risk are re-assessed on a weekly basis. Re-assess Soldier assessed as “moderate or elevated” on a monthly basis and re-assess Soldier assessed as “moderate-low, guarded or low” on a quarterly basis. If an event has occurred to the Soldier that has the potential to affect the Soldier’s risk level, then the LCSW will inform the chain of command and the interdisciplinary team of the recommended refinement to the risk level and mitigation plan.

(5) All Soldiers will be seen by a physician assistant, nurse practitioner, or physician who will complete an initial clinical assessment and baseline medication review within 24 hours. Subsequently, the PCM will:

(a) Complete a comprehensive clinical assessment, to include updating the eProfile, initial referrals, and medication reconciliation within five days. Initial assessment appointment should be scheduled for a minimum of 60 minutes. The eProfile should be written in a positive profile format.

(b) Perform ongoing medication reconciliations IAW OTSG/MEDCOM Policy Memo for Warriors in Transition High-Risk Medication Review and Sole Provider Program. Ensure that high-risk Soldiers enrolled in the Sole Provider Program receive no more than a seven day supply of controlled or non-controlled medications at a time, and include only up to three refills for non-controlled prescriptions. PCM will also ensure that the Soldier understands the effects of

over-the-counter medications, supplements, and other substances such as alcohol and tobacco, on their treatment regimen.

(c) Develop, with the Soldier, a preliminary wellness timeline and estimated transition date, and update these during routine assessments. Such assessments should occur at least monthly, and more frequently if indicated by the Soldier's medical status.

(d) Report promptly, to the chain of command and the interdisciplinary team, any factor likely to alter the Soldier's risk level, along with a mitigation plan and any recommended adjustment to that risk level.

(e) Evaluate for eligibility and referrals for the Special Compensation for Assistance with Activities of Daily Living (SCAADL).

(f) Record all pertinent clinical findings in AHLTA.

(6) The company commander is responsible for designating an overall risk assessment and developing a mitigation plan for the Soldier within 24 hours of assignment or attachment to the WTU/CBWTU IAW the WTC Policy Memo for Warrior Transition Unit/Community Based Warrior Transition Unit Risk Assessment and Mitigation. The overall risk assessment is based on individual assessments completed by the SL, NCM, and LCSW. The commander will:

(a) Ensure all members of the Triad are in compliance with the policy.

(b) Ensure the risk mitigation plan is documented in aCTP.

(c) Complete a Unit Welcome/Orientation briefing within seven days. A sample briefing is found at Appendix 3 and should be adjusted to fit local requirements. The primary objective of this briefing is to set Soldier expectations and instill a transition mindset.

(7) The HR Specialist/HHC SL/PSG will input Soldier data into the aCTP and Military Occupational Data System Warrior in Transition (MODS-WT) module within 24 hours. The arrival date in MODS-WT must match the Soldier's arrival date to the WTU/CBWTU.

(8) The CTP Management Analysts will make the necessary changes to the aCTP to facilitate the schedule.

(9) The OTR will:

(a) Complete an initial assessment within 14 days of the Soldier's arrival at the WTU to determine the Soldier's functional ADL status and areas of interest for work reintegration.

(b) Consult and collaborate with other clinical and non-clinical team members to establish an appropriate plan to help facilitate a successful transition for the Soldier and his family.

(c) Communicate the plan with the COTA and provide supervision and guidance for program implementation.

(d) Prepare the Soldier for the CTP process by providing Phase I Training and an introduction to Phase II CSF-PREP Goal Setting. Outline expectations for program compliance and adherence to the CTP.

(e) Act as SME for referral for assistive technology, and provide consultation for Americans with Disability Act (ADA) requirements.

(10) The PT will complete an initial physical therapy screening and evaluate the Soldier's abilities and limitations for participation in an Adaptive Reconditioning Program. In addition, the PT will:

- (a) Tailor the initial physical therapy screening to the unique needs of each Soldier.
- (b) Include an initial assessment of the Soldier's physical fitness/adaptive reconditioning activities interests for the development of the CTP short and long-term goals.
- (c) Initiate the development of an adaptive reconditioning program for the Soldier.
- (d) Provide input to the Soldier and interdisciplinary team for the development of sub-goals, in any of the six CTP domains, and the Soldier's transition outcome goal.
- (e) Conduct components of a physical therapy clinical exam as appropriate.
- (f) Ensure the Soldier's eProfile is appropriate to the Soldier's abilities and limitations and written in a positive profile format.
- (g) Modify the Soldier's eProfile, or consult with the physical profile's originating provider for modifications or changes when appropriate.
- (h) Assist with the neuro-musculoskeletal care coordination as appropriate.
- (i) Provide ongoing consultation with all interdisciplinary team members to ensure completion of all physical therapy requirements.
- (j) Communicate initial assessment results to the interdisciplinary team members prior to the initial scrimmage.

(11) A career counselor will be available at every battalion and brigade to aid the Soldier in selecting his track preference in collaboration with the OTR/COTA. Separate companies must utilize a locally available career counselor. CBWTUs must maximize use of National Guard and Reserve retention NCOs resident at local armories and reserve centers. In cases where a local retention NCO is unavailable, CBWTU will coordinate retention assistance through their respective Regional Medical Command (RMC) Senior Career Counselor.

(12) Soldier Family Assistance Center (SFAC) will in-process the Soldier and his Family members within 30 days of arrival and ensure they receive a copy of the SFAC Hero Handbook, conduct an orientation tour, and schedule referrals as needed to social worker services, finance, Army Substance Abuse Program (ASAP) education, ACAP/Transition Assistance Program (TAP), Child & Youth Services (CYS) Outreach, VBA reps, VHA rep, State VA, and REALifelines/DOL representative.

(13) The Chaplain will be available to assess religious or spiritual needs and advise the Soldier and the commander on the role spirituality plays in healing.

(14) AW2 Advocate will acknowledge CTP referrals within three days of notification and initiate AW2 business processes to determine the Soldier's eligibility for the AW2 Program. The AW2 Advocate will document current actions into AWCTS. If the Soldier is eligible, the AW2 Advocate becomes the direct interface between the Soldier and non-clinical services. AW2 Advocates will:

- (a) Provide an AW2 orientation briefing at the monthly WTU Newcomer's Briefing.
- (b) Ensure an AW2 Advocate is assigned to eligible AW2 Soldiers.
- (c) Assess program eligibility to include those referred to CBWTUs.
- (d) Provide technical and resource guidance to applicable stakeholders (AW2 Soldier, Triad, commanders, etc.).
- (e) AW2 Advocate will participate in all scrimmages/FTR and Triad meetings involving an AW2 Soldier.

(f) Submit supporting medical documentation to appropriate authority to determine eligibility into the AW2 program. A Soldier must have suffered from injuries or illness incurred in the line of duty after 10 September 2001 in support of Overseas Contingencies Operations and receiving or is expected to receive a 30% rating in one or more specific conditions as rated by the PDES in categories such as:

1. Blindness/severe loss of vision
2. Loss of limb
3. Severe hearing loss/deafness
4. Severe burns/permanent disfigurement
5. Spinal cord injury/severe paralysis
6. Severe Traumatic Brain Injury (TBI)
7. Severe Post Traumatic Stress Disorder (PTSD)
8. Fatal/incurable disease with limited life expectancy.
9. Or receive a combined 50% PDES rating for combat or combat related condition.

2-2. Goal Setting Process.

a. Purpose: The Goal Setting Process guides the Soldier and his Family in the development of sub-goal (short-term) and transition outcome goal (long-term). The **Specific, Measurable, Actionable, Realistic, and Time Bound (SMART)** Action Statements provide the Soldier a roadmap that supports healing and transition. Sub-goals are developed to support the Soldier’s career, physical, emotional, social, Family and spiritual domains (see Figure 7). Examples of SMART Action Statements are highlighted below:

INTENTION OF GOAL	SPECIFIC	MEASURABLE	ACTIONABLE	REALISTIC	TIME BOUND
Weight Loss Start date- Oct 15	Be able to pass army tape test by end of Dec. – down 15lbs	PT 2x/day-5days/wk. Meet w/ nutritionist on 20-Oct. Lose 15lbs	Yes	Yes-need to remove flag prior to RTD	10 weeks
Be able to attend cousins wedding and stay for entire celebration without having to leave	Attend indiv. Therapy 1x/wk with Tami in SWC. Stay consistent with daily meds. Next f/u 14 Oct. MWR event 3 by Dec	No missed apts. Daily Journaling Document each MWR event Nightly relaxation activity	Yes	Yes-need to increase comfort in social crowds to be able to do my civilian employment	By 1 Jan 2011

Figure 7 (Example of SMART Goals)

b. Timeline: The Goal Setting Process starts with a Soldier’s assignment to a WTU and continues through his stay in the WTU. The Soldier will attend Phase I Goal Setting Training within 21 days of arrival at the WTU. Phase I Goal Setting Training is led by an OTR (or COTA, under the supervision of the OTR), using the established WTC Phase I Occupational Therapy Goal Setting Training Program. Outcome/Transition goals will be developed by the Soldier in collaboration with the interdisciplinary team. Goals for all domain areas will be

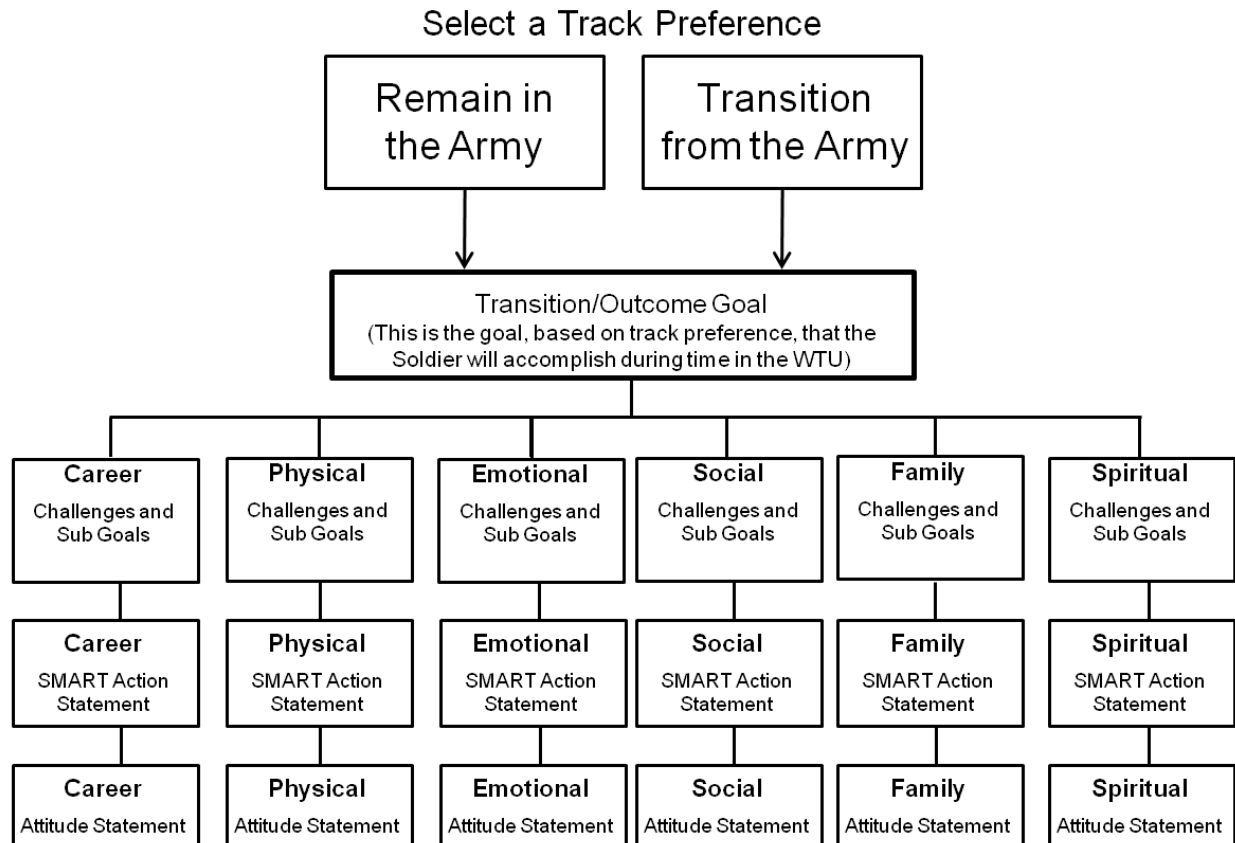
developed and input into aCTP within the first 30 days of assignment to the WTU. All goals are finalized during the initial scrimmage. Following Phase I Goal Setting, Soldiers will complete Phase II Goal Setting no later than 90 days of arrival with Comprehensive Soldier Fitness-Performance and Resilience Enhancement Program (CSF-PREP) mobile support teams. Soldiers should have Goal Setting Phase II (CSF-PREP lead) prior to movement to CBWTU. Intent is not to delay Soldier movement to CBWTU.

c. Responsibilities: The Soldier and his Family have the lead in developing his goals. The interdisciplinary team will support the Soldier throughout the process. WTU OTRs will train interdisciplinary team members in Phase I Goal Setting Training to ensure a standardized process is utilized to help Soldiers set transition goals. Goal setting procedures for sites without occupational therapy resources will be determined on a case-by-case basis. Commanders are responsible for selecting the best candidate to perform goal setting training in the absence of an OTR. Selection criteria should be based on the professional skill set of the individual to perform the tasks of goal setting responsibilities.

d. Required Tasks: All team members have responsibility to contribute to goal development as they meet with the Soldier and to help him develop appropriate goals. The Soldier will document these goals in his "Introduction to Goal Setting Work Book", and providers will review them at each visit.

(1) The Soldier and his Family, assisted by the interdisciplinary team, will identify his preferred track, *Remain in the Army* or *Transition from the Army* prior to the initial scrimmage. The decision must take into account the Soldier's remaining service obligation, medical condition and prognosis. The Soldier must understand his desired track preference may change throughout the CTP process. The Soldier develops initial goals to support his track preference. The interdisciplinary team will validate the track preference at the initial scrimmage. The ultimate track selection will be based on the medical outcomes.

(2) Soldier, with assistance from the interdisciplinary team, will take his track preference over-arching transition outcome goal, goal setting areas of improvement (challenges), sub-goals (endstates), and action statements (see Figure 8) to begin populating the aCTP scrimmage worksheet (Figure 12). In the event the Soldier is unable to enter his goals and initial track preference independently or with minimal assistance from the OT during the goal setting process, all interdisciplinary team members will assist to ensure goals from each domain are entered into the aCTP prior to the initial scrimmage. The commander has the overall responsibility for ensuring goals are prepared and entered in the aCTP prior to the initial scrimmage.



Note: Attitude statements are not documented on the scrimmage worksheet

Figure 8 (Phase 1 CTP Goal Setting Process)

(3) Members of the interdisciplinary team will identify the Soldier’s medical prognosis and limitations that hinder the Soldier’s pursuit of the desired track. For Soldiers that have selected *Remain in the Army* track, the interdisciplinary team will work closely with the career counselor to determine whether *Remain in the Army* is possible. Soldiers who prefer *Transition from the Army*, the interdisciplinary team will work closely with that Soldier to facilitate success for a civilian career.

(4) The OTR, or COTA under supervision by the OTR, will provide goal setting training to the Soldier and his Family. The goal setting training consists of Phase I- Goal Setting Process Training Power Point presentation and workbook (see Appendix 6). Within 21 days, all Soldiers will receive Phase I Goal Setting Training. Completion of training and receipt of the work book will be documented on the In-processing Part II checklist and in the aCTP.

(5) The Career Counselor, in collaboration with OTR or COTA, under supervision of the OTR, will meet face to face with the Soldier and his family to facilitate the initial track preference and provide guidance pertaining to long-term Army career goals including change of MOS. The Career Counselor will collaborate with other team members of the interdisciplinary team to determine likelihood for a Soldier to *Remain in the Army*. The Career Counselor will continue to counsel the Soldier through the Soldier’s stay on their future Army career to include

education and eligibility for COAD/COAR. The Career Counselor may also assist the Soldier with military education (i.e., correspondence courses) and Warrior training to maintain Soldier's perishable skills.

(6) AW2 Advocate will be included in the Goal Setting Process with his individual AW2-eligible Soldiers. AW2 Advocate will work and support the Soldier/Family and recovery team in establishing and monitoring Soldier's progress in meeting non-clinical short and long-term goals. AW2 Advocate will review goals and identify Soldier's interest in the COAD/COAR program. AW2 Advocate will document assistance through AWCTS using the Subjective, Background, Assessment and Recommendation (SBAR) format. AW2 Advocate will monitor, create, and review opened action plans; and note the action taken or assistance provided.

(7) The NCM will facilitate the Goal Setting Process by assisting the Soldier in developing goals that address his clinical conditions.

(8) The Chaplain will be available to work with the Soldier regarding goals that are spiritual in nature. For example, a Soldier may need help establishing a strong connection with a local place of worship while involved in the CTP process.

(9) Comprehensive Soldier Fitness-Performance and Resilience Enhancement Program (CSF-PREP) resident instructors and Performance Enhancement Specialists (PESs) will support the entire WTC footprint with CSF-PREP assets and Mobile Training Teams (MTTs), visiting each site quarterly. In an effort to provide balance across the WTC population, during each site visit, CSF-PREP will provide education and training for both cadre and Soldiers in the WTU/CBWTUs, adaptive reconditioning assistance to include Warrior Games, and Phase II Goal Setting instruction. This training promotes the development of mental skills, confidence building, attention control, energy management, goal setting and imagery integration. Additionally, these MTTs can also provide Master Resiliency oriented training upon request. The specific description of each training area is listed below (see Figure 9).

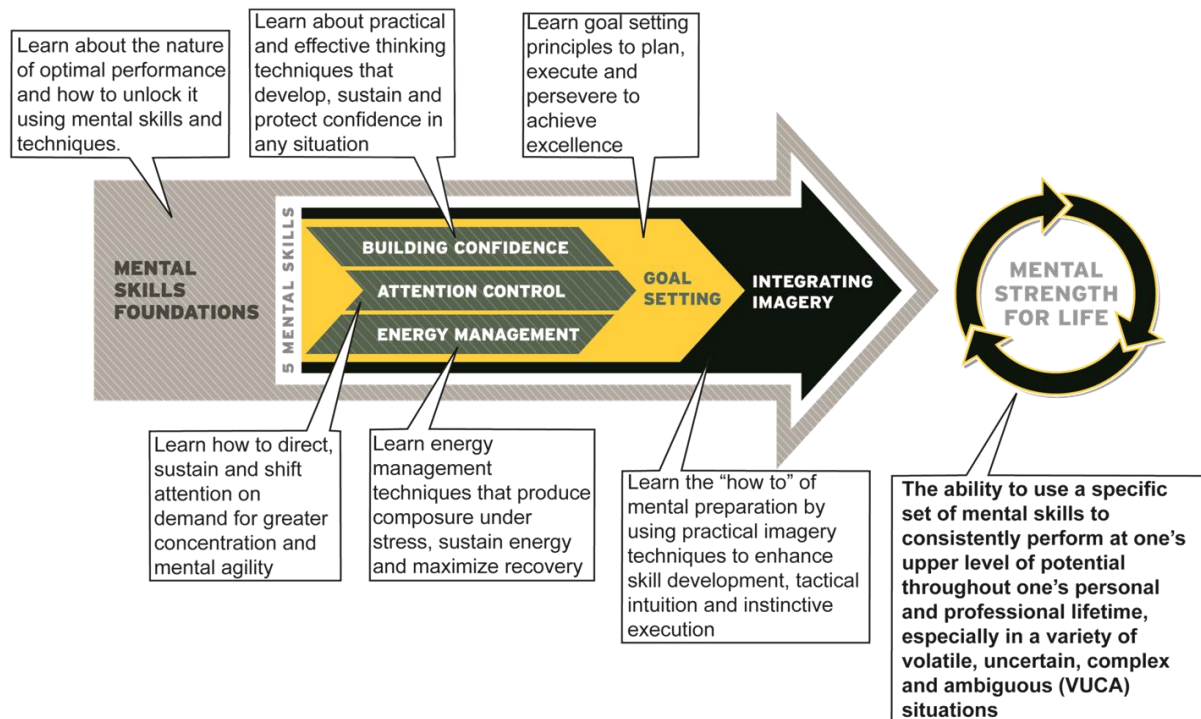


Figure 9 (CSF-PREP Overview)

(a) Mental Skills Foundation. Mental skills foundations provide Soldiers with an introductory understanding of important skills crucial for optimal performance and goal achievement. This lesson involves understanding the nature of high performance, cultivating a philosophy of excellence, the relationship between the training and trusting mindset, and identifying the unique relationship between thoughts, emotions, physiological states, and performance.

(b) Building Confidence. Building confidence works towards educating individuals in understanding how confidence is a result of how one thinks, what one focuses on and how one reacts to the events in life. The lesson seeks to build and preserve confidence that can significantly impact the Soldiers healing process.

(c) Attention Control. Attention control focuses on how attention works, and leverages the skills necessary for identifying what is relevant. This brings a greater awareness to the most important task worthy of our attention at any given time.

(d) Energy Management. In this lesson, individuals are taught to sustain and restore high levels of personal energy while minimizing the negative effects of stress.

(e) Goal Setting. Goal setting is the most effective performance enhancing skill that can assist individuals and units in providing purpose, direction, motivation and commitment to accomplishing personal and professional objectives. These core values lay the foundation that Soldiers and Family members can use to establish goals that are personally and professionally meaningful and, thereby, develop the tangible steps used to create a well-documented path to success.

(f) Integrating Imagery. Envisioning successful outcomes through detailed mental rehearsals enhances thinking skills and increases confidence and effectiveness. The Integrating Imagery lesson aims to teach Soldiers to utilize practical mental imagery techniques to promote healing and recovery.

2-3. Transition Review Process.

a. Purpose: The Transition Review Process provides the interdisciplinary team with an opportunity to review Soldier goals and progress with a focus on identifying and resolving issues that are impeding goal attainment. Each Soldier must take ownership of his plan to maximize the resources available in the WTU/CBWTU. The different elements of the Transition Review Process (self-assessment, scrimmage, and FTR) must all work in concert to best facilitate the Soldier's successful transition.

b. Timeline: Transition Review starts during the In-processing and continues through the Soldier's stay in a WTU/CBWTU. All Soldiers will complete the first two processes and the initial scrimmage before transfer to a CBWTU.

c. Responsibilities: The WTU/CBWTU Commander is responsible for establishing local policies and procedures to ensure that the Transition Review Process is effective and required tasks are completed.

d. Required Tasks:

(1) Self-Assessment: The self-assessment is designed to facilitate weekly discussions between the Soldier and his SL or PSG and NCM (see Figure 10). The Soldier's self-assessment development and validation (concur/non-concur with identified issues and developed action plans) by the SL and NCM is critical for understanding each Soldier's situation and sets the foundation for the review process. The other members of the interdisciplinary team should also review Soldiers' self-assessment to ensure they have awareness of all Soldier issues. The Soldier is responsible for developing and resolving all limiting issues that deter them from focusing on their recovery. The Soldier will complete the initial aCTP Self-Assessment within seven days. The interdisciplinary team, specifically the SL and NCM will validate those issues within the week. The process then continues, with the Soldier identifying the current issues and the interdisciplinary team validating and working together with the Soldier and his Family to resolve those roadblocks and obstacles. Once assigned to a line company or CBWTU, the commander may direct a monthly or bi-monthly frequency based on the Soldier's needs.

aCTP Self Assessment (Identifies Soldier Issues Early)

Work Plan	Behavioral Health
Education	Well Being
Employment	Social
Activities of Daily Life	Family
Health Care	Financial
Medication	Housing
Pain	Administrative
Weight Control	Support
Physical Fitness	Transportation



Successful Transition depends on the Soldier's (and Family's) participation and candor with the very personal issues the inter-disciplinary teams can help work to resolve

Figure 10 (aCTP Self-Assessment)

(2) Scrimmage: The scrimmage is a formal meeting with the Soldier's interdisciplinary team that uses the six domains of strength (career, physical, emotional, social, Family and spiritual) to develop and refine a future oriented Transition plan. The scrimmage is designed to engage the Soldier in finalizing identified sub-goals and supporting action statements for their time in the WTU/CBWTU and the future. The scrimmage is executed every 90 days. The BLSW or SSA will work with the Soldier prior and ensure goals are entered into the aCTP, validate the six domains of strength and ensures no clinical information that violates Health Insurance Portability and Accountability (HIPAA) Policy is entered. The SL will then input data into the aCTP during the scrimmage to capture the discussion facilitated by the BLSW or SSA. The commander will validate that the initial scrimmage is complete and acceptable. The minimum required attendees are the Soldier, SL/PSG, NCM, and the LCSW/BLSW/SSA. CBWTUs will utilize technology such as Video Teleconference, Audio Teleconference, and Defense Connect Online (DCO) etc. to facilitate ongoing scrimmages. The Soldier's Family is always invited and encouraged, but the Soldier will not be penalized if Family members are unable to attend. Certified Occupational Therapy Assistants (COTA), PCM, PTA and essential SFAC representatives are recommended to attend the scrimmage and are only required to participate in the scrimmage when directed by the company commander and/or requested by the Soldier/Family. The HHC LCSW has the responsibility to schedule and organize the initial scrimmage. At the initial scrimmage, attendees will include the Soldier and his Family, Headquarters and Headquarters Company (HHC) SL and NCM, assigned line company SL and NCM (or CBWTU PSG and NCM), HHC LCSW, and the Line Company Baccalaureate Level Social Worker (BLSW). The HHC OTR and PT are highly encouraged to attend all initial scrimmages, but not required. Other attendees may be included at the discretion of the commander and/or the request of the Soldier. The initial scrimmage should be completed at the 30 day point and serves as the formal hand-off to the line company. At the completion of the scrimmage, the Soldier, LCSW (BLSW or SSA), NCM, and SL will sign the scrimmage worksheet, which acts as a contract between the Soldier and the interdisciplinary team. The Line Company BLSW has the responsibility to schedule and organize the follow on scrimmages. Scrimmages will validate the Soldier's goals, develop and refine completion of action statements/plans, and refine the Soldier's future transition outcome goal. The frequency

for Soldier self-assessments will be recommended to the commander at the conclusion of the initial scrimmage. Once assigned to a line company or CBWTU, the commander may direct a monthly or bi-monthly frequency based on the Soldier's needs. An overview of each members responsibilities and execution of the scrimmage is highlighted in the sub-sections of the paragraph:

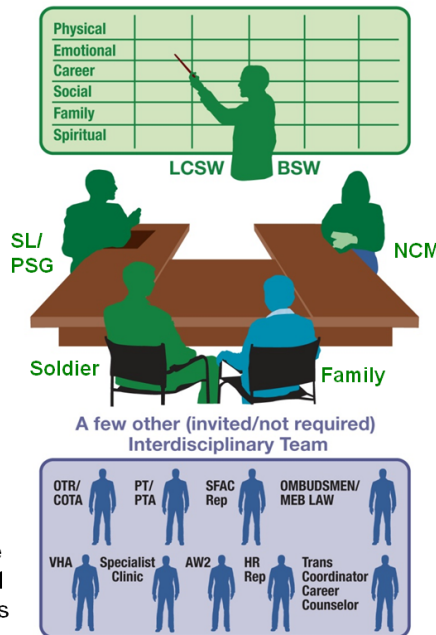
(a) The Soldier and his Family will bring, and be prepared to discuss, his most recent self-assessment and the transition goal, sub-goals and action statements in each domain. These goals and action statements should already be pre-loaded on the aCTP scrimmage worksheet. The discussion during a scrimmage is dependent on the effort and participation by the Soldier and the knowledge and participation of the interdisciplinary team (see Figure 11).

Squad Leader:

1. Captures discussion on scrimmage worksheet (inputs data into aCTP)
2. Participates with all domain discussion and acts as the commander's representative.
3. Plays an active role with work plan (career) development
4. Follows up daily and with monthly counseling (resource goals)
5. Holds Soldier accountable

WTU Soldier:

1. Brings goal setting results
2. Participates actively—owns his/her future plan
3. Brings Family members
4. Sets SMART goals and tasks that achieve the desired future
5. Follows up with SL daily, NCM weekly and discusses changes monthly with PCM and SL during counseling.



LCSW/BSW Facilitator:

1. Facilitates discussion—scribes on board (SMART goals)
2. Serves as behavioral health expert during all discussion (emotional domain)
3. Gives referrals as needed—provides follow-up with the Soldier
4. Follows up with Soldier's primary providers

Nurse Case Manager:

1. Acts as the medical expert (physical domain)
2. Provides PCM input
3. Helps create SMART medical goals
4. Provides guidance with other domains
5. Follows-up with Soldier's weekly and review scrimmage results.

Figure 11 (Scrimmage Execution)

(b) The LCSW facilitator will create an appropriate setting for the scrimmage. His responsibility is to facilitate the scrimmage, address each domain, and keep each team member focused and actively participating. The facilitator will ensure that the discussion remains task-oriented and focused on the goals, action statements (goal setting), and action plans (from self-assessment) that support each domain. The facilitator will ensure that there is ample opportunity for consideration and discussion on the quality and adequacy of proposed goals. It is essential that the interdisciplinary team actively seeks input and concurrence of the goals from the Soldier and his Family in order to promote the Soldier's ownership of the final CTP.

(c) The SL/PSG represents the Mission Command SME in the scrimmage process. The SL/PSG will bring the current scrimmage results, Soldier's current calendar, the Soldier's self-assessment, monthly counseling statements and any other administrative or counseling documentation. The SL/PSG will participate in the goal discussions and will ensure the Soldier has the necessary resources to make progress with his goals and action statements/plans. The

SL/PSG will document the plan in the aCTP, or on a manual scrimmage worksheet (see Figure 12) and acts as the scribe during the execution of the scrimmage. The SL/PSG will print out the results of the scrimmage for signature at the conclusion of the scrimmage with the primary participants (Soldier, SL, LCSW, NCM).

Soldiers NAME (LAST, FIRST MI):		Comprehensive Transition Plan Scrimmage Worksheet			This is the Soldier's Plan to ensure future success!
Date CTP Conducted:		Track Preference: _____ / Transition Outcome Goal:			
Write the over-arching Transition Goal from Goal Setting					
Six CTP Domains (Challenges)	Action Statements that support the Sub Goals			Sub Goals	
	Month: _____	Month: _____	Month: _____		
Career:	List all action statements that help us achieve our sub goals and Transition Outcome Goal			List your Sub Goals per domain (list or paragraph)	
List all issues and challenges that apply					
Physical:					
Emotional:					
Social:	Load the results of goal setting in the aCTP on the scrimmage worksheet (similar to this format)				
Family:					
Spiritual:					
Soldier's Signature:	Next CTP Scrimmage Date:		Schedule the next scrimmage (you can always refine later)		
Squad Leader (Name and Signature):	Target Transition Date (TOD):				
Nurse Case Manager (Name and Signature):	Additional Notes:				
Social Worker (Name and Signature):					

Figure 12 (Scrimmage Worksheet)

(d) The NCM is the clinical SME in the scrimmage process and will make certain all participants fully understand the Soldier's medical condition. The NCM will fully participate in helping the Soldier set transition goals and documents the scrimmage results in AHLTA.

(e) The OTR or COTA is the career domain SME in the scrimmage process. The OTR or COTA is encouraged but not required to attend. They provide insight on the effects a Soldier's condition may have on his career goals and keep the NCM informed of all conditions.

(f) AW2 Advocate should attend the initial scrimmages at Headquarters Company and In/out-processing Platoons in order to identify potential AW2 eligible Soldiers. AW2 Advocates will attend follow on scrimmages for all AW2 Soldiers. The AW2 Advocate will review and track results of the scrimmage on eligible Soldiers and provide necessary input to ensure warm hand-off to gaining units. Advocates are expected to participate in all scrimmages with their assigned Soldiers.

(g) The physical therapy provider is the physical domain SME, as related to the adaptive reconditioning program and physical fitness, in the scrimmage process. The PT or PTA is encouraged but not required to attend. During the initial scrimmage, the PT may provide insight on the initial physical therapy assessment and development of the Soldier's Individual Adaptive Reconditioning Program. During follow on scrimmages either the PT or PTA may provide input

regarding the effects a Soldier's physical condition may have on his goals and keep the NCM informed of all conditions if attendance is not feasible.

(h) Execution of the initial scrimmage.

1. The HHC LCSW will begin by introducing all participants. During the initial scrimmage, a medical representative (PCM or NCM) will provide the group with sufficient medical background to provide the context needed to confirm the Soldier's challenges, action statements/plans, and goals. Soldiers must complete all tasks required for the initial scrimmage to be eligible for transfer to a CBWTU. The initial scrimmage may be utilized as the warm hand-off to the CBWTU 10 to 14 days prior to arrival. WTUs will provide teleconference capabilities to allow the CBWTU PSG and NCM to participate in the scrimmage prior to the Soldier's published attachment orders. The aCTP program will be pre-loaded with the transition goal, challenges, action statements (from goal setting), action plans (from self-assessment) and sub-goals (endstates) prior to the meeting and will be shared by the Soldier.

2. The Soldier will present his plan starting with his transition track preference followed by a review of goals in each domain. It is important to remember that the goals belong to the Soldier. The staff should not attempt to impose their wishes on the Soldier. Interdisciplinary team members in attendance will comment on the appropriateness of the goal and the action statements/plans based on his evaluation of the Soldier in his area of expertise. Attendees will recommend revisions to the scrimmage worksheet if the actions or goals are not appropriate. Before completion of the initial scrimmage the Soldier and interdisciplinary team will project an initial target transition date (TTD) (listed in the aCTP as TTD). The target transition date is meant to help manage the Soldier's expectation. The SL/PSG enters the target transition date discussed by the interdisciplinary team at the scrimmage and validated by OT support and oversight.

3. In addition to the sub-goals (endstates), the staff will assist the Soldier in defining the activities, services, or treatment(s) needed to attain the Soldier's goals, (e.g., attend individual therapy, participate in adaptive reconditioning and work rehabilitation programs, etc.). These will become the sub-goals in the aCTP that support the achievement of the overarching transition outcome or goal. The group may also recommend additional goals and resources for example select services through the local SFAC program.

4. The career counselor may participate in the initial scrimmage and will counsel the Soldier and his Family on the Soldier's likelihood to *Remain in the Army* based on medical prognosis and Army needs. The career counselor will work with the Soldier and local units to provide opportunities for the Soldier to work in his current MOS or other Army career fields if returning to his current MOS is unlikely.

(i) Follow-on scrimmages:

1. The scrimmage facilitator will begin by introducing all participants. The medical SME will provide the group with an update to the Soldier's medical condition that will facilitate the goal review.

2. The Soldier will describe his involvement in goal-related actions or activities and his perception of progress toward each goal, review the past 90 day's sub-goals, project action statements/plans, and refine sub-goals for the next 30/60/90 days. The appropriate staff members will provide his input on the Soldier's progress including information from specialty providers and supporting agencies.

3. The interdisciplinary team, with input from the Soldier, will assess the Soldier's progress. The Soldier and the team will determine whether actions and sub-goals are adequately framed and defined, and whether the Soldier's activity toward the transition goal is sufficient.

4. If actions and sub-goals appear to be adequate and meet expectations, the CTP will remain unchanged. If the discussion reveals that goals, activities, or resources and interventions need to be modified, the Soldier's CTP will be modified accordingly. Changes will be documented in the aCTP by the Soldier with SL/PSG oversight and in AHLTA by the NCM. The Soldier will be notified when the next review will be held and any due outs will be emphasized.

5. If a lack of transition or progress due to some internal or external barriers becomes apparent, the facilitator may, in conjunction with WTU/CBWTU Commander, schedule an FTR (detailed below) with the principal stakeholders to address and confront the barriers and form a plan to facilitate progress. This FTR can be organized and conducted with varying degrees of formality.

(3) Focused Transition Review: The FTR is a formal meeting that is similar to the scrimmage. However, FTRs have a different purpose that ensures a common understanding between the Soldier/Family, the chain of command and the interdisciplinary team. The group reviews the Soldier's transition plan progress and develops a new plan to track for the remaining transition actions and sub-goals. Additionally, the FTR acts as a feedback and an after action review of the process for each Soldier and the supporting interdisciplinary team. For COMPO 2 and 3 Soldiers, the CBWTU/WTU Commanders will establish a formal relationship with the Soldier's Reserve Component (RC) command or representative to assist in resolving Soldier's issues. This RC command or representative will provide advisory support to the WTU/CBWTU Commander for transition, completion of action plans that support the Soldier, and may adjudicate actions regarding RC Soldiers in non-compliance. The FTR will follow the same general procedures as the scrimmage but is led by the senior company representative along with battalion representation in over-watch to support as needed (see Figure 13). The FTR is not an ad hoc, free flowing meeting. It is a specific time (approximately one hour) set aside by the company commander to focus all the WTU/CBWTU resources available to the Soldier's Transition plan (scrimmage results) and to identify where the interdisciplinary team was successful and where it can improve execution of the CTP, and further tailor each Soldier's transition plan. Once the Soldier reaches his MRDP, or the company commander identifies a requirement to assemble the interdisciplinary team, he facilitates the execution of the FTR. Like the scrimmage, the FTR remains inclusive versus exclusive and all relevant participants are invited. Although the Soldier leads the discussion, the company commander ensures that the discussion is productive and stays focused on the future success of the Soldier and his Family. The FTR ensures Soldier, Family and interdisciplinary team have used all resources available to resolve all issues and action plans to successfully transition every Soldier. In addition to the interdisciplinary team and the WTU/CBWTU's company level leadership, brigade or battalion leadership representative(s), if unit is part of a battalion or brigade, are present to support the Soldier's identified requirements and provide oversight to ensure the quality of the overall CTP process. The FTR members will review the scrimmage plan and develop and refine the Soldier's future disposition and track as well as project MEB start and completion dates and/or Transition Point Processing System (TRANSPROC) dates to reduce as much uncertainty as possible for the Soldier and his Family. This discussion should make every use of issues identified on the Soldier's self-assessment, scrimmage, clinical notes, Reintegration Checklist, and areas of

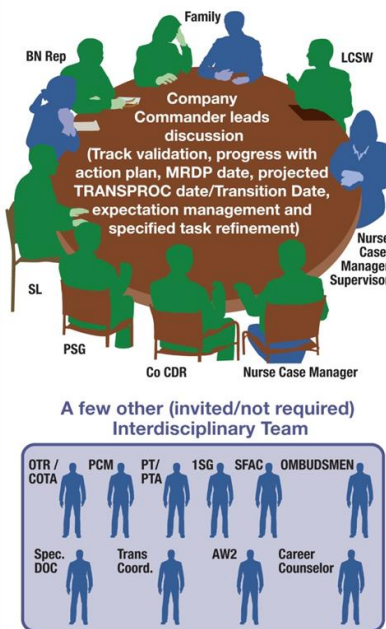
concern identified during weekly NCM counseling, and monthly SL counseling. Upon completion of the FTR, the Soldier and Family should have refined action statements and sub-goals and a specific transition outcome goal or plan that can be accomplished while assigned or attached to the WTU/CBWTU. The WTU/CBWTU cadre and staff should have clear understanding of suspenses on specific actions required by them to assist the Soldier and Family in attaining his goals. For CBWTUs, FTRs will be held with the Soldier and his Family face to face if at all possible but may be conducted telephonically or via video-teleconference if an in-person visit is not feasible. Civilian providers invited by the command or the Soldier may also participate.

Squad Leader:

1. Ensures relevant updates and past scrimmage data are brought into the discussion.
2. Participates with all domain discussion and acts as the commander's representative.
3. Plays an active role with work plan (career) development
4. Follows up daily and with monthly counseling (resource goals)
5. Holds Soldier accountable

WTU Soldier:

1. Brings goal setting results
2. Actively participates—owns his/her future plan
3. Brings Family members
4. Sets SMART goals and tasks that achieve the desired future
5. Follows up with SL daily, NCM weekly and discus changes monthly with PCM and SL during counseling.



LCSW Facilitator:

1. Facilitates in a supportive role to the commander—scribes on board (SMART goals).
2. BLSW captures data on scrimmage worksheet in aCTP.
3. Serves as behavioral health expert during all discussion (emotional domain)
4. Give referrals as needed—provides follow-up with the Soldier
5. Follows up with Soldier's primary providers

Nurse Case Manager:

1. Acts as the medical expert (physical domain)
2. Provides PCM input
3. Help create SMART medical goals
4. Provides guidance with other domains
5. Follows up with Soldier's weekly and review scrimmage results.

Figure 13 (FTR Execution)

(4) Synchronization of the scrimmage and FTR timelines: FTRs augment and provide additional company and battalion level focus to quarterly scrimmages. The initial scrimmage will be completed NLT than 30 days after the Soldier's assignment or attachment to the WTU or transfer to an outpatient status and follows the timeline below (see Figure 14).

- 30 days – initial scrimmage
- 90 days – Follow-on scrimmage
- 180 days – Scrimmage

approximate time (Soldier meets MRDP) – Focused Transition Review (FTR) is triggered by MRDP and does not necessarily happen at 180 days.

- 270 days – Scrimmage
- 365 days – Scrimmage

This 90 day cycle of scrimmages continues through the Soldier's stay in the WTU.

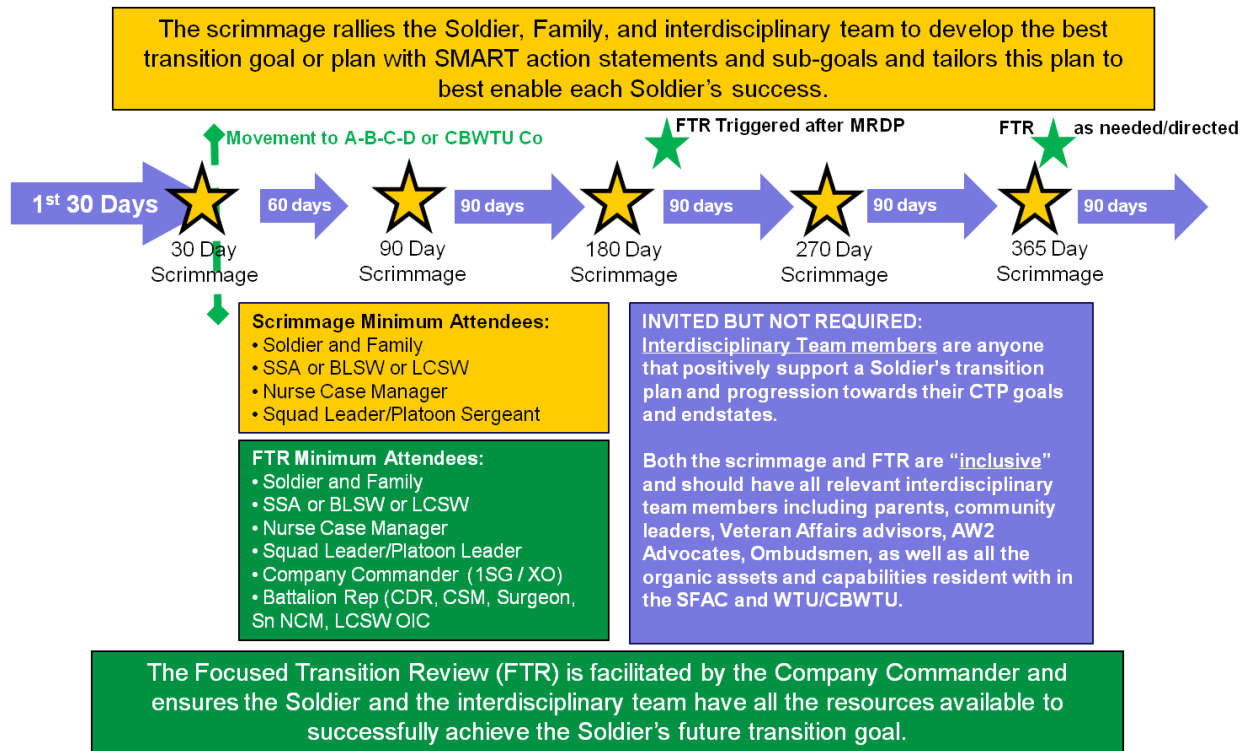


Figure 14 (Transition Review Timeline)

2-4. Rehabilitation Process.

a. Purpose: The rehabilitation process will provide appropriate clinical and non-clinical interventions to support the Soldier's transitional goals. The rehabilitation outcomes provide information to support a reasonable determination about the Soldier's ability to *Remain in the Army*.

b. Timeline: The rehabilitation process will start following the initial assessment appointments with the Soldier's PCM and necessary specialty providers. The rehabilitation process never really ends as the Soldier continues to physically and emotionally regain and maintain capability. (When the Soldier meets his MRDP, the rehabilitation process continues while the MDRP triggers the Reintegration Process). Medical treatment and mandatory activities will continue until the Soldier is formally released from the WTU/CBWTU.

c. Responsibilities:

(1) The Soldier will be actively engaged and attend all required appointments and activities while adhering to the established medical plan. A Soldier's mandatory activities include, but are not limited to, participation in appropriate Career and Education Readiness (CER) programs, rehabilitative processes, Adaptive Reconditioning Program, and vocational rehabilitation, if eligible, in support of his transition track and goals.

(a) Soldier will begin participation in adaptive reconditioning activities (to include doctrinal physical readiness training) only when the following has occurred: the Soldier has been assessed by the WTU PT, or in the absence of a WTU PT, another appropriate healthcare provider; the

Soldier's eProfile is current and written in a positive profile format by an appropriate privileged provider; and the Soldier's goals/ Adaptive Reconditioning Program has been validated by the scrimmage process, or modified and validated during the weekly Triad meetings. CBWTU Soldiers, in conjunction with their NCM, SL/PSG and PCM will develop an Adaptive Reconditioning Program tailored to their physical capabilities.

(b) Soldiers need to have a solid plan for transition by their 90-Day Scrimmage. Soldier career goals may be modified at any scrimmage. Input for changes may come from the interdisciplinary team or the Soldier based on outcomes of CER activities. CER is supported in the WTUs by civilian Transition Coordinators at Battalion and brigade level, and designated CER points of contacts at Company level and in CBWTUs. Transition Coordinators will work with the Occupational Therapists and Career Counselors to ensure that Soldiers are placed in internship, education and employment-preparation programs that support their personal career goal, whether they plan to RTD or separate from the military.

1. Soldiers must be determined "eligible to participate" in CER activities as outlined in the OTSG/MEDCOM Policy for CTP. Eligibility for Career and Education Readiness (CER) activity is based on two distinct evaluations made by the M2 team and the Mission Command team. 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. The NCM, in collaboration with the Registered Occupational Therapist (OTR), is responsible for coordinating the M2 evaluation of CER eligibility with all members of M2; the NCM is also responsible for documentation. The Mission Command evaluation must conclude that the Soldier demonstrates the initiative and self-discipline required to participate in a CER activity or activities. The Commander is responsible for the Mission Command evaluation of CER eligibility and the SL is responsible for documentation.

2. The interdisciplinary team will make a determination for the appropriate CER opportunity for each individual Soldier. The determination will take into account the Soldier's CTP career goals, functional abilities, personal CTP career goal and expected time remaining before reaching the MRDP. No Soldier, Active Duty, NG, or AR may work in any internship other than in a federal agency. Soldiers will not be moved to an alternate WTU merely to perform an Operation Warfighter or other type of internship.

3. Soldiers who intend to attend college classes will develop an education plan with the Army Continued Education System (ACES) Educational Specialist located in the SFAC or in the garrison.

(2) The NCM will track the Soldier's progress on meeting rehabilitative clinical goals and coordinate the appropriate referrals and appointments for the Soldier to remain on track with medical management. This assessment will be documented in both the aCTP and AHLTA. CBWTU Soldiers are responsible for all follow-on appointments and must keep the NCM informed of the results of all appointments.

(3) The SL/CBWTU PSG will assist the Soldier in developing and maintaining a daily activities calendar/schedule which aligns with the Soldier's clinical and non-clinical plan of care, and tracks the Soldier's appointments. The SL will ensure that the Soldier's calendar/schedule reflects a productive duty day in keeping with his goals. The SL will maintain a file of the Soldier's CER plan and progress. SL should seek information, knowledge, and points of contact

about additional CER tools to more effectively guide Soldiers on career related activities beyond ACAP, REALifelines, Education Center courses available and internship opportunities.

(4) The OTR (or the COTA under the supervision of the OTR), or CBWTU PSG, will monitor the Soldier's progress in meeting his goals as established for the six domains of strength, specifically for the Career domain. Participation in occupational therapy may include continuation with goal setting training, life skills classes, and adaptive reconditioning activities. The OTR will consult and collaborate with the transition coordinator for CER tasks in preparation for education, community work reintegration activities, and work site/internship placements.

(5) The LCSW will provide ongoing evaluation to determine and update the Soldier's behavioral health management plan, based on the Soldier's and Family needs. The LCSW acts as the BH consultant/liaison for the WTU and will provide ongoing behavioral health care management, education, advocacy, and resource referral and may provide short term therapy and crisis intervention to Soldier's and their Families.

(6) The Transition Coordinator or CBWTU PSG, working with the OTR, will refer eligible Soldiers to the Army Career and Alumni Program (ACAP), VA Vocational Rehabilitation and Employment (VR&E) Counselor, Operation Warfighter Program, Army Continuing Education System (ACES) and other agencies for services to support his goals. The Transition Coordinators will provide verification to the WTU Commander that all eligible Soldiers are in a CER program (see Figure 15, CER timeline) supporting his chosen career track and goals. Additionally, the Transition Coordinator will provide awareness and access to additional opportunities (i.e., job fairs, career day events). Transition Coordinator will document recommended CER activities to be completed in the aCTP by completing the CER checklist (see Appendix 7, CER Checklist). A copy will be provided to the Soldier and his SL/PSG. Copies of all documents related to CER activity completion will be maintained by the SL/PSG. Documents can include but are not limited to: work site agreements, work evaluations, degree plans, current semester enrollment forms, transcripts, and resumes. Transition Coordinators ensure that Soldiers have needed CER related contacts at their separation destination to include: VA Vocational Rehabilitation Counselor (if eligible for service), VA VETSUCCESS counselor, U.S. DOL rep at local One Stop Office – Disabled Veterans Opportunity Program (DVOP) or Local Veterans Employment Representative (LVER), and any other resources that may be beneficial.

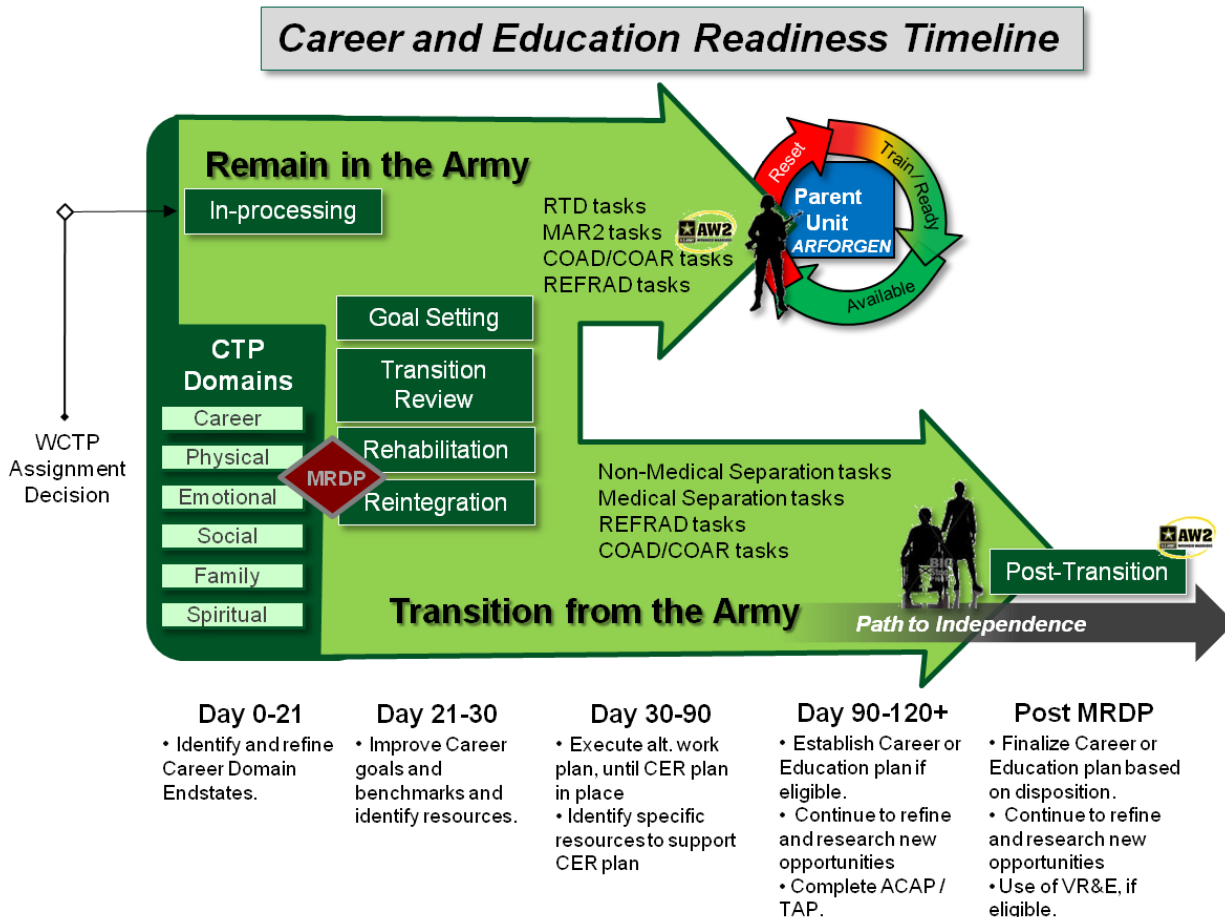


Figure 15 (CER Timeline)

(7) The career counselor will counsel the Soldier on maintaining required Soldier skills for those Soldiers in the *Remain in the Army* track.

(8) The WTU PT, with assistance from the WTU PTA, or CBWTU PSG and support from the CBWTU NCM will serve as the Adaptive Reconditioning Program manager and SME for the WTU/CBWTU command. In addition, the PT will:

(a) Develop the WTU's Adaptive Reconditioning program tailored to each individual Soldier capabilities and needs.

(b) Ensure the Adaptive Reconditioning Program is safe.

(c) Ensure Adaptive Reconditioning Program utilizes appropriate and available adaptive reconditioning activity resources.

(d) Conduct medical record reviews.

(e) Perform physical therapy screenings or evaluations to appropriately prescribe adaptive reconditioning activities.

(f) Ensure adaptive reconditioning activities conducted for all Soldiers are appropriate to their medical needs and sub- goals and transition outcome goals for any of the six CTP domains.

(g) Coordinate with the interdisciplinary team and MTF-based healthcare providers to ensure adaptive reconditioning activities are compatible with Soldier's medical condition and plan.

(h) Monitor the Soldier's progress to ensure progression with his goals.

- (i) Reassess the Soldier's clinical and non-clinical status to modify the Soldier's adaptive reconditioning activities as needed.
- (j) Assist with physical profile determinations to identify the Soldier's physical abilities and limitations.
- (k) Categorize Soldiers into appropriate adaptive reconditioning activities groups.
- (l) Assist with the neuro-musculoskeletal care coordination as appropriate.
- (m) Contribute to program outcome measurement and metrics.
- (n) Train and utilize the WTU PTAs, cadre and other available qualified personnel to conduct safe and effective Adaptive Reconditioning Programs and activities.

(9) The WTU/CBWTU Commander has overall authority, accountability, and responsibility for the conduct of Adaptive Reconditioning Programs.

(a) An Adaptive Reconditioning Program is designed within the broad framework of Army physical readiness training doctrine, and allows for Soldier accountability, but is designed for and modified to the unique needs of wounded, ill or, injured Soldiers and WTU/CBWTU commands.

(b) Adaptive reconditioning activities are any physical activities conducted by wounded, ill or injured Soldiers on a regular basis for purposes of optimizing physical well-being, returning to an active productive life-style, and helping to achieve any of the Soldier's sub-goals and transition outcome goals. Adaptive reconditioning activities are professional rehabilitation services, delivered as part of the CTP Rehabilitation Process, to aid in the reconditioning of any of the Soldier's six CTP domains. Activities can include, but are not limited to, competitive and non-competitive adaptive sports, doctrinal physical readiness training exercises, aquatic exercises, therapeutic recreational/leisure activities (community or Morale, Welfare and Recreation (MWR) based), gym-based exercise programs, clinic-based exercise programs, clinical home exercise programs, functional training, and human performance optimization.

(c) An Individual Adaptive Reconditioning Program is composed of Adaptive Reconditioning Activities and is customized to the specific CTP needs of the Soldier. It is not a traditional clinic-based rehabilitation program, but may support the Soldier's medical plan and goals, when appropriately coordinated with the MTF based healthcare providers.

(10) AW2 Advocate will review CTP Dashboard and self-assessment every 30 days, enter the assistance provided into AWCTS, and attend scrimmages and FTR meetings to assist AW2 Soldiers in the development of a plan action for successful transition.

2-5. Reintegration Process.

a. Purpose: The Reintegration Process is designed to specifically prepare each Soldier and his Family for a successful transition back to the force or to civilian life as a Veteran.

b. Timeline: This process begins as soon as a Soldier is ready to begin reintegration tasks, but no later than MRDP and continues throughout the Soldier's remaining tenure in the WTU/CBWTU. Execution of the reintegration checklist begins 180 days before the Soldier's *anticipated* discharge or transition date, or with MRDP and the initiation of the MEB/PEB process, whichever comes first. The reintegration process culminates with the Soldier's completed transition from the WTU/CBWTU (see Figure 16).



Figure 16 (Reintegration Process Overview)

c. Responsibilities: The SL/PSG has the overall lead for this process. The transition coordinator, in collaboration with the OTR, has responsibility for providing the Soldier with CER opportunities and referrals in support of transition track and goals. CBWTU PSG and NCM, in coordination with TRICARE OTR/PT and other medical specialists, will identify appropriate opportunities and assist Soldiers with CER opportunities in the local community.

d. Required Tasks:

(1) The Soldier will implement all aspects of their CER plan by meeting with the Transition Coordinator or CBWTU PSG and identifying research, tasks, and activities that need to be completed to support their desired career goals. ACAP must be completed at this time if it has not been completed previously. Task completion and required documents will be tracked in the Soldier’s individual file. It is recommended that all Soldiers complete both a federal and civilian resume.

(2) Soldiers in the *Remain in the Army* track will focus on building and maintaining their Soldier skills in preparation to remain in the Army while remaining compliant with their positive physical profile (see Figure 17). Soldiers that will remain in the Army, but also REFRAD may use the reintegration checklist for COMPO 2/3 Soldiers (see Figure 18). They will participate in on-post, unit and CER duties that match with their career domain goals, and take advantage of available Army career related education or training to include college courses, Armed Forces Classification Test improvement classes, Advanced Skills Education Program, and other Soldier development classes. Enrollment in college courses or other training programs will not drive a Soldier’s MDRP or transition date.

Reintegration Checklist (Remain in the Army)

Future Focus Area for Reintegration	Assessment (days from Transition) Green-Amber-Red				Comments	Final Status
	90	60	30	7		
Career (AWT, MOS Training) Within limits of eProfile						
COAD/COAR (see AW2)						
Future Housing (On/Off-Post)					Example Green (Good) Status	
Personal Transportation					Example Amber (Concerned) Status	
Education Plan					Example Red (Problem/Need Help) Status	
Medical Care Plan (medication, continuity of care, updated profile)						
MEDPROS Updated						
Rehab plan in place						
See Soldiers MEB and Legal Counsel					Note: Soldier starts filing this checklist out after MRDP and concurrently completes the reactive (Self Assessment) with the future focused/proactive (Reintegration Checklist)	
Pain Management						
Family plan in place (if applicable)						
Financial Stability						
GT Score / ASVAB Review						
Mandatory Training complete						
APFT Pass and Ht/Wt Pass (Optional)						
NCOER/OER/Non-rated Memo						
Weapons Qualification (if within profile)						
CIF issue items (SL inspect)						
Follow on Orders Received						
Coordination w/ gaining unit (if necessary)						
See Career Counselor						

Figure 17 (Example Reintegration Checklist/Remain in the Army)

Reintegration Checklist (Comp 2/3 Remain in the Army)

Future Focus Area for Reintegration	Assessment (days from Transition) Green-Amber-Red				Comments:	Final Status
	90	60	30	7		
Career (Job Opportunity)						
Future Housing					Example Green (Good) Status	
Personal Transportation					Example Amber (Concerned) Status	
Education Plan					Example Red (Problem/Need Help) Status	
VHA Warm Handoff (VHA Liaison or NCM)						
Medication/Pain Management plan in place						
VBA VR&E Counseling						
VBA Support Coordination						
Community Resource referrals						
Dept. of Labor referral						
Family/Caregiver plan in place						
State VA information						
Financial Stability						
VA eBenefits enrollment prior to transition						
Gather/Prepare DD214 documentation						
ACAP Pre-Sep briefing (2648-1, TAP)						
LOD Complete						
NCOER/OER/Non-Rated Memo						
GI Improvement						
Coordination w/ gaining unit (if applicable)						
AWT/MOS Training						
See Career Counselor						
MAR2 (Reserve/National Guard coordination)						
Complete Resume						
Weapons Qualification (if within profile)						
APFT/Height/Weight (Optional)						
Contact information for State Transition Assistance Advisor (TAA)						
Soldiers MEB and Legal Counsel						
Other: Well being, Nutritional, etc.						

Note: Soldier starts filing this checklist out after MRDP and concurrently completes the reactive (Self Assessment) with the future focused/proactive (Reintegration Checklist)

Figure 18 (Example Reintegration Checklist/COMPO 2/3 Remain in the Army)

(3) Soldiers in the *Transition from the Army* track will prepare for a productive life as a civilian and Veteran while remaining compliant with their positive physical profile (see Figure 19). Prior to transition the Soldier will:

- (a) Enroll into ebenefits at www.va.gov and click on the ebenefits link. Other key links are: www.nationalresourcedirectory.org, www.wtc.army.mil, www.health.mil/InTransition, and www.myarmybenefits.us.army.mil.
- (b) Participate in on-post and CER opportunities that match with the Soldier’s career domain goals.
- (c) Participate in available career related education and training while researching eligibility for GI Bill and other options to fund further schooling.
- (d) Attend ACAP training as early as possible, no later than MRDP, to complete Pre-separation Counseling and checklist (DD 2648), Department of Labor (DOL) Transition Assistance Program (TAP) workshop, and the Veterans Affairs (VA) Disabled Transition Assistance Program (DTAP) briefing.
- (e) Meet with DOL REALifelines Counselor for individual counseling related to employment research, contacts, and opportunities in the Soldier’s home community. Points of contact will be provided for home community One Stop Office, Disabled Veterans Outreach Program counselor,

Local Veterans Employment Representative, Chambers of Commerce, and other identified employers and Transition Assistance Advisors (TAA).

(f) Meet with Veterans Benefits Administration (VBA) counselor to determine eligibility for VA related Chapter 36 education and vocational counseling, and “VetSuccess” eligibility screening and enrollment.

(g) Identify additional local and regional resources closer to home through the career counselor and state specific Transition Assistance Advisor, which include access to Inter-Service Family Assistance Committees (ISFAC).

Reintegration Checklist (Transition from the Army)

Future Focus Area for Reintegration	Assessment (days from Transition) Green-Amber-Red				Comments:	Final Status
	90	60	30	7		
Career (Job Opportunity)						
Future Housing					Example Green (Good) Status	
Personal Transportation					Example Amber (Concerned) Status	
Education Plan					Example Red (Problem/Need Help) Status	
VHA Warm Handoff (VHA Liaison or NCM)						
Medication/Pain Management plan in place						
VBA VR&E Counseling						
VBA Support Coordination						
Community Resource referrals						
Dept. of Labor referral						
Family/Caregiver plan in place						
State VA contact and info.						
Financial Stability						
Enroll into VA eBenefits website prior to transition						
LOD Complete (Compo 2/3)						
NCOER/OER/Non-Rated Memo						
Gather/Prepare DD214 documentation						
ACAP Pre-Sep briefing (2648/2648-1, TAP, DTAP)						
Complete Resume						
Contact information for State Transition Assistance Advisor (TAA)						
Soldiers MEB and Legal Counsel						
Other: Well being, Nutritional, etc..						

Note: Soldier starts filing this checklist out after MRDP and concurrently completes the reactive (Self Assessment) with the future focused/proactive (Reintegration Checklist)

Figure 19 (Example Reintegration Checklist/Transition from the Army)

(4) The transition coordinator or SL/PSG has the lead in referring and coordinating CER opportunities for the Soldier in support of his career goals. The transition coordinator will coordinate with the OTR to provide contacts, training, and evaluation to assist the Soldier with their career goals. The transition coordinator will also coordinate with federal agencies to place Soldier’s into OWF internships. CBWTU PSGs will work with the Soldier to identify local CER activities for each Soldier. This CER plan will be approved by the CBWTU CDR. CBWTU PSGs have primary responsibility for their Soldier’s reintegration checklist. In a WTU, the

transition coordinator has primary responsibility with the SL to verify completion of the reintegration checklist (Appendix 9).

(5) The WTU/CBWTU Commander will develop an accountability system for Soldiers on transition leave. The risk designation, CTP, and medical care will serve as the basis to determine how frequently the interdisciplinary team will contact the Soldier during transition leave.

(6) HR personnel will ensure the Soldier who has applied for VBA benefits through the Benefits Delivery at Discharge (BDD) process, receive a release date between the 20th – 27th day of the month (25th-27th day is optimal).

(7) The NCM will schedule and coordinate required post transition follow-on care appointments, resources, and continued case management services. The NCM will ensure Soldiers are referred to appropriate VHA and VBA personnel as outlined below.

(a) Transfer to Veterans Affairs Medical Center (VAMC): The NCM will ensure all eligible Soldiers meet with the VHA/DoD Liaison (LNO) (if assigned to the MTF) who will assist the Soldier with his enrollment into the VA healthcare system and with the transfer (for discharge and convalescent care) to VAMC closest to the Soldier's home. The NCM will also contact the receiving OEF and OIF liaisons and VAMC Case Manager to discuss transition care needs as appropriate.

(b) NCMs at WTU/CBWTUs without a VHA/DoD LNO will assist the Soldier with completion of VA form 1010EZ (www.1010ez.med.va.gov) omitting dependent and financial information. NCMs will contact the OEF/OIF/ONE Program Coordinator or representative at the VAMC closest to the Soldier's home to coordinate transition care needs.

(c) For Soldiers returning to duty, the NCM will coordinate with the gaining medical management team to alert them of arriving WTU/CBWTU alumni so that they can screen the Soldier for the need of future case management services.

(8) The SL will ensure that the Soldier completes and updates their reintegration checklist (Appendix 9) once they are past their MRDP and ensures the Soldier meets with a VBA representative as soon as disposition is known. Additionally, the SL will ensure the Soldier completes the out processing checklist (Appendix 10).

(9) The LCSW will conduct a BH risk assessment with the Soldier 14 days prior to transition from the WTU/CBWTU.

(10) Transition coordinator with the OTR, or CBWTU NCM, will assess and refer potentially qualifying Soldiers to VR&E.

(11) AW2 Advocate will review the CTP for any actionable items, identify transition dates and track milestones outlined in the reintegration checklist to ensure successful transition into the civilian community or back into the Army.

2-6. Post Transition Process.

a. Post Transition refers to the period after a Soldier has exited the WTU/CBWTU. The Soldier is under the guidance of his gaining unit (manning report AAA-162), the VA, and/or the AW2 program if eligible. WTC will conduct surveys during this time period to assess the effectiveness of WTU/CBWTU procedures and identify best practices or areas for improvement.

b. Company commanders will ensure each Soldier has the opportunity to successfully complete the mandatory tasks that establish a Soldier is “Transition Eligible”. Transition Eligibility is based on the Soldier’s final transition outcome or disposition (see Figure 20). Transition Eligible is defined as 100 percent completion of mandatory tasks at transition from the WTU/CBWTU. The WTC will monitor this essential metric using primarily the aCTP. These tasks are listed below:

Transition Eligible (Mandatory)Tasks (Did Soldiers have the opportunity to complete these tasks?)
Self Assessment (monthly requirement)
Goal Setting Complete - Phase I and II (within 90 days)
Current Scrimmage/FTR (within 90 days)
Career and Education Readiness / Work Plan
ACAP Complete (prior to initiation of IDES) (Pre-Sep, TAP, DTAP, VA Benefits) – Resume Optional
Reintegration Checklist (initiated after Soldier meets MRDP) (Track 1, Track 2, or REFRAD)
Medical Support Plan in Place (Army or VA) at Transition
Assessed locally by Company Commander at Transition. WTC reviews weekly IAW minimum time standards via multiple automation platforms.

Figure 20 (Transition Eligible)

c. WTC will also monitor another assessment to see if Soldiers believed they are “Transition Ready” using surveys at Transition and after they’ve separated over 90 days, but not later than 120 days. The survey will use the focus items and areas on the Soldiers Self-Assessment and Reintegration Checklist to see if we fully prepared Soldiers for their future.

d. AW2 Advocate will ensure Soldiers and Family members are receiving and maximizing all their benefits. Assess AW2 Lifecycle Management Plan (LCMP) and attach to AWCTS prior to out processing to ensure warm hand-off of Soldier to gaining advocate (see Figures 21, 22 and 23). AW2 Advocates use the following LCMP assessment steps:

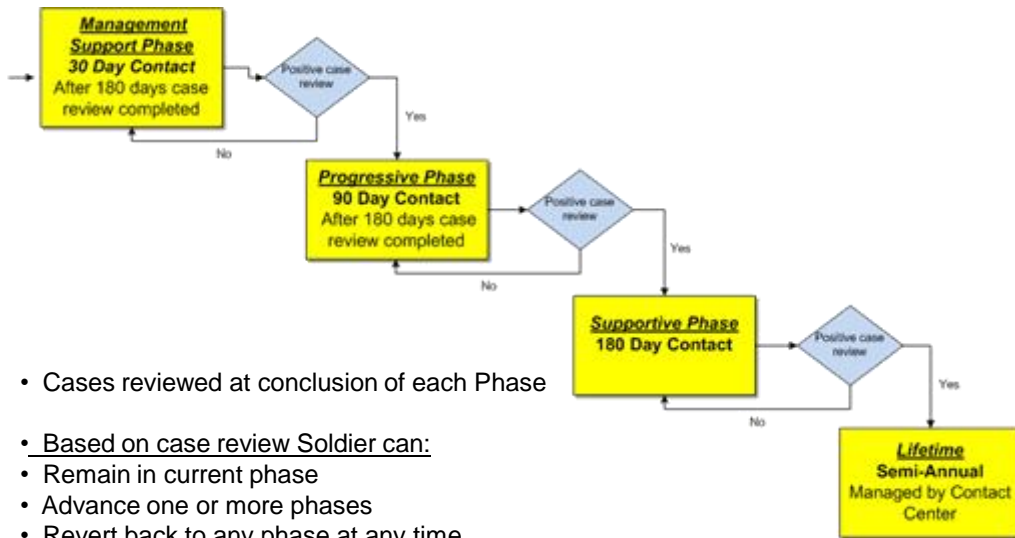
(1) Step-a: Advocates, in conjunction and consultation with their AW2 Soldier/Veteran will identify the presence or absence of issues. Advocates in conjunction and consultation with their AW2 Soldier will place an X in the appropriate Yes or No box to indicate presence or absence of an issue.

(2) Step-b: Advocates will complete and attach an initial LCMP assessment tool once the Soldier/Veteran has completed at least 180 days as an eligible AW2.

(3) Step-c: Advocates will attach the completed LCMP Assessment for supervisory review and potential phase change when no core issues are identified in AWCTS.



AW2 Lifecycle Management Plan (LCMP)



- Cases reviewed at conclusion of each Phase
- Based on case review Soldier can:
 - Remain in current phase
 - Advance one or more phases
 - Revert back to any phase at any time

“For as Long as it Takes”
Figure 22 (AW2 Lifecycle Management Plan)

5

Processes	CTP	LCMP
Inprocessing	TRIAD ASSESSMENT Soldier and his/her Family's immediate clinical and non-clinical needs, setting expectations, conducting risk assessments and mitigation plan development.	ADVOCATE ASSESSMENT Advocates review and assess for AW2 eligibility; identifying the presence or absence of issues.
	INTERDISCIPLINARY TEAM ASSESSMENT Holistic individualized Soldier assessment focus includes the current status on the Soldier and his/her family goals, issues and transition plan.	CTP NOTIFICATION Advocates acknowledge/access CTP referrals within three days.
Goal Setting	INTERDISCIPLINARY TEAM Goals are developed with the Soldier	ADVOCATE and INTERDISCIPLINARY CONSULTATION Soldier and his/her Family will work together in the development of Specific, Measurable, Actionable, Realistic, and Time Driven (SMART) Goals leading to a " <i>Path To Independence</i> ".
Transition Review	INTERDISCIPLINARY TEAM Goals, issues and progress review.	GOAL REVIEW Advocate, Soldier and Family review and track short and long-term goals, identify and mitigate issues impacting goal attainment.
Rehabilitation	CLINICAL and NON-CLINICAL INTERVENTIONS Specific interventions support transitional goals and plans. Focus on Soldier's ability to remain in the ARMY.	LCMP ASSESSMENT 30 days LCMP Assessment scrimmages and FTR participation. <i>Soldier has not reached Medical Retention Decision Point (MRDP) at this time.</i>
Reintegration	TRANSITION PREPARATION and TRACKING Soldier's and his/her Family's Plan/Goal Successful transition back to the force or to civilian life as a Veteran.	MILESTONE TRACKING Actionable items, identify transition path, dates and milestones. Monitor successful transition into the civilian community or back into the Army.
Post-Transition	POSTWTU/CBWTU Soldier has exited the WTU/CBWTU. The Soldier is under the guidance of his unit, the AW2 program if eligible and VA.	LIFETIME MANAGEMENT Soldier exiting the WTU/CBWTU. Advocate assessment continues throughout the four phases of the " <i>Life Cycle Management Plan</i> " <i>Fostering Soldier/Veteran/Family independence.</i>

Figure 23 (CTP and LCMP)

2-7. Soldier Transfers. Soldiers who meet eligibility criteria and have completed their initial scrimmage are eligible for transfer. They must have a current validated self-assessment, and be registered in the aCTP. SL and NCM must have action plans in place and documented in the aCTP to address Red and necessary Amber items in the self-assessment. The Soldier must have an identified medical plan requiring a minimum of 60 days care. Phase I Goal Setting Training must be completed and the Soldier's track identified. Goals and sub-goals must be identified and documented in the aCTP. Risk assessment, designation and mitigation must be completed. Soldiers designated as high risk will not be transferred from WTU to the CBWTU. All high risk Soldiers transferring from WTU-WTU or CBWTU-WTU must have an escort during transfers. The gaining unit will be included in the Soldier's scrimmage to facilitate a warm hand-off. The use of technology is encouraged to ensure full participation by the gaining unit. *Soldiers will not be transferred before the gaining commander acknowledges acceptance in the aCTP.*

Comprehensive Transition Plan

Guidance

(CTP-G)

Appendices 1 and 2

Inprocessing Checklists (Part I and II)

1st 30 Days

Warrior Transition Command, Comprehensive Transition Plan - Guidance

Appendix 1, Intake Checklist Part I

WTC DRAFT RECOMMENDED INPROCESSING CHECKLIST PART I			
DAY 1-5; Return to S1/HR upon completion for verification and filing			
RNK and Full Name:		Last 4:	
Projected Company:		Escort identified (if needed) Escort Name: _____	
#	IN-PROCESSING TASKS	Section	Remarks /Signature / Date
1	Sign-in (DA Form 647)	BN S1/CO HR	
2	Copy of orders	BN S1/CO HR	
3	COMPO: AC / ARNG / USAR / AGR / Retiree Recall	BN S1/CO HR	
4	ETS / MRD order end date: _____	BN S1/CO HR	
5	DEROS next 9 months: Y / N Date: _____	BN S1/CO HR	
6	REFRAD order end date: _____ (NG/USAR only)	BN S1/CO HR	
7	PDMRA worksheet (if applicable)	BN S1/CO HR	
8	Copy of profile	BN S1/CO HR	
9	Warrior Photo in uniform	BN S1/CO HR	
10	Personal information data sheet	BN S1/CO HR	
11	Emergency data (DD93, SGLV)	BN S1/CO HR	
12	Army Knowledge Online (AKO account)	BN S1/CO HR	
13	Current/last evaluation (NCOER/OER/AER)	BN S1/CO HR	
14	Date last eval: _____; if exceeds 90 days Follow up	BN S1/CO HR	
15	Promotable? Y / N; TIS _____ TIG _____ validated Y/N	BN S1/CO HR	
16	Awards pending: Y / N; Type: _____	BN S1/CO HR	
17	Purple Heart/Combat Award Status:	BN S1/CO HR	
18	Received/Orders: Y / N Status: _____	BN S1/CO HR	
19	Award ceremony: Y / N Status: _____	BN S1/CO HR	
20	Medal set: Y / N Status: _____	BN S1/CO HR	
21	eMilpo arrival transaction complete	BN S1/CO HR	
22	ORB/ERB/2-A/2-1 update (non-transferrable FLAGS)	BN S1/CO HR	
23	Meal card (if required)(within 24 hours)	BN S1/CO HR	
24	Change of address (card)	BN S1/CO HR	
25	Mailroom	BN S1/CO HR	
26	ADPAAS	BN S1/CO HR	
27	MODS input (within 24 hours)	BN S1/CO HR	
28	aCTP input (HR Specialist or CTP Analyst)(within 24 hours)	BN S1/CO HR	
#	Primary Care Manager: Insert full name, location; phone #	Section	Remarks /Signature / Date
29	Initial intake assessment within 24 hours	MTF-Provider	
30	Full intake with in 5 Days	PCM	
31	Updated profile	PCM	
32	PHA status GO / NOGO	PCM	
33	Evaluate eligiblity for SCAADL	PCM	
34	Initial medication reconciliation	PCM	
#	Nurse Case Manager: Insert full name, location, phone #	Section	Remarks /Signature / Date
35	Initial intake assessment within 24 hours	NCM	
36	Complete and submit aCTP risk assessment within 24 hours	NCM	
37	Full intake within 5 Days	NCM	
38	Initial referrals/appointments made	NCM	
39	AW2 referral (is applicable)	NCM	
40	Initial medication review	NCM	
41	Recommend Warrior on CBWTU transfer eligibility (if applicable)	NCM	
42	PDHA (if applicable); scheduled follow-up _____	NCM	
43	PDHRA (if applicable); scheduled follow-up _____	NCM	
#	Social Worker: Insert full name, location; phone #	Section	Remarks /Signature / Date
44	Initial screen within 24 hours	SW	
45	Complete and submit aCTP risk assessment within 24 hours	SW	
#	SL/PSG: Insert full name, location; phone #	Section	Remarks /Signature / Date
46	Initial risk assessment (in aCTP) within 24 hours	SL/PSG	
47	Review Warrior Handbook w/contact info	SL/PSG	
48	Initial counseling (DA Form 4187)	SL/PSG	
49	Counsel on CBWTU eligibility/ineligibility	SL/PSG	
49	Privately Owned Weapons Y / N Status of POWs: _____	SL/PSG	

Warrior Transition Command, Comprehensive Transition Plan - Guidance

Appendix 1, Intake Checklist Part I

WTC DRAFT RECOMMENDED INPROCESSING CHECKLIST PART I			
DAY 1-5; Return to S1/HR upon completion for verification and filing			
RNK and Full Name:		Last 4:	
Projected Company:		Escort identified (if needed) Escort Name:	
#	IN-PROCESSING TASKS	Section	Remarks /Signature / Date
20	Housing/lodging issues identified: Y / N	SL/PSG	
51	Power Of Attorney for housing/lodging issues: _____	SL/PSG	
52	Update barracks/housing roster (strip maps)	SL/PSG	
53	Family needs identified: Y / N (within 24 hours)	SL/PSG	
54	Transportation needs identified and arranged: Y / N within 24 hours	SL/PSG	
55	Initiate self-assessment after completion of the Reception Checklist	SL/PSG	
#	Commander: Insert full name, location; phone #	Section	Remarks /Signature / Date
56	Initial risk assessment with in 24 hours	CDR	
57	Submit risk mitigation plan in aCTP with in 24 hours	CDR	
58	Issue No Alcohol Order (if required)	CDR	
59	Welcome orientation/expectation brief	CDR	
#	1SG: Insert full name, location; phone #	Section	Remarks /Signature / Date
60	Warrior is housed w/Battle Buddy (if required)	1SG	
61	Assigned Battle Buddy's Name: _____	1SG	
#	BN S4/CO SUPPLY: Insert location and phone #	Section	Remarks /Signature / Date
62	Room key programming (barracks only)	BN S4/SUPPLY	
63	Validate accommodations meet Warriors requirements	BN S4/SUPPLY	
64	Issue government laptop	BN S4/SUPPLY	
65	Issue linen (if required)	BN S4/SUPPLY	
66	Issue unit crests, patches, reflector belt/vest	BN S4/SUPPLY	
67	Complete hand receipts	BN S4/SUPPLY	
68	Explain process of placing a facility maintenance request	BN S4/SUPPLY	
#	BN/CO FINANCE IN-PROCESSING: Insert location, phone #	Section	Remarks /Signature / Date
69	Defense Travel System update, Government travel card (tracker)	BN/CO Finance	
70	Finance LES review	BN/CO Finance	
71	Update WIA data base	BN/CO Finance	
72	File 1351-2	BN/CO Finance	
73	Travel Voucher	BN/CO Finance	
74	Pay issue(s) for follow-up: Y / N	BN/CO Finance	
#	PAD: Insert location and phone #	Section	Remarks /Signature / Date
75	Update CHCS/MODS/DTMS	PAD	
76	Copy of profile	PAD	
77	TMDS/JPTA Update	PAD	
78	Copy of LOD: Y / N (if No, initiate LOD if necessary)	PAD	
#	DEERS: Insert location and phone #	DEERS	Remarks /Signature / Date
79	Update/enroll dependents in DEERS (bring 2 forms of ID) and any required documents	DEERS	
#	TRICARE Service Center (TSC): Insert location and phone #	TRICARE	Remarks /Signature / Date
80	Meet and Greet	TRICARE	

SPECIAL INSTRUCTIONS: Return to S1/HR upon completion for verification and filing in BNS1/HR Personnel File

WTC DRAFT RECOMMENDED INPROCESSING CHECKLIST PART II						
DAY 6-29; Return to HHC upon completion for verification/filing and scrimmage scheduling						
RNK and Full Name:		Last 4:	Squad Leader:			
Projected Company:		Escort identified (if needed) Escort Name:				
#	Sr. WTU Commander: Insert full name, location; phone #	Section	WT	Mil	Civ	Remarks /Signature / Date
1	Meet and greet	CMD				
#	SR. WTU NCO: Insert full name, location; phone #	Section	WT	Mil	Civ	Remarks /Signature / Date
2	Meet and greet	1SG/CSM				
#	Chaplain: Insert full name, location, phone #	Section	WT	Mil	Civ	Remarks /Signature / Date
3	Meet and greet	Chaplain				
#	Ombudsman: Insert full name, location, phone #	Section	WT	Mil	Civ	Remarks /Signature / Date
4	Meet and greet	Ombudsman				
#	Social Worker: Insert full name, location; phone #	Section	WT	Mil	Civ	Remarks /Signature / Date
5	Behavioral Health Initial Assessment with in 5-10 days	SW				
6	Family needs assessment (in conjunction w/SFAC)	SW				
#	SFAC Insert location; phone #	Section	WT	Mil	Civ	Remarks /Signature / Date
7	Tour SFAC	SFAC				
8	SFAC Director	SFAC				
9	SFAC information and referral	SFAC				
10	Provided a copy of the SFAC, Soldier and Family Hero Handbook	SFAC				
11	SFAC social work services coordinator	SFAC				
12	SFAC financial counselor	SFAC/ACS				
13	SFAC ASAP (if applicable)	SFAC/ACS				
14	SFAC education counselor	SFAC/ACS				
15	ACAP/TAPS familiarization	SFAC/ACS				
16	CYS Liaison	SFAC/ACS				
17	Outreach	SFAC/ACS				
18	Military Human Resources Coordinator	SFAC/ACS				
21	Veteran's Health Administration (VHA)	SFAC/ACS				
22	Veteran's Benefits Representative (VBA)	SFAC/ACS				
23	VA familiarization (can be part of the Welcome Orientation)	SFAC				
24	Reintegration Briefing (can be part of the Welcome Orientation)	SFAC				
25	Department of Labor Representative (if applicable)	SFAC/ACS				
#	SL/PSG: Insert full name, location; phone #	Section	WT	Mil	Civ	Remarks /Signature / Date
26	CIF record tracker (if applicable)	SL/PSG				
27	SOC or FLIPL needed from previous unit: Y / N	SL/PSG				
28	POV/POM matrix/safety inspection/insurance validation	SL/PSG				
29	Collect APFT card	SL/PSG				
30	Conduct height/weight and tape	SL/PSG				
31	Family Care Plan (FCP) Update	SL/PSG				
32	In-process Voting Assistance Officer (VAO)	SL/PSG				
33	Current legal issues: Y / N	SL/PSG				
34	Follow-up w/legal assistance; date: _____	SL/PSG				
35	Marital/relationship issues: Y / N	SL/PSG				
36	Follow-up w/SW or FAP; date: _____	SL/PSG				
37	Obtain local friend's contact information	SL/PSG				
38	Read command policies	SL/PSG				
#	Leagal Services	Section	WT	Mil	Civ	Remarks /Signature / Date
39	Attend mandatory Soldiers'MEB Counsel Briefing	SMEBC				
40	Follow-up with Soldiers' MEB	SMEBC				
#	BN S4/CO SUPPLY: Insert location and phone #	Section	WT	Mil	Civ	Remarks /Signature / Date
41	Complete DA 3078 (Initial inventory; if required)	BN S4/SUPPLY				
42	CIF layout (complete DA 3645-1R; if required)	BN S4/SUPPLY				
43	Turn-in CIF records (if required)	BN S4/SUPPLY				
#	OT: Insert location and phone #	Section	WT	Mil	Civ	Remarks /Signature / Date
44	Initial screening within 14 days	OT				
45	Support Soldier's self-assessment within 7 days	OT				
46	Introduction to OT classes within 14 days	OT				

WTC DRAFT RECOMMENDED INPROCESSING CHECKLIST PART II						
DAY 6-29; Return to HHC upon completion for verification/filing and scrimmage scheduling						
RNK and Full Name:		Last 4:	Squad Leader:			
Projected Company:		Escort identified (if needed) Escort Name: _____				
47	Goal Setting Class within 21 days	OT				
#	PT: Insert location and phone #	Section	WT	Mil	Civ	Remarks /Signature / Date
48	Initial screening within 21 days	PT				
49	eProfile (positive profile format) reviewed, modified, or initiated within 21 days	PT				
50	Initial development of IARP and input provided to Soldier's CTP goal setting process prior to initial Scrimmage	PT				
51	Coordination of neuromusculoskeletal care (as appropriate)	PT				
#	AW2 Advocate: Insert full name, location; phone #	Section	WT	Mil	Civ	Remarks /Signature / Date
52	Assess program eligibility	AW2				
53	Special needs Identified and addressed	AW2				
#	Family Readiness Support Assistant: Insert full name, location; phone #	Section	WT	Mil	Civ	Remarks /Signature / Date
54	Family data sheet	FRSA				
#	TRAINING SPECIALIST: Insert full name, location; phone #	Section	WT	Mil	Civ	Remarks /Signature / Date
55	Turn-in training records	Co Training				
56	Update DTMS	Co Training				
57	FMR Screening (PHA/MEDPROS check)	Co Training				
#	Dental: Insert location and phone # (bring records if available)	Dental Clinic	WT	Mil	Civ	Remarks /Signature / Date
58	Initial Orientation					
#	Optometry: Insert location and phone #	Optometry Clinic	WT	Mil	Civ	Remarks /Signature / Date
59	Initial Orientation					
#	Career Counselor: Insert full name, location; phone #	Career Counselor	WT	Mil	Civ	Remarks /Signature / Date
60	Meet and greet					
#	RC/NG LIAISON (RC/NG ONLY): Insert full name, location; phone #	Section	WT	Mil	Civ	Remarks /Signature / Date
61	OMPF records brief	RC/NG LNO				
62	TCS/MOB orders	RC/NG LNO				
#	MISCELLANEOUS CADRE IN-PROCESSING TASKS (if applicable)	Section	WT	Mil	Civ	Remarks /Signature / Date
63	Personnel Security	BN S2				
64	Voicemail/email signature block	BN S6				
65	User registration (MEDDAC 1629)	BN S6				
66	User statement (MEDDAC 472)	BN S6				

SCRIMMAGE DATE: _____

SPECIAL INSTRUCTIONS: Return to HHC upon completion for verification of completeness, scheduling of CTP Scrimmage and

Signature and Date of HHC Verifying Official

Comprehensive Transition Plan

Guidance

(CTP-G)

Appendix 3

Recommended Unit Welcome / Orientation Brief

 **Warrior Transition Command** 

Recommended Unit Welcome/Orientation Brief
as of 1 December 2011

“Soldier Success Through Focused Commitment”



Valley Forge General Hospital, Phoenixville, PA



Wakeman General Hospital, Camp Atterbury, IN



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 **Agenda** 

- Mission Statement
- What is the Comprehensive Transition Plan (CTP)
- Soldier Expectations
- Action Plan Review and Reintegration
- Additional Resources

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 **“Our Mission...”** 

WOUNDED  **ILL**  **INJURED** 



Provide **centralized oversight**, **guidance** and **advocacy** empowering wounded, ill and injured **Soldiers**, **Veterans** and **Families** through a comprehensive transition plan for successful reintegration back into the force or into the community with dignity, respect and self-determination.

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 **WTU Mission Statement** 

Provide mission command, primary care and case management for recovering Soldiers as the Army’s premier capability to set the conditions for healing and promote the timely return to the force or transition to civilian life.


WTU Soldier Mission

My recovery is my fight. I will win my fight to recover as I heal and transition back to the fighting force or successfully into the community with dignity, respect and self-determination.


“.. turning an injury or illness limiting event into unlimited potential.”

Example Only: Insert your WTU Mission above

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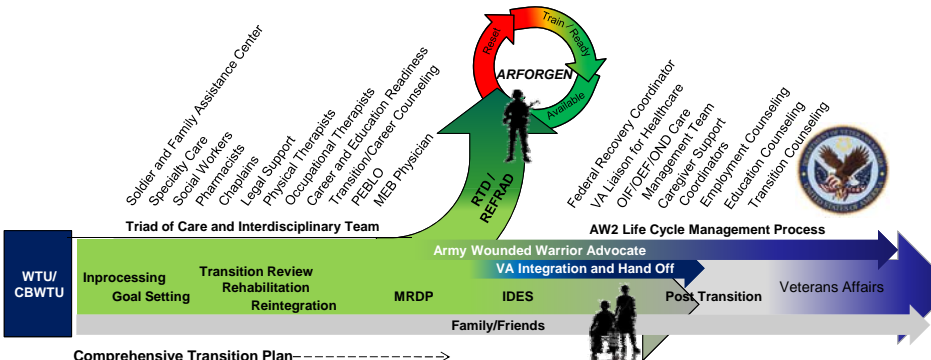


“Continuum of Care...” (Comprehensive Transition Plan)



“These leaders and health care professionals are charged with ensuring Soldier’s needs are met, their care is coordinated, and their Families concerns addressed.” DAIG Final Report

Vision: To become the Nation’s recognized leader in turning an injury or illness limiting event into unlimited potential.




WTU/
CBWTU


Comprehensive Transition Plan----->
 (CTP Domains – Career, Physical, Emotional, Social, Family, Spiritual)

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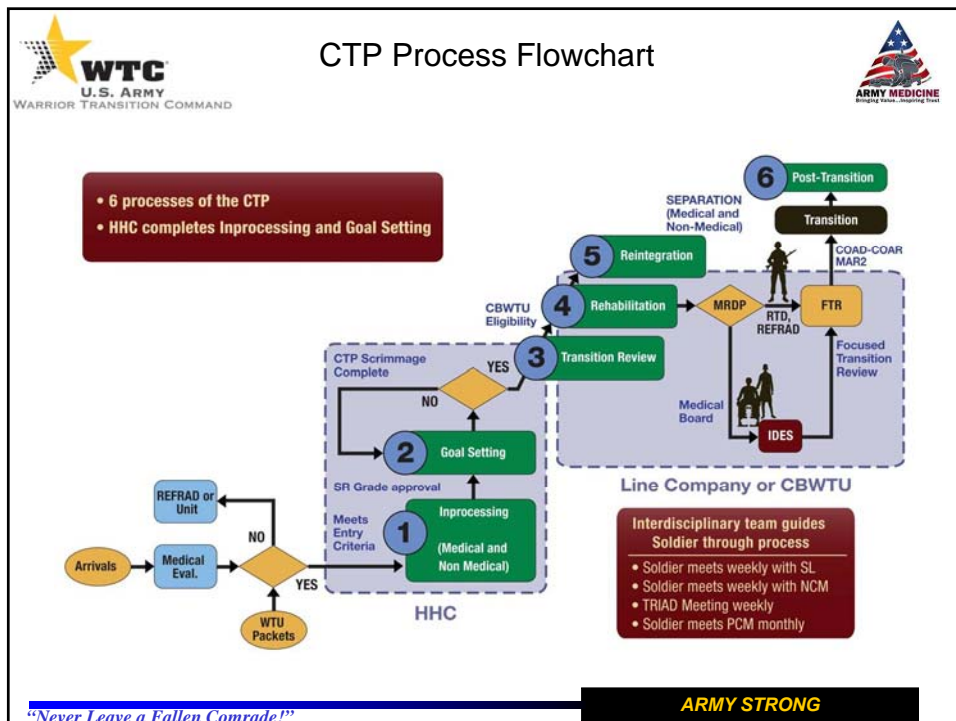
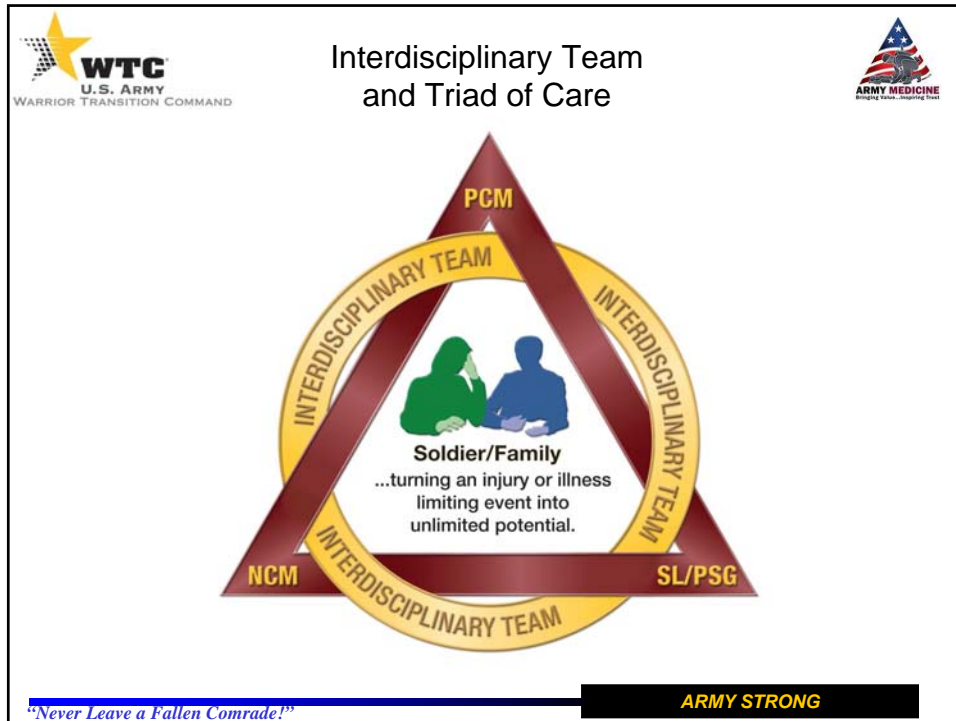
Comprehensive Transition Plan (CTP)

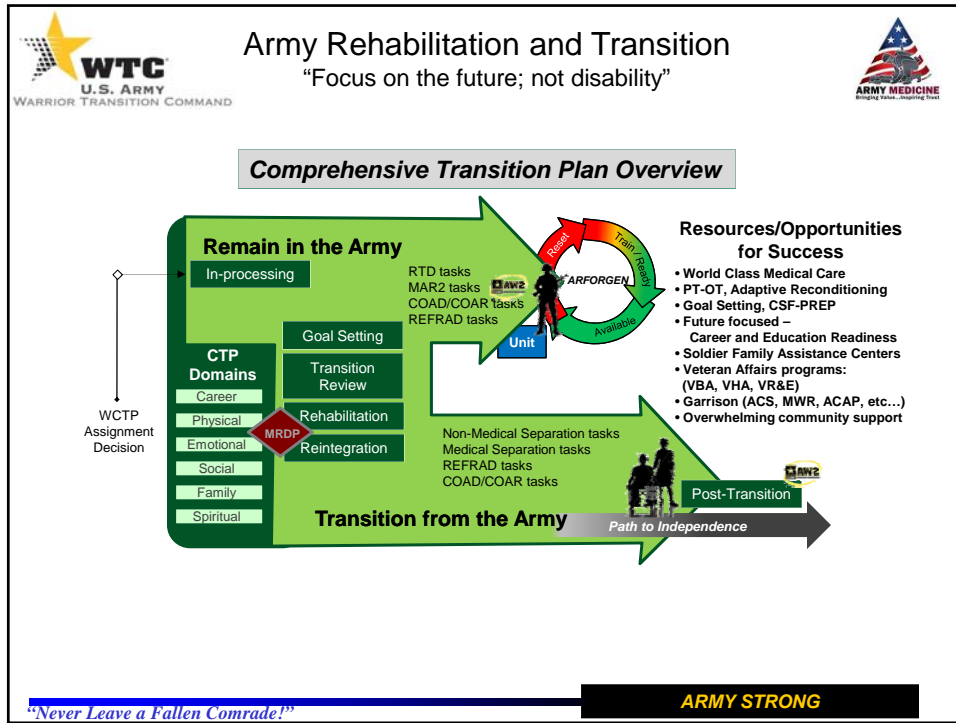


- The CTP is a holistic process to accomplishing your transition plan while in the WTU that addresses six main dimensions: career, physical, emotional, social, Family and spiritual.
- It is your primary focus and will help lead to a successful transition for you and your Family.
- The CTP is process to enable each Soldier to complete a successful transition to their desired goal.
- Elements of CTP have been automated to allow each Soldier and ability provide the inter-disciplinary team with information regarding self assessment, goals and sub-goals.

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Soldier Expectations (1 of 2)
 (First Thirty Days)


- Day 1-5 Intake
 - Basic needs assessment
 - Risk assessment and mitigation
 - Administrative processes
 - Medical assessment
 - Orientation
 - Meet Triad of Care
 - Self Assessment
 - Medication Reconciliation
- Day 6-29 In-processing
 - Medical specialty evaluations
 - Goal Setting training
 - Track identification
 - Supporting staff
 - CBWTU/Remote care eligibility determination
 - SFAC

WTC DRAFT RECOMMENDED RECEIPTION IDEAS EMERGENCY PART 1
 (DAY 1-5: Medical to SFAC, Orientation, and Family Support)


Activity	Location	Staff	Priority
1. Initial Assessment	WTC	WTC Staff	High
2. Medical Assessment	WTC	WTC Staff	High
3. Orientation	WTC	WTC Staff	High
4. Meet Triad of Care	WTC	WTC Staff	High
5. Self Assessment	WTC	WTC Staff	High
6. Medication Reconciliation	WTC	WTC Staff	High
7. Goal Setting Training	WTC	WTC Staff	High
8. Track Identification	WTC	WTC Staff	High
9. Supporting Staff	WTC	WTC Staff	High
10. CBWTU/Remote care eligibility determination	WTC	WTC Staff	High
11. SFAC	WTC	WTC Staff	High
12. Medical specialty evaluations	WTC	WTC Staff	High
13. Goal Setting training	WTC	WTC Staff	High
14. Track identification	WTC	WTC Staff	High
15. Supporting staff	WTC	WTC Staff	High
16. CBWTU/Remote care eligibility determination	WTC	WTC Staff	High
17. SFAC	WTC	WTC Staff	High

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Soldier Expectations (2 of 2)




- Be honest and upfront. Don't suffer in silence. Play an active role in your care.
- Counseling and Assessment:
 - Initial counseling from new SL and Nurse Case Manager will take place.
 - Monthly counseling surrounding but not limited to risk level, mitigation plan, performance, promotion eligibility/ineligibility, AWCP status, and eligibility or ineligibility for CBWTU transfer.
 - Front of the line medical appointments (access to care standards).
- Career, Education and Training expectations:
 - It is important to stay active and focused on your future goals.
 - Once medically cleared, you will be placed in a command approved career, education, internship or military training agreement which aligns with your career transitional goals to Remain in the Army or Transition from the Army.
- Goals will be revisited, progress toward completion will be updated and others will be revised during your time here.
- Transition begins as soon as you start in-processing into the unit. The formal portion of reintegration (checklist) will begin once the WTU determines if you meet medical retention standards. Maximizing your time and utilizing all available resources will be key to your successful pre-transition.


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CTP Policy Compliance and Setting the Soldier up for Success



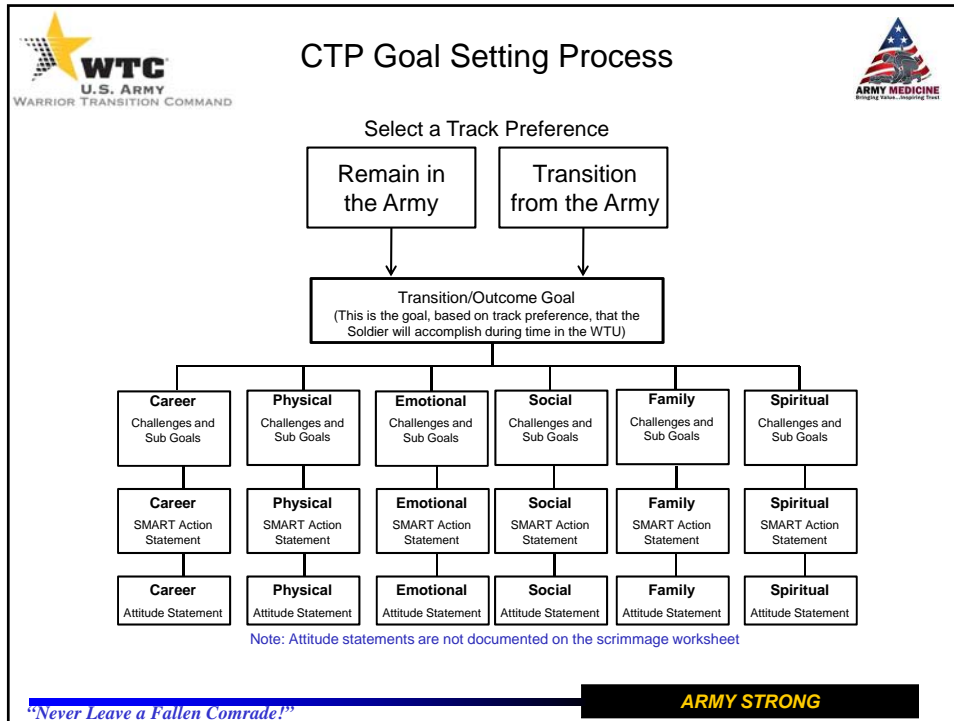


The initial scrimmage (30 day) completes the medical and mission command plans and sets the stage for assignment or movement to either a WTU line company or a CBWTU. All days are calendar days.

- Within 24 hours:**
 - LCSW completes Social Work Risk Assessment-Questionnaire and BH needs assessment and enters into aCTP, PBH-Term, and AHLTA
 - Squad Leader (SL) initial counseling and basic needs assessment
 - Nurse Case Manager (NCM) initial counseling and clinical assessment (in AHLTA within 5 days)
 - Commander's initial Risk Assessment/Mitigation completed (in aCTP)
 - Soldiers will be seen by a Provider for initial assessment/screening and medication reconciliation (in AHLTA)
 - Company HR (or company designee) loads Soldiers admin data into aCTP and MODS
- Within 5 days:**
 - PCM will complete Comprehensive Clinical Assessment (eProfile, CHCS Referrals, medical reconciliation) scheduled no less than 60 minutes
 - LCSW with Soldier completes comprehensive BH and psychosocial assessment (BHI-PHA/MEDCOM Form 811)
- Within 7 days:**
 - Soldier completes self assessment in aCTP
 - Soldier completes self-assessment and validated by SL and NCM in aCTP (continued weekly)
 - LCSW enters comprehensive BH and psychosocial assessment and BH management plan into AHLTA
 - Commander's updated Risk Mitigation Completion (written hardcopy and in aCTP) / Orientation Brief Complete
- Within 14 days:**
 - OTR assessment completed and Certified Occupational Therapist Assistant-COTA appointment scheduled
 - Soldier completed in-processing (Part I) and SL ensures Soldier inprocesses SFAC
 - LCSW ensures all risk assessment/mitigation, comprehensive BH assessment and management plan are loaded into PBH-TERM and AHLTA
- Within 21 days:**
 - Complete Goal Setting Phase I - OT led
 - PT assesses for reconditioning program, positive physical profile and contributes to Soldier goals
- Within 30 day:**
 - Inprocessing Checklist (Part II) and scheduled appointment with Career Counselor
 - Initial Scrimmage complete

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Transition Review

WTC U.S. ARMY WARRIOR TRANSITION COMMAND

ARMY MEDICINE

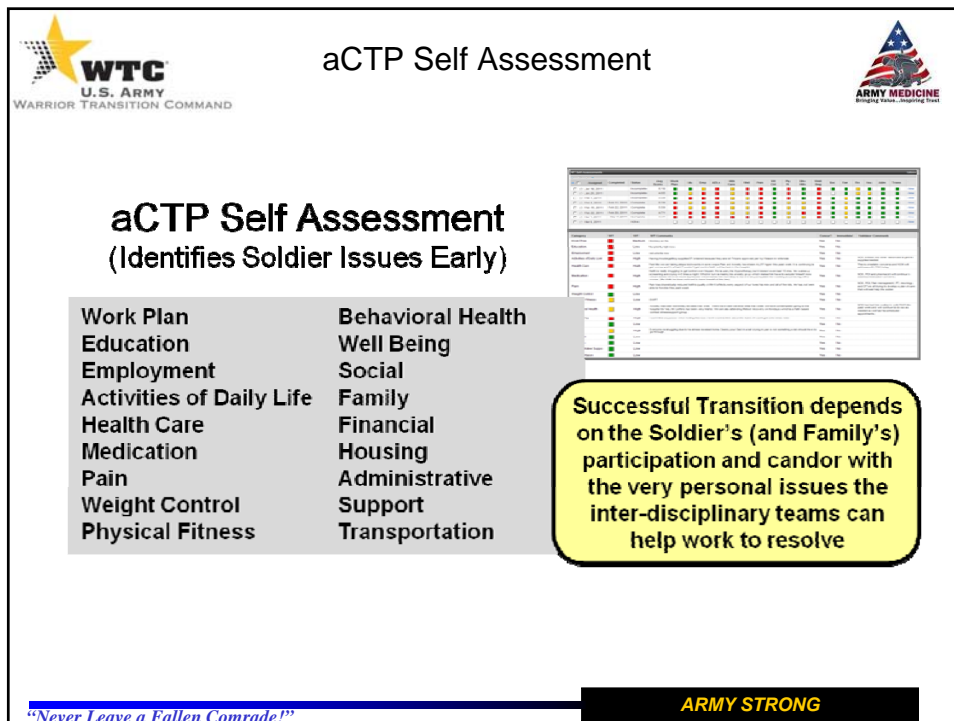
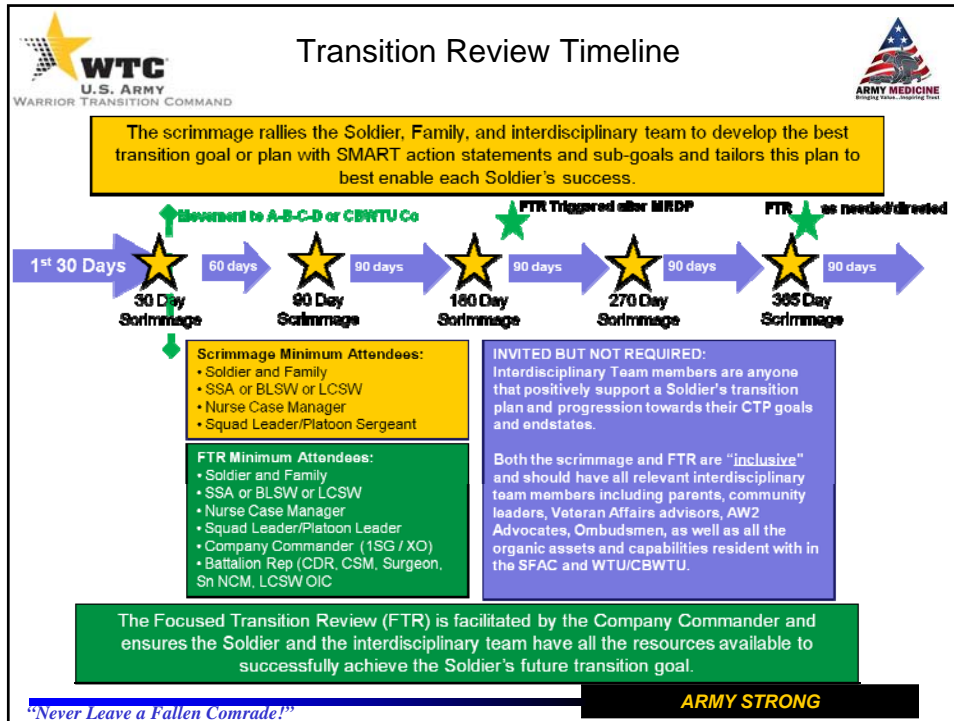
Transition Review Process: The Transition Review process is made up of the Self-Assessment, Scrimmage and Focused Transition Review. Both the scrimmage and the Focus Transition Review are formal meetings with the Soldier and Family's interdisciplinary team.


- Facilitated by the CSW
- Six domains of strength (career, physical, emotional, social, Family and spiritual) to highlight a future oriented action plan.
- Develop SMART goals and measures of success
- Attendees the Soldier and his/her Family, Intake SL, and Nurse Case Manager and assigned line company SL and Nurse Case Manager.
- Other attendees may be included at the discretion of the Commander.
- Completion of the initial Scrimmage serves as the formal hand-off to the line company.
- Follow on Scrimmages will refine and update the Soldier's goals.

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WARRIOR TRANSITION COMMAND

CTP Scrimmage Execution



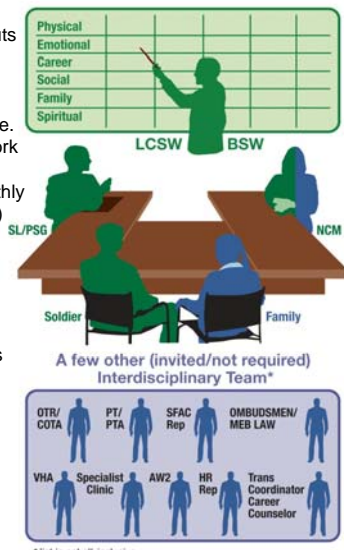
ARMY MEDICINE
Protect. Heal. Inspire. Lead.

Squad Leader-

- Captures discussion on scrimmage worksheet (inputs data into aCTP)
- Participates will all domain discussion and acts as the commander's representative.
- Plays an active role with work plan (career) development
- Follow-up daily & with monthly counseling (resource goals)
- Holds Soldier accountable

WTU Soldier-

- Brings goal setting results
- Actively participates – owns his/her future plan
- Brings family members and tasks that achieve the desired future
- Sets SMART goals and tasks that achieve the desired future
- Follow-up with SL daily, NCM weekly and discuss changes monthly with PCM and SL during counseling.



A few other (invited/not required) Interdisciplinary Team*

* list is not all-inclusive

LCSW/BSW Facilitator-


- Facilitates discussion – scribes on board (SMART goals)
- BH expert during all discussion (emotional domain)
- Give referrals as needed- provide f/u with SM
- Follow-up with Soldier's primary providers

Nurse Case Manager-

- Medical expert (physical domain)
- Provide PCM input
- Help create SMART medical goals
- Provide guidance with other domains
- Follow-up with Soldier's weekly and review scrimmage results.


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Scrimmage Worksheet



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Comprehensive Transition Plan Scrimmage Worksheet

This is the Soldier's Plan to ensure future success!

Soldier's NAME (LAST, FIRST MI): _____ Date CTP Conducted: _____ / Transition Outcome Goals: _____

Track Preference: _____

Write the over-arching Transition Goal from Goal Setting

Six CTP Domains (challenges)	Action Statements that support the Sub-Goals			Sub Goals
	Month: _____	Month: _____	Month: _____	
Career: List all issues and challenges that apply				
Physical:				
Emotional:				
Social:				
Family:				
Spiritual:				

List all action statements that help us achieve our sub goals and Transition Outcome Goal

List your Sub Goals per domain (list or paragraph)


Load the results of goal setting in the aCTP on the scrimmage worksheet (similar to this format)

Don't forget to make the scrimmage a "contract" with the Soldier/Family

Schedule the next scrimmage (you can always refine later)


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Focused Transition Review Execution



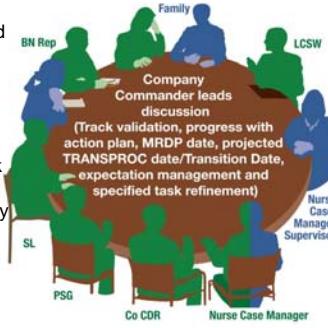
ARMY MEDICINE
Empowering Health. Inspiring Trust.

Squad Leader-

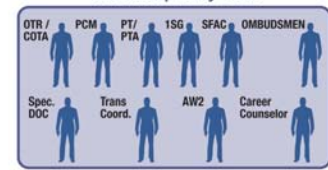
- Ensures relevant updates and past scrimmage data is brought into the discussion.
- Participates will all domain discussion and acts as the commander's representative.
- Plays an active role with work plan (career) development
- Follow-up daily & with monthly counseling (resource goals)
- Holds Soldier accountable

WTU Soldier-

- Brings goal setting results
- Actively participates – owns his/her future plan
- Brings family members and tasks that achieve the desired future
- Sets SMART goals and tasks that achieve the desired future
- Follow-up with SL daily, NCM weekly and discuss changes monthly with PCM and SL during counseling.



A few other (invited/not required) Interdisciplinary Team*



* list is not all-inclusive

LCSW Facilitator-


- Facilitates in a supportive role to the commander – scribes on board (SMART goals).
- BLSW captures data on scrimmage worksheet in aCTP.
- BH expert during all discussion (emotional domain)
- Give referrals as needed- provide f/u with SM
- Follow-up with Soldier's primary providers

Nurse Case Manager-

- Medical expert (physical domain)
- Provide PCM input
- Help create SMART medical goals
- Provide guidance with other domains
- Follow-up with Soldier's weekly and review scrimmage results.


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Reintegration Checklist (Remain in the Army)



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Future Focus Area for Reintegration	Assessment (days from Transition) Green-Amber-Red				Comments	Final Status
	90	60	30	7		
Career (AWT, MOS Training) Within limits of eProfile						
COAD/COAR (see AW2)						
Future Housing (On/Off-Post)					Example Green (Good) Status	
Personal Transportation					Example Amber (Concerned) Status	
Education Plan					Example Red (Problem/Need Help) Status	
Medical Care Plan (medication, continuity of care, updated profile)						
MEDPROS Updated						
Rehab plan in place						
See Soldiers MEB and Legal Counsel						
Pain Management						
Family plan in place (if applicable)						
Financial Stability						
GT Score / ASVAB Review						
Mandatory Training complete						
APFT Pass and H/Wt Pass (Optional)						
NCOER/OER/ Non-rated Memo						
Weapons Qualification (if within profile)						
CIF issue items (SL inspect)						
Follow on Orders Received						
Coordination w/ gaining unit (if necessary)						
See Career Counselor						

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Reintegration Checklist (Transition from the Army)

Future Focus Area for Reintegration	Assessment (days from Transition) Green-Amber-Red				Comments:	Final Status
	90	60	30	7		
Career (Job Opportunity)						
Future Housing					Example Green (Good) Status	
Personal Transportation					Example Amber (Concerned) Status	
Education Plan					Example Red (Problem/Need Help) Status	
VHA Warm Handoff (VHA Liaison or NCM)						
Medication/Pain Management plan in place						
VBA VR&E Counseling						
VBA Support Coordination						
Community Resource referrals						
Dept. of Labor referral						
Family/Caregiver plan in place						
State VA contact and info.						
Financial Stability						
Enroll into VA eBenefits website prior to transition						
LOD Complete (Compo 2/3)						
NCOER/OER/Non-Rated Memo						
Gather/Prepare DD214 documentation						
ACAP Pre-Sep briefing (2648/2648-1, TAP, DTAP)						
Complete Resume						
Contact information for State Transition Assistance Advisor (TAA)						
Soldiers MEB and Legal Counsel						
Other: Well being, Nutritional, etc.						

Note: Soldier starts filing this checklist out after MRDP and concurrently completes the reactive (Self Assessment) with the future focused/proactive (Reintegration Checklist)

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Reintegration Checklist (Comp 2/3 Remain in the Army)


Future Focus Area for Reintegration	Assessment (days from Transition) Green-Amber-Red				Comments:	Final Status
	90	60	30	7		
Career (Job Opportunity)						
Future Housing					Example Green (Good) Status	
Personal Transportation					Example Amber (Concerned) Status	
Education Plan					Example Red (Problem/Need Help) Status	
VHA Warm Handoff (VHA Liaison or NCM)						
Medication/Pain Management plan in place						
VBA VR&E Counseling						
VBA Support Coordination						
Community Resource referrals						
Dept. of Labor referral						
Family/Caregiver plan in place						
State VA information						
Financial Stability						
VA eBenefits enrollment prior to transition						
Gather/Prepare DD214 documentation						
ACAP Pre-Sep briefing (2648-1, TAP)						
LOD Complete						
NCOER/OER/Non-Rated Memo						
GI Improvement						
Coordination w/ gaining unit (if applicable)						
AWTMO3 Training						
See Career Counselor						
MAR2 (Reserve/National Guard coordination)						
Complete Resume						
Weapons Qualification (if within profile)						
APFT/Height/Weight (Optional)						
Contact information for State Transition Assistance Advisor (TAA)						
Soldiers MEB and Legal Counsel						
Other: Well being, Nutritional, etc.						

Note: Soldier starts filing this checklist out after MRDP and concurrently completes the reactive (Self Assessment) with the future focused/proactive (Reintegration Checklist)

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CTP Critical Soldier Documents




Issues Tracking + Refined Scrimmage Results + Future Focused Reintegration

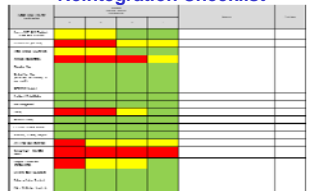
Soldier Self Assessment




Scrimmage/FTR Worksheet



Reintegration Checklist



No matter what methodology we execute, the mission belongs to the Soldier. It is his/her fight for the staff to resource.



Sustainment Methodology


Every Day – SL and Soldier talk to validate daily schedule and compliance with CTP.

Every Week – Soldier, with SL, NCM (and PCM) update Risk Mitigation, refine CTP, and updates Soldier's daily calendar.


Every 30 days – PCM, NCM and SL with WTB Co Cdr/PSG conduct TRAUD to reviews Soldier needs, assess compliance and update Risk Assessment. SL counsels Soldier monthly.

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Additional Resources





- Warrior Handbook
- Soldier Family Assistance Center (SFAC)
- Personal Nurse Case Manager
- Primary Care Manager
- Social Workers
- Physical Therapy
- Occupational Therapy
- Army Wounded Warrior Program (AW2)
- COAD/COAR
- Ombudsman
- Chaplain
- Physical Evaluation Board Liaison Officers exclusively for Warriors
- MEB/PEB legal counsel exclusively for Warriors
- Supply, Finance and Patient Administration assets at company level
- Education opportunities
- Military/non-military training opportunities
- Operation Warfighter/VA Coming Home to Work Program
- Department of Labor
- Employment, Education and Internship

- Veteran's Affairs, Veteran's Health Administration
- Veteran's Benefits Administration Social Security
- Warrior Handbook
- Military (Army) One Source
- Army Emergency Relief (AER)
- Army Career Alumni Program (ACAP)
- Vet Corps
- American Legion
- Social Security
- Military (Army) One Source
- Army Emergency Relief (AER)
- Army Career Alumni Program (ACAP)
- Army Community Service (ACS)
- Child Youth Service (CYS)
- Army Family Advocacy Program (AFAP)
- Wounded Warrior Project (WWP)
- Disabled Sport USA
- United States Olympic Committee (Paralympics)
- Veterans of Foreign War

Etc, Etc, Etc....the list of providers, support organizations and community support is almost endless...


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- Add installation or foot print maps

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Company Leadership



- CDR/CSM/1SG comments on Warrior Code of Conduct

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Questions?


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27



AW2 LCMP Assessment Tool





Army Wounded Warrior Program (AW2)
 Lifecycle Management Assessment Tool

17 Focus Areas:

- Administrative
- Activities of Daily Living
- Behavioral
- Care Coordination
- Education
- Employment
- Family
- Financial
- Health Care
- Housing
- Medication
- Pain
- Social
- Transition
- Transportation
- Well-Being
- Work Plan

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Comprehensive Transition Plan

Guidance

(CTP-G)

Appendix 4

Initial Soldier Counseling

DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 6-22; the proponent agency is TRADOC.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army.
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: The DoD Blanket Routine Uses set forth at the beginning of the Army's compilation of systems or records notices also apply to this system.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank/Grade	Date of Counseling
Organization	Name and Title of Counselor	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling, and includes the leader's facts and observations prior to the counseling.)

- Event-Oriented (Reception and Integration)
- o Welcome to the Warrior Transition Unit (WTU/CBWTU)
 - o Conduct Initial counseling
 - o WTU policies and guidelines
 - o Encourage open communication
 - o Familiarize the Soldier on their Change of Command

NOTE: Ensure all data in Part I is complete and that the counselor and Soldier sign and date.

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

Welcome to the unit. As a Soldier in Transition your mission is to heal and transition, either back to duty or to become a successful Veteran. As a member of this unit, your duties and responsibilities are as follows:

1. Accountability: All formations are mandatory. Accountability formations are at ____ and ____ Monday through Friday. Arrive at least 15 minutes early. If there is a reason you will be late or knowingly absent from a formation you must contact your Chain of Command, beginning with your SL. If he/she cannot be reached it is your responsibility to continue calling up your chain until you are able to speak with someone regarding your tardiness or absence. A voice mail is not acceptable.
2. Place(s) of Duty (POD): Formation, appointments, training, worksites, town halls, other mandatory events as deemed appropriate by command and events you volunteer/sign up for are defined as your POD. Non-communicated absence will not be tolerated. You must communicate with your chain of command if an issue arises surrounding your attendance to any of the above mentioned place(s) of duty.
3. Physical Training and Adaptive Physical Training/Sports: Five hours of PT a week is required and will be conducted with the unit IAW the limits of your medical profile. Your SL will provide you with the PT program and schedule. You must maintain your physical fitness and conditioning and adhere to the Army weight control standards IAW FM 3-22.20 and AR 600-9 respectively.
4. Illicit Drug Use/Alcohol Use/Medication Management: Use and/or possession of any illegal substance(s) and paraphernalia (to include but not limited to performance enhancers/designer drugs) will not be tolerated. Consumption of alcohol while possessing a No Alcohol Profile and/or Order, underage drinking, alcohol storage or consumption in the barracks will not be tolerated. Misuse of prescription medications, utilization and/or possession of another person's prescription medication, having another person hold your prescription medication will not be tolerated. I will disclose of all prescription medications and over-the-counter medications, dietary supplements and herbal products.
5. Once medically cleared, regardless of rank, I will be assigned a meaningful worksite within medical profile limits, commensurate with my grade and aligns supports and aligns with my comprehensive transition plan. The assigned worksite will not require me to conduct duties which will violate my profile; nor will I at any time violate my profile.
6. The Trial Defense Service can provide advice on military disciplinary issues. The Office of Soldiers'MEB Counsel will provide representation in Medical Evaluation Board proceedings and can assist with civilian legal matters.

PLACE LEGAL MAGIC BULLET STATEMENT HERE FROM JAG.

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below)

Items I will carry on me at all times: ____ I have received a copy of my chain of command contact cards.

____ I will ensure my profile is kept up to date and will carry it on me at all times.

____ I will reference and update my CTP on a regular basis. I understand this is a tool for my transition success.

I acknowledge I have been provided the following: ____ I have received a welcome packet for myself and my Family/Support System.

____ I have received/access to the SFAC Soldier and Family Hero Handbook.

____ My battle buddy is _____; phone number is _____. By definition a battle buddy is a partner of a Soldier that watches the other. If I have any issues or concerns with/or about my battle buddy I will address them immediately with my SL/PSG.

My Dueouts: ____ I will review company policies memos #? through #? located _____ prior to my monthly counseling which will acknowledge such.

____ I have received a copy of the Warrior/Soldier Handbook and will review it prior to my first monthly counseling which will acknowledge such.

I understand: ____ I will participate in counseling, worksite review, sensing sessions and CBWTU referral eligibility/ineligibility on a monthly basis.

____ I will work on establishing, adjusting and achieving my transition goals.

____ I will follow my medical plan for recovery and transition plan for successful preparation for my future.

____ I understand if I am of age and am authorized to consume alcohol, I will do so responsibly.

Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)

Individual counseled: I agree disagree with the information above.

Individual counseled remarks:

Signature of Individual Counseled: _____ Date: _____

Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.)

o Provide an environment for growth, learning and rehabilitation.

o Encourage open and honest communication between Soldiers and all Cadre. It is essential for Soldiers to communicate openly and honestly with their Nurse Case Manager, Social Worker, Primary Care Manager and their chain of command.

o Monitor, assist and encourage Soldiers in setting and achieving their transition goals.

o Ensure all Soldiers maintain their military bearing and live the Army values.

Signature of Counselor: _____ Date: _____

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Counselor: _____ Individual Counseled: _____ Date of Assessment: _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.

**Comprehensive Transition Plan
Guidance
(CTP-G)**

**Appendix 5
Soldier Counseling
(CBWTU Eligibility)**

DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 6-22; the proponent agency is TRADOC.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army.
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: The DoD Blanket Routine Uses set forth at the beginning of the Army's compilation of systems or records notices also apply to this system.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank/Grade	Date of Counseling
Organization	Name and Title of Counselor	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling, and includes the leader's facts and observations prior to the counseling.)

The purpose of this counseling session is to review your eligibility for transfer to a CBWTU or WTU. This counseling also reinforces the importance of Family involvement in the recovery process and encourages Family participation in your care plan.

By signing this statement you will indicate your understanding of your disposition for a CBWTU/WTU transfer due to the reasons listed below and that the reasons have been explained to you by your SL and/or NCM.

Per MEDCOM OPORD 09-34, Annex S, page S-2, para 4 (Centralized Warrior Transfer Process).

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

Eligible for transfer: YES NO

Reason not eligible (NCM/SL initial applicable):

- Treatment plan pending _____
- Does not meet CBWTU criteria _____
 - Soldier is high risk _____
 - Level of care not available in Soldier's community _____
 - Soldier is encumbered by admin hold or UCMJ _____
 - Residence not established _____
 - No reliable transportation _____
 - Lives within 50 miles of established WTU _____
 - Requires < 60 days of treatment _____
 - Support system not in place (i.e. spouse/parents, etc...) _____

Other: _____

I will not cancel and/or reschedule any appointments. If I have a scheduling conflict I will inform my SL and NCM immediately.

I will bring all medications to every appointment with my PCM, Psychiatrist and NCM. I will include over the counter medications, supplements and herbal medicines I am currently taking. I will inform my providers of the energy drinks I consume so the contents of the beverage can be added to my med list, if needed.

I will discuss my eligibility to transfer to a CBWTU or another WTU with my NCM once a month at a minimum and if not eligible I will continue to work on my detailed plan of action with my chain of command.

I understand I am encouraged to include my Family in my care plan. This can be done in person, telephonically or via VTC (if unit and Family have capability).

I (circle one) DO DO NOT wish to have my Family involved in my care plan. SM initials: _____

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below)

If eligible for transfer, Soldier will:

-- list actions the Soldier must take to prepare for transfer and what SL/NCM will do to assist.

If not eligible for transfer, Soldier will:

-- list actions the Soldier must take in order to become eligible for transfer to CBWTU/WTU with applicable suspenses.

Assessment Date: (set date for next counseling session).

Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)

Individual counseled: I agree disagree with the information above.

Individual counseled remarks:

Signature of Individual Counseled: _____ Date: _____

Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.)

SL/NCM will assist Soldier in identifying tasks, timelines and suspenses for completion of required tasks. Follow up in ___ days to assess status of meeting suspenses. Share a copy of the counseling statement with the TRIAD so the team can assist with achieving goals in the plan of action.

Signature of Counselor: _____ Date: _____

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Counselor: _____ Individual Counseled: _____ Date of Assessment: _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.

Comprehensive Transition Plan

Guidance

(CTP-G)

Appendix 6

Phase I Goal Setting

(OT Led)

Phase I CTP Goal Setting Work Book

Occupational Therapy



What is Goal Setting?

“The process of honestly looking at where you are, making a decision about where you want to go, and giving yourself a real fighting chance to get there. This is what goal setting is all about.”

Workbook Objectives

- Understand the Goal Setting Process
- Describe goal setting and how it works
- Identify SMART goal format.
 - S - Specific**
 - M - Measureable**
 - A - Actionable**
 - R - Realistic**
 - T - Time-bound**
- Create a process for achieving transition/outcome goals
- Construct a goal sheet for your personal transition.

Step 1: What is your Transition/Outcome goal ?

Step 2: Reflection **My Personal Strengths**

What are some of assets and abilities that you would consider to be areas of strength, in each of the six domains.

Career	Physical	Emotional	Social	Family	Spiritual
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

My Personal Areas of Improvement (Challenges)

What are some areas of Improvement that can be made in each of your six domains of strength? List those things that you would like to be better, or stronger at in your life.

Career	Physical	Emotional	Social	Family	Spiritual
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Potential Barriers (Issues)

What obstacles/barriers do you have that may make it difficult to achieve your goals?

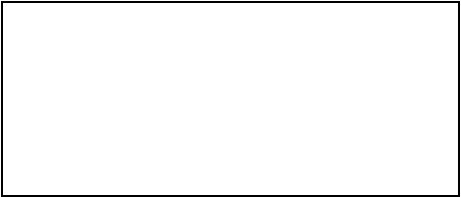
Step 3: Develop Your Sub Goals

Directions: Brainstorm and list areas that you wish to focus on, based on your reflection in Step 2, within each of the Six Domains of Strength. In the box, either select one that you would to develop, or identify a common theme most like to work on in class. We will develop the sub goals for each Domain.

Brainstorm Sub Goal Ideas

Transfer one Sub Goal


Career Earn a degree




Physical Attend medical appointments



Emotional To be humble



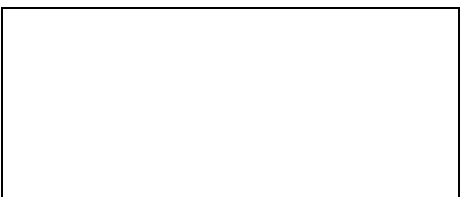
Social Get involved with Community



Family Provide financial stability



Spiritual Explore my values and beliefs



Step 4a: Develop SMART Action Statements

Action Statements: Three to five powerful self-statements about what you plan to do, on a regular basis, to achieve your goals. The plan is the heart of any goal setting process. You must become clear of the actions that you can follow day after day, for as long as it takes, until you reach your goal. The action statements should be SMART, to ensure that you are giving your all to this pursuit.

“What do I need to do on a regular basis, to achieve my goal?”

What is a SMART Goal?

S - Specific

M - Measureable

A - Actionable

R - Realistic

T - Time-bound

Career

Sub Goal: Earn a degree

- S: I
- M: [earn a bachelor's degree.....](#)
- A: [work with OT](#)
- R: [take the appropriate steps.....](#)
- T: [after the completion of my time at the WTU.....](#)

GOAL: I work with my Occupational Therapist to take the appropriate steps for earning my bachelor's degree after my time in the WTU.

Physical

Sub Goal: Attending Medical Appointments

- S: I
- M: [attend medical appointments...](#)
- A: [my support system \(Squad Leader\) will help me with transportation...](#)
- R: [90%](#)
- T: [during my time at the WTU.....](#)

GOAL: I attend 90% of my medical appointments, with the help of my Squad Leader for transportation, during my length of stay at the WTU.

Step 4b: Creating an Attitude Statement

Attitude Statement: Powerful self-statement about something you want, phrased as if you already have it. To develop your attitude statement, answer the question:

“How do I need to think about myself and my performance while working toward my goals?”

Look back to the strengths that you listed in the Step 2 exercise. List one strength for each domain below that will help you build strong attitude statement , specifically for your goal.

Career _____

Physical _____

Emotional _____

Social _____

Family _____

Spiritual _____

Now it is time to use these “strengths” to create strong affirmation statements. Remember the formula for these statements. They must be:

1. **First-person**
2. **Present-tense**
3. **Positive**
4. **Powerful**

Choose the strength that best impacts your pursuit of this goal for each Domain below, and make a powerful attitude statement that creates energy, optimism, and enthusiasm during your goal setting process. For example:

Strength = Determination

Attitude Statement = “I know that I have the determination to achieve my goals, no matter how big they are.”

Career _____

Physical _____

Emotional _____

Social _____

Family _____

Spiritual _____

When rehearsed repeatedly, these powerful self-statements promote greater confidence, concentration, and motivation to intensify your Actions.

Step 5: Set and Pursue Short-term Goals

What can you add to your daily to-do list that will move you closer to your outcome goal?

What techniques will you use to pursue your to-do list?

DAILY TO DO LIST: DAY 1			
PRIORITY A,B,C	EST. TIME DURATION	CHECK WHEN COMPLETE	
		<input checked="" type="checkbox"/>	TODAY'S ACTION GOAL: <input type="text"/>
			TODAY'S ATTITUDE GOAL: <input type="text"/>

Step 6 : Commit Yourself Completely

How will you stay connected with your outcome goal on a regular basis?

What background image(s) will you use to stay committed?



Who can support me and hold me accountable to my goal?

How often will I check in with this person?

Step 7: Monitor Your Progress

How often will you revisit/revise your goal process?

Which aspects of your goal process will you monitor during your weekly IPR to determine sustains and changes?



Step 1:

Transfer from page 3 in the workbook

Transition/Outcome Goal

Transition Out and become an amazing chef within six months!

Step 3:

Transfer from page 4 in the workbook

Career Sub Goal

I am an amazing chef!

SMART Action And Attitude Statements

1. I explore my GI Bill benefits in the next two weeks IOT attend culinary school.
2. I do online research about the best/right culinary schools for Me, daily, until I find the right fit.
3. I apply to three culinary schools/ programs by July in order to begin my studies for the Fall of this year.

"I communicate through cooking."

"I inspire!"

Physical Sub Goal

My Outer Me!

SMART Action And Attitude Statements

1. I explore/ try one new activity each week in order to push my profile.
2. I push my Thursday walk/ run 1 minute more each week!
3. Monday through Friday, I eat healthy... 4 portioned, planned meals and 2 snacks.
4. Every day, I drink 8 glasses of water!

"Food is my fuel!"

"I make this workout look too damn easy!"

Emotional Sub Goal

The curious Me!

SMAET Action And Attitude Statements

1. I give 20 minutes to me, for me, everyday.
2. I take 5 minutes to reflect (and be curious) when my reaction to a situation is out of proportion... even for me!
3. I cook one amazing meal for myself each week.
4. I review my goals and attitude statements daily.

"I succeed from within!"

(Example)

Step 3:

Transfer from page 4 in the workbook

Social Sub Goal

I develop my chef network!

SMART
Action
And
Attitude
Statements

1. I meet one new chef each week to develop my network.
 2. I search online and join a blog within 60 days to exchange recipes to broaden my cookbook.
 3. I join cooking-related groups on Facebook and update my status twice per week.
 4. I attend one community cooking class per month.
- "I consistently learn from others."*
- "I inspire!"*

Family Sub Goal

The "Family"
Me!

SMART
Action
And
Attitude
Statements

1. I cook one amazing, sit down meal for my family each week.
 2. I, with my family, plan the greatest vacation ever, each and every year.
 3. I listen... I actively listen when I am with my family.
 4. I make time for a quality conversation every day with my spouse.
- "I choose my family."*
- "I am present and focused!"*

Spiritual Sub Goal

My Inner Me!

SMART
Action
And
Attitude
Statements

1. I give 20 minutes to me, for me, everyday.
 2. I read one chapter from MY reading list, five days a week.
 3. I review my goals and attitude statements daily.
 4. I explore my core values and beliefs, and make sure I am living them weekly.
- "I succeed from within!"*
- "I am an important piece of something much bigger than myself.."*

(Example)

Step 1:
Transfer from page 3
in the workbook

Step 3:
Transfer from page 4 in
the workbook

Step 4: Transfer from pages 5 & 6 in the workbook

Transition/Outcome Goal

Career Sub Goal

Physical Sub Goal

Emotional Sub Goal

SMART
Action
And
Attitude
Statements

SMART
Action
And
Attitude
Statements

SMART
Action
And
Attitude
Statements

(In-class Copy)

Step 3:

Transfer from page 4 in the workbook

Social Sub Goal



SMART
Action
And
Attitude
Statements

Family Sub Goal



SMART
Action
And
Attitude
Statements

Spiritual Sub Goal



SMART
Action
And
Attitude
Statements

(In-class Copy)

Step 4: Transfer from pages 5 & 6 in the workbook

Step 1:
Transfer from page 3
in the workbook

Step 3:
Transfer from page 4 in
the workbook

Step 4: Transfer from pages 5 & 6 in the workbook

Transition/Outcome Goal

Career Sub Goal

Physical Sub Goal

Emotional Sub Goal

[Empty box for Career Sub Goal]

[Empty box for Physical Sub Goal]

[Empty box for Emotional Sub Goal]

SMART
Action
And
Attitude
Statements

SMART
Action
And
Attitude
Statements

SMART
Action
And
Attitude
Statements

(Extra Copy)

Step 3:

Transfer from page 4 in the workbook

Social Sub Goal

SMART
Action
And
Attitude
Statements

Family Sub Goal

SMART
Action
And
Attitude
Statements

Spiritual Sub Goal

SMART
Action
And
Attitude
Statements

(Extra Copy)

OT Goal Setting Worksheet 2011

Name _____ Rank _____ Date _____ CO: _____

Transition/Outcome Goal (Step 1): Upon completion of my time in the WTU, I would like to:

1. Remain in the Army
2. Separate from the Army

Domain: Career

Sub Goal :
1. _____
SMART Action Statement(s):
a. _____ (30 days)
b. _____

Sub Goal :
2. _____
SMART Action Statement(s):
a. _____ (60 days)
b. _____

Sub Goal :
3. _____
SMART Action Statement(s):
a. _____ (90 days)
b. _____

Attitude Statement(s):

Domain: Physical

Sub Goal :
1. _____
SMART Action Statement(s):
a. _____ (30 days)
b. _____

Sub Goal :
2. _____
SMART Action Statement(s):
a. _____ (60 days)
b. _____

Sub Goal :
3. _____
SMART Action Statement(s):
a. _____ 90 days
b. _____

Attitude Statement(s):

OT Goal Setting Worksheet 2011

Name _____ Rank _____ Date _____ CO: _____

Transition/Outcome Goal (Step 1): Upon completion of my time in the WTU, I would like to:

1. Remain in the Army
2. Separate from the Army

Domain: Emotional

Sub Goal :
1. _____
SMART Action Statement(s):
a. _____ (30 days)
b. _____

Sub Goal :
2. _____
SMART Action Statement(s):
a. _____ (60 days)
b. _____

Sub Goal :
3. _____
SMART Action Statement(s):
a. _____ (90 days)
b. _____

Attitude Statement(s):

Domain: Social

Sub Goal :
1. _____
SMART Action Statement(s):
a. _____ (30 days)
b. _____

Sub Goal :
2. _____
SMART Action Statement(s):
a. _____ (60 days)
b. _____

Sub Goal :
3. _____
SMART Action Statement(s):
a. _____ (90 days)
b. _____

Attitude Statement(s):

OT Goal Setting Worksheet 2011

Name _____ Rank _____ Date _____ CO: _____

Transition/Outcome Goal (Step 1): Upon completion of my time in the WTU, I would like to:

1. Remain in the Army
2. Separate from the Army

Domain: Family

Sub Goal :
1. _____
SMART Action Statement(s):
a. _____ (30 days)
b. _____

Sub Goal :
2. _____
SMART Action Statement(s):
a. _____ (60 days)
b. _____

Sub Goal :
3. _____
SMART Action Statement(s):
a. _____ (90 days)
b. _____

Attitude Statement(s):

Domain: Spiritual

Sub Goal :
1. _____
SMART Action Statement(s):
a. _____ (30 days)
b. _____

Sub Goal :
2. _____
SMART Action Statement(s):
a. _____ (60 days)
b. _____

Sub Goal :
3. _____
SMART Action Statement(s):
a. _____ (90 days)
b. _____

Attitude Statement(s):

Comprehensive Transition Plan

Guidance

(CTP-G)

Appendix 7

Career and Education Readiness

(CERB)

Checklist

**Warrior Transition Command, Comprehensive Transition Plan - Guidance
Appendix 7 (Career and Education Readiness Checklist)**

Met with Training Specialist	X				
New MOS Skill Training Identified	X			X	
Participating in Warrior Skills Training	X		X	X	
Participating in MOS Skill Refresh Training	X		X	X	
INTERNSHIP / WORK THERAPY					
Corporate Resume Workshop	X	X			
Federal Resume Workshop	X	X			
Resume Complete (copy on file)	X	X			
Attended Interview Skills Workshop	X	X			
Interests Identified	X	X	X		
Work Site Identified	X	X	X		
Transportation Options Discussed	X	X	X		
Work Site Agreement Completed (copy on file)	X	X	X		
Evaluation Reports Received (monthly)	X	X	X		
Exit Interview Completed	X	X	X	X	

Comprehensive Transition Plan

Guidance

(CTP-G)

Appendix 8

Example Positive Profile

(Adaptive Reconditioning)

Warrior Transition Command, Comprehensive Transition Plan – Guidance

Appendix 8, Example of Positive Physical Profile

- This example profile may be modified to include any capabilities or limitations related to adaptive reconditioning activities, or other physical activities, appropriate to the needs and condition of the Soldier.
- BSA profile group templates may be found on the eProfile web-based application.
- eProfile templates can be created, modified, and saved for use by providers.

Insert adaptive reconditioning activities and exercise groups here (such as those found in the Building the Soldier Athlete manuals or other groups designed for local WTU needs) for each Soldier."

PHYSICAL PROFILE							
For use of this form, see AR 40-501; the proponent agency is the Office of the Surgeon General.							
1. MEDICAL CONDITION: (Description in lay terminology) <input checked="" type="checkbox"/> INJURY? Or <input type="checkbox"/> ILLNESS/DISEASE? Lower extremity: Low-Impact Profile. Follow AMBER-LOWER plan for Profile PT - located on page 7 of the Supplement to Building the Soldier Athlete.		2. CODES (Table 7-2 AR 40-501)		3. P U L H E S Temporary Permanent		1 1 3 1 1 1	
4. PROFILE TYPE						YES	NO
a. TEMPORARY PROFILE (Expiration date YYYYMMDD) (Limited to 3 months duration)						<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. PERMANENT PROFILE (Reviewed and validated with every periodic health assessment or after 5 years from the date of issue)						<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. FUNCTIONAL ACTIVITIES THAT EVERY SOLDIER REGARDLESS OF MOS MUST BE ABLE TO PERFORM. IF SOLDIER CANNOT PERFORM ANY ONE OF THESE TASKS, THEN THE PULHES MUST CONTAIN AT LEAST ONE "3" AND SOLDIER MUST BE REFERRED TO A MEB. CAN THE SOLDIER:							
FUNCTIONAL ACTIVITY:						YES	NO
a. Carry and fire individual assigned weapon?						<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Evade direct and indirect fire?						<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Ride in a military vehicle for at least 12 hours per day?						<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Wear a helmet for at least 12 hours per day?						<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Wear body armor for at least 12 hours per day?						<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Wear load bearing equipment (LBE) for at least 12 hours per day?						<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Wear military boots and uniform for at least 12 hours per day?						<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Wear protective mask and MOPP 4 for at least 2 continuous hours per day?						<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Move 40lbs (for example, duffel bag) while wearing usual protective gear (helmet, weapon, body armor and LBE) at least 100 yards?						<input type="checkbox"/>	<input checked="" type="checkbox"/>
j. Live in an austere environment without worsening the medical condition?						<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. APFT		YES	NO	ALTERNATE APFT (Fill out if unable to do APFT run otherwise N/A)	N/A	YES	NO
2 MILE RUN		<input type="checkbox"/>	<input checked="" type="checkbox"/>	APFT WALK	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
APFT SIT-UPS		<input type="checkbox"/>	<input checked="" type="checkbox"/>	APFT SWIM	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
APFT PUSH UPS		<input type="checkbox"/>	<input checked="" type="checkbox"/>	APFT BIKE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. DOES THE SOLDIER MEET RETENTION STANDARDS IAW CHAPTER 3 AR 40-501?							
YES <input type="checkbox"/> NEEDS MMRB				NO <input type="checkbox"/> NEEDS MEB			
8. FUNCTIONAL LIMITATIONS AND CAPABILITIES AND OTHER COMMENTS:							
o No APFT. SM may be eligible to take an alternate event APFT if on a profile for this injury for > 90 days. If so, the care provider will edit section 6.							
o No run or ruck march. Soldier may perform elliptical, stairmaster, swim, bike or walk for PT. IF UNABLE TO MAINTAIN 3MPH WALKING, MUST perform alternate cardio.							
o Push and pull strength training is upper body only.							
<p>Insert adaptive reconditioning activities and exercise groups here (such as those found in the Building the Soldier Athlete manuals or other groups designed for local WTU needs) for each Soldier.</p>							
<input type="checkbox"/> This temporary profile is an extension of a temporary profile first issued on _____							
9. NAME, GRADE & TITLE OF PROFILING OFFICER				10. SIGNATURE		11. DATE (YYYYMMDD)	
12. NAME & GRADE OF APPROVING AUTHORITY				13. SIGNATURE		14. DATE (YYYYMMDD)	
15. Commanders can access the electronic profiles of Soldiers in their unit(s) by going to http://www.mods.army.mil/ and clicking on eProfile in the list of applications. Commanders will be required to register and be approved in eProfile before they can gain access to profiles.							
16. PATIENT'S IDENTIFICATION				17. HOSPITAL OR MEDICAL FACILITY			
a. NAME: (Last, First) _____							
b. GRADE/RANK: _____							
c. SSN: _____							
d. UNIT: _____							
				18. PROFILING OFFICER E-MAIL			

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**Appendix 9
Reintegration Checklist(s)**

**(Remain in the Army,
Transition from the Army,
and Release from Active Duty)**

Reintegration Checklist (Remain in the Army)

Future Focus Area for Reintegration	Assessment (days from Transition) Green-Amber-Red				Comments	Final Status
	90	60	30	7		
Career (AWT, MOS Training) Within limits of eProfile						
COAD/COAR (see AW2)						
Future Housing (On/Off-Post)						
Personal Transportation						
Education Plan						
Medical Care Plan (medication, continuity of care, updated profile)						
MEDPROS Updated						
Rehab plan in place						
See Soldiers MEB and Legal Counsel						
Pain Management						
Family plan in place (if applicable)						
Financial Stability						
GT Score / ASVAB Review						
Mandatory Training complete						
APFT Pass and Ht/Wt Pass (Optional)						
NCOER/OER/ Non-rated Memo						
Weapons Qualification (if within profile)						
CIF issue items (SL inspect)						
Follow on Orders Received						
Coordination w/ gaining unit (if necessary)						
See Career Counselor						

Reintegration Checklist (Transition from the Army)

Future Focus Area for Reintegration	Assessment (days from Transition) Green-Amber-Red				Comments:	Final Status
	90	60	30	7		
Career (Job Opportunity)						
Future Housing						
Personal Transportation						
Education Plan						
VHA Warm Handoff (VHA Liaison or NCM)						
Medication/Pain Management plan in place						
VBA VR&E Counseling						
VBA Support Coordination						
Community Resource referrals						
Dept. of Labor referral						
Family/Caregiver plan in place						
State VA contact and info.						
Financial Stability						
Enroll into VA eBenefits website prior to transition						
LOD Complete (Compo 2/3)						
NCOER/OER/Non-Rated Memo						
Gather/Prepare DD214 documentation						
ACAP Pre-Sep briefing (2648/2648-1, TAP, DTAP)						
Complete Resume						
Contact information for State Transition Assistance Advisor (TAA)						
Soldiers MEB and Legal Counsel						
Other: Well being, Nutritional, etc..						

Reintegration Checklist (Comp 2/3 Remain in the Army)

Future Focus Area for Reintegration	Assessment (days from Transition) Green-Amber-Red				Comments:	Final Status
	90	60	30	7		
Career (Job Opportunity)						
Future Housing						
Personal Transportation						
Education Plan						
VHA Warm Handoff (VHA Liaison or NCM)						
Medication/Pain Management plan in place						
VBA VR&E Counseling						
VBA Support Coordination						
Community Resource referrals						
Dept. of Labor referral						
Family/Caregiver plan in place						
State VA information						
Financial Stability						
VA eBenefits enrollment prior to transition						
Gather/Prepare DD214 documentation						
ACAP Pre-Sep briefing (2648-1, TAP)						
LOD Complete						
NCOER/OER/Non-Rated Memo						
GT Improvement						
Coordination w/ gaining unit (if applicable)						
AWT/MOS Training						
See Career Counselor						
MAR2 (Reserve/National Guard coordination)						
Complete Resume						
Weapons Qualification (if within profile)						
APFT/Height/Weight (Optional)						
Contact information for State Transition Assistance Advisor (TAA)						
Soldiers MEB and Legal Counsel						
Other: Well being, Nutritional, etc..						

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**Appendix 10
Recommended Outprocessing
Checklist**

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WTC DRAFT RECOMMENDED OUT PROCESSING CHECKLIST		
No Earlier than 15 Days from Final Out Processing; Return to S1/HR upon completion		
RNK and Full Name:	Last 4:	
Company:	Escort identified (if needed)	Escort Name:
	S1/Company HR	Section
		Remarks /Signature / Date
1	Orders	S1/CO HR
2	Evaluation - NCOER / OER (if required)	S1/CO HR
3	Copy of Profile	S1/CO HR
4	ERB / ORB / 2-A / 2-1 / eMILPO / Transactions	S1/CO HR
5	Mailroom (Change of Address Card)	S1/CO HR
6	Meal Card (last out processing day)	S1/CO HR
7	PDMRA worksheet (if applicable)	S1/CO HR
8	Leave Form (DA 31)	S1/CO HR
9	aCTP Update	S1/CO HR
#	Finance	Section
		Remarks /Signature / Date
10	Review Pay and Allowances	Finance
11	Refer to Social Security Benefits Advisor (as needed)	Finance
#	S4/Supply	Section
		Remarks /Signature / Date
12	CIF Records	S4/Supply-Log
13	Barracks (Linen, Key, Equipment)	S4/Supply-Log
#	NCM/PCM	Section
		Remarks /Signature / Date
14	Medical Plan of Care	NCM/PCM
15	Medication	NCM/PCM
#	LCSW	Section
		Remarks /Signature / Date
16	Closing of Risk Assessment	LCSW
#	Chaplain	Section
		Remarks /Signature / Date
17	Exit interview	Chaplain
#	AW2 (if applicable)	Section
		Remarks /Signature / Date
18	AW2 Advocate counseling form	AW2
#	MTF/PAD/MEB	Section
		Remarks /Signature / Date
19	MODS Data Entry	PAD / MEB
20	DTMS	PAD / MEB
21	CHCS Update	PAD / MEB
22	FMR Review / Update	PAD / MEB
23	Medical Records	MTF
#	Dental	Section
		Remarks /Signature / Date
24	Dental Records	Dental
#	RC Liaison (if applicable)	Section
		Remarks /Signature / Date
25	RC (NG / RES) Liaison Interview	RC LNO
26	OMPF Records Brief	RC LNO
27	TCS Orders / MOB Orders	RC LNO/AW2
#	SFAC	Section
		Remarks /Signature / Date
28	Soldier Family Assistance Center (Out Processing Checklist)	SFAC
29	TRICARE / DEERS	SFAC / S1
30	Social Services	SFAC
31	U.S. Department of Labor DVOP/LVER Referral	SFAC/DOL
32	Army Education Counselor	ACES/SFAC
#	VA (if applicable)	Section
		Remarks /Signature / Date
33	Veteran Health Administration (VA Medical Plan of Care)	VA
34	Veteran Benefits Administration (VA Benefits)	VA
35	Vocational Rehabilitation and Education (VR&E)	VA / ACAP
#	ACAP	Section
		Remarks /Signature / Date
36	Transition Assistance Program (TAP)	ACAP
37	Disabled Transition Assistance Program (DTAP)	ACAP
38	Veteran Affairs Benefits (VA Benefits)	ACAP
#	Lodging	Section
		Remarks /Signature / Date
39	Housing / Billeting	Lodging
#	SATO	Section
		Remarks /Signature / Date
40	Flight Ticketing	Travel Section
#	Garrison	
41	ID Card Section	Garrison
42	Transition Center (Final Out Processing)	Garrison
43	Military Personnel Division	MPD
#	Judge Advocate General (JAG)	Section
		Remarks /Signature / Date
44	Legal Readiness (Wills, Powers of Attorney, Advanced Medical Directives, and MEB/PEB)	

Signatures

Platoon Sergeant / Squad Leader
 First Sergeant (1SG)
 Company Commander

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**Appendix 11
CTP-G Terms**

Activities of Daily Living (ADLs)

Activities of Daily Living is a term used in healthcare to refer to daily self-care activities within an individual's place of residence, in outdoor environments, or both. Basic ADLs consist of self-care tasks, including personal hygiene and grooming, dressing and undressing, self feeding, functional transfers (getting from bed to wheelchair, getting onto or off of toilet, etc., bowel and bladder management, ambulation (walking without the use of an assistive device (walker, cane, or crutches) or using a wheelchair).

Adaptive Reconditioning Activities

Any physical activities conducted by wounded, ill or injured Soldiers on a regular basis for purposes of optimizing physical well-being, returning to an active productive life-style, and helping to achieve any of the Soldier's Sub/Priority (short-term) and Transition/Outcome (long-term) CTP goals. Adaptive Reconditioning Activities are professional rehabilitation services, delivered as part of the CTP Rehabilitation Process, to aid in the reconditioning of any of the Soldier's six CTP domains. Adaptive Reconditioning Activities can include, but are not limited to, competitive and non-competitive adaptive sports, doctrinal physical readiness training exercises, aquatic exercises, therapeutic recreational/leisure activities (community or Morale, Welfare and Recreation (MWR) based), gym-based exercise programs, clinic-based exercise programs, clinical home exercise programs, functional training, and human performance optimization.

Army Career Alumni Program (ACAP)

ACAP delivers transition and job assistance services to Soldiers to support them in making informed career decisions. These services include pre-separation counseling, Veteran Affairs benefits briefings, and Department of Labor Transition Assistance Program workshops, which cover career planning, job searches, resume writing and interviewing. ACAP services are available to separating and retiring Active Component Soldiers, demobilizing Reserve and National Guard Soldiers, Family members, retirees, and Civilians affected by BRAC, reduction in force or Global Realignment.

Army Continuing Education System (ACES)

ACS provides programs and services to promote lifelong learning opportunities for Soldiers and to sharpen the competitive edge of the Army. ACES improves the combat readiness by planning, resourcing, and implementing educational programs and services to support Soldier's professional and personal development.

American with Disabilities Act (ADA)

The ADA is a civil rights law that prohibits, under certain circumstances, discrimination based on disability. The ADA was passed in 1990 (ADA), and includes changes made by the ADA Amendments Act of 2008 (P.L. 110-325), which became effective on January 1, 2009.

Armed Forces Health Longitudinal Technology Application (AHLTA)

AHLTA is a centralized enterprise-wide medical and dental information management system that provides secure online access to Military Health System (MHS) beneficiaries' records. It is used by medical clinicians in all fixed and deployed Military Treatment Facilities (MTFs)

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worldwide and provides health care personnel worldwide with access to complete, accurate health data to make informed patient care decisions - at the point of care - anytime, anywhere.

Army Knowledge Online (AKO)

AKO is a web-based portal that provides enterprise information services to Army, joint, and DoD customers on classified and unclassified networks. AKO includes e-mail, directory, discovery, and single sign-on functionalities.

Army Wounded Warrior (AW2)

An Army program that assists and advocates for severely wounded, ill, and injured Soldiers, Veterans, and their Families, wherever they are located, regardless of military status. Soldiers in WTUs who qualify for AW2 are assigned to the program as soon as possible after their arrival. AW2 supports these Soldiers and their Families throughout their recovery and transition, even into Veterans status. This program, through the local support of AW2 Advocates, strives to foster the Soldier's independence. The system of support and advocacy uses a non-medical case management model to help guide severely wounded, injured and ill soldiers from evacuation through treatment, rehabilitation, return to duty or military retirement and transition into the civilian community. AW2 works inside the network of Army, Government, and local and national resources to help Soldiers and Families resolve many issues and foster independence into the next stage of their lives.

Bachelor Level Social Worker (BLSW)

Social Worker with Bachelor's Degree in Social Work (BSW), and appropriate State licensure. This type of social worker may provide care/case management, task management, planning and coordination of efforts and meetings, complex administrative tasks, education, advocacy, resource referral, conduct scrimmages, goal setting, etc. They may not conduct behavioral health risk assessment or clinical/therapeutic interventions/treatment as they are not licensed, credentialed or privileged in those areas.

Benchmark

A standard against which something can be measured or assessed.

Career and Education Readiness (CER)

Career and Education Readiness activities serve to support the Career domain goals of the Soldier. After a career goal is identified at the initial scrimmage, the Transition Coordinator, attached to the HHC, will meet with the Soldier to identify appropriate education, employment and internship opportunities that will support his/her career plan. The M2 evaluation with the MC approval must conclude that the Soldier is medically, emotionally, and physically ready to participate in a CER activity while continuing medical treatment.

Certified Occupational Therapist Assistant (COTA)

The COTA provides safe and effective occupational therapy services under the supervision, direction and guidance of, and in partnership with, the occupational therapist (OTR). All COTAs shall maintain state and federal licensing requirements in accordance with laws or regulations set forth by the American Occupational Therapy Association (AOTA) and the National Board for Certification in Occupational Therapy (NBCOT). The COTA, under supervision of the OTR,

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provides goal setting training to the Soldier and his/her Family, serves as the career domain subject matter expert (SME) in the CTP Scrimmage and assists the Soldier with work reintegration.

License Clinical Social Worker (LCSW)

License Clinical Social Worker holds a Master's degree in Social Work and is licensed to practice clinically and independently in a State. This type of social worker may assess, provide a mental health diagnosis (usually IAW Diagnostic and Statistical Manual (DSM) IV) and provide therapeutic treatment (clinical and non-clinical) to clients. The LCSW is the behavioral health expert and consultant to the command and conducts a comprehensive behavioral health assessments, ongoing risk assessment, behavioral health care management, and short-term solution focused therapy and crisis intervention. The LCSW also works with Soldiers and their Families to provide support and address social and behavioral health needs.

Comprehensive Soldier Fitness-Performance and Resilience Enhancement Program (CSF- PREP)

Comprehensive Soldier Fitness-Performance and Resilience Enhancement Program is a systematic program that addresses the psychological attributes of human dimension, critical to success on the battlefield and throughout life. CSF-PREP education seeks to provide Warriors, Family Members, and DA Civilians with the skills to be self-regulating, instinctive, adaptive, and mentally agile under intense pressure, while contributing to personal hardiness and resilience. CSF-PREP education also attempts to bridge the gap between the Rehabilitation process and the Soldiers' transition to the Army or civilian life by providing knowledge and skills to take ownership and control of their recovery, to focus on abilities versus disabilities, and provide tools to enhance their mindset so that they have a sense of purpose and motivation about their future.

Comprehensive Transition Plan (CTP)

The CTP supports Soldiers in returning to the force or transitioning to a Veterans' status. CTP employs seven interdisciplinary processes in developing an individual plan that the Soldier builds with the support of the WTU cadre. Although standardized, the CTP allows each Soldier to customize their recovery process, enabling them to set and reach their personal goals. CTP provides a personal, customized plan created for the Soldier by the Soldier.

Comprehensive Transition Plan Scrimmage

Formal multidisciplinary team meeting lead by the social worker (usually the CSW) and managed and coordinated by the BLSW, which is conducted to plan, coordinate, and refine transition goals with the Warrior in Transition IAW six domains (physical, emotional, spiritual, family, social, career).

Community Base Warrior Transition Unit (CBWTU)

CBWTUs provide quality health care and administrative processing for recuperating National Guard and Reserve Component Soldiers while allowing them to live and perform duties close to home. CBWTUs perform mission command functions, and provide administrative support, medical case management, and medical processing for assigned Soldiers. COMPO 1 Soldiers may be attached to a CBWTU on a case by case basis.

Compo 1, 2, 3

Active Component (Compo 1), Component, Army National Guard (Compo 2), Component, United States Army Reserve (Compo 3).

Computer Electronic Accommodations Program (CAP)

The CAP provides assistive technology and services to Soldiers with disabilities, increases access to information and works to remove barriers to employment opportunities by eliminating the costs of assistive technology and accommodation solutions.

Continuation on Active Duty (COAD)/ Continuation on Reserve Duty (COAR)

Soldiers found not fit for duty by MEB/PEB may be eligible to apply for COAD/ COAR regardless of the extent of their injuries. To be eligible for COAD/COAR, a Soldier must meet at least one of the following requirements: (1) served 15-20 years of service for COAD or 15-20 qualifying years of service for non-regular retirement for COAR; (2) qualified in a critical skill or shortage Military Occupational Specialty (MOS) or (3) incurred a disability which is a result of combat or terrorism.

Electronic-Profile (eProfile)

A web-based process for generating, approving and routing physical profiles that automatically updates PULHES data in MEDPROS, eliminates “pocket profiles”, improves commander-provider communication, and reduces unwarranted variance in PULHES profiles. U. S. Army Medical Command (MEDCOM) OPERATION ORDER 10-75 (ePROFILE IMPLEMENTATION), 101330Q September 2010, establishes eProfile as the standard for generating, approving, and routing physical profiles in order to improve medical readiness across the Army and all Regional Medical Commands (RMC) no later than 31 January 2011.

Endstate

The set of conditions required for achieving established objectives.

Focused Transition Review (FTR)

FTR is a formal meeting led by the senior mission command attendee. The process examines the CTP Scrimmage Plan, highlights projected MRDP dates, and focuses on what the WTU can do to resource the Soldiers’ plan and how to apply resources to help the Soldier meet the benchmarks on the Scrimmage worksheet.

Individualized Adaptive Reconditioning Program

An individualized plan, that consists of Adaptive Reconditioning Activities, and is specific to the CTP needs of the wounded, ill, or injured Soldier, which is conducted by the Soldier on a regular basis for purposes of optimizing physical well-being, returning to an active productive life-style, and helping to achieve any of the Soldier’s Sub/Priority (short-term) and Transition/Outcome (long-term) CTP goals. The Individualized Adaptive Reconditioning Program it is not a traditional clinic-based rehabilitation program, but may support the Soldier’s medical plan and goals, when appropriately coordinated with the MTF-based healthcare providers. The Individualized Adaptive Reconditioning Program is developed by the PT, in consultation with the Soldier, and, as appropriate, with various members of the WTU cadre.

Integrated Disability Evaluation System (IDES)

The Integrated Disability Evaluation System streamlines injured Soldiers' benefits. It features a single set of disability medical examinations appropriate for determining both fitness and disability and a single set of disability ratings provided by VA. In the past, this process was two separate processes.

Interdisciplinary team members

The inter-disciplinary team includes the WTU clinical and non-clinical team members that consist of the Triad of Care (Squad Leader, Nurse Case Manager, and Primary Care Manager) along with the Occupational Therapist Registered (OTR), Certified Occupational Therapy Assistant (COTA), Physical Therapist (PT) Physical Therapy Assistant (PTA), Clinical Social Worker (CSW), Army Wounded Warrior Advocate, Soldier and Family Assistant Center (SFAC) personnel and Transition Coordinators.

Life Cycle Management Plan (LCMP)

Life Cycle Management is a process used to measure the progress of severely wounded, ill, and injured Soldiers, Veterans, and their Families throughout their recovery and transition, even into Veteran status.

Medical Evaluation Board (MEB)

The MEB is an informal process comprised of at least two physicians who compile, assess, and evaluate the medical history of a Soldier and determine how the injury/disease will respond to treatment.

Medical Management (M2)

Exercising the primary decision authority regarding diagnosis and treatment of an individual patient.

Medical Retention Determination Point (MRDP)

The Medical Retention Determination Point is when the Soldier's progress appears to have medically stabilized; the course of further recovery is relatively predictable; and where it can be reasonably determined that the Soldier is most likely not capable of performing the duties required of his MOS, grade, or rank.

Mission Command

The exercise of authority and direction by the WTU Commander through the application of initiative, leadership, and by integrating command and control techniques to accomplish mission success.

Medical Operational Data System (MODS)

MODS is a Military Health Services System (MHSS) that provides the Army Medical Department (EMEDD) with an integrated automation system that supports all phases of Human Resource Life-Cycle Management in both peacetime and mobilization.

Nurse Case Manager

Nurse case managers are responsible for helping Soldiers regain health or improved functional capability by facilitating the development and implementation of a clinical plan which has performance goals for supporting the CTP. This ensures that the Soldier receives appropriate care that is related to all identified medical conditions facilitates and coordinates medical appointments, helps identify challenges that the Soldier may be experiencing, and serves as a resource to the link the Soldier to other systems that provide support.

Occupational Therapy (OT)

Occupational therapy is a health professional whose goal is to enable individuals with functional impairments to attain their maximum level of participation and independence. Occupational therapists identify strengths and deficits in functional performance and use meaningful activities (e.g., activities of daily living; roles such as parent, worker, student or spouse) to help meet recovery goals. In the WTU, OTs help Soldiers return to their military roles and responsibilities or to civilian life by helping to develop/regain skills or learn new strategies to allow success in all areas of their lives.

Occupational Therapist Practitioner/Registered (OTR)

The OTR performs all aspects of the occupational therapy screening, evaluation, and reevaluation and establishes the plan of care for the Soldier's CTP. The OTR supervises, consults and works collaboratively with the COTA to implement the plan of care. All registered therapists shall maintain state and federal licensing requirements in accordance with laws or regulations set forth by the American Occupational Therapy Association (AOTA) and the National Board for Certification in Occupational Therapy (NBCOT). The OTR shall be credentialed by the local military treatment facility (MTF) affiliated with the WTU. The OTR provides goal setting training to the Soldier and his/her Family, serves as the career domain subject matter expert (SME) in the CTP Scrimmage and assists the Soldier with work reintegration.

Ombudsman

Ombudsmen investigate complaints and resolve issues with local agencies in addition to serving as an advocate for Soldiers and Families faced with the complex, often overwhelming challenges related to health care and transition, such as physical disability processing, Reserve Component medical retention, transition, Department of Veterans Affairs (VA), and pay issues. Ombudsmen are usually selected as a result of their extensive military medical experience and many have typically served as Sergeants Major within Army medical units.

Operation War Fighter (OWF)

OWF is a temporary assignment/internship program, developed by the Department of Defense, for service members who are convalescing at military treatment facilities at first in the National Capitol Region but increasingly throughout the United States. The program provides recuperating service members with meaningful activity outside of the hospital environment and offers it a formal means for integrating the internship as a possible future employment opportunity into the Soldiers CTP.

Physical Disability Evaluation System (PDES)

The PDES encompasses both the Army MEB and PEB processes. When a Soldier is determined not meeting medical retention standards by the MEB, the attending physician refers the Soldier to the PEB.

Physical Evaluation Board (PEB)

The Physical Evaluation Board is the sole forum within the Army to determine a Soldier's unfitness for duty as a result of a physical impairment. The factual determination as whether a Soldier is fit or unfit for duty exclusively focuses upon duty performance. If the Board determines that a Soldier is physically unfit for duty in his/her present grade, rank, Primary Military Occupational Specialty/Officer Specialty (PMOS/OS), and current duty position by reason of a physical disability. The PEB then recommends a disability rating percentage based upon the Soldier's present degree of severity for each medical diagnosis found to be separately unfitting.

Physical Evaluation Board Liaison Officer (PEBLO)

An experienced, mature officer, NCO, or civilian employee designated by the MTF commander to perform the primary duties of counseling Soldiers who are undergoing physical disability evaluation. The PEBLO provides Soldiers with authoritative and timely answers to their questions about the physical disability system and aids them in understanding their rights and entitlements. The PEBLO is not, and need not be, an attorney.

Physical Therapist (PT)

The healthcare professional that provides services in physical therapy, which is a dynamic profession with an established theoretical and scientific base and widespread clinical applications in the restoration, maintenance, and promotion of optimal physical function. Physical therapy encompasses physical, psychological, emotional, and social well being. PTs diagnose and manage movement dysfunction and enhance physical and functional abilities; restore, maintain, and promote not only optimal physical function but optimal wellness and fitness and optimal quality of life as it relates to movement and health; and prevent the onset, symptoms, and progression of impairments, functional limitations, and disabilities that may result from diseases, disorders, conditions, or injuries. PTs direct and supervise Physical Therapy Assistants (PTAs)

Physical Therapy Assistant (PTA)

PTAs work as part of a team to provide physical therapy services under the direction and supervision of the physical therapist. PTAs implement selected components of patient/client interventions (treatment), obtain data related to the interventions provided, and make modifications in selected interventions either to progress the patient/client as directed by the physical therapist or to ensure patient/client safety and comfort. PTAs assist the physical therapist in the treatment of individuals of all ages who have medical problems or other health-related conditions that limit their abilities to move and perform functional activities in their daily lives. The physical therapist is responsible for the services provided by the PTA.

Platoon Sergeant (PSG)

PSG serves as the first line supervisor to the Soldier and the link to command. The PSG is responsible for facilitating the resolution of administrative issues that arise, and helps guide the Soldier through the CBWTU process while enforcing military standards.

Positive Physical Profile

A physical profile that includes the Soldier's abilities, in addition to specific limitations, as related to physical fitness activities or other physical functions.

Primary Care Manager (PCM)

PCMs exercise primary decision authority regarding diagnosis and treatment of an individual patient. The primary care manager may be an individual physician, or group practice within a specific clinic or treatment site, or other designation. The primary care manager may be part of the MTF or the Prime civilian provider/practitioner network. The enrollees will be given the opportunity to register a preference for primary care manager from a list of choices provided by the MTF commander. Preference requests will be honored subject to availability under the MTF beneficiary category priority system and other operational requirements established by the commander (or other authorized person).

REALifelines

Developed by the U.S. Department of Labor's Veterans' Employment and Training Service (VETS), Veterans' Employment and Career Transition Advisor provides veterans, transitioning service members and their Family members, with the resources they need to successfully transition to a rewarding career. REALifelines provides valuable information and access to contact information for one-on-one employment assistance and online resources to assist transitioning service members and veterans in their reintegration into the civilian workforce.

Remain in the Army Track

Remain in the Army Track is one of the two tracks which the Soldier can select to transition back. If the Soldier selects to Remain in the Army, he will continue in Military Service. Included are: (a) Active Component (Compo 1) Soldiers returning to their current or an alternate Military Occupational Specialty (MOS) and (b) National Guard (Compo 2) and US Army Reserve (Compo 3) Soldiers who will be attached to the WTU until they meet Army retention standards and are Released from Active Duty (REFRAD) to continue service in the Army National Guard or Army Reserve in their current or an alternate MOS.

Sister Services

Sister Services are the other branches of service, Airforce, Navy, Marines, and Coast Guard.

Soldier Adaptive Reconditioning Program

The overall WTU program of Adaptive Reconditioning Activities that is conducted by wounded, ill or injured Soldiers on a regular basis for purposes of optimizing physical well-being, returning to an active productive life-style, and helping to achieve any of the Soldier's Sub/Priority (short-term) and Transition/Outcome (long-term) CTP goals. The WTU Commander has overall authority, accountability, and responsibility for the conduct of the Soldier Adaptive Reconditioning Program, and the Physical Therapist (PT) serves as the Soldier Adaptive Reconditioning Program manager and subject matter expert for the WTU command. The Soldier

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Adaptive Reconditioning Program is designed within the broad framework of Army physical readiness training doctrine, and allows for Soldier accountability, but is designed for and modified to the unique needs of wounded, ill or, injured Soldiers and WTU commands.

Soldier Family Assistance Center (SFAC)

A comprehensive centralized coordinating office that provides a variety of services for Warriors in Transition and his/her Family members. The SFAC supports the hospitals and Warrior Transition Brigades, by developing, coordinating and providing designated services that address complex administrative and personal needs involving Warriors in Transition and his/her Family members.

Soldiers Medical Evaluation Board Counsel (SMEBC)

Soldiers Medical Evaluation Board Counsel (SMEBC) are licensed uniformed and civilian attorneys of the Army Judge Advocate General Corps who are specifically trained and certified to provide legal advice and representation to Soldiers in the MEB and PEB process, including representing Soldiers at formal PEB hearings. SMEBCs represent and advise Soldiers not commanders and are also bound by attorney-client confidentiality. SMEBCs assist all Soldiers with active Legacy DES or IDES cases regardless of unit assignment or current active duty status. These Counsels inform, assist and advocate for Soldiers from the point of referral into the MEB process until their return to duty or transition to civilian status. While managing expectations, SMEBCs strive to maximize a Soldier's goal of either returning to duty or maximizing appropriate military disability compensation. If necessary, SMEBCs assist with elections and rebuttals for any MEB and informal PEB decisions that a Soldier is called upon to make. SMEBCs assist all Soldiers with active MEB/PEB cases regardless of unit assignment or current active duty status.”

Special Compensation for assistance with Activities of Daily Living (SCAADL)

Special Compensation for assistance with Activities of Daily Living assists injured or ill Active Duty Soldiers of the Active and Reserve Components of the Military Services who have a permanent catastrophic injury or illness that incurred or aggravated in the line of duty that require regular aid and attendance after hospitalization. This special monthly payment compensates designated caregivers for the dedicated time and assistance they provide to catastrophically injured or ill Soldiers.

Specific, Measurable, Actionable, Realistic, and Time-bound (SMART)

SMART is an acronym of terms used to describe the development of short and long term objectives that are: specific, time-bound, measurable, and which provide realistic steps (goals) towards healing and determining priorities for each of the CTP six domains of strength. The goals can be both clinical and non-clinical. (Note that the A in SMART for Occupational Therapy functions has been determined to be “actionable versus attainable”). SMART action statements are discussed in both Goal Setting Phase I and II classes.

Squad Leader (SL)

SL serves as the first line supervisor to the Soldier and the link to command. The SL is responsible for facilitating the resolution of administrative issues that arise, and helps guide the Soldier through the WTU process while enforcing military standards.

Transition Assistance Program (TAP)

The Transition Assistance Program establishes a partnership among the Department of Defense, Veterans Affairs, Transportation and Labor's Veterans' Employment and Training Service, to give employment and training information to armed forces members within 180 days of separation or retirement.

Transition from the Army Track

Transition from the Army Track is one of the two tracks which the Soldier can select to transition back. The Transition from the Army Track will include all Soldiers who will not continue military service in either an active or reserve status. Soldiers who wish to apply for Continuation on Active Duty (COAD) or Continuation on Active Reserve (COAR) will be referred to the Physical Disability Evaluation System (PDES) and will follow this track until approved for COAD or COAR. Soldiers who elect to apply for COAD or COAR will include activities within their individual CTP which maintain their military skills, and assist in their transition to civilian life.

Transition Coordinator

Transition Coordinators are responsible for helping Soldiers identify education, employment preparation and internship opportunities in support of their CTP career goal. They work side by side with the Occupational Therapist and Career Counselor to insure that identified activities are in keeping with the Soldier's medical profile, reintegration track, and individual disposition related to Remaining in the Army, Release from Active Duty, or Transition from the Army. The Transition Coordinator reports directly to the WTU commander on all matters related to Soldier's Career and Education Readiness.

TRICARE

TRICARE is the health care program serving Uniformed Service members, retirees, and their Families worldwide.

Triad of Care/Triad

Triad normally refers to the squad leader, nurse case manager, and primary care manager assigned to a WTU. The squad leader leads the Soldiers, the nurse case manager coordinates his/her care, and the primary care physician oversees the care. The Triad creates the familiar environment of a military unit and surrounds the Soldier and his/her Family with comprehensive care and support, all focused on the wounded warrior's sole mission to heal.

Veterans Benefits Administration (VBA)

VBA advisors are positioned in WTUs to provide outreach benefits assistance and services to Soldiers and their Families.

Warrior Transition Unit Comprehensive Transition Plan - Guidance
Appendix 11, Terms

Veterans Health Administration (VHA)

VHA liaisons are located at Military Treatment Facilities (MTFs) to support the transfer of severely wounded Soldiers. The purpose of VHA liaisons at MTFs is to coordinate care and provide consultation about VA resources and treatment options. VHA liaisons at MTFs are also responsible for contacting a Soldier's local VA Medical Center and OEF/OIF/OND Care Management Team to ensure that appointments and care plans are in place before a Soldier leaves an MTF. VHA liaisons are also stationed at WTUs to coordinate ancillary care through their local VA Medical Center.

Vocational Rehabilitation and Employment Service (VR&E)

VR&E Service is a Department of Veterans Affairs program which assists Veterans with service connected disabilities to prepare for, find, and keep suitable jobs. The program assists Veterans with service connected disabilities that are so severe that they cannot immediately consider work by offering services which improve their abilities to live as independently as possible.

Warrior Transition Unit

Warrior Transition Units (WTUs) provide critical support to Regular Army Soldiers who are expected to require six months or more of rehabilitation care and complex medical management in an inpatient or outpatient status and to Reserve Component Soldiers who are in need of definitive healthcare based on medical conditions identified, incurred or aggravated while in an Active Duty (AD) status, in support of the Global War on Terrorism (GWOT) and non-GWOT activity (i.e. active duty for training (ADT), Active Duty for Special Work (ADSW), Extended Combat Training (ECT), battle assembly (BA), etc.)

WTU Cadre

Qualified personnel who are assigned to occupy a TDA position at a WTU.

**Comprehensive Transition Plan
Guidance
(CTP-G)**

**Appendix 12
CTP-G Abbreviations**

Warrior Transition Unit Comprehensive Transition Plan - Guidance
Appendix 12, Abbreviations

ACAP

Army Career Alumni Program

aCTP

Automated Comprehensive Transition Plan

ACES

Army Continuing Education System

ADA

American with Disabilities Act

ADL

Activities of Daily Living

AFS

Active Federal Service

AKO

Army Knowledge Online

AHLTA

Armed Forces Health Longitudinal Technology Application

AMEDD

Army Medical Department

AWCTS

Army Warrior Care & Transition System

AW2

Army Wounded Warrior

BDD

Benefits Delivery at Discharge

BH

Behavioral Health

BHI-PHA

Behavioral Health Intake-Psychosocial History Assessment

BLSW

Bachelor Level Social Worker

Warrior Transition Unit Comprehensive Transition Plan - Guidance
Appendix 12, Abbreviations

CAP

Computer/Electronic Accommodations Program

CBWTU

Community Base Warrior Transition Unit

CDR

Commander

CER

Career and Education Readiness

COAD

Continuation on active duty

COAR

Continuation on active reserve

COMPO

Component

COTA

Certified Occupational Therapy Assistant

CSF

Comprehensive Soldier Fitness

CSF-PREP

Comprehensive Soldier Fitness-Performance and Resilience Enhancement Program

CSM

Command Sergeant Major

CSW

Clinical Social Worker

CTP

Comprehension Transition Plan

CYS

Child & Youth Services

DA

Department of the Army

Warrior Transition Unit Comprehensive Transition Plan - Guidance
Appendix 12, Abbreviations

DCO

Defense Connect Online

DD

Department of Defense

DoD

Department of Defense

DOL

Department of Labor

DTAP

Disabled Transition Assistance Program

DVOP

Disabled Veterans Opportunity Program

E EI

Change Education Employment Internship

EHR

Electronic health record

e-Profile

Electronic-profile

ETS

Expiration Term of Service

FRAGO

Fragmentary order

FRC

Federal Recovery Coordinator

FRSA

Family Readiness Support Assistant

FTR

Focused Transition Review

HHC

Headquarters and Headquarters Company

Warrior Transition Unit Comprehensive Transition Plan - Guidance
Appendix 12, Abbreviations

HIPPA

Health insurance Portability and Accountability

HR

Human Resources

I/O PLT

Headquarters In/Out-process Platoon

IAW

In accordance with

ID

Identification

IDES

Integrated Disability Evaluation System

ISFAC

Inter-Service Family Assistance Committees

JAG

Judge Advocates General

LCMP

Lifecycle Management Plan

LCSW

Licensed Clinical Social Worker

LVER

Local Veterans Employment Representative

MAR2

MOS Administrative Retention Review

MEB

Medical Evaluation Board

MEDCOM

Army Medical Command

MC

Mission Command

Warrior Transition Unit Comprehensive Transition Plan - Guidance
Appendix 12, Abbreviations

MMRB

MOS/Medical Retentio Board

MND

Medically Not Deployable

MNR

Medically Not Ready

MODS

Medical Operational Data System

MOS

Military Occupational Specialty

MRDP

Medical Retention Decision Point

MTF

Military Treatment Facility

MTT

Mobile Training Team

MWR

Morale Welfare and Recreation

M2

Medical Management

NG

National Guard

NCM

Nurse case manager

NCO

Noncommissioned officer

NLT

No later than

OEF

Operation Enduring Freedom

Warrior Transition Unit Comprehensive Transition Plan - Guidance
Appendix 12, Abbreviations

OIC

Officer in charge

OIF

Operation Iraqi Freedom

ONE

Operation Noble Eagle

OT

Occupational Therapy

OTR

Occupational Therapist - Registered

OTC

Over-the-counter

OTSG

Office of the Surgeon General

PAM

Pamphlet

PBH-TERM

Psychological and Behavioral Health-Tools for Evaluation Risk and Management

PCM

Primary Care Manager

PDES

Physical Disability Evaluation System

PEB

Physical Evaluation Board

PEBLO

Physical Evaluation Board Liaison Officer

PES

Performance Enhancement Specialist

PSG

Platoon Sergeant

Warrior Transition Unit Comprehensive Transition Plan - Guidance
Appendix 12, Abbreviations

PT

Physical Therapist

PTA

Physical Therapist Assistant

RC

Reserve Component

REFRAD

Release from Active Duty

RMC

Regional Medical Command

SBAR

Subjective, Background, Assessment Recommendation

SCAADL

Special Compensation for assistance with Activities of Daily Living

SFAC

Soldier Family Assistance Center

SL

Squad Leader

SMART

Specific, Measurable, Actionable, Realistic, and Time-bound

SME

Subject matter expert

SMEBC

Soldiers Medical Evaluation Board Counsel

SO-BHSW-CM

Subjective Objective-Behavioral Health Social Worker-Care Manager

SSA

Social Services Assistant

SWRA

Social Work Risk Assessment

Warrior Transition Unit Comprehensive Transition Plan - Guidance
Appendix 12, Abbreviations

SWRA-Q

Social Work Risk Assessment-Questionnaire

S-3

Operations Officer

TAA

Transition Assistance Advisors

TAP

Transition Assistance Program

TDA

Tables of Distribution and Allowances

TCS

Temporary Change of Station

TRB

Transition Review Board

TSC

TRICARE Service Center

TTD

Target transition date

TRANSPROC

Transition Point Processing System

UCMJ

Uniform Code of Military Justice

UMT

Unit Ministry Team

VA

Veterans Affairs

VAMC

Veterans Affairs Medical Center

VBA

Veterans Benefits Administration

Warrior Transition Unit Comprehensive Transition Plan - Guidance
Appendix 12, Abbreviations

VHA

Veterans Health Administration

VR&E

Vocational Rehabilitation and Employment

WTB

Warrior Transition Battalion

WTC

Warrior Transition Command

WTU

Warrior Transition Unit

XO

Executive Officer

Comprehensive Transition Plan

Guidance

(CTP-G)

CTP-G Blank Scrimmage Worksheet

Soldiers NAME (LAST, FIRST MI):

Comprehensive Transition Plan Scrimmage Worksheet

This is the Soldier's Plan
to ensure future success!

Date CTP Conducted:

Track Preference: _____ / Transition Outcome Goal:

Six CTP Domains (Challenges)	Action Statements that support the Sub Goals			Sub Goals
	Month: _____	Month: _____	Month: _____	
Career:				
Physical:				
Emotional:				
Social:				
Family:				
Spiritual:				

Soldier's Signature:	Next CTP Scrimmage Date:
Squad Leader (Name and Signature):	Target Transition Date (TTD):
Nurse Case Manager (Name and Signature):	Additional Notes:
Social Worker (Name and Signature):	