



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

10 FEB 2014

MCWT-OPT-P

WCTP Policy Memo 14-02

Expires: 10 FEB 2016

MEMORANDUM FOR Commanders, US Army Regional Medical 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 October 2012.
- c. AR 600-8-10, Leaves and Passes, 15 February 2006, RAR 4 August 2011.
- d. AR 40-400, Patient Administration, 27 January 2010, RAR 15 September 2011.
- e. AR 40-501, Standards of Medical Fitness, 14 December 2007, RAR 4 August 2011.
- f. AR 635-40, Physical Evaluation for Retention, Retirement, or Separation, 8 February 2006, RAR 20 March 2012.
- g. FM 7-22 Army Physical Readiness Training October 2012, Change 1, 3 May 2013.
- h. Comprehensive Soldier and Family Fitness Tracker and Global Assessment Tool Status, January 2014.
- i. U.S. Army Medical Command: Soldier Medical Readiness Campaign Plan 2011-2016, 30 March 2011.
- j. 2020 Army Medicine Campaign Plan, Version 2, 04 March 2013.
- k. MEDCOM Regulation 1-4, Gifts and Donations, 30 September 2009.
- 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.

MCWT-OPT-P

SUBJECT: Comprehensive Transition Plan (CTP) Policy

n. MEDCOM OPORD 14-20, Performance Triad Directives for MEDCOM and Regional Medical Commands (RMCs)/ Major Subordinate Commands (MSCs), 20 December 2013.

o. Comprehensive Transition Plan- Guidance, 1 December 2011.

p. WCTP Policy Memo 13-001, WTC, MCWT-PER, 18 March 2013, subject: Work Site Policy.

q. WCTP Policy Memo 13-006, WTC, MCWT-CSD, 30 August 2013, subject: Entry and Exit Criteria for the Warrior Care and Transition Program (WCTP).

r. WCTP Policy Memo 13-009, WTC, MCWT-OPT-P, 08 November 2013, subject: WTU Soldier Medical and Military Responsibilities.

s. WCTP Policy Memo 13-010, WTC, MCWT-OPT-P, 15 November 2013, subject: WTU/CBWTU Risk Assessment and Mitigation Policy and Behavioral Health Processes.

2. Purpose: To update the Comprehensive Transition Plan (CTP) for Soldiers assigned/attached to Warrior Transition Units (WTU) and Community Care Units (CCUs). This policy supersedes the OTSG/ MEDCOM CTP Policy 11-098.

3. Proponent: The proponent for this policy is the Warrior Transition Command (WTC), G3/5/7, Plans, Policy, and Procedures (P3) Branch.

4. Policy. 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. The CTP uses the six domains: Career, Physical, Emotional, Social, Family, and Spiritual to establish goals that map a Soldier's transition plan. 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 while complying with all the medical and military responsibilities specified in reference *r*. The Triad of Care (made up of the Squad Leader (SL)/Platoon Sergeant (PSG), Primary Care Manager (PCM), and Nurse Case Manager (NCM)) will lead the interdisciplinary team in supporting the Soldier with training, guidance, and counseling. The interdisciplinary team in consultation with the Soldier will use the Army Warrior Care and Transition System (AWCTS), counseling records and forms, the Medical Operational Data System – Warrior in Transition (MODS-WT) module, the Psychological and Behavioral Health-Tools for Evaluation, Risk and Management (PBH-Term) and Armed Forces Health Longitudinal Technology Application (AHLTA), as appropriate, to document all key aspects of his CTP. AWCTS is HIPAA compliant. However, entry of Protected Health Information (PHI) into AWCTS should be limited to the absolute minimum necessary.

5. Comprehensive Transition Plan (CTP) Processes. All Soldiers, regardless of CTP track, will complete six CTP processes: In-processing, Goal Setting, Transition Review, Rehabilitation, Reintegration and Post Transition. Each individual process has specific stand-alone requirements that all WTU Soldiers must meet. The processes serve as components of the CTP system which overlap, interrelate, and interconnect. Soldiers utilize assessments, goal setting, and transition review throughout their CTP, and receive support from the WTU interdisciplinary team to ensure that the plan is resourced and timely managed. 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 interdisciplinary team counseling records, AWCTS, PBH-Term, and AHLTA. WTU Commanders may abbreviate the initial requirements of in-processing for Soldiers in an inpatient status or home bound status. For redeploying Soldiers on Medical Readiness Processing–Evaluation (MRP-E) orders that have not yet been approved by the Triad of Leadership (TOL) for entry into the Warrior Care and Transition Program (WCTP), WTU Commanders may abbreviate the in-processing requirements until the Soldier's attachment/assignment to the WTU is established. Specifically, the Soldier on MRP-E orders will complete risk assessment and mitigation, as well as intake appointments with a PCM, NCM, and the Licensed Case Social Worker (LCSW); further in-processing will continue upon formal acceptance into the WTU by the Triad of Leadership (TOL).

a. In-processing. Immediately upon entry into a WTU or a CCU, the interdisciplinary team begins clinical and non-clinical assessments and risk mitigation to ensure there is a plan in place to resolve the basic needs of Soldiers and their Family. If eligible, Soldiers will be supported by an Army Wounded Warrior Program (AW2) Advocate throughout the process, starting with in-processing. Assessments will be documented in AWCTS, PBH-Term, AHLTA, and in counseling records. The keys to success during in-processing include proper reception and orientation, setting expectations, completion of both part I and II of the in-processing checklist, and completion of a Soldier's Self-Assessment. In-processing culminates with the successful completion of the initial scrimmage. Soldiers transferring to a CCU must complete in-processing at a WTU. CCUs will ensure that all Soldiers have a good understanding of their duties and responsibilities as a Soldier attached to a CCU as well as of the capabilities and support they can expect from the CCU cadre. The WTU Commander will validate the completion of a Soldier's in-processing. Once in-processing is completed, the WTU company commander will validate the Soldiers' in-processing and transfer of the records to the gaining company (including a CCU company). Transfer will happen as soon as possible or no later than 30 days.

b. Goal Setting. The goal setting process guides Soldiers and their Family in the development of sub-goals that support the overarching Transition/Outcome goal. Goal Setting is made up of two parts, which are consistent throughout the process. Phase I

MCWT-OPT-P

SUBJECT: Comprehensive Transition Plan (CTP) Policy

Goal Setting will be completed within 21 days, and facilitated by an Occupational Therapist (OT) or Certified Occupational Therapy Assistant (COTA). Phase I Goal Setting is more prescriptive than Phase II, because it helps WTU Soldiers create a foundation of functional and occupational goals, which will be reviewed during the initial scrimmage (on day 30). Phase II Goal Setting will be facilitated after the initial scrimmage, between days 31- 90, by Comprehensive Soldier and Family Fitness (CSF2) Master Resilience Trainers/Performance Experts (MRT-PEs). Phase II Goal Setting affords the Soldier the opportunity to expand his knowledge of the Goal Setting Process, while providing the freedom to set bigger goals for the Transition Process and beyond. During this time, the Soldier will also create action statements that serve as an on-going roadmap to support healing and transition. Each action statement will be developed using the Specific, Measurable, Actionable, Realistic, and Time bound (SMART) criteria that ensures that Soldiers have a clear understanding of their goals and how to achieve them. Sub-goals will also be developed to address priority areas that support the Soldiers' Career, Physical, Emotional, Social, Family and Spiritual domains, and which facilitate successful achievement of their overarching Transition/Outcome goal.

c. Transition Review. Transition Review provides the commander and the interdisciplinary team with opportunities to ensure the Soldier's CTP is on track and Soldier's concerns are identified and resolved, and that the plan is resourced. Minimum attendees at all scrimmages will include: Soldier's SL/PSG, LCSW, OT or COTA, NCM and AW2 Advocate for assigned AW2 Soldiers unless directed otherwise as stated below. The specific tasks of the Transition Review are listed below:

(1) Transition Review starts with completion of in-processing, and within 30 days of WTU orientation.

(2) Self Assessments are completed within the first seven days and then as directed by the Commander (either weekly or monthly).

(a) The SL and NCM must validate each Self Assessment in AWCTS.

(b) The SL and NCM must document all action plans for red and amber items in AWCTS.

(3) Scrimmages are executed quarterly:

(a) Initial scrimmage is completed within 30 days of assignment/attachment, and will include the Soldier and his Family, HHC SL and NCM, assigned line company SL and NCM (or CCU PSG and NCM), HHC LCSW and the line company Baccalaureate Level Social Worker.

(b) The 90 day scrimmage is facilitated with company commander oversight to validate the transition plan.

(c) Scrimmages will occur at quarterly intervals (180 days, 270 days, or 360 days, etc) thereafter.

(4) If Medical Retention Determination Point (MRDP) is reached, the company commander will facilitate a Focused Transition Review (FTR) with battalion oversight to assess the Soldier's progress, status of the transition plan, and the proficiency of the interdisciplinary team's efforts. The FTR replaces the subsequent quarterly scrimmages and serves to provide the Soldier with a target transition date, to finalize their transition plan, and to introduce the Transition Readiness Checklist to help map the Soldier's final tasks.

(5) The WTU battalion commander will lead an FTR for Soldiers that have been in the WTU for over 730 days. The commander will determine what issues are delaying the Soldier's transition timeline and will immediately address the barriers. The WTU company commander, Interdisciplinary Team and the Soldier will document a plan to address the barriers, review and update scrimmage goals, and document the transition plan on a counseling statement and scrimmage worksheet to be signed by the company commander and the Soldier.

d. Rehabilitation. The rehabilitation phase begins as early as possible, including during inpatient status immediately following injury, and provides appropriate clinical and non-clinical interventions (vocational rehabilitation, education, and adaptive reconditioning activities, etc.) that 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.

(1) Selection of a Soldier's CTP Track. The Soldier, in collaboration with his Family, indicates his preferred CTP Track (CTP tracks are: *Remain in the Army* and *Transition or Separate from the Army*) during in-processing, which will be validated by the chain of command and the interdisciplinary team. The initial track will be selected in conjunction with the Career Counselor and the OT who will counsel the Soldier on their likelihood of remaining in the Army based upon clinical condition and profile. However, final CTP Track preference is based on medical prognosis and the Soldier's remaining service obligation after the Soldier meets MRDP, which allows a Soldier to pursue tasks associated with both CTP Tracks.

(a) *Remain in the Army*. This track is for all Soldiers who will continue military service. Although Soldiers identify their 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 Return to Duty (RTD), MOS Administrative Retention Review (MAR2), and Continuation on Active Duty (COAD). For Reserve Component (RC) Soldiers, dispositions also include Released from Active Duty (REFRAD) and Continuation on Active Reserve (COAR).

(b) *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. *Transition from the Army* dispositions include Medical Separation (thru IDES) and Non-Medical Separation (thru UCMJ, Chapter or Courts Martial).

(2) Successful completion of Transition Readiness Checklist (includes Individual Transition Plan – ITP) prior to transition.

(3) Adaptive Reconditioning Participation. Every Soldier must participate in a minimum of 150 minutes of moderate intensity exercise each week through Adaptive Reconditioning activities in accordance with reference *r* as well as their local command and their interdisciplinary team guidance. In addition, every Soldier will incorporate the Performance Triad of Sleep, Activity, and Nutrition into their healing and transition plan to ensure they are maximizing recovery opportunities. Soldiers in WTUs may also participate in therapeutic trips. Therapeutic events can be one of the many adaptive reconditioning activities used to help Soldiers achieve their short or long-term CTP goals. To be therapeutic, an event must carry with it a reasonable expectation of a specific beneficial effect on the Soldier's medical condition and outcome. The Soldier's Primary Care Manager (PCM) is the authority for designating whether a given activity is therapeutic.

(4) Career, and Education Readiness (CER) Participation. CER eligible Soldiers will participate in one or more CER activities. There are three categories of CER activity: (1) *Remain in the Army Work Assignments (RIAWA)*, (2) education and training, and (3) internships. The physical location where a CER activity is conducted is considered to be a CER worksite. CER worksites must comply with reference *p*; Work Site is defined as "where a Soldier participates in a work activity that aligns with their CTP Track and long term goals". Eligibility for CER activity is based upon two distinct evaluations made by Medical Management (M2) and the Wtu Commander. The M2 evaluation must conclude that the Soldier is medically, emotionally, and physically ready to participate in a CER activity while continuing medical treatment. The Nurse Case Manager (NCM), in collaboration with the Interdisciplinary Team (IDT), is responsible for coordinating the evaluation of CER eligibility with all members of M2; the NCM is also responsible for documenting the results. The Commander's evaluation must conclude that the Soldier demonstrates the initiative and self-discipline required to participate in a CER activity. The company commander is responsible for the CER eligibility evaluation and the SL is responsible for documenting the results.

e. Reintegration. This process is designed to specifically prepare each Soldier and his Family for successful transition back to the force or to civilian life as a Veteran. Not later than 180 days prior to anticipated transition, but not later than MRDP, Cadre will complete the appropriate WTC Transition Readiness Checklist (TRC) with the Soldier. There are three Transition Readiness Checklists, one each for: (1) *Remain in the Army*, COMPO 1; (2) *Remain in the Army*, COMPO 2 and 3; (3) *Transition from the Army*, COMPO 1, 2 and 3. The checklists contain five categories of items: CTP, Administrative, Training, Medical, and Quality of Life. (See enclosures).

f. Post Transition. Post-transition refers to the period after a Soldier exits the WTU/CCU, regardless of CTP Track. During this process, the Soldier is under the mission command of his follow on unit, is under the care of the Veterans Administration (VA), and participates in the AW2 program if eligible.

6. Measuring Transition Program Success. The Warrior Transition Command will monitor and report on unit effectiveness and efficiency in areas which include but are not limited to the following:

a. 90% of Soldier Self Assessments (AWCTS) completed and validated by SL, NCM within the first 7 days, and at least current within 30 days.

b. 90% of Self Assessment red and amber items with action plan documented in AWCTS.

c. 90% of Goal Setting Phase I training completed within 21 days.

d. 90% completion of in-processing checklists within 30 days.

e. 90% transfers to CCU (for eligible Soldiers) within 30 days.

f. 90% of Goal Setting Phase II training with a Master Resilience Training-Performance Enhancement (MRT-PE) Specialist within 90 days.

g. 90% completion of all ACAP requirements documented on a DD Form 2958 signed by the ACAP counselor, Soldier, and commander, no later than 90 days prior to transition.

h. 90% of Scrimmages with WTU company commander complete on each Soldier's Transition Plan (90 day scrimmage).

i. 90% MRDP reached/established NLT 365 days.

MCWT-OPT-P

SUBJECT: Comprehensive Transition Plan (CTP) Policy

j. 90% of Soldier Scrimmages/FTRs current within 90 days.

k. 90% of Transition Readiness Checklists complete and validated by the company commander prior to transition from the WTU/CCU.

l. 90% participation of all Soldiers in Adaptive Reconditioning Program.

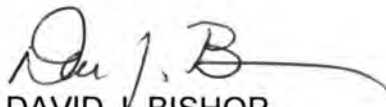
m. 90% participation of all eligible Soldiers in CER activities.

o. 90% Veteran Affairs referral rate for eligible Soldiers.

7. 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.

4 Encls

1. TRC Instructions
2. TRC RIA (COMPO 1)
3. TRC RIA (COMPO 2/3)
4. TRC TRA (COMPO 1-3)


DAVID J. BISHOP
Brigadier General, U.S. Army
Assistant Surgeon General
for Warrior Care and Transition
and Commanding General, WTC