



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

03 SEP 2015

MCWT-CSD

WCTP Policy Memo 15-006

Expires: 03September 2017

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

SUBJECT: Warrior Transition Unit Non-Medical Attendants Policy

1. References:

a. Title 37 United States Code Section 481k, Travel and Transportation Allowances: Non-Medical Attendants for Members who are Determined to be Very Seriously or Seriously Wounded, Ill or Injured.

b. Joint Travel Regulations, Chapter 7 Section D2, 1 October 2014.

c. Joint Travel Regulations, paragraph 4135, Lodging and/or Meals Obtained Under Contract, 1 October 2014.

d. DoD Financial Management Regulation, Volume 9, Chapter 8, paragraphs 080503.D through 080503.F, July 2014.

e. DoDI 1341.12, Special Compensation for Assistance with Activities of Daily Living (SCAADL) Program, 10 August 2015.

f. DoDI 1300.24, Recovery Coordination Program (RCP), 1 December 2009.

g. Army Directive 2011-22, Special Compensation for Assistance with Activities of Daily Living, 21 November 2011.

h. 638-8, Army Casualty Program, 23 June 2015.

i. AR 40-400, Patient Administration, 08 July 2014

j. AR 600-20, Army Command Policy, 6 November 2014.

k. EXORD 118-07, 02 1000Q Jun 07, Healing Warriors.

l. ALARACT 171/2007, DD Form 93 Update: Non Medical Attendant, 3 August 2007.

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m. MEDCOM OPERATION ORDER 07-55, 05 0522Q Jun 07, MEDCOM Implementation of the Army Medical Action Plan (AMAP).

n. WCTP Policy Memo 15-002, Military Escort for Family Members (FMs) and Non-Medical Attendants (NMAs) Traveling on Invitational Travel Orders, 9 March 2015.

o. WCTP Policy Memo 14-02, Comprehensive Transition Plan, 28 March 2014.

p. Warrior Transition Unit Consolidated Guidance (Administrative), 20 March 2009.

q. DoDM 1341.12, Special Compensation for Assistance with Activities of Daily Living (SCAADL) Process, 10 August 2015.

2. Purpose. To provide guidance to Regional Medical Commands (RMC) and Warrior Transition Units (WTU) on the Warrior Transition Unit Non-Medical Attendant (NMA) Program.

3. Proponent. The proponent for this policy is the Warrior Transition Command (WTC), Clinical Support Division.

4. Applicability. This policy applies to all WTUs.

5. General overview. The NMA Program enables physician-designated, seriously ill or injured, or very seriously ill or injured Soldiers to identify an individual that will be placed on Invitational Travel Orders (ITO) to provide support and assistance to the Soldier as they heal and recover. The attending physician and the Military Treatment Facility (MTF) Commander must approve the individual to serve as the NMA. Normally, one person is authorized to serve as a NMA. In extenuating circumstances, more than one NMA may be authorized. Once the Soldier reaches a level of independence, the NMA is no longer authorized.

a. Entitlements. See Enclosure 1 for a sample NMA Entitlement Counseling form.

(1) If the NMA is a Uniformed Service Member or a government employee, the NMA is authorized TDY travel and transportation allowances.

(2) If the NMA is a family member or friend not affiliated with the military, the individual will be placed on Invitational Travel Orders (ITOs; commonly referred to NMA Orders) with entitlements as described in the Joint Travel Regulation (JTR) Chapter 7, Section 2. These paragraphs are reproduced in Enclosure 1. The JTR is updated and changed often. Commanders must periodically review these paragraphs to ensure

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entitlements have not changed. The JTR is available at <http://www.defensetravel.dod.mil/Docs/perdiem/JTR.pdf>.

(3) The NMA is entitled to one round trip ticket between the NMA's home and the location at which the Soldier is receiving treatment. There are times when a NMA purchases their own ticket, however they will only be reimbursed the amount the government would pay for a ticket. For example, the government will not reimburse for a first class ticket unless it is the same amount the government would pay for a ticket.

(4) NMAs required to drive to the MTF where the Soldier is receiving care can be reimbursed for mileage incurred during their trip to the Soldier's MTF. However, NMAs that reside within the MTF's local commuting area (as designated by the area's senior mission commander) are not entitled to reimbursement.

(5) Other Trips. If the NMA accompanies the Soldier to another authorized treatment facility, the NMA may be entitled to transportation or reimbursement for travel. Normally this reimbursement is for travel outside of the local commuting area.

(6) Per Diem.

(a) While the NMA is on ITOs, the NMA is entitled to per diem allowance. Per diem allowance covers the cost of lodging, meals, and incidentals. Lodging and meal per diem rates are based upon location and have a pre-determined limit established by the Federal Government. If the NMA's primary residence is within the local commuting area for the location where the Soldier is receiving treatment, the NMA will not receive per diem. The local commuting area is determined by the Senior Commander within that area.

(b) Per diem is paid on a monthly basis to the NMA via the Defense Travel System (DTS). It is normally deposited into the NMA's specified bank account. Monthly reimbursement continues until the Primary Care Manager (PCM) determines that the Soldier no longer needs a NMA. At that time, the NMA orders will be terminated.

(c) NMA per diem entitlements and SCAADL are two unrelated programs. A Soldier may receive SCAADL while having a NMA however, the NMA entitlements will be granted based upon the above criteria. See reference 1f for more information on SCAADL.

(7) Health Care. If the NMA is a non-DEERS eligible person, the NMA is entitled to military evaluation and care on a space available basis at the local military treatment facility (MTF). Local commands will provide additional information on the care available within their MTF and the local area. The NMA will be required to provide information

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regarding their private health insurance to the MTF and the Nurse Case Manager (NCM). If the NMA has insurance and needs care not offered by the MTF, the NCM will assist with finding health care within the local area.

(8) Soldiers at Veterans Health Administration (VHA) Polytrauma Rehabilitation Centers. If the Soldier is transferred to a VHA Polytrauma Rehabilitation Center, lodging will be available to the NMA at no cost. The VA Inpatient Liaison will serve as the coordinator for lodging, however, the WTU Squad Leader (SL) or NCM will ensure the NMA is briefed on the accommodations and check in procedures. The NMA will continue to receive per diem for meals and incidentals while at the VHA Polytrauma Rehabilitation Center. The NMA will not receive the lodging portion of per diem payments.

b. NMA Responsibilities. The NMA's primary responsibility is to contribute to the Soldier's health and welfare. The NMA and the Soldier will be counseled (by the SL) on NMA duties and responsibilities upon arrival to the unit. NMA responsibilities focus not only on the Soldier's health and welfare, but also on the NMA's self care. Enclosure 2 provides a sample counseling on NMA Responsibilities and Duties.

(1) The NMA will support the Cadre and abide by all Army regulations and local command policies while on NMA orders and at Army facilities.

(2) The NMA contributes to the Soldier's health and welfare by:

(a) Providing support and comfort to the Soldier.

(b) Escorting the Soldier to and from medical and military appointments, including unit formations.

(c) Assisting the Soldier with shopping.

(d) Assisting the Soldier to maintain an environment that facilitates healing, recovery, and transition.

(e) Assisting the Soldier to maintain an environment that minimizes hazards or dangers in their daily living environment.

(f) Understanding the Soldier's medical care plan including medications, prescribed therapies, dietary needs, and exercise requirements.

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(g) Serving as an advocate for the Soldier regarding medical care and administrative activities.

(h) Motivating the Soldier to complete medical care and transition plans.

(i) Helping the Soldier establish a daily routine and participating with setting and meeting goals and expectations.

(j) Assisting the Soldier in the physical security of medications and pertinent medical equipment, medical records, and personal information as appropriate.

(k) Abide by all Health Insurance Portability and Accountability Act (HIPAA) rules and policies. HIPAA rules provide guidelines for maintaining privacy of personal health information.

(3) Self Care for NMA:

(a) NMAs must provide necessary demographic information to their DTS personnel in order to complete the required paperwork to receive their pay and entitlements. The information includes providing their full name, birthdate, social security number, checking account number, and bank routing number.

(b) NMAs should designate an emergency point of contact at their home to provide assistance in their absence. This person can help take care of things at the NMA's home, such as picking up the mail, or taking care of the house. NMAs may need legal assistance to generate a power of attorney if the NMA is going to be away from his/her home of record for an extended time period. The Cadre should help facilitate a legal assistance appointment for the NMA.

(c) Contact friends and family to gain emotional support and assistance as needed. In addition, NMA are encouraged to use the Soldier Family Assistance Centers for assistance and support.

(d) Receive "Care for the Caregiver" Training (enclosure 7) from the Nurse Case Manager. This training will provide the NMA with valuable tools to help manage stress and increase resiliency.

(e) Access WTU Behavioral Health Care (Social Workers) as needed and as available for support and help with gaining skills to manage stress and adjust to the new environment, Soldier expectations, and NMA resiliency.

c. NMA administrative duties include but are not limited to:

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(1) Complete all required training as specified by this policy memorandum and by the local commander.

(2) Complete required DTS documents (Enclosure 3) as directed.

(3) Notify the DTS Specialist anytime the Soldier is on regular leave greater than 24 hours as the NMA is not entitled to per diem during this period. If the NMA does not notify the DTS Specialist, the NMA is at risk of overpayment and recoupment of funds.

(4) Accompany the Soldier, at least weekly to SL meetings and at least monthly to NCM meetings.

(5) Attend formations and Town Halls with the Soldier at least once per quarter.

(6) Attend Family Readiness Group meetings at least once per quarter.

(7) Meet with the MTF Ombudsman who works with the WTU within 30 days of arrival. If the Soldier is attached to a WTU, this meeting can occur via telephone communication. The Soldier's SL or Platoon Sergeant (PSG) will document that this action is complete in the Soldier's personnel file.

(8) Meet with the Soldier Family Assistance Center (SFAC) staff as soon as possible after arrival to the WTU to receive an orientation brief. The Soldier's SL or PSG will document that this action is complete in the Soldier's personnel file. While at the SFAC, the NMA may schedule classes that will be helpful to the Soldier and/or the NMA. The SFAC offers many classes such as financial planning, education and tuition assistance, and family assistance.

(9) Attend Transition Assistance Program(s) and Comprehensive Soldier and Family Fitness Programs with the Soldier.

d. Regional Medical Commands (RMC) responsibilities:

(1) Maintain a list of all NMAs within their region.

(2) Ensure WTU Cadre are trained in the management of NMAs.

(3) Ensure a method for direct billing is in place for NMA lodging near VHA Polytrauma Rehabilitation Centers for individuals on NMA orders.

(a) RMCs will coordinate with their supporting contracting activity to determine the best direct billing method for their region.

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(b) Lodging facilities should offer the following amenities or a combination thereof: handicap accessibility, Americans with Disabilities Act compliance, wheelchair accessible shuttle service, continental breakfast, kitchenettes, handicap parking, and be in close proximity to the VHA Polytrauma Rehabilitation Center.

(c) Contracting actions will be in accordance with the Joint Travel Regulation, which limits the daily amount paid for lodging to applicable per diem rates. NMA travel orders will be annotated to reflect that lodging will be provided by Government contract at no cost to the traveler.

e. Warrior Transition Unit Commander Responsibilities. Commanders will manage the NMA program effectively to ensure NMAs needs are met in a proactive manner.

(1) Ensure the WTU Cadre have a thorough understanding of the NMA Program and understand which Soldiers may be assigned a NMA (Enclosure 4).

(2) Train Cadre annually on the NMA recommendation process and the process for assigning a NMA. See Enclosure 4 for Cadre training and Enclosure 5 for Primary Care Manager training.

(3) Appoint a WTU NMA Coordinator as an additional duty and ensure the designated NMA Coordinator:

- (a) Manages the NMA program.
- (b) Proactively anticipates and manages NMA needs, maintaining a customer service focus at all times.
- (c) Remains current on all NMA policies and regulations.
- (d) Plans and executes NMA support groups based upon the commander's intent.
- (e) Serves as the NMA support group facilitator.
- (f) Keeps the chain of command informed of NMA issues and concerns.
- (g) Ensure order start/end dates are entered in MODS-WT.

(4) Ensure NCMs receive training on Care of the Caregiver (training occurs at the AMEDD C&S via the NCM Course) as demonstrated by course completion certificate.

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(5) Maintain an accurate list of all NMAs with contact information.

(6) Conduct NMA training with assigned caregiver(s) once on orders. Required training includes:

(a) Orientation to the expectations, duties, and responsibilities of a NMA within 30 days of assignment as a NMA (Enclosure 6).

(b) WTU and SFAC Orientation as soon as possible after arrival to WTU.

(c) Integrated Disability Evaluation System Familiarization Briefing within 30 days of arrival.

(d) Care for the Caregiver training conducted by the NCM (Enclosure 7).

(e) Encourage NMAs to participate in unit fire and rescue drills.

(7) Provide support to the NMA.

(a) Assign and train dedicated WTU Cadre members (recommend at least two) on the DTS system to serve as the DTS specialist. Ensure the designated Cadre inprocesses all NMAs in the DTS system within one business day of NMA approval. This individual provides administrative support for all subsequent required DTS submissions.

(b) Provide resources for First Aid and/or cardiopulmonary resuscitation training for NMAs if interested.

(c) Ensure any Soldier transferring to a VHA Polytrauma Rehabilitation Center is connected to a VHA Polytrauma Liaison, who will provide the NMA with specific lodging accommodations at the VHA Polytrauma Rehabilitation Center for which the Soldier is transferred. The Commander will ensure the NMA receives information on accommodations, understands that they are not required to pay for accommodations at the VHA Polytrauma Rehabilitation Centers, and they will not receive the lodging portion of per diem.

f. Squad Leader responsibilities:

(1) Identify, to the Interdisciplinary Team (IDT), Soldiers who would benefit from the support of a NMA.

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(2) Counsel Soldiers and their NMAs on the NMA's entitlements (Enclosure 2), and NMA's duties and responsibilities (Enclosure 3).

(3) Ensure the Soldier and NMA attend required training and training is documented in the Soldier's personnel file.

(4) Maintained accurate NMA contact information.

(5) Escort the NMA to the WTU DTS specialist so the NMA can initiate and complete required paperwork. (Enclosure 3)

(6) At least weekly, meet with both the Soldier and the NMA. Communicate any needs to the Interdisciplinary Team and help resolve issues as soon as possible. This may be conducted telephonically while Soldier is greater than 50 miles away from unit (i.e. during convalescent leave).

(7) Ensure the Soldier initiates a Comprehensive Transition Plan (CTP) goal for developing skills that facilitate independent living and enhance resiliency.

g. Nurse Case Manager responsibilities:

(1) Meet with both the Soldier and the NMA on a monthly basis. Assess the NMA for signs of stress, decreased resiliency, and burnout. If needed, meet with the Soldier's IDT to discuss diminished resiliency and coordinate for appropriate care for the NMA. Reinforce Care for the Caregiver tools and techniques to improve coping.

(2) Train NMAs on stress, burnout, and resiliency via Care for the Caregiver (see Enclosure 7). Document training in AHLTA and Medical Operational Data System-Warrior in Transition (MODS-WT), and ensure SL documents the training in the Soldier's personnel file.

(3) Train NMAs on HIPAA as it relates to the protection of the Soldier's health information. Document training in AHLTA and ensure SL documents this training in the Soldier's personnel file.

(4) Assist the NMA with locating personal health care, if needed, based upon MTF policy, the NMA's insurance coverage, and NMA health care needs.

(5) Assist the Soldier in developing goals related to independent living skills and enhanced resiliency.

h. Primary Care Manager responsibilities:

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(1) Complete the PCM training annually related to assignment process for NMAs (see Enclosure 5).

(2) Validate the Soldier will benefit from a NMA.

(3) Educate the Soldier and the NMA on the reason the Soldier will benefit from a NMA and the anticipated length of time the NMA will be needed and document in AHLTA.

(4) Complete the PCM worksheet (see Enclosure 8) that recommends that the commander approve the Soldier for a NMA including the reason for the NMA and the anticipated length of time the NMA will be needed. Document NMA recommendation in AHLTA and scan memorandum into the Healthcare Artifact and Image Management Solution.

(5) Assess the Soldier at least 30 days prior to the ending of the NMA Orders to determine if the NMA is still needed. If needed, the PCM will complete the required documentation on the PCM worksheet to extend the orders.

i. Soldier responsibilities:

(1) Inform the PCM and Command Team of the person identified to serve as his/her NMA.

(2) Quickly inform the Chain of Command and IDT of NMA issues impacting the NMA's ability to provide support.

(3) Inform the NMA of the areas or activities of daily living where he or she may need assistance.

(4) Strive to gain independence by developing and implementing a proactive, engaged, and realistic Comprehensive Transition Plan (CTP).

j. The process to have an individual designated as a NMA is outlined below.

(1) The PCM will ensure the Soldier has a completed DA Form 2984 on record that designates the Soldier as seriously or very seriously ill/injured. The Soldier's PCM will recommend, to the commander or the first O-5 in the Chain of Command, the need for the Soldier to have a NMA assigned and identify the anticipated length of time for the NMA. The initial length of time cannot exceed 180-days. The PCM must educate the Soldier and the NMA on the reason(s) why the Soldier would benefit from a NMA, the anticipated length of time needed for the NMA, and when a re-evaluation will be

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performed to determine the continued need for the NMA. This education must be documented in Armed Forces Health Longitudinal Technology Application (AHLTA) and discussed with the WTU's IDT to ensure all members understand the reason for the NMA and the anticipated length of time for the NMA. This will ensure the interdisciplinary team delivers consistent messages to the Soldier and the NMA.

(2) The PCM must complete and forward the PCM worksheet to the WTU Commander within one business day of confirming the Soldier's need for a NMA.

(3) The WTU Commander will document the Soldier's need for a NMA on a DA Form 4187 (Enclosure 9), annotate the recommendation for approval or disapproval of the NMA, and submit the DA Form 4187 to the MTF Commander within one business day after receiving the PCM worksheet.

(4) The MTF Commander will return the approved or disapproved DA Form 4187 to the WTU Commander within five business days of initial submission.

(5) The WTU Commander will submit the approved DA Form 4187 to the unit finance personnel within two duty days of receipt from the MTF Commander. If the MTF Commander disapproves the request, the WTU Commander will meet with the Soldier to discuss the rationale.

(6) For approved requests, the unit finance clerk will complete the necessary documents to generate the NMA's ITO orders. Once the orders are complete, the finance clerk will forward to the unit DTS Specialist. The DTS Specialist will meet with the NMA to establish the NMA's DTS account and counsel the NMA on their DTS requirements including submission of travel vouchers and close out procedures (see Enclosure 10).

(7) The Interdisciplinary Team will ensure the Soldier develops goals in the CTP to gain independence that enables the Soldier to function without a NMA.

(8) At a minimum of 30 days prior to the end of the NMA orders, the Soldier must be re-assessed for the continued need for a NMA. The Soldier and the NMA must be counseled on the outcome of the re-evaluation by the PCM and this must be documented in AHLTA. In addition, the first commander in the Soldier's chain of command must counsel the Soldier and the NMA in writing if the PCM determines the Soldier no longer requires a NMA. See attached counseling form (Enclosure 11).

(9) The Soldier may appeal the denial of a NMA request or the decision to terminate the NMA orders. The Regional Medical Commander, or his or her representative, is the Appellate Authority.

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(a) In order to appeal the NMA denial, the Soldier or someone with the legal authority to act on the Soldier's behalf must complete and submit a DA Form 4187 (Request for Personnel Action) within five business days of denial to the WTU Commander (Enclosure 12).

(b) The WTU Commander will forward the appeal to the RMC Commander within seven business days.

(c) The Regional Medical Commander will provide a decision to the Soldier and the WTU within five business days of receipt. (10) Removal from NMA Status. Individuals may lose their NMA status if their presence does not contribute to the recovering Soldier's health and welfare. If NMA status is removed, the NMA will lose the NMA benefits and entitlements. The Approval Authority for removal of NMA status is the WTU Commander in conjunction with the MTF Commander.

(d) If the removed NMA is a spouse or parent, that individual will no longer receive NMA benefits and entitlements but may remain with the Soldier at their own expense. The Soldier may select another individual as a NMA. If lodging accommodations do not support both the removed NMA and the new NMA, the Soldier, along with the Triad of Care, may elect to send the removed NMA back to their originating location.

(e) If the Triad of Care witnesses or receives a credible, substantiated report of a NMA providing unsafe care or impeding the Soldier's ability to heal, recover, and transition, the WTU will report the findings to the Military Treatment Facility's Family Advocacy Program (FAP). The WTU will work with FAP to outline a plan to ensure the Soldier has a safe environment. The WTU and FAP may also refer the case to Adult Protective Services in the state in which the MTF is located. If the NMA is deemed unsafe for the Soldier, the WTU Commander will consult the servicing Judge Advocate for guidance. Removal of a NMA from the Soldier's immediate location must be approved by the first O-5 in the Chain of Command (under the advisement of FAP and the Staff Judge Advocate (SJA)). The WTU Commander should also consult installation level policy and guidance.

14 Encls
1-12. as
13. Definitions
14. Invitational travel Orders Matrix



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