

Army Family Action Plan (AFAP) General Officer Steering Committee (GOSC) Summary

General John Campbell, Vice Chief of Staff, Army (VCSA) chaired the 19 February 2014 AFAP GOSC meeting which reviewed 14 AFAP issues. Attendees included senior officials from the Department of Defense (DoD), Department of the Army (DA), Army Staff, Commands, military support organizations, and local senior spouses.

Soldier Support and Entitlements Issues

Issue 596: Convicted Sex Offender Registry

Proponent: Deputy Chief of Staff, G-1

Issue recommendations: Establish a searchable sex offender registry and make it available to the military community. Require all convicted sex offenders who are authorized a DoD ID Card to register with the installation Provost Marshal Office (PMO) and be entered into the registry.

Final issue status: Active

Accomplishments:

1. DA Forms 5123-1 and 137-2 require Soldiers to in/out-process through their PMO.
2. SecArmy Directive 2013-06 (Providing Specified Law Enforcement Information to Commanders of Newly Assigned Soldiers) authorizes commanders' access to newly assigned Soldiers criminal history/sex offender registry requirements.
3. Revision to Army Regulation (AR) 420-1 (Army Facilities Management) authorizes garrison commanders to revoke approval to reside in housing for sex offender misconduct or for the best interests of the Army relating to health, safety, morale, or welfare on the installation.
4. Army Directive 2013-12 (Initiating Separation Proceedings and Prohibiting Overseas Assignments for Soldiers Convicted of Sex Offenses) bars overseas assignments for sex offenders and requires Secretarial plenary review of all administrative separation actions resulting in retention.

Estimated cost: Hiring additional personnel for this function may require additional funding.

Issue discussion: Provost Marshal General (PMG) stated brigade commanders have access not only to the sexual offender type information but also everything in the Army general crime database. This information provides the commander with a complete background on the Soldier. The criminal history sharing will evolve into the commander's risk reduction dashboard. The PMG illustrated that at Fort Bragg hundreds of felons are being prevented access due to the deployment of Army Installation Entry which, unlike proprietary systems such as Mobilisa and Rapid Gate, vets against authoritative databases. Installations are steadily becoming more secure. The Sergeant Major of the Army (SMA) expressed concern that sex offender dependents are not self-registering with the proper authorities. As a result, the Army has no mechanism to track a dependent sex offender. The Assistant Chief of Staff for Installation Management (ACSIM) recommended pulling in language from draft AR 190-45 (Law Enforcement Reporting) into AR 420-1 to assist in identifying sex offender dependents. The ACSIM further requested the Army clearly articulate the criterion which states a person is not permitted to operate or live on the installation. The G-1 representative confirmed there is no DoD policy that clarifies either criterion.

VCSA direction: The VCSA directed G-1 to continue working the dependent and Army Civilian side of the issue with the Office of the Secretary of Defense (OSD) and the Joint Staff.

Way ahead:

1. Publish AR 190-45.
2. Work with the Office of the Under Secretary for Personnel and Readiness to authorize continuous vetting of the DEERS database against the National Sex Offender Registry.
3. Defense Installation Access Control checks anticipated in FY15 will vet against FBI databases controlled by the National Criminal Information Center.
4. Work with DoD on their Department of Defense Instruction (DODI) to increase authority in dealing with Soldier's dependents who are sex offenders.

Issue 529: Retirement Services Officer (RSO) Positions at Regional Support Commands (RSC)

Proponent: Deputy Chief of Staff, G-1

Issue recommendation: Authorize and fund an RSO at each Regional Support Command.

Final issue status: Complete

Accomplishments:

1. Eight of eight approved Directed Military Over-strength (DMO) Soldiers (a senior CPT/MAJ and MSG per RSC) are working as RSOs. All RSOs are DA certified Reserve Component Survivor Benefit Plan (RCSBP) Counselors and were extended in their position for up to three years from report date.
2. The U.S. Army Reserve (USAR) and National Guard jointly developed a distance learning module to provide basic non-regular retirement information to Reserve Component Soldiers.
3. The USAR conducted over 55 pre-retirement training briefs (including 10 joint pre-retirement training briefs with the National Guard). To date, over 31K Soldiers and Family members have been assisted.
4. Under the new Army Transition Initiative, Soldiers retiring with a non-regular retirement from active duty receive transitional services. Retiring Soldiers who do not meet the mandated 180 or more days of active duty service receive transitional services from active installations on a space- and resource-available basis.

Estimated cost: \$1.31M for 16 RSO positions (salary, travel, and one-time start-up cost for equipment) is still being analyzed for final personnel requirement and cost.

Issue discussion: The G-1 representative stated the crux of the issue is it is a USAR force structure and USAR prioritization to their force structure issue. G-1 does not control that.

VCSA direction: The VCSA questioned whether USARC could dedicate eight of their 202,000 Soldiers to fill the RSO positions to close the issue. The VCSA directed USAR to tell him how the staffing was resolved.

Justification: The Army Reserve will sustain the DMO bridging strategy to afford requisite retirement services across the enterprise. USAR will continue to aggressively work a permanent solution through the RSC Manning Model construct in validating RSO workload to harvest valid requirements.

Issue 669: Return to Active Duty Reserve Component Medical Care (RCMC)

Proponent: Deputy Chief of Staff, G-1

Issue recommendation: Extend the MRP2 time restriction for RC Soldiers from six months to five years of release from Active Duty (REFRAD) date.

Final issue status: Active

Accomplishments:

1. Deputy Chief of Staff, G-1, Director of Military Personnel Management, is not pursuing a change to the six-month restriction, but is authorizing a waiver request, if needed.
2. Commanders may submit justification in writing as a waiver to request RCMC for medical care until the publication of AR 600-XX.
3. Informal staffing of the continuum of care process (revised RCMC process) was completed in Jul 11.
4. Formal staffing for continuum of care process was completed in Feb 12.
5. AR 600-XX will include continuum of care processing.

Estimated cost: Resolution of this issue does not have an associated cost.

Issue discussion:

VCSA direction: The VCSA directed G-1 to ensure they are communicating to the Reserve Component (RC) that a waiver is available to request RCMC. The VCSA also directed G-1 to pursue issuing a Directive-Type Memorandum or other guidance as an interim policy until the regulation is published.

Way ahead: Publish AR 600-XX.

**Issue 681: Recoupment Warning on Department of the Army (DA) Form 5893
"Soldier's Medical Evaluation Board/Physical Evaluation Board Checklist"**

Proponent: Deputy Chief of Staff, G-1

Issue recommendation: Modify DA Form 5893 "Soldier's Medical Evaluation Board/Physical Evaluation Board Counseling Checklist" to warn of the potential recoupment ramifications when receiving concurrent payments of VA disability pay and Army retirement pay for medically retired Veterans.

Final issue status: Active

Accomplishments:

1. The warning was added to DA Form 5893 as part of the revision of AR 635-40 (Physical Evaluation for Retention, Retirement, or Separation).
2. Physical Evaluation Board Liaison Officers (PEBLOs) continue to provide Soldiers with the warning during comprehensive Disability Evaluation System counseling.
3. The U.S. Army Disability Agency requested an exception of policy from the Office of the Administrative Assistant (OAA) to approve publication of revised DA Form 5893 in advance of publication of revised AR 635-40.

Estimated cost: None

Issue discussion: The SMA expressed continued frustration with the time it takes Army Publishing Directorate (APD) to publish regulations. The Army National Guard (ARNG) representative questioned how the clause in Item E, which states the National Defense Authorization Act (NDAA) amended Title 10 USC to provide that the Department of Veterans Affairs (VA) will not recoup from the VA compensation for disability severance pay awarded for a disability incurred in a combat zone or incurred during performance of combat operations, will affect recruitment. The G-1 representative stated it should have no effect.

VCSA direction: The VCSA directed the Director of the Army Staff (DAS) to engage with OAA to get the exception to policy signed to approve publication of revised DA Form 5893 in advance of publication of revised AR 635-40. The VCSA directed G-1

to verify that Item E would not have an adverse effect on recruitment and provide their findings to the ARNG.

Way ahead:

1. Submit publication package to G-1 Publication Control Officer.
2. Submit publication packet to APD.
3. PEBLOs will continue to counsel Veterans on recoupment ramifications.

Issue 684: Survivor Investment of Military Death Gratuity and Service Members' Group Life Insurance (SGLI)

Proponent: Deputy Chief of Staff, G-1

Issue recommendation: Extend the time period for Survivors to invest Military Death Gratuity and SGLI funds in a Roth IRA and/or Coverdell ESA from 12 months to 36 months.

Final issue status: Active

Accomplishments:

1. On 24 May 12, Senator Blumenthal (D-CT) introduced a bill (S.3234) to amend the Internal Revenue Code of 1986 to extend the time period from one to three years for contributing Military Death Gratuity and SGLI in Roth IRA and/or Coverdell ESA.
2. On 13 Nov 13, OCLL notified Army G-1 that Representatives Schock (R-IL) and Blumenauer (D-OR) co-sponsored legislation that would achieve this AFAP issue.
3. The bill cannot be introduced to the House Ways and Means Committee until the Committee lifts a moratorium on introducing all tax-related legislation. This moratorium is in place for a number of unrelated political reasons because there is a hope between the Ways and Means Committee and Senate Finance Committee for a grand tax reform deal.

Estimated cost: Unknown

Issue discussion: The Chief Legislative Liaison confirmed Representative McMorris Rodgers is also interested in championing the legislation in the House. He also stated this population is so small that the tax implications are minor to the federal government. The SMA stressed this issue is an important issue for survivors. The ACSIM suggested engaging Representative Bishop who co-chairs the Military Family Caucus. The ACSIM confirmed Survivor Outreach Services works with units and the garrison command to ensure survivors are aware of the time limit as the one year anniversary approaches.

VCSA direction: The VCSA directed G-1 to draft talking points for senior leaders throughout the Army to use when engaging members of Congress. The VCSA also directed we continue to educate our survivors regarding the one year time limit.

Way ahead: Monitor proposed legislation.

Civilian Personnel Issues

Issue 679: Creditable Civil Service Career Tenure Requirements for Federally Employed Spouses of Service Members and Federal Employees

Proponent: Deputy Chief of Staff, G-1 (Civilian Personnel)

Issue recommendation: Increase the 30-day creditable civil service career tenure requirement break for all federally employed spouses of Service Members and Federal employees to 180 days after resignation in conjunction with the relocation of their military or Federal sponsor.

Final issue status: Active

Accomplishments:

1. Deputy Assistant Director at Office of Personnel Management (OPM) agreed at a minimum to increase the time limit for the break to 180 days.
2. The appropriate public notice was posted in the Federal Register on 6 Jan 14.

Estimated cost: No cost to implement

VCSA discussion: The VCSA expressed his appreciation to Army Civilians for their patience and continued commitment to the Army through the recent sequestration.

Way ahead:

1. Comments to public notice in the Federal Registry will close 7 Mar 14.
2. Changes will be published in the Federal Register by 2nd Qtr FY14.

Medical and Behavioral Health Issues

Issue 614: Comprehensive Behavioral Health (BH) Program for Children

Proponent: The Surgeon General

Issue recommendations: Provide unified, comprehensive, timely children's BH services with dedicated providers. Increase, integrate and streamline existing counseling services to provide comprehensive BH services for children of all Soldiers.

Final issue status: Active

Accomplishments:

1. The Child and Family Behavioral Health System (CAFBHS) integrates the existing Child and Family Assistance Centers and School Behavioral Health (SBH) Programs.
2. The CAFBHS model expands Child and Family BH services to all Army installations in collaboration with the Patient Centered Medical Home, redistribution of BH resources, and use of Tele-BH.
3. SBH programs, in varying stages of development, operate in 46 schools on eight installations.
4. Training Primary Care Managers (PCMs) and BH providers in evidence-based practice has been conducted at seven installations.
5. CAFBHS is one of 11 BH clinical programs currently being standardized across the U.S. Army Medical Command (MEDCOM) and is recognized under the Ready and Resilient Campaign Plan.

Estimated cost: Fully funded in the Program Objective Memorandum (POM) through FY17.

Issue discussion: The SMA expressed concern in how to maintain funding for this initiative. The Office of the Surgeon General (OTSG) representative clarified that it is no longer a budget add-in and is now built into the POM through at least FY15-19. It is funded by Defense Health Program. OTSG is also setting up child psychologists, child behavioral health at a centralized location for them to dial in and be accessible for immediate access if a situation arises on an installation. The VCSA directed this issue be tied into the overall Ready and Resilient Campaign structure for visibility and continuity at the senior level. OTSG confirmed this is already in place. The ACSIM recommended that OTSG engage Family Advocacy, Army Community Service, behavioral health, and other Centers of Excellence activities at installations with the drills done with FORSCOM, TRADOC, AMC, USAR, and USARPAC. OTSG noted Joint Base Lewis-McChord's installation Process Action Team, which meets twice a month, combines all of the counseling capabilities on post, including IMCOM, MEDCOM, and the DoDDS school system resources. The team also invites the community BH providers to participate. The Defense Health Agency (DHA) representative offered to work with OTSG on information technology directive with available monies for telemedicine.

VCSA direction: The VCSA directed OTSG to confirm the Army is not competing with the Military Child Education Coalition for similar resources.

Way ahead:

1. Publish Operations Order (OPORD) for CAFBHS model.
2. Execute CAFBHS model.
3. Proposed SBH modification will allow expansion to 30 Army installations with on-post schools and 150 off-post schools.
4. Train PCMs and BH providers in screening, early identification, and treatment of common BH disorders in military children and adolescents.
5. Establish Process Action Teams that integrate and coordinate services.
6. Will not close until 2nd Qtr of FY17.

Issue 618: Army Wellness Centers (AWCs)

Proponent: The Surgeon General

Issue recommendation: Create an integrated AWC at each installation (separate from the hospital) modeled after the Europe Health and Wellness Centers.

Final issue status: Complete

Accomplishments:

1. AWCs are modeled after five European centers; 19 have been implemented; four new AWCs in FY14.
2. Thirty-seven total installations will have AWCs by FY18 with the POM funding through FY18.
3. The Nov 11 Army Audit Agency (AAA) draft report (Preventive Healthcare Initiatives Weight Management and Tobacco Cessation) recommended expansion of AWC program throughout Army. According to the AAA report, for every \$1 spent on wellness, there would be a cost savings return of \$2.50.
4. Resource requirements for AWCs were submitted in the 14-18 POM under the umbrella of the Army Health and Wellness Campaign Plan.
5. Feb 12, Office of the Surgeon General signed AWC replication OPORD.
6. The 2013 Ready and Resilient Campaign (Program Capabilities Assessment) indicated AWCs as a Category 1 program.

Estimated Cost: FY14-18 = \$99.6M; (FY14, \$31M; FY15, \$16M; FY16, \$16M; FY17, \$20M; FY18, \$16M)

Issue discussion: The OTSG representative confirmed AWCs are looking at potentially being co-located with Comprehensive Soldier and Family Fitness-Performance and Resilience Enhancement Program (CSF2-PREP) Centers. None are co-located yet. The ACSIM also encouraged Army Commands (ACOMs) to look at their Sustainment, Restoration and Modernization (SRM) rebuilds that will compete against other SRM requirements and range operation requirements.

VCSA direction: The VCSA directed OTSG and G-1 to look at combining AWCs with CSF2-PREP Centers and report back their assessment. He did not want to compromise medical credentialing by co-locating and wanted this criteria included in the assessment. The VCSA directed the ACOM senior commanders to have a vote on co-location and SRM prioritizing as assessments are completed by the Ready and Resilient Campaign (R2C) team for the R2C Campaign Plan. The VCSA wants this discussed at the next three-star conference.

Justification:

1. POM funding secured through FY18.
2. AWC Director school established to train and replicate new facilities according to MEDCOM OPORD 12-17.

Issue 641: Over Medication Prevention & Alternative Treatment for Military Healthcare System (MHS) Beneficiaries

Proponent: The Surgeon General

Issue recommendation: Authorize and implement a comprehensive strategy to optimize function and manage pain including but not limited to alternative therapy and patient/provider education for all MHS beneficiaries.

Final issue status: Active

Accomplishments:

1. The FY10 NDAA directed DoD to develop a comprehensive pain management strategy.
2. The Comprehensive Pain Management Campaign Plan directed implementation of the Pain Management Task Force with recommendations for holistic, multidisciplinary, and multimodal pain management.
3. MEDCOM efforts lead DoD Health Executive Council Pain Working Group and ongoing Tri-Service VA pain initiatives.
4. MEDCOM established an Interdisciplinary Pain Management Center (IPMC) network and tiered pain management teams. The IPMCs are co-located at major installations. MEDCOM will send staff TDY or allow staff to conduct specialized services via telemedicine to be able to provide care at camps and some of the smaller posts and stations.
5. MEDCOM established extended care health option tele-mentoring hubs in three of the five Regional Medical Command and will train the primary care managers and pain management people to stand these programs up.

Estimated cost: \$31M annually for the Army. DHA wedge for pain inserted in the FY13-17 POM. DHA decreased pain funding.

Issue discussion: The Military District of Washington Commander requested that OTSG include in their review how extra medicine leads to Soldier disciplinary problems. The ACSIM requested the IPMCs integrate efforts with the Army Substance Abuse Program (ASAP). OTSG confirmed polypharmacy will be added to the commander's risk reduction task force.

VCSA direction: The VCSA directed G-1 for an update on the risk reduction task force pilot at Fort Bragg.

Way ahead:

1. Continue establishing IPMCs (clinics). IPMCs are MEDCOM's highest tier of pain management clinics with standardized personnel, equipment, and services offered at select sites.
2. Continue to field standardized Complementary/Non-medication treatment modalities for pain management [acupuncture, medical massage, movement therapy (yoga), and biofeedback].

Issue 665: Formal Standardized Training for Designated Caregivers of Wounded Warriors

Proponent: The Surgeon General

Issue recommendation: Implement formal standardized, face-to-face training for designated Caregivers of Wounded Warriors on self-care, stress reduction, burnout and prevention of abuse/neglect.

Final issue status: Active

Accomplishments:

1. Determined the VA/Easter Seals Caregiver training (face-to-face or distributed learning) could be provided to designated caregivers of Service Members earlier in the rehabilitation/recovery process.
2. Army Medical Department Center and School (AMEDDC&S) trained Nurse Case Managers (NCMs) on the VA/Easter Seals Caregiver handbook. AMEDDC&S provided the training to approximately 500 NCMs.
3. Warrior Transition Command (WTC) developed a Care for the Caregiver Training Program that replaced the AMEDDC&S Care for the Caregiver Program. WTC's program is focused on assisting Families as they start care for Soldiers. The training serves as a precursor to the VA's Care for the Caregiver Programs for our Caregivers that they receive when they transition with their Soldier to the VA.

Estimated cost: Pending

Issue discussion: The Deputy Assistance Secretary of Defense (Military Community & Family Policy) [DASD(MC&FP)] introduced the military caregiver concentration area OSD implemented in the Military Families Learning Network, which is a high-quality research, evidence-based information and training program for service providers and caregivers. The training program is webinar based and each webinar is archived and off the shelf so a caregiver can use it as time and schedules permit. The inaugural webinar was 10 Oct 13 and included about 100 participants. The OSD program is a parallel but not redundant effort to the Army's as the caregiver needs and requirements are as wide and unique as the caregivers themselves, dependent on a variety of personal factors. A feedback loop is also built into the program as well as the opportunity for Continuing Education Unit credit. OTSG expressed an interest in linking those webinars to the Warrior Transition Command training module.

Way ahead:

1. WTC will continue to train NCMs on updated Caregiver Program.
2. WTC will implement Care for the Caregiver training tool in the Medical Operational Data System to track the number of Families trained.
3. WTC will analyze satisfaction of Families trained with the Care for the Caregiver Program and adjust the program, if needed.
4. Success will be defined when Designated Caregivers of Wounded Warriors are satisfied with their Care for the Caregiver training.

Issue 685: Transportation and Per Diem for Service Member's Family to Attend Family Therapy Sessions

Proponent: The Surgeon General

Issue recommendation: Authorize transportation and per diem for Service Member's Family to attend Family therapy sessions in a residential treatment setting when requested by BH professionals.

Final issue status: Unattainable

Accomplishments:

1. OTSG submitted a request to DHA to support enhancing the medical travel benefit.
2. DHA's response supported submission of this proposal along with cost estimates through the normal Unified Legislative and Budgeting (ULB) process for consideration.
3. BH Consultants canvassed the BH community to determine the number of requests for Family Member (FM) to attend counseling while the service member was admitted to a residential treatment facility.

4. OTSG had over 1,400 Soldiers in residential care and there was not a single request from either the Soldier or from the physician who was doing the in-patient residential treatment care to ask for Family members to attend counseling.

5. FM counseling is not a standard of care during inpatient stays at residential treatment facilities. The best place to help the Soldier is when they start doing the aggressive outpatient therapy.

Estimated cost: Cost of the expanded benefit will come as part of the ULB.

Issue discussion: The ARNG confirmed they could not determine a requirement to validate this recommendation.

VCSA direction: The VCSA directed the ARNG to educate Family members on other ways to mitigate the financial issue such as Army Emergency Relief (AER) loans.

Justification: There is no definitive data to make viable recommendations to update the Joint Federal Travel Regulation. Therefore, it does not warrant a ULB proposal to submit to DHA. The lack of data suggests there is no need to create or seek an approval for this proposed benefit or continue with the submission of the ULB proposal.

Family Support Issues

Issue 609: Total Army Sponsorship Program (TASP)

Proponent: Installation Management Command

Issue recommendations: Standardize and enforce the TASP throughout the Army through the Command Inspection Program (CIP). Add TASP to the CIP using the checklist in AR 600-8-8 Appendix B.

Final issue status: Active

Accomplishments:

1. Mandated Sponsorship Training and Survey must be completed prior to receiving installation clearance papers and attending Newcomers Orientation.
2. Developed a database that provides quarterly sponsorship metrics reports to commands.
3. Executed the Sponsorship Program Pilot "No permanent change of station (PCS) orders until a sponsor has been identified."
4. Army Career Tracker (ACT) identified as the Army Sponsorship Information Technology Enterprise solution.
5. Redefined sponsorship survey questions and relocated on Army OneSource.
6. Validated sponsorship requirements and designed sponsorship metrics in ACT.
7. Began the design and development phase of ACT sponsorship.

Estimated cost: Fund with existing resources.

Issue discussion: The DASD(MC&FP) commented that the DoD has created the eSponsorship Application and Training website, called eSAT, to bring standardized sponsorship training to all appointed unit sponsors regardless of service. She extended an invitation for IMCOM to walk through what has been implemented to inform the Army's efforts and perhaps prevent any possible redundancies in the sponsorship program. VCSA expressed concern that DoD and the Army were competing against each other. The IMCOM G-1 clarified they have adopted the eSAT training that is incorporated on Military OneSource. It is the training tool used for every Soldier before they out-process at a duty location.

VCSA direction: The VCSA directed IMCOM to ensure they are incorporating the best practices of sponsorship developed at installations such as Fort Drum.

Way ahead:

1. Revise AR 600-8-8.
2. Draft DA Pamphlet 600-8-8.
3. Conduct Government Acceptance Testing of ACT Sponsorship integration.
4. Develop training materials to support ACT Sponsorship Pilot.
5. Conduct ACT Sponsorship Pilot on selected sites.
6. Continue to conduct TASP teleconferences with key stakeholders to synchronize efforts to enhance Sponsorship.

Issue 625: Transitional Compensation Benefits for Pre-existing Pregnancies

Proponent: Assistant Chief of Staff for Installation Management

Issue recommendation: Authorize Transitional Compensation (TC) benefits for the child of a pregnant abused Family Member from birth through benefit period.

Final issue status: Active

Accomplishments:

1. In Jul 10, Office of the Assistant Chief of Staff for Installation Management submitted a proposal for the FY13A ULB cycle to change the definition of "dependent" in the TC statute.
2. In Nov 11, issue became an Omnibus 2013 proposal and was sent to Office of Management and Budget (OMB) for review and interagency coordination.
3. In Mar 12, issue was approved by OMB and was submitted to the Hill for final approval in the FY13 NDAA
4. In Jan 13, the FY13 NDAA was approved.

Estimated cost: TC payments are specified by the Dependency and Indemnity Compensation rates. Approximately six Army Families a year would be impacted at an estimated cost of less than \$4K/case/year.

Issue discussion: The ACSIM Installation Services (IS) Director requested DASD(MC&FP)'s support to push the formal OSD guidance which will allow the Services the authority to implement the changes. The DASD(MC&FP) confirmed the DoD Financial Management Regulation should have the changes on in utero dependents published in Apr 2014.

Way ahead:

1. The Services are awaiting formal OSD guidance which will allow the Services the authority to implement the changes as set forth in the FY13 NDAA.
2. Monitor OSD progress on guidance.

Issue 650: Exceptional Family Member Program (EFMP) Enrollment Eligibility for Reserve Component (RC) Soldiers

Proponent: Assistant Chief of Staff for Installation Management

Issue recommendation: Authorize RC Soldiers enrollment in the EFMP.

Final issue status: Active

Accomplishments:

1. Oct 10 EFMP policy working group recommendations:
 - a. Enrollment is voluntary.
 - b. Change to Department of Defense (DD) Form 2792 is not required.
 - c. Primary Care Physician can complete DD 2792.
 - d. DD 2792 will be sent to appropriate Regional Medical Command.
 - e. If eligible for enrollment, non-protected information will be sent to the RC EFMP point of contact.
 - f. The RC will track and maintain enrollment information.

2. Authorization for voluntary RC enrollment has been included in the revised AR 608-75.

3. AR 608-75 submitted to APD for review. Once corrective actions are finalized, AR 608-75 then will resubmit to APD.

Estimated cost: \$1.04M; MEDCOM costs for staffing registration/enrollment cost for approximately 7,462 RC Family members. The ARNG and USAR are the bill payers.

Issue discussion: The ARNG expressed concern that the directive would not provide the proper authority. USAR concurred with publishing a directive. The DASD(MC&FP) commented that RC Families would receive support whether they were registered or not. The SMA questioned when EFMP would be standardized across the services. The DASD(MC&FP) confirmed the standardization is underway. The forms are complete with an assist from Office of Management and Budget. The IT piece is also going to be standardized across services as well. An information paper is available that outlines the EFMP standardization process.

Way ahead:

1. Revise and publish AR 608-75 to authorize voluntary RC Soldiers enrollment in EFMP.

2. Publish a Secretary of the Army Directive as interim policy until the regulation is published.

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