



DEPARTMENT OF THE ARMY  
ASSISTANT CHIEF OF STAFF FOR INSTALLATION MANAGEMENT  
600 ARMY PENTAGON  
WASHINGTON, DC 20310-0600

DAIM-ZA

27 NOV 2012

MEMORANDUM THRU DIRECTOR OF THE ARMY STAFF *not 30 Nov 12*

FOR VICE CHIEF OF STAFF, ARMY

SUBJECT: Army Family Action Plan (AFAP) General Officer Steering Committee (GOSC) Meeting Results

1. Purpose: Obtain Vice Chief of Staff, Army (VCSA) approval of AFAP GOSC meeting results.

2. Discussion:

a. The AFAP GOSC met 27 August 2012 and reviewed 36 AFAP issues. The VCSA declared 2 issues completed and 3 unattainable. A new issue was created as a result of the GOSC discussion. The meeting summary is enclosed.

b. The summary will be mailed to GOSC members and will be posted on the AFAP website, linked to [www.myarmyonesource.com](http://www.myarmyonesource.com). The results will be further disseminated through briefings and other marketing initiatives.

3. This action was coordinated with Ms. Susan Johnson, OASA-M&RA, (703) 614-9175 and proponent agencies. The AFAP point of contact is Ms. Christina Vine, (571) 256-8696.

4. Recommendation: That the VCSA approve the results of the AFAP GOSC meeting.

MICHAEL FERRITER  
Lieutenant General, GS  
Assistant Chief of Staff  
for Installation Management

Encl  
as

BM APPROVED *30 Nov 12*  
\_\_\_\_ DISAPPROVED  
\_\_\_\_ SEE ME

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

General Lloyd Austin, Vice Chief of Staff, Army (VCSA) chaired the 27 August 2012 AFAP GOSC meeting which reviewed 36 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.

<b>Civilian Employment Issues</b>				
<b>Lead Agency</b>	<b>#</b>	<b>Issue</b>	<b>Recommended Status</b>	<b>Final Status</b>
OCCH	674	Strong Bonds for Deployed DA Civilians and Family Members	Active	Active
G-1 (CP)	679	Creditable Civil Service Center Tenure Requirements for Federally Employed Spouses of Service Members and Federal Employees	Active	Active
<b>Family Support Issues</b>				
G-4	673	Space-A Travel for Survivors Registered in Defense Enrollment Eligibility Reporting System (DEERS)	Active	Active
IMCOM	609	Total Army Sponsorship Program	Active	Active
ACSIM	625	Transitional Compensation Benefits for Pre-existing Pregnancies of Abused Family Members	Active	Active
ACSIM	650	Exceptional Family Member Program Enrollment for RC	Active	Active
ACSIM	652	Family Readiness Group External Fundraising Restrictions	Active	Completed
ACSIM	672	Reimbursement for Public School Transportation for Active Component Army Families	Active	Active
ACSIM	680	Gold Star Identification Card for Gold Star Lapel Button Recipients	Active	Active
ACSIM	683	Staffing Ratios in Child, Youth and School Services (CYSS) Facility-Based Programs for Children with Special Needs	Active	Active
<b>Soldier Support and Entitlements Issues</b>				
G-1 (HRC)	612	Army Career and Alumni Program (ACAP) Funding	Active	Completed
G-1 (HR)	596	Army-wide Convicted Sex Offender Registry	Active	Active

<b>Soldier Support and Entitlements Issues (Continued)</b>				
<b>Lead Agency</b>	<b>#</b>	<b>Issue</b>	<b>Recommended Status</b>	<b>Final Status</b>
G-1	662	Comprehensive and Standardized Structured Weight Control Program	Active	Active
G-1	529	Retirement Service Officer Positions at Regional Support Commands	Active	Active
G-1	670	Medically Retired Service Member's Eligibility for Concurrent Receipt of Disability Pay (CRDP)	Unattainable	Active
G-1	626	Traumatic Servicemembers' Group Life Insurance (TSGLI) for PTSD, TBI and Uniplegia	Active	Active
G-1	664	Flexible Spending Accounts (FSA) for Service Members	Unattainable	Active
G-1	669	Medical Retention Processing 2 (MRP2) Time Restrictions for Reserve Component (RC) Soldiers	Active	Active
G-1	681	Recoupment Warning on Department of the Army (DA) Form 5893 "Soldier's Medical Evaluation Board/Physical Evaluation Board Checklist"	Active	Active
G-1	682	Retention of Wounded, Ill and Injured Service Members (SMs) to Minimum Retirement Requirements	Active	Unattainable
G-1	684	Survivor Investment of Military Death Gratuity and Service Members' Group Life Insurance (SGLI)	Active	Active
USAR	657	RC Inactive Duty for Training, Travel, and Transportation Allowances	Active	Active
ASA (M&RA)	678	Commissary, Armed Services Exchange and Morale, Welfare and Recreation (MWR) Privileges for Honorably Discharged Disabled Veterans with 10% or Greater Disability	Active	Unattainable
<b>Medical and Behavioral Health Issues</b>				
OTSG	515	Application Process for Citizenship/ Residency for Soldiers and Families	Active	Active
OTSG	614	Comprehensive Behavioral Health Program for Children	Active	Active
OTSG	618	Army Wellness Centers	Active	Active
OTSG	629	24/7 Out of Area TRICARE Prime Urgent Care Authorization and Referrals	Active	Active

<b>Medical and Behavioral Health Issues (Continued)</b>				
OTSG	638	Medical Nutrition Therapy Benefits for All TRICARE Beneficiaries	Active	Active
OTSG	641	Over Medication Prevention & Alternative Treatment for Military Healthcare System Beneficiaries	Active	Active
OTSG	644	Shortages of Medical Providers in Military Treatment Facilities	Active	Active
OTSG	648	Behavioral Health Services Shortages	Active	Active
OTSG	653	Funding Service Dogs for Wounded Warriors	Active	Active
OTSG	661	TRICARE Allowable Charge for Reimbursement of Upgraded/ Deluxe Durable Medical Equipment	Active	Active
OTSG	665	Formal Standardized Training for Designated Caregivers of Wounded Warriors	Active	Active
OTSG	676	TRICARE Medical Entitlement for Contracted Cadets and Their Dependents	Active	Completed
OTSG	685	Transportation and Per Diem for Service Member's Family to Attend Family Therapy Sessions	Active	Active

**Summary of the Army Family Action Plan (AFAP)  
General Officer Steering Committee (GOSC) Meeting – 27 August 2012**

**Civilian Personnel Issues**

**Issue 674: Strong Bonds for Deployed DA Civilians (DACs) and Family Members**

**Proponent:** Chief of Chaplains

**Issue recommendation:** Authorize deployed DACs and their Families use of the Strong Bonds program during pre-deployment, deployment and/or reintegration.

**Final issue status:** Active

**Progress:**

1. In Feb 12, a legislative proposal was submitted for FY14B Unified Legislative and Budgetary (ULB) cycle to give Service Chiefs authority to approve funding for deploying Civilian employees and their immediate Family members to attend Strong Bonds or other chaplain-led relationship building events prior to and following deployment.

2. ULB Business Case specifies that "Service Chiefs will have final authority to approve use of funding for this purpose and authorize expenditures within their service. Other services will pay if their employees/service members attend Army Strong Bonds events."

**Estimated cost:** No associated funding projections since legislative change will authorize use of existing funding to provide for attendees.

**Issue discussion:** The AMC Commander voiced support as 45% of the Army's deployed DA Civilians (DAC) come from AMC. The USAREUR representative concurred with support as programs like Strong Bonds are limited on the economy OCONUS for their DACs. The ACSIM commented that Strong Bonds is moving away from overnights at hotels to local opportunities on installations to lower the costs associated with hosting the program and to enable a larger audience.

**Way ahead:** Monitor FY15 ULB proposal.

**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

**Progress:**

1. Deputy Assistant Director at Office of Personnel Management (OPM) has met with his staff, agreed as a minimum to increase the time limit for the break to 180 days. OPM staff is now investigating whether career conditional status should even exist.

2. Once final determination is made on the continuation of career conditional status, or merely extend the time limit on the break in career conditional status to 180 days, then the appropriate public notice will be posted in the Federal Register, followed by changes to the Code of Federal Regulations (CFR).

**Estimated cost:** No cost to implement

**Issue discussion:** The USMA representative commented that with the Department of the Army Civilian (DAC) drawdown, it is important to maintain those DACs who are also spouses of both military and GS members.

**VCSA direction:** Work to close out issue at next GOSC

**Way ahead:**

1. AFAP recommendation forwarded to OPM for review and consideration.
2. OPM will publish recommendations and changes in the Federal Register for comment before final adoption.

## Family Support Issues

### **Issue 673: Space-Available Travel for Survivors Registered in Defense Enrollment Eligibility Reporting System (DEERS)"**

**Proponent:** Deputy Chief of Staff, G-4

**Issue recommendation:** Authorize Space-A travel for Survivors registered in DEERS.

**Final issue status:** Active

**Progress:**

1. The Office of Assistant Secretary of Defense, Transportation Policy (DASD -TP), the Services and Air Mobility Command (AMC) non-concurred with a change to DoD Regulation 4515.13-R to extend Space-A to over 600,000 potential travelers based on resource constraints and impact on travel opportunities for eligible Space-A travelers.
2. The 27 Feb 12 AFAP GOSC recommended exploring the possibility of expanding the Space-A program to Gold Star survivors registered in DEERS.
3. After coordination with, DASD-TP, AMC and other Services, they non-concurred with expansion of Space-A to Gold Star survivors registered in DEERS.
4. Total DoD Gold Star survivors registered in DEERS is 7,320. (Source: Defense Manpower Data Center).

**Estimated cost:** DoD 4515.13-R states that DoD aircraft shall not be scheduled to accommodate Space-A passengers and no (or negligible) additional funds shall be expended to support this program.

**Issue discussion:** G-4 stated results of a Government Accountability Office (GAO) study on Space-A travel are pending. The OCPA representative questioned whether Gold Star Families would be granted priority relative to other Space-A travelers. G-4 acknowledged that this issue would have to be negotiated with OSD. A representative from OSD Reserve Affairs expressed concern that Survivors should not be treated like second-class citizens and get bumped by higher priority people.

**VCSA direction:** VCSA directed G-4 to look into the prioritization of Gold Star Families if authorized to fly Space-A.

**Way ahead:** Pending progress of GAO audit on Space-A travel on military aircraft to include feasibility of expanding the categories of passengers eligible.

### **Issue 609: Total Army Sponsorship Program (TASP)**

**Proponent:** Installation Management Command

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

**Final issue status:** Active

**Progress:**

1. 16-Point STRATCOM plan being employed. Sergeant Major of the Army (SMA) Public Service Announcement released to Armed Forces Network (AFN), Pentagon channel, and garrison access channels – also being pushed out via social and professional networking sites.

2. Issued FRAGO 2 to Installation Management Command (IMCOM) OPORD directing TASP Survey and eSAT training completion prior to issuance of Installation Clearance Papers.

3. Draft TASP regulation revisions forwarded.

4. IMCOM TASP Program Manager and Installation TASP Liaison Officers (LNO's) appointed and in place.

5. Draft FRAGO to HQDA EXORD submitted addresses reporting requirements and metrics.

6. TRADOC has added TASP training support package to CSM/1SG lesson plans.

**Estimated cost:** \$780 – annual cost of commercial off-the-shelf online survey tool.

**Issue discussion:** The IG commented that Army Sponsorship is among one of the reoccurring issues/concerns across the field. The IG supports IMCOM's work but also notes that Sponsorship is a Commander and a leader responsibility for enforcement. The IG highlighted whether rear detachment commanders are sponsoring new arrivals to a unit. The ACSIM stated that IMCOM is creating the architecture that enables Commanders to execute in conjunction with the Garrison Commander. The IMCOM CSM highlighted the successful sponsorship program in USAREUR and their Sponsorship OPORD. The DAS expressed concern that most AIT Soldiers do not have a pin-point assignment prior to PCS and whether a sponsor will be available once that pin-point is determined. The IMCOM CSM concurred that is the goal in utilizing the Army Career Tracker. The ATEC Commander mentioned the complimentary issue with the Department of the Army Civilian (DAC) workforce. The ACSIM confirmed that IMCOM is building a Continuity of Operation Plan specifically for DAC sponsorship.

**Way ahead:**

1. Explore use of USAREUR Personnel Database or Department of the Army Mobilization Processing System (DAMPS) Army wide to automate TASP.

2. HRC, TRADOC and IMCOM to develop Course of Action (COA) to improve Initial Military Training (IMT) Soldier sponsorship.

3. First report/metrics from on-line TASP Survey and Command recommendations for improvements scheduled for 1 Oct 12.

## **Issue 625: Transitional Compensation (TC) Benefits for Pre-existing Pregnancies**

**Proponent:** Assistant Chief of Staff for Installation Management

**Issue recommendation:** Authorize TC benefits for the child of a pregnant abused Family member from birth through benefit period.

**Final issue status:** Active

**Progress:**

1. In Jul 10, Office of the Assistant Chief of Staff for Installation Management (OACSIM) submitted a proposal for the FY13A Unified Legislative and Budgetary (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 is now on the Hill for final approval in the FY13 National Defense Authorization Act (NDAA).

4. Aug 12, we are awaiting approval of the proposal in the FY13 NDAA.

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

**Issue discussion:** The Chief, Legislative Liaison cautioned that while the proposal was included in the House version of the NDAA, the proposal has not been passed by the Senate floor or gone to conference to be included in the mark.

**VCSA direction:** VCSA asked Chief, Legislative Liaison to provide a heads up if it looks like the proposal will run into difficulty.

**Way ahead:**

1. Sent Office of the Secretary of Defense (OSD) draft language for inclusion in a DoD Policy Memo. If FY13 NDAA includes TC proposal, DoD Policy Memo will be required to ensure TC applicants can benefit as expeditiously as possible from this change.
2. Monitor final language in the FY13 NDAA.

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

**Proponent:** Assistant Chief of Staff for Installation Management

**Issue recommendation:** Authorize RC Soldiers enrollment in the EFMP.

**Final issue status:** Active

**Progress:**

1. Oct 10 EFMP policy working group recommendations: Enrollment is voluntary, Change to DD Form 2792 is not required. Primary Care Physician can complete DD 2792. DD 2792 will be sent to appropriate Regional Medical Command. If eligible for enrollment, non-protected information will be sent to the RC EFMP point of contact (POC). The RC will track and maintain enrollment information.
2. OACSIM is coordinating a DA Policy Memo to change enrollment eligibility for RC. Changes stipulated in the policy memo will be incorporated into the next revision of Army Regulation (AR) 608-75.
3. DA Policy Memo is in final stages of informal coordination with all proponents prior to formal staffing.
4. Anticipated date for policy memo publication is Oct 12.

**Estimated cost:** \$1.04M; MEDCOM costs for staffing registration/enrollment cost for approximately 7,462 RC Family members. The RC is the bill payer.

**Issue discussion:** The National Guard representative supported this initiative. The US Army Reserve representative remarked that they are working through EFMP being a centralized program and the mechanics of identifying and enrolling families.

**Way ahead:**

1. Publish DA Policy Memo.
2. DA Policy Memo is in final stages of informal coordination with proponents prior to formal staffing.
3. Revise AR 608-75 to authorize RC Soldiers enrollment in EFMP to incorporate DA Policy Memo.

**Issue 652: Family Readiness Group (FRG) External Fundraising Restrictions**

**Proponent:** Assistant Chief of Staff for Installation Management

**Issue recommendation:** Authorize FRGs to fundraise in public places external to Reserve Centers, National Guard Armories and military installations.

**Final issue status:** Complete

**Progress:** Action was informally coordinated through Office of the Judge Advocate General (OTJAG), Army Office of General Counsel (OGC) and Office of the Secretary of Defense (OSD) Standards of Conduct Office (SOCO). Regulatory change not likely to be supported by OSD SOCO in light of alternative resolutions. Believed highly

unlikely that Office of Personnel Management (OPM) and the US Office of Government Ethics will support a change.

**Estimated cost:** None

**Issue discussion:** The FORSCOM representative acknowledged that external fundraising is not typically an issue for their FRGs as they are installation based. However, FORSCOM concurs that FRGs need money that can be spent on holiday parties and life events for Soldiers and their Families. TRADOC supported the completed status and wanted to ensure their units were in compliance with the direction. The National Guard concurred that the recommendation as written is unattainable. The Guard cautioned that standing up Private Organizations was complex but supported the alternative solution. The OCPA representative was concerned that significant fundraising could create a perception that the Army cannot take care of its people. The OTJAG representative confirmed that the option of Private Organizations has existed for a long time and is the only solution for external fundraising that is attainable. The IG questioned the idea about units endorsing a private organization. The Reserves commented that due to their regionalized nature, they do not have the option of garrison centric fundraising so the alternative solution does not offer relief. The ACSIM highlighted that existing regulation and policy on the acceptance of gifts is another alternative for funds. The SMA was concerned that Commanders would lose situational awareness since they cannot be a part of the Private Organization.

**Status justification:** Alternative solution exists to authorize external fundraising when utilizing Private Organizations to raise funds.

**New AFAP issue discussion:** The SMA concurred that authorizing FRGs to externally fundraise was unattainable. The SMA sought to pursue authorizing appropriated funds to buy foods for FRG functions. If FRGs could use appropriated funds, the need for fundraising would be reduced. FRGs need to be focused on promoting unit readiness and not fundraising. FORSCOM acknowledged the perception that that the quality of the FRG is in the participation of meetings and FRGs need funds to offset events to encourage participation in meetings.

**VCSA direction:** VCSA directed ACSIM to address issue raised by SMA and FORSCOM.

**New AFAP Issue:**

AFAP Issue 686: Appropriated Funds for Food at Family Readiness Group (FRG) Events

**Scope:** FRGs are not authorized to use appropriated funds for FRG events. Appropriated funds are only authorized for official mail; use of government facilities and equipment; volunteer travel expenses (ITA); use of non-tactical government owned or leased vehicles; volunteer training expenses; reimbursement of incidental expenses and child care. FRGs must fundraise to raise monies to be used for food at holiday events or meetings to incentivize Soldiers and Families to attend these functions. Authorizing appropriated funds for food at FRG events allows FRGs to focus on promoting unit readiness and not fundraising.

Recommendation: Authorize use of appropriated funds for food at FRG events.

## **Issue 672: Reimbursement for Public School Transportation for Active Component Army Families**

**Proponent:** Assistant Chief of Staff for Installation Management

**Issue recommendation:** Authorize reimbursement to Active Component Army Families for the cost of public school transportation.

**Final issue status:** Active

**Progress:**

1. With the exception of Hawaii, school transportation costs are charged by individual school districts, not by the state.
2. IMCOM G9 completed an inventory of AC School Districts and found that only Hawaii charges for bus transportation.
3. Impact Aid briefing presented by Department of Education for Senior NCOs on 25 May 12.
4. Queried OSD Personnel and Readiness (P&R) for authority to reimburse for school bus fees.
5. US Army Recruiting Command provided information for 14 locations and 28 Soldiers paying school bus fees.
6. Reviewed DOD 4500.36R Management, Acquisition, and Use of Motor Vehicles with proponent. Installation commander has authority to provide transportation but not reimburse individual bus fees.

**Estimated cost:** \$3.1M for students in Hawaii. School bus fees \$270/student for 11,500 Army School Age children in Hawaii. Approximately \$18K for US Army Recruiting Command for 33 children in CA, MN, IA, & HI.

**Issue discussion:** The TRADOC representative expressed support increasing synergy between the Army and local communities where recruiters or other geographically dispersed Soldiers are stationed. The USARPAC representative concurred with TRADOC as all of Hawaii charges for public school transportation and post schools are maintained by the Hawaii school board and not DODEA.

**Way ahead:** Pursue community and local district engagement for fee waivers for active duty dependents.

**Issue 680: Gold Star Identification Card for Gold Star Lapel Button Recipients**

**Proponent:** Assistant Chief of Staff for Installation Management

**Issue recommendation:** Create a Gold Star Identification Card that provides access to Army installations for those authorized to receive the Gold Star Lapel Button.

**Final issue status:** Active

**Progress:**

1. Headquarters Department of the Army Office of the Provost Marshall General submitted recommended changes to Army Regulation (AR) 190-13, "The Army Physical Security Program", section 8-4 to authorize Gold Star Family members unescorted access onto Army installations.
2. Army Regulation (AR) 190-13 was submitted to Army Publishing on 29 Mar 12 for final editing prior to legal review.
3. Proposed regulatory changes were coordinated with IMCOM Protective Services Division, IMCOM Survivor Outreach Services (SOS) and OACSIM Soldier and Family Readiness Division.
4. Legal review conducted: No legal objection to allow Gold Star Family members unescorted access.

**Estimated cost:** Review pending.

**Issue discussion:** AR 190-13 is pending publication and once released process and business rules will be issued. The SMA expressed concern about the inability to resolve issues that require regulatory changes due to the turn around time at Army Publishing. VCSA concurred with SMA remarks and urged quick turnaround of revisions to Army Regulations.

**Way ahead:**

1. Cost estimate for identification card material.

2. Development of a standard Gold Star transportable identification card template.
3. Development of a standardized Gold Star transportable identification card vetting and issuing process.

**Issue 683: Staffing Ratios in Child, Youth and School Services (CYSS) Facility Based Programs for Children with Special Needs**

**Proponent:** Assistant Chief of Staff for Installation Management

**Issue recommendation:** Determine the appropriate level of care or staffing ratios in CYSS facility based programs for children with special needs based on the recommendations of the SNAP team.

**Final issue status:** Active

**Progress:**

1. Completed SNAP Pilot at 7 Installations: Forts' Bliss, Bragg, Campbell, Hood, Huachuca, Leonard Wood, and JB Lewis/McChord.
2. OSD contract with Kids Included Together (KIT) provided training at 47 Installations (1,655 CYSS personnel in FY11).
3. During FY 12 CYS Services enrolled 25,439 children with Special Needs.
4. Prepared draft policy that allows for administration of diastat and glucagon.
5. Hired a Special Needs Program Specialist at IMCOM G9.
6. Electronically transfer of CYS child records from Installation to installation speeds placement of special needs children.
7. Coordinated with Services on input to OSD staffing ratio adjustments for Special Needs children policy.

**Estimated cost:** To be determined.

**Issue discussion:** The AMC commander supported this issues and drew attention to the rising number of autistic children they encounter during installation visits and the importance in supporting those families.

**Way ahead:**

1. OSD will release policy on staff/child ratio accommodations for special needs children in 1st quarter of FY13.
2. Complete training of revised Special Needs Accommodation Process for all installations no later than 3rd quarter FY13.
3. Develop Strategic Communications Plan.

**Soldier Support and Entitlements Issues**

**Issue 612: Army Career and Alumni Program (ACAP) Funding**

**Proponent:** Deputy Chief of Staff, G-1 (HRC)

**Issue recommendations:** Eliminate future ACAP budget reductions. Expand budget to maintain a viable program for Soldiers and Families. Maintain professional staff to provide personalized services.

**Final issue status:** Complete

**Progress:**

1. In FY11, ACAP was funded at \$5.6M and reduced to \$5.1M, short of the \$6.4M POM critical requirement. Army increased the ACAP funding by \$1M annually for FY12-16, resulting in a funded level of \$5.8M per year.
2. The FY12 National Defense Authorization Act (NDAA) mandates that all service members coming off active duty go through transition training. The Services are working with the Department of Labor and Department of Veterans Affairs on a new transition strategy.

3. On 29 Dec 11, Transition EXORD 054-12 was released to the Army to meet current employment challenges faced by Soldiers in transition.

4. Draft ACAP Regulation includes the Reserve Components and will assist the Army Reserve and National Guard by defining roles and responsibilities.

**Estimated cost:** HRC requested an additional \$27.4M via IIPEG to support Active Component (AC) and Reserve Component (RC) Soldiers during transition. This request is in support of the legislative requirements of the Veterans Opportunity to Work (VOW) to Hire Heroes Act, OSD transition requirements and Army EXORD 054-12.

**Issue discussion:** The ASA (M&RA) representative commented that there was still a gap in FY13 that is being worked through resource channels. The Director, Installation Services clarified that the issue originated 2007 when ACAP was at risk during a period of growing the Army and not transitioning the Army. Concerns about budget reduction during the current transition initiative are considered a separate issue.

**Status justification:** ACAP budget reductions have been eliminated. Current and out year budgets have been doubled. Professional staff to provide personalized services has also been increased in order to meet Service Members needs.

#### **Issue 596: Convicted Sex Offender Registry**

**Proponent:** Deputy Chief of Staff, G-1

**Issue recommendations:** Establish a searchable sex offender registry that is available to the military community. Require convicted sex offenders who are associated with the U.S. Army to register with the installation Provost Marshal Office (PMO) and be entered into the registry.

**Final issue status:** Active

**Progress:**

1. DA in/out-processing forms now require members to process through the installation PMO.

2. Revision to AR 190-45, Law Enforcement Reporting will require the PMO to screen in and out processing Soldiers to identify and ensure registration of Soldier sex offenders. Detected names will be provided to Sexual Assault Review Board, ACOM, ASCC and DRU PMs/DES, and the Garrison Commander for tracking and management. The AR will require all registered sex offenders who work and/or live on the installation to register with the PMO.

3. Revision to AR 420-1, Army Facilities Management, gives Garrison Commanders the authority to revoke authorization 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.

**Estimated cost:** Hiring additional personnel for this function may require additional funding in SAG 131 Base Operations Support.

**Issue discussion:** The SMA's spouse questioned if on post residents are alerted if a pedophile moves into their neighborhood. The G-1 action officer commented that they protect the privacy rights of the sex offender until OGC authorizes release of that information on websites or a broader based alert system in the community. The ACSIM countered that it is a personal choice to live on an installation so if someone does not want that information released, they should live off post.

**VCSA direction:** VCSA directed G-1 to work on the specific issue of requirement to notify the community.

**Way ahead:**

1. Revise AR 190-45.

2. Obtain Army OGC legal opinion on posting sex offender names to installation websites.
3. Modify COPS SORN, if no legal objection from Army OGC.
4. G-1 requested DoD SAPRO address the sex offender issue.
5. Defense Installation Access Control checks anticipated to begin in FY14 or FY15.

**Issue 662: Comprehensive and Standardized Structured Weight Control Program**

**Proponent:** Deputy Chief of Staff, G-1

**Issue recommendation:** Require Soldiers in the Army Weight Control Program to complete a comprehensive and standardized structured weight control program which includes periodic nutritional education and fitness training and requires leaders to monitor their Soldiers' progression throughout the program.

**Final issue status:** Active

**Progress:**

1. The MEDCOM and U.S. Army Public Health Command (USAPHC) determined that the Army MOVE! Program meets the intent of a comprehensive weight loss program. The program is available face-to-face or online and incorporates diet, physical activity guidance, behavior therapy and follow up as needed.
2. USAPHC is currently providing education to all Medical Treatment Facilities to ensure standardization. USAPHC intends to pilot the revised Army MOVE! program in Nov 12 at five Medical Treatment Facilities.
3. Army Regulation (AR) 600-9, The Army Weight Control Program, is with Army Publishing Directorate (APD).

**Estimated cost:** \$800k/mo (\$9.6M/year) for a commercially based "off the shelf" weight control program for approximately 20,000 Active Component (AC) Soldiers flagged for enrollment in the Army Weight Control Program (Mar 12). Implementation of Army MOVE! indicate a shortfall of \$5.8 million (fully burdened labor cost) and 40.5 FTE staff to support.

**Issue discussion:** No new information presented. Concurrence from GOSC membership.

**Way ahead:**

1. Update AR 600-9, The Army Weight Control Program.
2. Monitor Army Move! Program refinement.

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

**Proponent:** Deputy Chief of Staff, G-1

**Issue recommendation:** Authorize and fund a RSO at each RSC.

**Final issue status:** Active

**Progress:**

1. In Apr 11, the USAR approved eight DMO positions as a bridging strategy to implement permanent RSO positions. Each RSC would receive two positions (senior CPT/MAJ and MSG). To date, six of eight have reported with remaining two due NLT Sep 12. All but one RSO is DA certified RC SBP Counselor.
2. The Army G-1 RSO homepage includes Reserve-specific pre-retirement guides, upcoming pre-retirement events, RSOs contact information, and an inquiry email box to address Soldier retirement questions.
3. The USAR and AR partnered and developed a distance learning module to provide basic non-regular retirement information for Reserve Soldiers.
4. The USAR conducted 11 USAR-only pre-retirement seminars and four joint pre-retirement seminars with the National Guard with over 5K Soldiers and Families.

5. Developed a RC DA SBP/RCSBP Certification Course Curriculum with 37 trained to date.

**Estimated cost:** \$1.31M for 16 RSO positions (salary, travel and one-time start-up cost for equipment) is still being analyzed for final requirement. Active Duty ratio is one RSO to support a population range of 5,000 to 7,500 Soldiers.

**Issue discussion:** No new information presented. Concurrence from GOSC membership.

**Way ahead:**

1. Capture and monitor progress of pilot program through the use of metrics and pre-retirement seminar critiques.
2. Continue SBP/RCSBP certification of key stakeholders.
3. Chief, Army Reserve will review the AR RSO Concept Plan no later than 1st quarter FY13.

**Issue 670: Medically Retired Service Member (SM) Eligibility for Concurrent Receipt of Disability Pay (CRDP)**

**Proponent:** Deputy Chief of Staff, G-1

**Issue recommendation:** Eliminate the time in service requirement for medically retired SMs to be eligible for CRDP.

**Final issue status:** Active

**Progress:**

1. Four legislative proposals (H.R. 333, 186, 1979, and S. 344) introduced during the first session of the 112th Congress would extend CRDP to all medically-retired SM. Proposals were referred to a House subcommittee or a Senate committee in Feb 11 and have not been acted upon since.

2. For the previous two years, the White House directed DoD to support legislation that would extend CRDP to all medically-retired SM, but did not direct DoD to support the legislation in 2012. At this time, DoD does not support this proposal.

3. On 27 Jun 12, the ASA(M&RA) sent a memo to ASD(R&FM) explaining the projected costs and merits of AFAP Issue 670, and asked for an evaluation of the proposal, and OSD guidance on the issue. To date, a reply has not been received.

**Estimated cost:** \$4.0B, DoD cost to extend CRDP over next 10 years to all medically-retired SM with 50% or more disability; \$23.6B to implement cited legislation, which includes provisions not in this AFAP issue.

**Issue discussion:** The VCSA wanted sister service status on the issue. The Chief of Retirement Services stated that the sister services did not support the issue. The ASA (M&RA) representative commented that the ASA (M&RA) sent a formal memo requesting support from OSD. OSD has not sent a formal response.

**Way ahead:** Seek concurrence of other Services' senior leaders on expansion of CRDP eligibility.

**Issue 626: Traumatic Servicemembers' Group Life Insurance (TSGLI) for Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI) and Uniplegia**

**Proponent:** Deputy Chief of Staff, G-1

**Issue recommendation:** Add PTSD, TBI, and Uniplegia as a schedule of loss under TSGLI.

**Final issue status:** Active

**Progress:**

1. TBI and Uniplegia: The Jul 08 TSGLI One Year Review added Uniplegia to the TSGLI Schedule of Losses. Traumatic injury and coma resulting in the inability to

perform at least two ADLs are also covered in the TSGLI Schedule of Losses, when TSGLI standards are met.

2. PTSD is still excluded. The FY10 National Defense Authorization Act (NDAA) requires a study on the treatment of PTSD by the Institute of Medicine (IOM) of the National Academy of Sciences or other independent study. Contract was awarded, and committee is meeting.

**Estimated cost:** \$15B for \$50K TSGLI per Soldier diagnosed with PTSD; \$7.5B at \$25K TSGLI compensatory payment.

**Issue discussion:** The G-1 requested the recommendation be rescoped to address PTSD since TBI and Uniplegia are included as a schedule of loss under TSGLI.

**VCSA direction:** VCSA concurred with rescoping the issue. The issue recommendation will now read to "Add PTSD as a schedule of loss under TSGLI."

**Way ahead:**

1. Monitor PTSD study being conducted by the IOM and final report to DoD, VA and Congress.

2. On 14 Jun 12, TRICARE Management Agency (TMA) confirmed that they are tracking the study and will be writing the report to Congress, but noted there is no mention of TSGLI, and it is not within the scope of the study.

**Issue 664: Flexible Spending Accounts (FSA) for Service Members**

**Proponent:** Deputy Chief of Staff, G-1

**Issue recommendation:** Establish Flexible Spending Accounts for service members.

**Final issue status:** Active

**Progress:**

1. The FY10 NDAA gave the SECDEF authority to establish FSAs for members of the uniformed services. The ASD(HA) supported a Health Care FSA, but DoD has not pursued FSAs and has remained generally neutral or opposed to their implementation.

2. Bills S. 387 and H.R. 791 were introduced in Feb 11 to require DoD to provide FSAs. FSA language was also introduced as an amendment during Senate floor consideration of the FY12 NDAA but was not voted on and was not included in the Senate version of the NDAA or final bill. 3. On 27 Jun 12, forwarded ASA M&RA written request to OSD for their official position on the establishment of FSAs. No response to date.

**Estimated cost:** DOD annual cost of \$106 per Health Care FSA and \$39 per Dependent Care FSA for each member who elects to participate.

**Issue discussion:** The ASA (M&RA) representative stated support from OSD requested and response is pending. ASA (M&RA) representative further explained OSD does not see a significant tax advantage and therefore support unlikely.

**Way ahead:** Wait for OSD to provide Army an official response to the request.

**Issue 669: Medical Retention Processing 2 (MRP2) Time Restrictions for RC Soldiers**

**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

**Progress:**

1. DCS, G-1 implemented a blanket approval for all requiring an administrative exception to policy based on the six month rule. Until publication of Army Regulation (AR) 600-XX, Policy for the Wounded, Ill and Injured, any Soldier/ Soldier's

commander who believes the Soldier's medical treatment plan requires return to active duty for medical management is authorized to apply for MRP2, regardless of time between injury and MRP2 request.

2. Formal staffing to Continuum of Care process was completed in Feb 12. New process will not have a time restriction and involves the Soldier's chain of command to determine appropriate medical care for the disclosed medical condition.

3. New AR 600-XX will include Continuum of Care processing (publication no later than 1st quarter FY 13).

**Estimated cost:** None

**Issue discussion:** No new information presented. Concurrence from GOSC membership.

**Way ahead:** Publish Army Regulation to reflect revised time standard.

### **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

**Progress:**

1. The warning will be added to the form as part of the revision of AR 635-40. Publication is now projected for Mar 13, pending issuance of revised DoD IDES policy by Dec 12.

2. In the interim, MEDCOM has instructed PEBLOs to begin giving the warning during their counseling of Soldiers.

3. Overpayments occur when military retired pay begins before the VA has notified DFAS of the award of VA compensation. Under IDES, the length of time of overpayments should lesson. However, the issue of overpayments was presented to the 2 Aug 12 meeting of the DoD Disability Advisory Council. As a result, the issue is to be presented to a future meeting of the DoD/VA Benefits Executive Council to examine for corrective or ameliorating actions.

**Estimated cost:** None

**Issue discussion:** The OTJAG representative suggested that the G-1 consider revising the form separate from the regulation to expedite the process.

**Way ahead:**

1. Staff the form during the coordination of AR 635-40 revision.

2. Issue of overpayments to be presented to the DoD/VA Benefits Executive Council.

### **Issue 682: Retention of Wounded, Ill and Injured Service Members (SMs) to Minimum Retirement Requirement**

**Proponent:** Deputy Chief of Staff, G-1

**Issue recommendation:** Authorize SMs who have between 18 and 20 years of Service to remain on Active Duty to the minimum retirement requirement and not be separated due to medical reasons.

**Final issue status:** Unattainable

**Progress:**

1. The AR 635-40 policy to continue disabled Soldiers on active duty or in Active Reserve Status accomplishes the AFAP request.

2. Favorable consideration for continuation is given to Soldiers with at least 15 but fewer than 20 years active federal service or qualifying years, as applicable. Approval cannot be guaranteed.

3. Basic requirements include that the disability be stable or of slow progression; not require undue loss of time from duty for medical treatment; not be deleterious to the Soldier's health; not prejudicial to the best interests of the Soldier or the Army; and the Soldier is physically capable of performing useful duty.

4. PEBLOs are required to obtain or prepare a declination statement for Soldiers with at least 18 but fewer than 20 years who do not request COAD/COAR.

**Estimated cost:** Undetermined

**Issue discussion:** The SMA felt there was a disconnect between a Soldier who could be retained for 20 years under the sanctuary program but not if wounded, ill or injured. G-1 action officer clarified that a wounded, ill or injured could be retained if they could contribute to the U.S. mission under COAD/COAR.

**Status justification:** OTJAG opined that with the exception of disability cases of RC that fall under 10 USC 12686, DoD policy for continuation precludes retaining unfit soldiers solely to increase retirement benefits when the VA provides similar benefits when retired for disability.

#### **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 in Roth IRA and/or Coverdell ESA from 12 months to 36 months.

**Progress:** On 24 May 12, Senator Blumenthal 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.

**Estimated cost:** Unknown

**Issue discussion:** The SMA's spouse confirmed the need for extending the period to invest from 12 months to 36 month based on discussions with survivors during installation visits.

**Way ahead:** Monitor proposed legislation for desired outcome.

#### **Issue 657: Reserve Component (RC) Inactive Duty for Training (IDT) Travel and Transportation Allowances**

**Proponent:** US Army Reserve

**Issue recommendation:** Authorize travel and transportation allowances for RC Soldiers traveling over 50 miles for IDT.

**Final issue status:** Active

**Progress:**

1. The FY12 National Defense Authorization Act (NDAA) authorizes reimbursement of travel expenses for IDT outside of the normal commuting distance (150 miles). The legislation does not provide additional funding -- the AR must fund internally. 2. AR PA&E input into the FY14-18 POM as a "command emerging requirement" for \$25M. 3. CAR approved the IDT Travel Reimbursement Pilot Program for 807th Medical Command on 29 Mar 12. The 807th MC has 11,400 assigned. Pilot is from 1 May thru 31 Dec 12. Still in the early stage of pilot. Goal is to retain skilled Soldiers and fill vacancies with skilled Soldiers who might not otherwise attend (due to high travel costs). Soldiers enrolled in first 10 weeks: 631. Expect assessment of Pilot in Nov/Dec 12. Approximately 1,109 Soldiers (9.7%) in the test unit are potential candidates for the program.

**Estimated cost:** Preliminary AR G-1 FY12 cost estimate is \$101M to maximize the number of eligible Soldiers, including key BN leadership, across all ARFORGEN cycles. Current FY12 cost estimate is \$50K. Total FY13 cost to extend pilot to 30 Sep 13: ~\$6M.

**Issue discussion:** No new information presented. Concurrence from GOSC membership.

**Way ahead:**

1. Evaluate pilot program to determine readiness impacts and areas to expand.
2. Request permanent legal authorization for program.
3. Request requirements funding for high priority IDT Travel reimbursement that increases overall AR readiness.

**Issue 678: Commissary, Armed Services Exchange and Morale, Welfare and Recreation (MWR) Privileges for Honorably Discharged Disabled Veterans with 10% or Greater Disability**

**Proponent:** US Army Reserve

**Issue recommendation:** Authorize honorably discharged disabled Veterans with 10% or greater disability access to Commissary, Armed Services Exchange and MWR benefits.

**Final issue status:** Unattainable

**Progress:**

1. As of Dec 11, Department of Veteran's Affairs (DVA) reports there were 3.3M veterans with 10% or greater disability. Of this number, 300K were 100% disabled.
2. Utilizing the DVA data, Army DEERS/RAPIDS estimates the cost to be \$11M-16M to make new ID cards and reconfigure the RAPIDS system. This does not include the cost for the Family Members.
3. On 16 May 12, MC&FP recommended DoD oppose an Amendment to the House version of the FY 2013 National Defense Authorization Act (NDAA) to expand benefits to veterans with a 50% or higher service-connected disability. OSD cited undue costs, competition with local businesses and the stress on installations issuing identification credentials.

**Estimated cost:** \$11M - \$16M (at a minimum)

**Issue discussion:** No new information presented. Concurrence from GOSC membership.

**Status Justification:** Issue unattainable due to the current fiscal environment and the unwillingness of OSD to support expanded patronage to veterans with less than 100% disability.

## **Medical and Behavioral Health Issues**

**Issue 515: Application Process for Citizenship/Residency for Soldiers and Families**

**Proponent:** The Surgeon General

**Issue recommendations:** Designate and train an installation liaison to assist Family Members with citizenship process. Obtain Citizenship and Immigration Service (CIS) approval of DoD administered fingerprinting and physical exams.

**Final issue status:** Active

**Progress:**

1. A Dec 06 revision to AR 608-1 assigns the CIS liaison function to Army Community Service (ACS).
2. Although their mobile fingerprint unit is the preferred biometric collection method, USCIS will accept fingerprint cards from domestic military installations.

3. Physical exams: Feb 12, DoD received verbal notice from USCIS that it will issue a blanket authority for all DoD physicians (uniform, civilian, and contract) to function as Civil Surgeons.

4. May 12, MEDCOM issued a Warning Order to the Regional Medical Centers (RMCs) in the US to prepare to execute the Civil Surgeon Physical Exam Program. USCIS expects blanket authority approval to occur by 1st quarter FY13.

**Estimated cost:** Estimated cost is \$1M. MEDCOM estimates additional workload of 6700 physicals per year; however, program will use existing resources so financial impact on any one facility is nominal.

**Issue discussion:** No new information presented. Concurrence from GOSC membership.

**Way ahead:** Execute program in US military treatment facilities (MTFs) when USCIS provides written confirmation of the blanket authority designating DoD physicians as Civil Surgeons.

#### **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 at 10 major deployment installations.

**Final issue status:** Active

**Progress:**

1. Child and Family Assistance Centers (CAFACs) are operational at Joint Base Lewis-McChord (JBLM), Schofield Barracks, and Forts Bliss, Carson and Wainwright. CAFACs are in initial stages of standing up at Forts Bragg, Campbell, Drum, Hood and Polk. Forts Riley and Stewart are projected (Minimum of 10 major deployment installations).

2. School BH Programs are functioning at Bavaria, JBLM, Landstuhl, and Schofield (thru TAMC), and Forts Campbell, Carson, Meade and plans for Fort Bliss. Forts Bragg, Drum, Hood, Riley and Stewart are projected. An Off-Post School Pilot Program is being conducted at Tripler (Minimum of 10 major deployment installations).

3. Training PCM and BH Providers in evidence-based practice has been conducted at JBLM and Fort Carson, with plans at Fort Campbell and Tripler.

**Estimated cost:** FY12 costs of \$22.9m; to sustain need \$60.6m/yr; out year growth is subject to availability of PH funds/UFR dollars; no POM funding.

**Issue discussion:** The SMA expressed concern that efforts were targeted at deployment platform installations and needed to be expanded to TRADOC installations. The SMA also questioned whether children with behavioral health concerns are included in the EFMP assignment screening criteria. The G-1 could not confirm whether this was being done.

**Way ahead:**

1. Estimated completion of CAFACs/ SBH at deployment platforms by 2017.
2. Secure stable funding to reach End State (both staff and facilities for 12 CAFACs and 13 SBH).
3. Overcome or mitigate BH shortages and competition for limited resources.
4. Work to enhance direct care by better utilizing/remissioning purchased care.

#### **Issue 618: Army Wellness Centers (AWC)**

**Proponent:** The Surgeon General

**Issue recommendation:** Create an integrated AWC at each installation (separate from the hospital).

**Final issue status:** Active

**Progress:**

1. 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.
2. Resource requirements for Army Wellness Centers were submitted to the 14-18 POM under the umbrella of the Army Health and Wellness Campaign Plan. Final funding decisions have not yet been made.
3. Feb 12, OTSG signed OPOD for AWC replication.

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

**Issue discussion:** The VCSA questioned whether the AWC services were being utilized and if there was a duplication of effort. OTSG confirmed that there is duplication and explained the Commander of Public Health Command (PHC) has been tasked by the Surgeon General to deconflict the various wellness programs. The ACSIM also commented that the SICE is reviewing duplication of efforts regarding counselors on installations. The G-1 mentioned that they would work with OTSG on any potential redundancies associated with the Army MOVE Program. AMC G-1 advocated that Department of the Army civilians (DAC) be allowed to use AWCs and that as construction moves forward, the size and staffing of the AWC include the DAC population in addition to the Soldier. OTSG confirmed that DACs can utilize AWCs.

**VCSA direction:** OTSG present the results of the PHC review of wellness programs and confirm if the DAC population is taken into consideration when determining the size and staffing of AWCs.

**Way ahead:** (Missing a "Way Ahead" comment per slide)

1. Obtain funding source to replicate AWC.
2. PHC actively participating in G-1 Health Promotion Risk Reduction Portfolio Capabilities Assessment to apprise senior Army leadership of AWCs' impact on Soldiers, Family Members, Retirees, and DA Civilians.

## **Issue 629: 24/7 Out of Area TRICARE Prime Urgent Care Authorization and Referrals**

**Proponent:** The Surgeon General

**Issue recommendation:** Establish a 24/7 centralized toll-free number for TRICARE beneficiaries to request and acquire out-of-area urgent care authorization and referral assistance.

**Final issue status:** Active

**Progress:**

1. The DoD Military Health System Innovation Investment Process approved a CONUS-based Nurse Advice Line (NAL) and referral assistance service.
2. Initiative has strong backing of ASD(HA)/TMA and the Services. Estimated implementation of NAL services is 2nd quarter, FY13.

**Estimated cost:** Yearly base expenditure, \$9.5M/year.

**Issue discussion:** TMA representative announced that the Request for Proposal (RFP) was released 24 Aug 12. The RFP would be out for 30 days. Source selection would take place in the Fall 2012. Nurse Advice Line should be operational during the first quarter of calendar year 2015.

**Way ahead:** Monitor contract procurement by the TRICARE Management Activity.

**Issue 638: Medical Nutrition Therapy (MNT) Benefits for All TRICARE Beneficiaries**

**Proponent:** The Surgeon General

**Issue recommendation:** Establish MNT as a TRICARE benefit for all TRICARE beneficiaries.

**Final issue status:** Active

**Progress:**

1. A TMA analysis initially supported the value of MNT for diabetes, renal disease, hypertension, and hyperlipidemia. In Nov 11, TMA informed OTSG that they no longer supported this initiative. In Dec 11, OTSG requested TMA reconsideration.

2. This topic was added to the agenda of the Feb 12 meeting of the DoD Food and Nutrition Subcommittee of the DOD Nutrition Committee. No recommendations were made, pending a TMA decision.

3. In May 12, TMA reported that the issue is still being worked but is pre-decisional.

4. In Jun 12, TMA reported that adding nutrition therapy would take a statutory change. Office of the Chief Medical Officer (OCMO) is working a cost estimate and analysis to better define TMA's position.

**Estimated cost:** FY02 DoD estimated cost was \$3.62M; Army portion was \$1.38M. A current cost analysis will be performed if favorable response is received from TMA.

**Issue discussion:** The VCSA asked TMA if statutory change was possible. TMA does not oppose the proposal and OTSG will pursue a regulatory change.

**Way ahead:**

1. Continue to seek TMA support for TRICARE coverage of MNT.
2. If approved, initiate necessary regulatory changes.

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

**Proponent:** The Surgeon General

**Issue recommendation:** Implement a comprehensive strategy to optimize function and manage pain, including alternative therapy and patient/provider education, for all MHS beneficiaries.

**Final issue status:** Active

**Progress:**

1. The FY10 NDAA directed DoD to develop a comprehensive pain management strategy. The Comprehensive Pain Management Campaign Plan (CPMCP) OPOD directs implementation of Pain Management Task Force recommendations to provide pain management that is holistic, multidisciplinary, and multimodal in its approach; utilizes state of the art/science modalities and technologies and provides optimal quality of life for Soldiers and other patients with acute/chronic pain.

2. MEDCOM efforts resulted in DoD Health Executive Council charter of DoD/VA Pain Management Work Group, Joint Staff Pain OIPT, and development of DoD Pain Center of Excellence.

3. MEDCOM establishing Regional Medical Command Interdisciplinary Pain Management Centers at eight locations.

**Estimated cost:** \$12M in FY11; \$31M in FY 12 (Army). Estimates provided to TMA for FY13-17 POM.

**Issue discussion:** No new information presented. Concurrence from GOSC membership.

**Way ahead:**

1. Establish Regional Medical Command Interdisciplinary Pain Management Centers.
2. Embed WTU/MTF Pain Augmentation teams.
3. Expand availability of standardized Complementary/Non-medication treatment modalities for pain management in accordance with CPMCP.

**Issue 644: Shortages of Medical Providers in Military Treatment Facilities (MTFs)**

**Proponent:** The Surgeon General

**Issue recommendation:** Implement new strategies for recruiting and retaining medical providers; expedite the staffing of military, civilian and contract medical providers.

**Final issue status:** Active

**Progress:**

1. The doubling of the civilian workforce in 46 key healthcare occupations during the last 10 years is sustained by the continued use of OPM and DoD direct hire appointment authorities, 3-Rs and Student Loan Repayment Incentives, and pay flexibilities such as advanced in hire rates, higher accrual annual leave rate, SSR Tables, Title 38 Special Pay Provisions for 25 medical occupations.
2. Medical Enterprise Recruitment Zones will enhance synergy between OTSG and OCAR and leverage peer-to-peer recruitment.
3. HCAA has 27 active Blanket Purchase Agreements to support surge requirements.

**Estimated cost:**

1. \$50M for Recruitment, Relocation and Retention costs (FY12) for 46 healthcare occupations.
2. \$10M each year (POM 13-17) for market pay adjustments for about 1500 physicians and dentists.

**VCSA direction:** The VCSA asked ASA (M&RA) for the status of the expedited hiring authority for the Surgeon General. ASA (M&RA) will follow-up with OTSG on the status.

**Way ahead:**

1. Awaiting Army delegation of Expedited Hiring Authority to TSG.
2. Fund/process market pay adjustments.
3. Finalize/implement DoD qualification standards.
4. Develop registered nurse pay plan.

**Issue 648: Behavioral Health (BH) Services Shortages**

**Proponent:** The Surgeon General

**Issue recommendations:** Increase the number of readily available BH providers and services. Increase the use of alternative methods of delivery, such as tele-medicine.

**Final issue status:** Active

**Progress:**

1. Staffed at 101% of the MHS BH Requirements; 151 unmet requirements in 3 BH specialties (22 psychiatrists; 101 social workers; and 28 RN (Psych). 75 of 136 civilian IDES BH requirements committed; PCMH and Embedded BH being worked; IDES and BH recruitments are centrally managed to expedite fills and reduce fill time. 120 BH military billets approved and documented in TAA assessment of generating force
2. Tele-Health increases access to specialty care; in one year through Feb 12, provided approximately 55,500 patient encounters (approximately 66% of which are related to tele-behavioral health) in 50 countries/territories, in 22 services lines across 19 time zones. Services include psychiatry, psychology, mental status evaluations and medical evaluation boards.

**Estimated cost:** Additional civilian BH requirements are currently funded.

**Issue discussion:** FORSCOM requested clarification of the types of BH authorizations, how the authorizations were determined, and the requirements for each of the BH specialists.

**VCSA direction:** The VCSA concurred with FORSCOM and sought clarification on how MEDCOM defines the total BH inventory. Do we constrain potential BH resources unnecessarily?

**Way ahead:**

1. Continue to centrally manage IDES and BH civilian staffing requirements to expedite selections and reduce fill time.
2. Monitor 3-Rs FY12 spending limits against FY10 spending levels.

### **Issue 653: Funding Service Dogs for Wounded Warriors (WW)**

**Proponent:** The Surgeon General

**Issue recommendation:** Fund a formal program to provide service dogs for Wounded Warriors (WWs).

**Final issue status:** Active

**Progress:**

1. MEDCOM Policy 12-05 (30 Jan 12) addresses use of service dogs with WWs.
2. Survey of Veterans Affairs (VA), Regional Medical Commands (RMCs) and two Non-Governmental Organizations (NGOs) indicate that over the last three years, more than 200 dogs have been provided by NPOs to Soldiers and Veterans at no cost. Over 20 non-profit organizations provide service dogs to Soldiers who would benefit from a service dog.
3. The K-9 Companion Act (H.R. 943) authorizes the Secretaries of Defense and VA to award competitive grants to non-profit organizations providing service dogs to Soldiers. House Bill (Section 6, H.R. 2074) would require the VA to establish a three year pilot to study the use of service dogs.
4. Guidance on Service Dogs for Military Personnel is forthcoming shortly from DoD.

**Estimated cost:** Cost of training a Service dog is \$20K - \$30K. Training may take over two years.

**Issue discussion:** The VCSA concurred that the Army would follow DoD Service Dog Guidance once available.

**Issue discussion:** No new information presented. Concurrence from GOSC membership.

**Way ahead:**

1. Continue to identify Soldiers who would benefit from a service dog.
2. Continue to allow non-profit organizations to provide service dogs to Soldiers who need them.
3. Implement DoD Service Dog Guidance when it becomes available.

### **Issue 661: TRICARE Reimbursement of Upgraded/Deluxe Durable Medical Equipment (DME)**

**Proponent:** The Surgeon General

**Issue recommendation:** Authorize reimbursement of the TRICARE allowable charge for the standard DME when a patient chooses an upgraded/deluxe DME.

**Final issue status:** Active

**Progress:**

1. The Army Surgeon General sent a formal request asking TMA if they would support reimbursement of the TRICARE allowable charge for standard DME if a patient chooses upgraded DME.

2. TMA responded that they would support submission of a ULB proposal to modify Title 10 to request this benefit change.

**Estimated cost:** TMA estimates a one-time administrative cost of \$263,470. Estimated total FY14-18 health care and administrative costs will be nearly \$1M.

**Way ahead:** Forward legislative proposal to authorize alternative DME reimbursements in the FY15 ULB cycle.

### **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

**Progress:**

1. The Veterans Administration (VA) Caregiver Program Office established standardized mandatory training for VA Designated Caregivers in partial fulfillment of requirements to receive special caregiver compensation. This training is only available to active duty designated caregivers in handbook form. Alternative methods (face-to-face/computer based) are only available when a Soldier is pending medical retirement with a defined retirement date.

2. The Warrior Transition Command (WTC) tasked Nurse Case Managers (NCMs) to deliver the handbook to designated caregivers using an individualized educational program for each caregiver. The NCMs receive training on the VA/Easter Seals handbook as part of the WTU NCM course conducted at the Army Medical Department Center and School (AMEDDCS).

**Estimated cost:** Current cost is \$75 per caregiver to receive the VA Caregiver Training Handbook. The annual program cost is approximately \$20K.

**Way ahead:** WTC will continue to monitor and coordinate with the OSD Wounded Warrior Care and Transition Policy Office to determine when/if face-to-face and computer based training will be made available by the VA earlier in the rehabilitation process.

### **Issue 676: TRICARE Medical Entitlement for Contracted Cadets and Their Dependents**

**Proponent:** The Surgeon General

**Issue recommendation:** Authorize contracted cadets and their dependents enrollment in a medical entitlement similar to TRICARE Reserve Select (TRS).

**Final issue status:** Unattainable

**Progress:**

1. Cadet Command provided numbers and types of medical discharges from the commissioning program. Cadet Command provided the accession mission and results over the last 10 years -- met accession mission 5/10 years and missed mission by 1-2% for the other 5 years).

2. TMA response to OTSG for feasibility and cost estimate does not support the creation of a new TRICARE entitlement. There is no statutory authority to provide medical coverage until the cadets are commissioned. (USC Title 10)

3. TRADOC requested additional options and support for this population.

4. The issue would require legislation for change to USC Title 10 to establish entitlement. The Office of the Secretary of Defense – Health Affairs (OSD-HA),

Training and Doctrine Command (TRADOC), US Army Cadet Command, and OTSG all concur this issue is unattainable at this time.

**Issue discussion:** TRADOC stated that until there is a change in Title 10 to make contracted cadets DEERS eligible, TRADOC the issue.

**Status Justification:** There is no statutory authority to provide medical coverage until the cadets are commissioned (USC Title 10). The issue received no support from OSD-HA, TRADOC, US Army Cadet Command, and OTSG.

### **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 behavioral health professionals.

**Final issue status:** Active

**Progress:**

1. Office of the Surgeon General initiated dialog with TMA in Mar 12 to determine if there was support to enhance the medical travel benefit since the benefit would also apply to service members of all military branches.
2. A formal request was forwarded by the Deputy Surgeon General on 21 May 12.
3. TMA's positive response was received on 24 Jul 12. TMA encouraged proposal submission through the normal ULB process for consideration.

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

**Way ahead:** Initiate a cost benefit analysis and coordinate a ULB submission with the OTSG Congressional Affairs Directorate of Communications.

Ms. Christina Vine  
DAIM-ISS/(571)256-8696  
christina.m.vine.civ@mail.mil