



DEPARTMENT OF THE ARMY
WARRIOR TRANSITION COMMAND
200 STOVALL STREET
ALEXANDRIA, VIRGINIA 22332-5200

30 AUG 2013

MCWT-CSD

WCTP Policy Memo 13-006

Expires: 30 AUG 2015

MEMORANDUM FOR COMMANDERS, REGIONAL MEDICAL COMMANDS

SUBJECT: Policy Memorandum – Entry and Exit Criteria for the Warrior Care and Transition Program (WCTP)

1. References:

- a. 10 USC 1074 and 1074a, Medical and dental care for members and certain former members; members on duty other than active duty for a period of more than 30 days.
- b. AR 40-400, Patient Administration, 27 January 2010, RAR, 15 September 2011.
- c. AR 40-501, Standards of Medical Fitness, 14 December 2007, RAR, 4 August 2011.
- d. AR 635-40, Physical Evaluation for Retention, Retirement, or Separation, 8 February 2006, RAR, 20 March 2012.
- e. AR 135-175, Separation of Officers, 28 February 1987, RAR, 4 August 2011.
- f. AR 600-8-24, Officer Transfers and Discharges, 12 April 2006, RAR, 13 September 2011.
- g. AR 135-178, Enlisted Administrative Separations, 13 March 2007, RAR, 13 September 2011.
- h. AR 635-200, Active Duty Enlisted Administrative Separations, 6 June 2005, RAR, 6 September 2011.
- i. DAPE-ZX Memorandum, Attachment or Assignment of Active Component Soldiers to Warrior Transition Units (WTU) and Attachment to Community Based Warrior Transition Units (CBWTU), 21 March 2011.
- j. Department of the Army FRAGO 3 to EXORD 118-07, Healing Warriors, DTG 010900Q JUL 2008.
- k. Department of the Army FRAGO 4 to EXORD 118-07, Healing Warriors, DTG 191536Z MAY 2009.

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I. OTSG/MEDCOM Policy Memo 11-046, Medical Evaluation Board (MEB) Processing Guidance, 10 June 2011.

m. WCTP Policy Memo 11-003, Warrior in Transition Medical and Military Responsibilities, 30 June 11.

2. Purpose: To provide revised entry and exit criteria for assignment/attachment and enrollment of Soldiers to a Warrior Transition Unit (WTU). This policy replaces Annex A, FRAGOs 3 and 4, EXORD 118-07 (Healing Warriors).

3. Proponent: The proponent for this policy is the U.S. Army Warrior Transition Command, Clinical Support Division.

4. Policy:

a. Eligibility.

(1) Active Component (Compo 1) and Active Guard Reserve (AGR) Soldiers must meet one of the following:

(a) A Soldier has, or is anticipated to receive, a profile of more than six months duration, with duty limitations that preclude the Soldier from training or contributing to unit mission accomplishment, and the complexity of the Soldier's condition requires clinical case management (see enclosure 4 and 5 for the process).

(b) Soldier's psychological condition is evaluated by a qualified medical or behavioral health provider as posing a substantial danger to self or others if the Soldier remains in the unit.

(2) Reserve Component (Compo 2/3) Soldiers must meet all of the following:

(a) The Soldier's medical condition(s) incurred or aggravated in the Line of Duty (LOD) during an active duty status (contingency or noncontingency) or inactive duty status (inactive duty training, funeral honors duty, etc.) may qualify for evaluation, treatment, and/or disability evaluation processing while in an active duty status, and

(b) The Soldier's condition(s) require(s) definitive care. Definitive care is defined as a specific treatment or a sequence of treatments lasting 30 days or more, as determined and appropriately documented by medical authority. Treatment is expected either to return the Soldier to duty or reach MRDP and begin the IDDES process. This treatment plan will require a major time commitment from the Soldier (e.g. 3 or more medical appointments per week).

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(3) Soldiers who do not meet the specific eligibility criteria stated above will remain in their units and utilize the standard health care system and access-to-care standards.

b. Ineligibility. The following Soldiers, regardless of component, are ineligible for entry into the WCTP.

(1) Pregnancy alone is not a criterion for attachment/assignment to a WTU. Pregnant Soldiers may enter the WTU if treatment for qualifying conditions can be conducted without interfering with the pregnancy.

(2) Soldiers in initial entry training, advanced individual training, or one station unit training. In select cases, the Triad of Leadership (TOL) may approve, as deemed appropriate, initial entry training Soldiers to be assigned or attached to the Warrior Transition Unit (WTU) / Community Based Warrior Transition Unit (CBWTU).

(3) Soldiers who are pending Military Occupational Specialty Administrative Retention Review (MAR2).

(4) Soldiers in Temporary Disability Retirement List status.

(5) Mobilized Compo 2/3 Soldiers whose condition(s) existed prior to mobilization, was/were not aggravated by mobilization, and was/were discovered prior to day 25 of the current mobilization.

(6) Soldiers approved for Continuation on Active Duty (COAD) or Active Reserve status (COAR).

(7) Soldiers who are pending or undergoing any Uniform Code of Military Justice (UCMJ), or legal actions, investigation, and/or Line of Duty determinations (LOD) require GO approval for assignment/attachment to the WTU. For RC Soldiers entering under ADME or MRP2, this will be the CG, WTC; for all others, it will be the GO member of the TOL.

c. Compo 1 and AGR Soldiers will not be in an attached status for longer than 180 days, unless approved as an exception to policy by Army G-1 (DAPE-PRC). Attachment and assignment of AGR Soldiers to a WTU/ CBWTU resides with Human Resources Command.

d. Compo 2/3 Soldiers who meet the eligibility criteria in paragraph 4a(2) above, may voluntarily apply for Title 10 United States Code Section 12301(h) orders under one of the following medical care processing programs:

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(1) Medical Retention Processing-Evaluation (MRP-E). MRP-E orders voluntarily extend demobilizing Reserve Component (RC) Soldiers on active duty for a short term (normally less than 60 days) for a medical evaluation to determine eligibility for MRP orders (see enclosure 1 for the process).

(2) Medical Retention Processing (MRP). MRP orders voluntarily retain RC Soldiers on active duty who incur an injury, illness, or disease, or who aggravate a pre-existing medical condition while on active duty in support of a contingency operation (see enclosure 2 for the process).

(3) Medical Retention Processing 2 (MRP2). MRP2 orders voluntarily return RC Soldiers to active duty who were released from active duty with a LOD for unresolved injuries or illness incurred while on active duty in support of a contingency operation (see enclosure 3 for the process).

(4) Active Duty for Medical Extension (ADME). ADME orders voluntarily place RC Soldiers on temporary active duty, to evaluate or treat an injury or illness incurred in the LOD during other than a contingency operation (see enclosure 3 for the process).

e. General officers will not be relieved from duty assignments and assigned or attached to a WTU without the approval of the HQDA DCS, G-1. Requests for approval will be routed through the CG, WTC prior to consideration by HQDA.

f. Commissioned officers in the grade of O-4 and above, warrant officers in the grade of CW3 and above, and noncommissioned officers in the grade of E-8 and above are considered for assignment/attachment by the WTU TOL. The first General Officer in the WTU TOL is the approval authority, with the following exception: the WTC Commanding General is the approval authority for individuals who enter under MRP2 and ADME orders. Reference 1j above establishes the TOL as the "Senior Commander, MTF Commander, and WTU Commander".

g. Exit criteria for Compo 1 and AGR Soldiers.

(1) Return to Duty (RTD). Soldiers may be returned to duty if any of the following criteria are met:

(a) The Primary Care Manager determines that the Soldier can return to duty, generally with all profile designators at 1 or 2 IAW AR 40-501, Chapter 3.

(b) Soldier is found fit for duty by a Physical Evaluation Board.

(c) Soldier is accepted for COAD or COAR IAW AR 635-40, Chapter 6.

(2) Separation or retirement.

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(a) Soldiers who do not meet Army retention standards described in AR 40-501, Chapter 3 may remain assigned or attached to the WTU/CBWTU until a final PDES determination is rendered and the Soldier is retired or separated.

(b) UCMJ or adverse administrative actions IAW Army regulations.

(c) Soldier's eligibility for, and elect to accept a non-medical retirement.

h. Exit criteria for Compo 2/3 Soldiers.

(1) Release from Active Duty (REFRAD). A RC Soldier should be recommended for REFRAD when any one of the following situations exists:

(a) Soldier's written, voluntary election to REFRAD (see enclosure 6)

(b) Permanent and temporary profiles with a designator of 1 or 2 in all categories (Medical Readiness Classes 1 and 2).

(c) Soldier with a temporary profile designator of 3, reasonably expected to resolve to a profile designator 1 or 2 within 30 days.

(d) Incarceration expected to exceed 30 days in duration which prevents the Soldier from participating in the CTP.

(e) Completion of the PDES process with a finding of Fit for Duty or Continued on Active Reserve (COAR) status.

(f) Non-compliance with the CTP IAW reference 1m.

(2) Separation/retirement. Recommendation for retirement or separation should be used when one of the following situations exists for an RC Soldier:

(a) Completion of the PDES process with a finding of Not Fit. Compo 2/3 Soldiers who do not meet Army retention standards described in AR 40-501, Chapter 3 will remain attached to the WTU until a final PDES determination is rendered and the Soldier is retired or separated.

(b) Administrative or UCMJ actions recommending separation/discharge from the Army. (See AR 135-175 and AR 600-8-24 for separation/ transfer/discharges of Reserve Component Officers and AR 135-178 and AR 635-200 for Enlisted separations).

(c) Soldier's eligibility for, and election to accept, a non-medical retirement.

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(3) Soldiers with unresolved 3 or 4 profile designators, and not fitting one of the above categories, are not generally eligible for involuntary REFRAD.

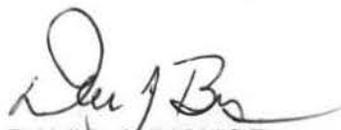
(4) Soldiers who voluntarily request to leave the WTU/CBWTU prior to receiving a fit for duty rating must be counseled and have the consensus of the Triad of Care, approval of the Triad of Leadership, and concurrence of the respective ARNG Deputy State Surgeon or Regional Support Command Surgeon. Additionally, the Soldier must:

(a) Submit a DA Form 4187 and MRP/MRP2/ADME Declination or Withdrawal Statement (see enclosure 6) through his or her chain of command.

(b) If military medical authority advises that the Soldier should be retained on active duty for further evaluation and treatment and the Soldier is competent to decide that he or she wants to leave the program, the Soldier may sign the Withdrawal Statement only after counseling by an individual knowledgeable about the MRP/MRP2/ADME programs, Incapacitation Pay, and transitional medical benefits.

7 Encls.

1. MRP-E Process
2. MRP Process
3. MRP2/ADME Process
4. AC Process
5. AGR Process
6. Declination or Withdrawal Statement
7. Commander Referral Letter


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

MRP-E Process
Entry and Exit Criteria for the Warrior Care and Transition Program (WCTP)

If during demobilization phase, the Soldier Readiness Processing determines that the Soldier's medical condition requires additional evaluation in order to determine WTU eligibility, the WTU servicing the mob site sends request for active duty to HRC.

1. The following documents are required when submitting a request for medical orders:

a. Completed DA Form 4187 (Personnel Action) (must be signed by Soldier and Commander).

b. Copy of mobilization orders.

2. The WTU will forward the completed packet to HRC for approval.

MRP Process
Entry and Exit Criteria for the Warrior Care and Transition Program (WCTP)

1. If, during demobilization phase, Soldier Readiness Processing determines that the Soldier's medical condition meets the criteria listed in paragraph 4a(2), the request for active duty under MRP is submitted through the designated WTU to the Senior Commander for approval. The designated WTU typically will be the one closest to the Soldier's home of record or support system location that has the medical capability and administrative capacity to provide the necessary care. Whenever possible, the designated WTU should contain the Soldier's home of record/support system in its CBWTU/Community Care area of responsibility.
2. For Soldiers already attached to a WTU on MRP-E orders, and whose evaluation has determined that the Soldier meets criteria in paragraph 4a(2), a request for active duty under MRP is submitted by the WTU command as described in 1. above. If the WTU to which the Soldier is attached for MRP-E is not the designated WTU described above, the request should be forwarded through the appropriate designated WTU.
3. The following documents are required when submitting a request for medical orders:
 - a. Commander's Referral Letter. At a minimum, this letter will contain a request for assignment/attachment to a WTU with the Soldier's past history, present condition, plan, and prognosis, and an explanation of why the Soldier meets entry criteria. A sample letter is found in Enclosure 7.
 - b. Completed DA Form 4187 (Personnel Action) (must be signed by Soldier and Commander).
 - c. Documentation supporting duty status at time of illness or injury, as applicable (that is, mobilization orders and amendments, unit sign-in roster, annual training order, and so forth).
 - d. All issued DA Forms 3349 (Physical Profile) completed by the military medical authority.
 - e. DA Form 2173 (Statement of Medical Examination and Duty Status) (LOD determination) and approval letter. If the circumstance surrounding the wound, injury, illness, or disease requires a formal LOD investigation, then DD Form 261 (Report of Investigation Line of Duty and Misconduct Status) must be submitted prior to processing the packet.
 - f. Statement from the examining MTF military medical examining provider will include, at a minimum, diagnosis, anticipated length of care, primary care manager contact information, treatment plan, prognosis for recovery, and other medical

documentation to substantiate the medical condition(s) supporting the WTU entry request.

g. Commander's statement verifying Soldier is not pending Uniform Code of Military Justice proceedings or adverse administrative action.

h. Commander's statement verifying that the requesting Soldiers mandatory removal date (MRD), retention control point, or expiration of term of service will not occur during this active duty period.

i. DD Form 214, if applicable.

j. DD Form 2795 (Pre-Deployment Health Assessment), if applicable.

k. DD Form 2796 (Post Deployment Health Assessment (PDHA)), if applicable.

l. DD Form 2900 (Post Deployment Health Re-Assessment Form (PDHRA)), if applicable.

m. Most recent Leave and Earning Statement

4. The WTU will forward the complete packet TOL for approval. The WTU will establish a report date, length of order, and submit the request for orders using a DA Form 4187 (Personnel Action) and DA Form 7692 (Active Duty for Medical Care Application) to HRC to publish orders.

MRP2/ADME Process
Entry and Exit Criteria for the Warrior Care and Transition Program (WCTP)

1. If the Soldier's command determines that medical treatment or the individual circumstances surrounding the Soldier's medical condition meet the criteria listed in paragraph 4a(2), a request for active duty is submitted through the Soldier's State Surgeon's Office to the National Guard Bureau (NGB) Surgeon's Office for ARNG Soldiers; or through the Soldier's Regional Support Command Surgeon's Office to the U.S. Army Reserve Command (USARC) Surgeon's Office for USAR Soldiers to the WTC for approval via the Active Duty Order Processing Module.

2. The following documents are required when submitting a request for medical orders:

a. Commander's Referral Letter. At a minimum, this letter will contain a request for assignment/attachment to a WTU with the Soldier's past history, present condition, plan, and prognosis, and an explanation of why the Soldier meets entry criteria. A sample letter is found in Enclosure 7.

b. Completed DA Form 4187 (Personnel Action) (must be signed by Soldier and Commander).

c. Documentation supporting duty status at time of illness or injury, as applicable (mobilization orders and amendments, unit sign-in roster, annual training order, and so forth).

d. All issued DA Forms 3349 (Physical Profile) completed by the military medical authority.

e. DA Form 2173 (Statement of Medical Examination and Duty Status) (LOD determination) and approval letter. If the circumstance surrounding the wound, injury, illness, or disease requires a formal LOD investigation, then DD Form 261 (Report of Investigation Line of Duty and Misconduct Status) must be submitted prior to processing the packet.

f. Statement from medical provider will include, at a minimum, diagnosis, anticipated length of care, primary care manager contact information, treatment plan, prognosis for recovery, and other medical documentation to substantiate the medical condition.

g. Commander's statement verifying Soldier is not pending Uniform Code of Military Justice proceedings or adverse administrative action.

h. Commander's statement that expiration of term of service, mandatory removal date (MRD), or retention control point will not occur during this active duty period.

i. DD Form 214, if applicable.

j. DD Form 2795 (Pre-Deployment Health Assessment), if applicable.

- k. DD Form 2796 (Post Deployment Health Assessment (PDHA)), if applicable.
 - l. DD Form 2900 (Post Deployment Health Re-Assessment Form (PDHRA)), if applicable.
 - m. Most recent Leave and Earning Statement
3. NGB and USARC will forward the complete packet to WTC for approval.
 4. If approved, WTC will coordinate for the most appropriate location for the publication of official orders. The designated WTU typically will be the one closest to the Soldier's home of record or support system location that has the medical capability and administrative capacity to provide the necessary care. Whenever possible, the designated WTU should contain the Soldier's home of record/support system in its CBWTU/Community Care area of responsibility.
 5. The WTC will establish a report date, length of order, and submit the request for orders using a DA Form 4187 (Personnel Action) and DA Form 7692 (Active Duty for Medical Care Application) to HRC to publish orders.

Active Component Process
Entry and Exit Criteria for the Warrior Care and Transition Program (WCTP)

1. If the Soldier's command determines that medical treatment or the individual circumstances surrounding the Soldier's medical condition meet the criteria listed in paragraph 4a(1), the Soldier's unit will submit the request, through the designated WTU to the Senior Mission Commander for approval. The designated WTU typically will be the one closest to the Soldier's assigned garrison unit that has the medical capability and administrative capacity to provide the necessary care. Units at installations without WTUs will coordinate WTU selection with the supporting Regional Medical Command (RMC) Warrior Transition Office (WTO).
2. The following documents are required when submitting a request:
 - a. Commander Referral Letter. At a minimum, this letter will contain a request for assignment/attachment to a WTU with the Soldier's past history, present condition, plan, and prognosis, and an explanation of why the Soldier meets entry criteria. A sample letter is found in Enclosure 7.
 - b. Completed DA Form 4187 (Personnel Action) (must be signed by Soldier).
 - c. DA Form 3349 (Physical Profile) completed by the military medical authority.
 - d. Completed DA Form 7652 (Commander's Performance and Functional Statement).
 - e. Statement from medical provider will include, at a minimum, diagnosis, anticipated length of care, primary care manager contact information, treatment plan, prognosis for recovery, and other medical documentation to substantiate the medical condition.
 - f. Statement verifying Soldier is not pending Uniform Code of Military Justice proceedings or adverse administrative action.
 - g. Statement that expiration of term of service, mandatory removal date (MRD), or retention control point will not occur during this active duty period.
3. The WTU in conjunction with the Soldier's unit will establish a report date and publish orders (attachment/assignment).

ACTIVE GUARD RESERVE (AGR) PROCESS
Entry and Exit Criteria for the Warrior Care and Transition Program (WCTP)

1. If the Soldier's command determines that medical treatment or the individual circumstances surrounding the Soldier's medical condition meet the criteria listed in paragraph 4a(1), the Soldier's State (NG) or Unit (USAR) will send the Soldier for evaluation to the closest MTF with a WTU. If upon examination by the MTF provider, the Soldier meets WTU entry requirements, the packet is referred to the TOL to request WTU Entry.

2. The following documents are required when submitting a request:

a. Commander Referral Letter. At a minimum, this letter will contain a request for assignment/attachment to a WTU with the Soldier's past history, present condition, plan, and prognosis, and an explanation of why the Soldier meets entry criteria. A sample letter is found in Enclosure 7.

b. Completed DA Form 4187 (Personnel Action) (must be signed by Soldier and Commander).

c. DA Form 3349 (Physical Profile) completed by the examining MTF military medical approving authority.

d. Completed DA Form 7652 (Commander's Performance and Functional Statement).

e. Statement from the examining MTF military medical examining provider will include, at a minimum, diagnosis, anticipated length of care, primary care manager contact information, treatment plan, prognosis for recovery, and other medical documentation to substantiate the medical condition(s) supporting the WTU entry request.

f. Commander's statement verifying Soldier is not pending Uniform Code of Military Justice proceedings or adverse administrative action.

g. Commander's statement verifying that the requesting Soldiers mandatory removal date (MRD), retention control point, or expiration of term of service will not occur during this active duty period.

3. The requesting Soldier's unit, through their Major Subordinate Command will send the WTU request packet to the applicable State ARNG HQ or USARC G1 for staffing and consideration. Where the ARNG or USARC Commander or delegated approving authority recommends WTU entry, the Soldier's request will be forwarded to HRC for orders publication. National Guard AGR Soldiers will convert from Title 32 to Title 10 (12301(h)) for assignment to a WTU.

REQUESTING UNIT'S LETTERHEAD

OFFICE SYMBOL

DATE

MEMORANDUM FOR Human Resources Command

SUBJECT: DECLINATION of, or WITHDRAWAL from the Warrior Care and Transition program

1. I, (print name / rank), _____ (SSN Last Four), _____ decline orders to (Circle one) **return to** or **remain on** active duty status for medical care, and if applicable, process through the Army Physical Disability Evaluation System (PDES) as a participant in the WCTP program. If PDES process was not begun, it is to be initiated by your unit after you REFRAD. Once REFRAD, any conditions that were/are determined to be pre-existing (meaning originating in a non-duty status and not aggravated by a duty status) fall under the non-duty related process for referral to the PDES.

2. I understand that I have not waived my right to medical care. I am entitled to care through military or Department of Veterans Affairs (DVA) medical treatment facilities for "in line of duty" illness or injury (DA Form 2173) sustained while on orders or in Individual Training status.

3. I understand that if I have entered the PDES process that this process will continue even if not completed by my REFRAD date.

4. I may also be eligible to apply for Incapacitation Pay through my USAR/ARNG unit.

5. MRP/MRP2: I understand that if I have served more than 30 days on active duty in support of a contingency operation I am entitled to 180 days of medical care under the Transitional Assistance Management Program (TAMP) for my eligible Family members and me. Care under the TAMP is limited to this 180 day period only. Information for this program is available at the following web site: <http://www.tricare.osd.mil.reserve>

Soldier's Signature: _____
Soldier's AKO email: _____@us.army.mil
Currently participating in MRP/MRP2/ADME
Telephone Number: _____
Counselor: name: _____ signature: _____
Counselor's AKO email: _____@us.army.mil
Duty Position/title: _____ Tel. No: _____

Privacy Act, Sec 3 (c) (10), established appropriate safeguards for personal information. This information will not be released outside DOD without prior written consent from individual concerned or for the purposes stated herein.

Commander Referral Letter for AC Soldiers

DEPARTMENT OF THE ARMY
UNIT
UNIT ADDRESS
LOCATION, ZIP CODE

OFFICE-SYMBOL

Date

MEMORANDUM THRU

FOR Triad of Leadership

SUBJECT: Commander's Statement, SPC John Smith, (last SSN 4) 9999

1. Request SPC Smith be evaluated for (Assignment/Attachment/Enrollment or Cadre) to the WTU.

2. PAST HISTORY:

a. SPC Smith's medical condition began after jumping from truck during OIF when he injured his left knee. He is a Combat Engineer, which requires extensive marching, running and frequent manual labor. Over the past five months, he was on 30-day limited duty profiles on three occasions.

b. SPC Smith's had surgery on XX May 2013 to repair his knee. SPC Smith returned to work and continued physical therapy once per day.

3. PRESENT CONDITION:

a. His knee pain and mobility continued to worsen. SPC Smith's physical therapy consumes 10 hours per week and is expected to last over 6 months.

b. I recommend that SPC Smith be assigned to the WTU for complex medical management.

4. MEDICAL PLAN and PROGNOSIS:

a. Plan.

b. Prognosis.

FIRST I. LAST
RNK, BR
Commanding