



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

MAR 26 2015

The Honorable John McCain
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The Department of Defense Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces, referred to as the Recovering Warrior Task Force (RWTF), was established by section 724 of the National Defense Authorization Act for Fiscal Year (FY) 2010 (Public Law 111-84). Section 724(c) requires the Department to provide the RWTF report for FY 2014 along with the Department's evaluation of (response to) the RWTF recommendations within 90 days after receipt of the report (by December 2, 2014), and a subsequent plan to implement the RWTF recommendations within 180 days, following report publication (by March 2, 2015).

The Department continuously evaluates opportunities to provide the best care and support to its wounded, ill, and injured Service members, their families and caregivers. In early December we notified you that our response to the RWTF recommendations, along with their FY 2014 report, would be submitted for your consideration in January 2015. This report provides the Department's plans to implement those recommendations as required by Section 724.

This final RWTF report is focused on: the Integrated Disability Evaluation System, Supporting an Enduring Recovering Warrior (RW) Mission, Facilitating RW Recovery and Transition, and Facilitating Access to Health Care. We appreciate the opportunity to work with you to influence the future effectiveness and course of RW care while maintaining continued attention and resources devoted to Recovering Warrior matters.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families. A similar letter is being sent to the Chairman of the House Committee on Armed Services.

Sincerely,

A handwritten signature in blue ink that reads "Jessica L. Wright".

Jessica L. Wright

Enclosures:
As stated

cc:
The Honorable Jack Reed
Ranking Member



UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
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MAR 26 2015

The Honorable William M. "Mac" Thornberry
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

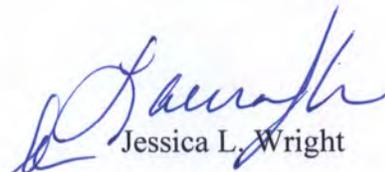
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Sincerely,



Jessica L. Wright

Enclosures:
As stated

cc:
The Honorable Adam Smith
Ranking Member

Report to Committees on Armed Services of the Senate and the House of Representatives



Fiscal Year 2014 Report of the Department of Defense Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces, and the Department of Defense's Plan to Implement the Recommendations

Required by: National Defense Authorization Act for FY 2010, Section 724

The estimated cost of this report or study for the Department of Defense is approximately \$6,140 in Fiscal Years 2014 - 2015. This includes \$5,460 in expenses and \$680 in DoD labor.
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Summary of Recovering Warrior Task Force Recommendations, with DoD's Evaluation and Implementation Plans

The Department of Defense (DoD) has evaluated the recommendations and provided our initial responses to Congress, along with copies of the Task Force report, in February 2015. This document provides the Department's implementation plans for recommendations 1, 2, 3, 5, and 10. The other five recommendations (4, 6, 7, 8 and 9) have been met or do not require further actions. This is the fourth and final annual report of the DoD Recovering Warrior Task Force (RWTF). The ten RWTF recommendations in the Fiscal Year (FY) 2014 report build upon the 77 previous recommendations made in the three reports for FYs 2011, 2012, and 2013. This final RWTF report provides a focus on four areas: the Integrated Disability Evaluation System (IDES) (recommendation 1), Supporting an Enduring Recovering Warrior (RW) Mission (recommendations 2-6), Facilitating RW Recovery and Transition (recommendations 7-9), and Facilitating Access to Health Care (recommendation 10). With the Task Force sunset, this report is intended to inform the future effectiveness and course of RW care, and encourage continued attention and resources for RW matters.

The report was published September 2, 2014, and the RWTF requested that the Office of Warrior Care Policy (WCP) within the Office of the Assistant Secretary of Defense for Health Affairs be the primary response coordinator. Additional inputs were incorporated from Office of the Assistant Secretary of Defense for Reserve Affairs RA; Defense Manpower Data Center (DMDC); Transition to Veteran Program Office (TVPO); and the Military Departments. Task Force Recommendations are presented as published, with any clarification of acronyms added by DoD indicated within brackets wherever necessary for clarity. The individual recommendations can only be fully appreciated by thoroughly review the findings that support each recommendation. These can be found in the published report and provide essential background for appreciating the brevity of the individual recommendations presented here. The full report is available at the RWTF web site:

<http://rwtf.defense.gov/Reports/FY2014ANNUALREPORT.aspx>

Integrated Disability Evaluation System (IDES)

In RWTF's founding legislation (Appendix A of the FY 2014 report), Congress directed it to examine two matters pertaining to the Disability Evaluation System (DES):

- 1) the effectiveness of measures to improve or enhance the DES and
- 2) the support provided RWs as they progress through the DES. During its first three years of effort, RWTF's research yielded 18 recommendations aimed at bettering the experience of RWs undergoing disability evaluation, in terms of both process and equitable outcomes. RWTF's recommendation is predicated on four years' worth of data, discussion, reflection, and deliberation regarding the adequacy of the current DES and ancillary supports.

RECOMMENDATION 1

The current IDES is fundamentally flawed and DoD should replace it. Emphasis should be placed on return to work as soon as possible after injury, including separation and transition to civilian employment when injuries clearly indicate the Service member cannot be retained in the military. The hallmarks of the new approach should include:

- Standardization across DoD, i.e., no Service/Component variance in the new process
- Predictable and transparent processes
- Compensation for lost future pay or lost employment ability via a structured payment — lump sum or annuity — that cannot be revoked by subsequent recovery
- Incentivizing work, wellness, education, and retraining opportunities
- A patient and family-centered focus on what the patient and family need rather than what the system needs

Requested Service / Agency to Respond: WCP, Services

DoD response: Partially Concur

The IDES, first fielded as a pilot program in 2007, has been fully operational since 2011 and has succeeded in achieving its principal goals: providing Service member's disability benefits sooner, more transparent and consistent disability determinations, and eliminating duplicative exams and ratings. By law, the Military Departments operate their own disability evaluation systems, and the IDES provides a more consistent disability process allowing DoD to evaluate each Military Service's performance against established standards. The IDES allows the Military Departments to expedite fitness determinations, providing timely reintegration into military units or transition back to civilian life. The Department has also implemented a Quality Assurance Program (QAP) to ensure disability determinations are standardized across the Services; improved communication about the process with Service members in the IDES and their families, and has expanded education, rehabilitation, and employment opportunities to assist recovering Service members (RSMs) during their transition.

The Department does not concur that the primary objective of IDES should be a patient- and family-centered process that incentivizes work, wellness, education and retraining opportunities. At its core, the IDES remains a fitness for duty evaluation process, determining whether a Service member is physically and mentally fit to perform their military duties. Other programs (i.e., Recovery Coordination Program (RCP), Education and Employment Initiative, and Transition Assistance Program (TAP)) are already in place that focus on the Service member's needs, and his or her family's needs during transition, to include wellness, work, education and retraining assistance.

The Department concurs with changing how disability compensation is determined. The National Defense Authorization Act for FY 2008 (Chapter 61, Title 10, Section 1216a) required DoD to use the Department of Veterans Affairs (VA) Schedule for Rating Disabilities to develop

a disability rating that helps determine a Service member's disability compensation: either a lump sum severance payment or lifetime annuity, based on the disability rating percentage for the member's unfitting medical condition(s). The Military Compensation and Retirement Modernization Commission conducted a comprehensive review of military compensation and benefit programs, to include disability retirements. This Commission provided the President and Congress its recommendations for compensation modernization on January 29, 2015. The Department is evaluating the Commission's report to determine what further action, to include proposed legislation, must be taken to improve the IDES by providing a more predictable and transparent method of evaluating and compensating Service members in the 21st century.

DoD implementation plan: Now that the Commission has released its report, DoD will conduct a separate study to develop courses of action to reform disability retirement compensation. WCP, in collaboration with Military Compensation Policy and the Military Departments, will examine disability evaluation data, including the distribution of final disposition determinations, administrative and manpower requirements, and costs, to evaluate courses of action for reforming disability retirement compensation for Service members discharged through the Department's disability evaluation systems. WCP will develop proposed policy, disability program changes, and legislative changes and cost estimates for modifying disability retirement compensation for the DES to create a more streamlined, predictable and transparent evaluation process for evaluating and compensating Service members. DoD does not have a reliable estimate on when this study and staffing process will conclude. The goal is to complete it by the middle of 2016.

Supporting an Enduring RW Mission (recommendations 2-6)

While the drawdown of military operations in Iraq and Afghanistan will reduce the number of combat casualties, it will not impact the number of ill or injured. Furthermore, the number of combat casualties could again surge when our nation next goes to war. RWTF makes five recommendations aimed at ensuring DoD maintains and grows its capacity to meet the enduring RW mission. The first four recommendations target support for proponents responsible for RW care, management, and transition, such as WCP and the Services' RW units and programs. The fifth recommendation targets broader organizational change that will strengthen the capacity of DoD and VA to effectively care for the RW population.

RECOMMENDATION 2

Publish a DoD Instruction (DoDI) policy for addressing the needs of RW family members and caregivers and identifying baseline services to be delivered by each Service and Component.

Requested Service / Agency to Respond: WCP

DoD's Evaluation: Concur

The Department is revising DoDI 1300.24, "Recovery Coordination Program," and its companion DoD Manual (DoDM) to better focus on the needs of RWs, family members and caregivers. The revised Instruction and Manual standardizes the process of care for Service members, from initial assessment through the treatment continuum to transition or reintegration, including support to family members and caregivers. The policy will also address family caregiver outreach and training across the Military Departments. Publication of the DoDI and DoDM is anticipated in early 2015.

DoD implementation plan: The Department anticipates publishing DoDI 1300.24, "Recovery Coordination Program," and its companion DoDM by September 2015.

RECOMMENDATION 3

Establish a uniformed representative from each Service at WCP.

Requested Service / Agency to Respond: WCP, U.S. Army, U.S. Navy, U.S. Air Force, U.S. Marine Corps (USMC)

DoD's Evaluation: Partially Concur

The WCP has replaced two civilian positions with military officer positions effective in FY 2015 and is pursuing other options to increase military representation in the office. This realignment will help strengthen its relationship with the Military Departments and support policy development and oversight of RSM programs. WCP will continue to evaluate the needs of the Office to ensure the right mix of civilian-military skills. WCP will also continue its ongoing engagement with the Military Departments through standing meetings and working groups on programs affecting RSMs, their families and caregivers, which have been very successful.

DoD implementation plan: WCP is on track to acquire four military staff members in FY 2015. In January 2015, WCP added a USMC Gunnery Sergeant (E-7) to its staff and anticipates filling its Navy and Army officer positions by September 2015. WCP is also working to acquire an Air Force reservist by September 2015.

RECOMMENDATION 4

Realign WCP and re-grade the Deputy Assistant Secretary of Defense (DASD), WCP leadership position to increase effectiveness in the inter-agency environment and to better create policy within the DoD.

Requested Service / Agency to Respond: Under Secretary of Defense for Personnel and Readiness (USD(P&R))

DoD's Evaluation: Non-Concur:

The Department believes WCP and its leadership are appropriately positioned to work with the Military Departments and VA on RSM matters. WCP is also a member of the Health Executive Committee, the Benefits Executive Committee, the Wounded, Ill and Injured Committee, the Interagency Care Coordination Committee (IC3), and the Joint Executive Committee (JEC), which ensures that issues directly impacting wounded, ill and injured service members are addressed by senior leadership across DoD and VA. The Secretary of Defense approved the placement of the WCP, led by a DASD, under the Assistant Secretary of Defense for Health Affairs (ASD(HA)) in a June 2012 memorandum.

DoD implementation plan: Not Required, DoD actions complete.

RECOMMENDATION 5

Secure enduring resources for maintaining the capability, infrastructure, and institutional knowledge for supporting RWs that has been developed over the last 10 years.

Requested Service / Agency to Respond: HA, WCP, Services

DoD's Evaluation: Concur

The Department has institutionalized WCP under the ASD(HA) and the Warrior Care Division in the Defense Health Agency (DHA), with funding through Program Objective Memorandum, as the principal office for policy and oversight of the Services' RW programs. To ensure the Services maintain the capability, infrastructure, and institutional knowledge to support RWs, ASD(HA) requested the Military Departments conduct a quality review of their Wounded Warrior Programs (WWP). The Military Departments' quality reviews must identify their long-term plan for their WWP, to include its projected population and staffing for the next two years. The Military Departments must also address how their WWP provides oversight of and support to RSMs and their families, and their transition from military service. WCP is evaluating the results of the Military Departments' review to determine gaps and redundancies, and to support

policy decision-making and development of a long-term strategy for the care, management, and transition of wounded, ill, and injured Service members.

DoD implementation plan: The Department, through the WCP RCP, evaluates the Military Departments' RCP elements and WWPs in accordance with DoDI 1330.24, "Recovery Coordination Program (RCP)." WCP has implemented a Quality Assurance Program (QAP) to continually evaluate the uniformity and effectiveness of the Military Departments' WWP's, including the care and support provided to RSMs, family members, and caregivers. The QAP, conducted through site assistance visits, gauges the care, management, and transition process for RSMs, reviews Recovery Care Coordinator (RCC) roles and responsibilities, and evaluates RSM and family member experiences with Component WWPs. Site visits include interviews with RCCs/Advocates, installation WWP command and staff, reviews of WWP staffing and training requirements, and focus groups with RSMs, family members, and caregivers. Results of the site assistance visits are included in an annual report to the Office of Secretary of Defense and Military Department senior leaders and are also shared with Component WWPs. Lessons learned will be evaluated for incorporation into the governing policy, DoDI 1300.24, as well as recommendations that could improve business practices for associated RCP manuals.

In FY 2014, WCP RCP's Quality Assurance Team (QAT) conducted site visits at 27 installations to evaluate Service programs that support care provided to RSMs and their families, and RSMs transition back to duty or Veterans status. On January 8, 2015, ASD(HA) signed the first annual RCP QAT report to the Military Departments and requested they take appropriate action, as necessary, to address the issues reported and provide corrective action plans to WCP to allow for continuing oversight in 2015. FY 2015 WCP QAT site visits are underway and the next annual report should be completed by January 2016.

RECOMMENDATION 6

Congress should establish the requirement for interagency policy between DoD and VA on wounded, ill, and injured programs. Additionally, Congress should direct the JEC to write such policy(ies).

Requested Service / Agency to Respond: Congress, JEC

DoD's Evaluation: Non-Concur

The statutory requirement, title 38 USC (section 8111), already exists for the two Department Secretaries to issue guidelines and policy directives to implement JEC recommendations. The Departments have established interagency policy through Memoranda of Understanding (MOUs) to identify jointly agreed high-level objectives from which separate, Departmental-coordinated policies are developed for implementation by their subordinate organizations. The Departments' policy is complementary and consistent with the underlying MOUs, providing departmental

language and guidance to assure common goals are reached. The JEC, as the Departments' coordination body, effectively identifies, approves and implements changes to Departmental policies, procedures, and practices that promote mutually beneficial coordination or sharing of services and resources between the two Departments. The Department does not believe it is necessary for Congress to enact additional statutes that direct the JEC to write interagency policy for the Departments on wounded, ill, and injured programs.

DoD implementation plan: Recommendation met. No further action required.

Facilitating RW Recovery and Transition (recommendations 7-9)

In this section, RWTF hones in on several aspects of how DoD supports the RW community. Three recommendations address, respectively, empowering Family Caregivers to optimally support RWs, facilitating the transfer of Service members from DoD to VA, and taking steps to ensure available vocational/employment services meet expectations.

RECOMMENDATION 7

To optimize the family and significant other contribution to Warriors' recovery, facilitate their participation and socialization throughout the continuum of care, management, and transition, Health Insurance Portability and Accountability Act (HIPAA) rules that potentially constrain family involvement should be mitigated.

Requested Service / Agency to Respond: WCP, ASD(HA) (DHA Privacy and Civil Liberties)

DoD's Evaluation: Partially Concur

The HIPAA rules could be perceived as a barrier to sharing a patient's information. However, sufficient flexibility exists in the HIPAA Privacy Rule as implemented within DoD through DoD 6025.18-R, the DoD Health Information Privacy Regulation. This guidance allows Military Health System (MHS)/military treatment facility (MTF) healthcare providers to share protected health information (PHI) with a patient's family, friends, or other persons identified by a Wounded Warrior (patient) as involved in the patient's care or payment of care unless the patient objects, orally or in writing, to such sharing. See 45 Code of Federal Regulations (CFR) 164.510(b) and DoD 6025.18-R, paragraph C6.2. Sharing is easier if, as provided in the HIPAA Privacy Rule and DoD 6025.18-R, the MTF obtains a patient's agreement that it may share PHI with individuals identified by the patient as involved in care. See 45 CFR 164.510(b)(2)(i) and DoD 6025.18-R, paragraph C6.2.

Sharing PHI with those involved in a patient's care or payment of care is also permitted in certain situations, even if the patient has not specifically identified those to whom PHI may be disclosed. These disclosures are permitted where a patient with the capacity to make healthcare decisions is present when the disclosure is made and either does not object or the MTF reasonably infers from the circumstances that the patient does not object. The HIPAA Privacy Rule and DoD 6025.18-R also permit these disclosures in situations where the patient is not present or is incapacitated. Disclosures in the preceding two instances are based on the provider's exercise of professional judgment and common experience as to whether disclosure is in the best interest of the patient. These rules do not apply to psychotherapy notes, which generally require a patient's written authorization to disclose. See 45 CFR 164.508(a)(2).

The HIPAA Privacy Rule and DoD 6025.18-R provisions on permitted disclosures to friends, family, and individuals identified by the patient as involved in a patient's care have been in effect since 2003. These provisions are generally well understood within the MHS workforce.

A DHA Privacy and Civil Liberties Office (DHA Privacy Office) review of its records on inquiries received over the past five years from MTFs, MHS patients, or persons involved in an individual's care do not indicate the rules, or their application/misapplication within the MTFs, is a recurring problem. Nothing has come to DHA Privacy Office's attention through complaints it is received and/or inquiries from MTFs indicating that the MHS/MTFs experience problems in applying the rules consistent with the individual's specific privacy rights under the HIPAA Privacy Rule and DoD 6025.18-R.

Basic and annual HIPAA training developed by the DHA Privacy Office (and its predecessor, the Tricare Management Activity Privacy Office) is provided through MHS Learn. This training is used throughout the MHS. The DHA Privacy Office's HIPAA training materials specifically discuss permitted disclosures to a patient's friends, family, and identified persons involved in care. This training also references that the individual may agree to disclosures to those identified individuals involved in care either orally or in writing.

DoD implementation plan: Recommendation met. No further action required.

RECOMMENDATION 8

Pre-DD214, facilitate the transfer of each Service member to the VA by automatically registering him/her in a system that populates the VA database with all transitioning Service members.

Requested Service / Agency to Respond: USD(P&R), WCP, or DMDC, VA (optional)

DoD's Evaluation: Partially Concur:

The DMDC provides data updates on service personnel (active duty, Reserve, Guard, retired) to the VA, beginning with the point of initial entry into the military. DMDC provides updates received from the service personnel systems throughout a member's career (to include changes within a service or inter-service transfers) until the point of discharge or transfer to retirement. This information includes periods of service (Begin Date, End Date if the period is terminated or projected end date if still in service), unit assignment information, deployment information, pay grade information, military pay information; and for Reserve/Guard this information also includes Reserve Component Category, Active Duty periods (including identifying which are served in support of a contingency), and Reserve drill pay information. VA maintains this information in the VA-DoD Identity Repository, and therefore has all of the information that could be required to support this recommendation.

DoD also collaborates with VA to help smooth the transition of service member to veteran status through the eBenefits portal. In 2011, the USD(P&R) directed the Military Departments to ensure all Service members established an eBenefits account. This eBenefits portal is jointly hosted by DoD and VA and provides a central location for Service members, Veterans, and their families (with permission) to research, access, and manage their DoD and VA benefits. In addition, the DoD/VA IC3 is responsible for synchronizing complex care, benefits, and services, across multiple agencies and departments, to support Service members, Veterans, and their families. The IC3 is accomplishing this through oversight of nearly 60 Community of Practice groups, instituting the Lead Coordinator program, and developing an electronic interagency comprehensive plan.

DoD implementation plan: Recommendation met. No further action required.

RECOMMENDATION 9

Take affirmative steps to ensure DoD's and the Services' employment programs are meeting expectations. These include:

- Creating a dashboard reporting RW employment metrics, allowing ongoing monitoring and visibility of how well RWs are doing in the job market.
- Matching Veteran skill sets to employers' needs
- Taking steps to make Veterans advantageous hires
- Congress should ensure integration of effort among DoD, VA, and Department of Labor (DOL) employment programs.

Requested Service / Agency to Respond: USD(P&R), Congress

DoD's Evaluation: Concur:

The Department's TVPO, in collaboration with the DOL and VA, is working to improve the transition of Service members to veteran status by:

1. Creating a Dashboard reporting RW metrics. TVPO is in the process of implementing an interagency evaluation and assessment plan for the TAP that includes ongoing monitoring and analysis of Service member performance in the job market. Our interagency partners (DOL, VA) are focused on all Service member performance that includes but does not single out RWs. This capability is targeted for implementation in 2015.
2. Matching Veteran skills sets to employer needs. TVPO has in-depth curriculum, tools, and training designed to help all Veterans map their skills to those needed by employers. Research is being conducted to better identify "valued skills" (soft skills) Service members obtain while on Active Duty and quantify those skills in terms civilian employers will understand. In 2015, TVPO will continue to focus on these efforts and conduct outreach activities with employers and states to communicate the value Veterans bring to the workforce and support licensing and credentialing programs. TVPO is also promoting a new authority, called DoD SkillBridge, that allows eligible transitioning Service members to participate in civilian training, apprenticeship, and internship programs beginning up to six months before their Service obligation is complete.
3. Taking steps to make Veterans advantageous hires. TVPO is currently working with Congress and government agencies to ensure all Veterans are viewed as advantageous hires. These activities will continue along with support for new efforts to highlight the advantages of hiring veterans.
4. Integrating employment efforts with the DOL and VA. The TAP has proved to be a successful integrated effort between DoD, VA, and DOL. The Departments will continue their efforts to ensure successful collaboration and provide Veterans with the all the skills and training they need to effectively pursue their post-military career goals.

DoD implementation plan: Recommendation met. No further action required.

Facilitating Access to Health Care

Congress did not expressly charge RWTF with examining access to health care, apart from services for posttraumatic stress disorder/traumatic brain injury. However, RWTF has grown increasingly aware of systemic Active Component/Reserve Component disparities in this arena

that, in turn, impact both the opportunity of RWs to recover and transition and the readiness of the Reserve force. Recommendation 10 proposes a solution for these disparities.

RECOMMENDATION 10

Upon Reservists' transfer to a Reserve unit, require health insurance—TRICARE Reserve Select or other private health insurance—as a condition of continued employment in the Reserve Component.

Requested Service / Agency to Respond: Assistant Secretary of Defense for Reserve Affairs ASD(RA)

DoD's Evaluation: Concur.

The Department needs to fully analyze this recommendation and its second order effects. Reserve Component members are expected to meet and maintain standards for fitness and medical readiness, and are presumed to be maintaining some form of health care coverage, which may impact a members' ability to maintain basic health requirements. DoD will conduct a business case analysis to inform a more complete response to this recommendation, including the cost implications, to the member and the Department.

DoD implementation plan: The ASD(RA) will request FY 2016 funding in the internal DoD studies process to: 1) analyze and quantify the number of uninsured personnel in the Ready Reserve; 2) provide a business case analysis of the requirement for health care as a condition of employment including financial considerations and recruiting impact; 3) specifically look into any correlation between healthcare coverage and medical readiness; and 4) consult with the Office of General Counsel on the legality of requiring that the Service member purchase health insurance as a requirement for affiliation and participation in the Selected Reserve, with the implications of the Affordable Care Act and ability of Selected Reserve members in active status eligibility for health care insurance. ASD(RA) is targeting to begin the study in early FY 2016 and anticipates it will take approximately 6 months to complete the cost benefit analysis to determine what legislative/policy changes, if any, are necessary to improve the program.