d. Scope. Current public law forces use of expense-driven member surveys as a basis for calculating Variable Housing Allowance (VHA). By using this system instead of a price-based allowance system which more accurately gauges housing and utility costs, soldiers are inclined to live in substandard housing due to insufficient VHA. After the expense-driven survey is completed, the results reflect a misleading housing allowance requirement for the soldier. This process can have a snowball effect over time that could lead to substandard housing being occupied by the soldier.
e. AFAP recommendation. Change method of gathering VHA data from expense-driven member survey to a price-based allowance system.
f. Progress.
(1) Combined issues. Issues 267 and 365 were combined with this issue in Jan 97 because the combined housing allowance tracked in this issue will resolve the intent of Issues 267 and 365.
(2) Legislative proposal.
(a) The OSD Housing Reform Working Group devised a housing allowance model that combines BAQ and VHA into one allowance and replaced the expenditure-based system with a price-based allowance system. The goals were to establish an easy to understand system based upon an external data source that reflects private sector housing standards, independent of soldiers' housing expenditures, and indexed to housing costs (not military pay raises).
(b) The issue was staffed through the ULB and was forwarded to Congress. The combined housing allowance (BAH) was authorized in the FY98 NDAA with an effective date of 1 Jan 98.
(3) GOSC review. The Mar 97 GOSC expressed concern about potential costs and shifting of funds among Services. Although some shifting will occur, the positive aspect of this issue is that the entitlement would be linked directly to housing costs in an area, not to survey information.
(4) Resolution. The Apr 98 GOSC determined the issue is completed based on the FY98 NDAA which enacted a Basic Allowance for Housing.
g. Lead agency. DAPE-PRR-C

Issue 419: Dining Facility Meal Rates
a. Status. Unattainable.
b. Entered. AFAP XIII; 1996.
c. Final action. AFAP XIV, 1997.
d. Scope. On 1 Oct 96, DoD implemented a single rate meal charge for all paying customers in dining facilities. The standard meal rate was developed to eliminate meal surcharge exemption requests for various categories of individuals by charging all paying customers (enlisted, officers, retirees, families, and civilian employees) the same rate. The only exemption to the new meal charge is for junior enlisted families. However, enlisted soldiers who draw Basic Allowance for Subsistence now pay more for meals they eat in the dining facility than they did previously, whereas every other category pays less. For example, an enlisted soldier's lunch now costs $.85 more and three meals cost $2.25 more than previously. For enlisted soldiers who eat meals in the dining facility, this increase is significant.
e. AFAP recommendation. Return meal rates for enlisted personnel to previous meal rate (prior to 1 Oct 96 change).
f. Progress.
(1) History. This issue was introduced into the AFAP at the 31 Oct 96 GOSC meeting following concerns expressed by the Sergeant Major of the Army about the increased meal rates for enlisted soldiers.
(2) Staffing action. A memorandum was written in Jan 97 requesting OSD return to previous meal rate of $4.75. The Army Staff non-concurred with the draft memo, citing that BAS exceeds daily meal rate and that a return to the previous rate would result in a loss to OMA and MPA and would negatively impact travel re-engineering initiatives that tie the single meal rate to temporary duty per diem rates.
(3) Resolution. The Mar 97 GOSC agreed that this issue is unattainable due to lack of Army support.
g. Lead agency. DALO-TST.
h. Support agency. DAPE-PRR-C.

Issue 420: Privately Owned Vehicle Storage During OCONUS Assignment
a. Status. Unattainable.
b. Entered. AFAP XIII; 1996.
c. Final action. AFAP XIV; 1997.
d. Scope. Because of working spouses and family commitments, many Army families own two vehicles. Current regulations authorize shipment of one vehicle at Government expense to an OCONUS duty assignment. The family must then sell their second vehicle, store it at their own expense, or leave it with friends or family during their OCONUS assignment. This financial burden is a direct consequence of military relocation, but is not reimbursable.
e. AFAP recommendation. Authorize storage of one POV per service member at Government expense when military member is on an accompanied tour to an OCONUS duty station.
f. Progress.
(1) History. This issue was introduced by the ADCSPER at the Oct 96 GOSC meeting to complement the recently completed POV storage change that was effected in the FY97 NDAA.
(2) Cost. Estimates indicate the approximate annual cost to Army for this expanded benefit would be $50M, probably taken out of Total Obligation Authority (TOA) funds.
(3) Coordination. The Army Staff non-concurred with this recommendation.
(4) Resolution. The Oct 97 GOSC said this issue is unattainable based on cost.
g. Lead agency. DAPE-PRR-C.
h. Support agency. DALO-TSP.

Issue 421: Army Family Team Building (AFTB) and Army Family Action Plan (AFAP) Program Resources
a. Status. Completed.
b. Entered. AFAP XIV; Mar 97.
c. Final action. AFAP XX. (Updated: 18 Nov 03)

d. Scope. Army Family Team Building and the Army Family Action Plan teach and provide family members skills that lead toward self-reliance and a process through which soldiers and families may raise well-being issues of concern for leadership consideration. The success of these programs is hindered by lack of paid staff personnel and financial resources. This shortfall, combined with a normal flux of volunteers, has resulted in inadequate administrative oversight at the local level.

e. AFAP recommendation.

(1) Provide funding for installation-level AFTB and AFAP coordinators and an accounting code to capture expenditures.

(2) Provide program funding to implement and sustain AFAP and AFTB at the installation level.

f. Progress. (The AFTB/AFAP funding recommendation in Issue 466 was added to this issue in Jan 00, and the recommendation to obtain CSA/SMA endorsement was transferred to Issue 466.)

(1) Validation. Prior to this issue, no funding was specifically appropriated for AFTB or AFAP at installations – manpower and support funding were dependent on the organizational element to which the programs were assigned, which was generally ACS. Since AFTB and AFAP were non-mission programs in ACS and did not carry their own funding, they followed core mission programs for resourcing.

(2) Funding.

(a) CFSC staffed a data call to the major Army commands (MACOMs) to determine manpower and funding in support of AFTB and AFAP at MACOMs and installations. The response established the unfinanced requirement (UFR) that CFSC submitted for the 03-07 POM cycle.

(b) Based on the VCSA's direction in Nov 00 that the issue be resolved beginning in FY01, the Army provided funding to power projection/support platform and forward-deployed locations in FY01.

(c) $3.2M of the $5.7M FY02 requirement was funded. The total requirement (138 positions, $8.2M) was funded in FY03.

(3) AMSCODE. Request to establish an AMSCODE for AFAP and AFTB to capture program expenditures by MACOM was incorporated into DFAS Manual 37-100 in 2nd Qtr FY02. The AMSCODE extension is .20.

(4) GOSC review.

(a) Oct 97. This issue remains active to pursue an AFTB/FSG coordinator position.

(b) Nov 99. The GOSC was updated on initiatives to resolve this issue. AFAP added to issue scope.

(c) Nov 00. Per the VCSA's direction to speed up the funding process, CFSC submitted requirements to ASA(FM&C) to accelerate the funding request to include FY01 and FY02.

(d) May 01. Funding for Phase I is being released to the field.

(e) Mar 02. The VCSA directed funding of the FY02 UFR.

(f) Nov 02. The VCSA directed funding of the FY03 UFR.

(5) Resolution. The Nov 03 GOSC declared this issue completed based on funding to support program operations and positions for AFAP and AFTB to include the Army National Guard and Reserves.

g. Lead agency. CFSC-FP

Issue 422: Army Family Team Building Funding for RC and Geographically Separated Units

a. Status. Combined.

b. Entered. AFAP XIV; Mar 97.

c. Final action. No. (Updated: Jun 01)

d. Scope. The Army Family Team Building (AFTB) program is intended for the Total Army family. However, lack of funding to support AFTB training at the local (unit) level within the Army National Guard (ARNG), United States Army Reserve (USAR), and active duty geographically separated units (e.g., recruiting, ROTC) results in the inability to fully implement the program. The lack of funding negatively impacts on readiness and retention.

e. AFAP recommendation. Allocate AFTB program funding for local (unit) level training of instructors and family members for ARNG, USAR, and active duty geographically separated units.

f. Progress.

(1) Issue history. This issue was combined with Issue 421, "AFTB and AFAP Program Resources" in Mar 01 because Issue 421 addresses funding for Reserve Component and MACOMs with geographically separated units.

(2) Validation. AFTB operates on a train-the-trainer concept whereby volunteers from the active Army and RC are trained by the U.S. Army Community and Family Support Center and return to their military community and support the AFTB program. The program is not funded beyond DA. Program funds to assist the RCs and GSUs located away from an active installation would greatly enhance the implementation initiatives and provide volunteers more accessibility to training.

(2) GSUs. CFSC identified the US Army Recruiting Command, US Army Cadet Command, and Military Traffic Management Command as GSUs not traditionally supported by an active duty Army installation.

(3) Funding requests. The total cost of this initiative is $2.7M ($2.5M APF/160K NAF).

(a) The USAR Family Readiness Program: $822K for 14 full-time civilian authorizations.

(b) The ARNG Family Program: $673K for 11 full-time civilian authorizations.

(c) USAREC Family Program: $393K for 6 full-time civilian authorizations.

(d) The Cadet Command: $178K for 3 Region/Brigade-level positions.

(e) The MTMC will not participate as their installations are slated for closure in the near future.

(4) Link to AFAP and Issue 421. Funding requirements to support the USAR, the ARNG, USAREC and the Cadet Command were included as part of the FY03-07 POM submission for a program manager to administer AFTB and AFAP in the field (see AFAP Issue #421). At the Mar 01 AFAP In Process Review, this issue was combined with Issue #421, Army Family Team Building (AFTB) and Army Family Action Plan (AFAP) Program Resources.

(5) GOSC review. The May 00 GOSC was informed that the ARNG was successful in acquiring additional

funds and that the USAR has included AFTB in the FY02-07 budget cycle. USAREC and Cadet Command will be included in the HQDA POM request (Issue 421).
g. Lead agency. CFSC-FSO.
h. Support agency. ARNG/USAR/USAREC/Cadet Command/MTMC.

Issue 423: Authorization for Dental Treatment (for Active Duty Personnel)
a. Status. Completed.
b. Entered. AFAP XIV; Mar 97.
c. Final action. AFAP XIV; 1997.
d. Scope. When non-emergency dental services for soldiers are not provided by the Military Treatment Facility (MTF), or if soldiers are located in remote areas, soldiers must go to civilian sources for treatment. An authorization is needed from the military approving authority for treatment costing over an amount established by the Medical Command (currently set at $500). There is no standardized tracking system in place to ensure that soldiers receive a disposition (approved, disapproved, need more information) in a timely manner. This negatively impacts dental readiness and lowers soldier morale.
e. AFAP recommendation. Establish a policy directing that the disposition of a request for authorization of dental services from civilian sources be forwarded to the soldier within 21 working days from initial receipt at the approving authority.
f. Progress.
(1) Revised policies.
(a) DoD established policy that non-emergency requests for dental treatment from civilian providers be processed and a reply forwarded within 21 days of receipt by a MTF.
(b) The U.S. Army Dental Command prepared a supporting policy for implementation at all subordinate dental activities that requires dental commanders to recommend disapproval or approval to the medical authorizing authority in 5 days or less.
(2) Resolution. The Oct 97 GOSC determined this issue is completed because Army requires a response in 5 days or less.
g. Lead agency. DENCOM

Issue 424: Beneficiary Expansion for TRICARE Prime Remote
a. Status. Unattainable.
b. Entered. AFAP XIV; Mar 97.
c. Final action. AFAP XVIII; Mar 02. (Updated: Jun 02)
d. Scope. Currently, retirees, Reserve Component (RC) soldiers, and their family members that are eligible for TRICARE are not authorized to use TRICARE Prime Remote. This option is currently available only to Active Duty soldiers and their family members. The inability to enroll in TRICARE Prime Remote causes a hardship to retirees, RC soldiers, and their family members in remote locations. If TRICARE Prime Remote is available in an area, it should be open to all TRICARE eligibles.
e. AFAP recommendation. Amend eligibility requirements for TRICARE Prime Remote to include all those eligible for TRICARE.
f. Progress.
(1) Related issue. AFAP Issue #408 addresses health care for remotely stationed active duty service members and their families.
(2) TRICARE Prime Remote. TRICARE Prime Remote was phased in for Active Duty members in FY99, followed by their families in FY02. (See Issue 408)
(3) Expanding TPR to other beneficiaries.
(a) Many individuals within DOD expressed a desire to explore opening TPR to other eligible beneficiaries, including retirees, in locations where the program is established for Active Duty service members.
(b) There are about 1.6M retirees/family members in DOD non-catchment areas. The cost to provide care under TPR for active family members is about $458 per beneficiary. USA MEDCOM estimates a cost $738M annually to provide care TPR to other than active members and their families. Active service members are assigned to remote locations due to mission requirements and most have little choice in assignment locations. Therefore, TPR for active duty is DOD's first priority.
(c) In view of recent medical initiatives for over-65 retirees and on-going funding constraints/priorities, it is not feasible for DOD to pursue this initiative at this time. Congress has not been forth coming with legislation to support TPR for other than active duty members/families.
(4) GOSC review. At the May 99 GOSC, OTSG noted that expanding Prime Remote to all TRICARE eligibles would be very expensive. Expansion of mail order pharmacy and enrollment in the Federal Employees Health Benefits Program were discussed. Over 24% of inpatient health care in DOD MTFs still goes to retirees.
(5) Resolution. The Mar 02 GOSC determined that expanding TPR to other than active duty members and their families is unattainable because of cost.
g. Lead agency. MCHO-CL-M (USAMEDCOM).
h. Support agency. ASD(HA)/TMA

Issue 425: Carrying Shoulder Bags in Uniform
a. Status. Completed.
b. Entered. AFAP XIV; Mar 97.
c. Final action. AFAP XV; 1998.
d. Scope. AR 670-1, para 1-10d, states that commercial bags will not be worn by soldiers in uniform unless on a bicycle or motorcycle. Most violations occur when soldiers must carry a briefcase for work, a gym bag for physical training, and other items such as a laptop computer.
e. AFAP recommendation. Change AR 670-1 to allow bags to be carried over the shoulder, maintaining the integrity of the uniform.
f. Progress.
(1) Review. The CSA directed the DCSPER to select a Process Action Team to review “carrying shoulder bags in uniform” and to provide a response by 28 Aug 97.
(2) Regulatory change. The Secretary of the Army approved the following change to paragraph 1-10d, AR 670-1, “Commercial rucksacks, gym bags or like articles may be worn over the shoulder while in uniform. Backpacks may also be worn over the shoulder(s) when riding a bicycle or motorcycle. All items worn over the shoulder must black with no ‘logos”. ‘Logos’ includes Army, agency, or organization seals, insignias, crests, etc. The

backpack or shoulder bag policy amends the policy stated in paragraph 1-10d, AR 670-1."

(3) Resolution. The Nov 98 GOSC closed this issue based on the change to AR 670-1. The ADCSPER informed the GOSC that when bags are carried in the hand or transported on a bike or motorcycle, there are no color or logo restrictions.

g. Lead agency. DAPE-HR-PR

Issue 426: Certification of OCONUS Schools

a. Status. Completed.

b. Entered. AFAP XIV; Mar 97.

c. Final action. AFAP XV; 1999.

d. Scope. Department of Defense Dependent Schools (DoDDS) are obligated to certify non-DoD schools in accordance with Department of State regulation 2035.1 (Use of Non-DoD Schools) using categories of certification (A-E). However, Department of State (DoS) dependents can attend any school which has been accredited by a U.S. regional accrediting agency (Southern Association of Colleges and Schools), or they may choose correspondence schools, home schooling, or parochial schools. The DoS employees have more choices than DoD employees in selecting schools for their dependents. The variation in standards used for OCONUS education certification limits the educational choices for DoD dependents, which potentially puts them at an educational disadvantage.

e. AFAP recommendation.

(1) Eliminate the disparity between DoDDS and DoS schools certifications.

(2) Allow DoDDS to use the same accrediting process as the DoS.

f. Progress.

(1) Legislation. Section 1407(b) of the Defense Dependents' Education Act of 1978 (20 U.S.C.926(b)) was amended by the FY99 NDAA to authorize the Secretary of Defense to pay an educational allowance to defray the educational expense of certain overseas, space-required dependents in overseas areas where the DoD does not operate a school. Prior to this legislation, sponsors were limited to "certified" non-DoD schools. Sponsors will have the opportunity to choose a school appropriate to their children's needs at their overseas location. The cognizant DoDDS approval authorities for eligible children located within their respective geographical areas of responsibility are the Chiefs, Area Service Centers, Europe and Pacific, or the Comptroller, Headquarters, Arlington, VA. The educational allowance is limited to the Department of State Standardized Regulations.

(2) Implementation. A directive-type memorandum outlining the new guidelines was signed 31 Mar 99 by the Acting ASD(FMP) and was distributed to all DoD components and each embassy. A DoDEA senior staff member briefed the Defense Intelligence Agency and Defense Foreign Military Sales at their worldwide conferences on the new legislation.

(3) GOSC review. The Nov 98 GOSC left this issue in an active status to pursue implementation of revised certification standards.

(4) Resolution. The May 99 GOSC declared this issue completed. Wide dissemination of the new guidelines was encouraged. Officials indicated the information would also be placed on the DoDEA web site.

g. Lead agency. DoDEA

Issue 427: Dental Insurance for Mobilized Reserve Component Personnel

a. Status. Completed.

b. Entered. AFAP XIV; Mar 97.

c. Final action. AFAP XVII; Nov 00. (Updated: Sep 00)

d. Scope. When Reserve Components (RC) are mobilized, their family members may lose dental insurance coverage. The Soldiers and Sailors Civil Relief Act will protect coverage for 30 days from the date of mobilization. After that, family members cannot qualify for the same dental benefits as the family members of Active Component soldiers because, under the Active Duty Family Member Dental plan, eligible beneficiaries are only those family members of active duty soldiers with at least two years remaining on active duty, or have the intention to remain on active duty for at least 24 months. This excludes RC soldiers who normally mobilize for less than 270 days.

e. AFAP recommendation. Provide a dental insurance plan for family members of mobilized RC personnel, equal in benefits and cost to the current Active Duty Family Member Dental Plan (FMDP), and exclude the 24-month active duty requirement.

f. Progress.

(1) Validation. Active Duty FMDP enrollment criteria prevent reservists on active duty beyond 30 days and less than 2 years from enrolling. This could potentially leave their families uninsured for extended periods.

(2) Coordination. OTSG requested assistance from TRICARE Management Activity (TMA) to evaluate the cost/feasibility of a combined plan. TMA recommended that OTSG develop a proposal including utilization estimates and draft legislative language. Air Force expressed no intention to pursue further action stating this issue had not been identified as a concern for their personnel. Navy expressed only minimal interest. In Aug 98, both Services voiced support for this issue if insurance premiums and fees were not increased for current enrollees.

(3) Legislation.

(a) The FY00 NDAA combines the TRICARE Family Member Dental Plan and the TRICARE Selected Reserve Dental Program. The new plan (the TRICARE Dental Plan (TDP) enables Reservists and their enrolled family members to have dental coverage and maintain this coverage whether or not the sponsor is on active duty. The legislation also specifies that Reservists called to active duty in support of contingency operations may disenroll from the plan at the end of their active duty tour, even if it is less than the minimum enrollment period (12 months).

(b) In a reserve status, RC members pay 40% of the dental plan premium, and their enrolled family members pay 100% of the premium. Once on active duty, the RC members disenroll from the plan and receive dental care in military facilities. Their family members who are enrolled in the TDP pay only 40% of the premium.

(4) New plan and contract. The implementation date of the new contract (United Concordia Companies, Inc.) with enhanced benefits is 1 Feb 01.
(5) GOSC review.
(a) Apr 98. OTSG said the Tri Service Dental Chiefs would work on this issue.
(b) Nov 99. Issue remains active to track implementation of new dental contract.
(6) Resolution. The Nov 00 GOSC determined this issue to be completed based on FY00 NDAA that expands coverage in the TRICARE Dental Plan to reservists and their families and authorizes continued coverage whether or not the sponsor is on active duty.
g. Lead agency. MEDCOM

Issue 428: Deployment Medication
a. Status. Completed.
b. Entered. AFAP XIV; Mar 97.
c. Final action. AFAP XVIII; Mar 02. (Updated: Jun 02)
d. Scope. Soldiers and families are not receiving enough disclosure regarding medications and immunizations administered during all phases of deployment. The potential side effects and adverse reactions may present possible health risks to soldiers, spouses, and future children. This lack of information contributes to an increase in family pre-deployment and post-deployment anxieties.
e. AFAP recommendation. Provide written information regarding the possible side effects and adverse reactions of deployment medications and immunizations to soldiers and their family members at pre-deployment and post-deployment briefings.
f. Progress.
(1) Validation. When this issue entered the AFAP, the Army had no uniform policy on the type or amount of information soldiers and/or families must have on side effects of immunizations required prior to major deployments.
(2) Information sheets.
(a) Pharmacists from the North Atlantic Regional Command met with CHPPM personnel and developed Deployment Medication Information Sheets (DMIS) on vaccines and other preventive medications service members could receive in preparation for movement or during a deployment. Each DMIS provides basic information in laymen's terms and is divided by subheadings of uses, side effects, precautions, drug interactions, and notes.
(b) Over 30 DMIS are available for medications such as Typhoid, Tetanus, Yellow Fever, Anthrax, Immune Globulin, Cholera, Polio, Ciprofloxacin, Hepatitis A, and Doxycycline. The DMIS are available at Army pharmacies and are posted on the CHPPM homepage, http://chppm-www.apgea.army.mil. In 4th Qtr FY01, the CHPPM DMIS site was linked to the OSD deployment website, http://deploymentlink.osd.mil,
(3) Dissemination of information. The DMIS are to be downloaded by the unit medical officer and made available to deploying personnel during soldier readiness processing (SRPs) or other deployment preparation activity. It is the medical officer's responsibility to coordinate with the deploying unit commander to ensure availability and distribution of DMIS specific to their deployment location.
(4) Marketing. A memorandum was sent to the Deputy Director for Medical Readiness (J4), 18th MEDCOM Commander, FORSCOM Surgeon, and MEDCOM Regional Medical Commanders requesting the dissemination this information to all possible users within their command. CHPPM disseminated a worldwide message marketing the DMIS during 4th Qtr FY00.
(5) GOSC review.
(a) Oct 97. The GOSC was briefed on the plan to provide deployment medication information.
(b) Nov 98. MEDCOM told the GOSC that the Army does not tell soldiers or their families much about their medications, and that we should not be hesitant to tell soldiers what they are getting.
(6) Resolution. The Mar 02 GOSC declared this issue completed based on the availability and accessibility of deployment medication information sheets.
g. Lead agency. DASG-HS.
h. Support agency. USA CHPPM.

Issue 429: Dislocation Allowance for Retiring Soldiers
a. Status. Unattainable.
b. Entered. AFAP XIV; Mar 97.
c. Final action. AFAP XV; May 99.
d. Scope. Currently, the Joint Federal Travel Regulation does not authorize retiring soldiers Dislocation Allowance (DLA). Retiring soldiers incur financial expenses similar to those created by permanent change of station moves for which DLA is provided. This is not equitable compensation at a time of declining income.
e. AFAP recommendation. Authorize DLA equal to one month's basic allowance for quarters (BAQ) for each retiring soldier.
f. Progress.
(1) Analysis. Estimated annual cost to the Army would be approximately $10M. Currently, retirees receive travel cost to home of record and all authorized pay.
(2) Legislative attempts.
(a) The ODCSPER and ASA(M&RA) disapproved forwarding the issue to the Spring 1997 ULB Summit because of fiscal constraints.
(b) The ODCSPER submitted this action for the 2000 ULB Summit. It was disapproved for submission due to funding constraints
(3) GOSC review. The Oct 97 GOSC acknowledged the cost is considerable, but requested the issue remain active for at least one more cycle.
(4) Resolution. Based on discussion at the May 99 GOSC, this issue was declared currently unattainable, but will be allowed to resurface in 2002.
g. Lead agency. DAPE-PRR-C

Issue 430: Distribution of Army Simplified Dividends
a. Status. Completed.
b. Entered. AFAP XIV; Mar 97.
c. Final action. AFAP XVI; Nov 00. (Updated: Feb 00)
d. Scope. Army Simplified Distributions (ASD) are provided to installations where AAFES facilities are located. The loss of revenue for installations that experience the reconfiguration or closing of an AAFES facility results in a loss of money to the installation's MWR fund which re-

duces the number of programs available and therefore affects quality of life on that installation.

e. AFAP recommendation. Revise the current ASD policy to provide continuity of ASD funds to maintain MWR programs at installations affected by AAFES changes.

f. Progress.

(1) Validation. AAFES closed a facility at Fort Richardson which resulted in military personnel at Fort Richardson to patronize the AAFES facility at the adjoining Elmendorf Air Force Base and, thus, a loss of ASD distributions to the Fort Richardson MWR Fund. Examples of other adjoining bases are McCord AFB/Ft. Lewis, McGuire AFB/Ft. Dix, Pope AFB/Ft. Bragg, and Vogelweh/Kaiserslautern.

(2) AAFES position. The AAFES position on this issue is that any sharing between the Army and Air Force has to be worked out locally.

(3) Distribution. For every AAFES profit dollar, AAFES keeps 50 cents for recapitalization, Army gets 30 cents and Air Force 20 cents. The Army splits the 30 cents into core dividends and Army Simplified Dividends (ASD). ASD are returned to the installation at the rate of .4 of 1% of the installation's PX revenue. Army installations receive 100% of the Class VI profits and 80% of the profits from phone contracts.

(4) MWR Board actions.

(a) When the issue was presented to the MWR Board of Directors Working Group in Aug 97, they nonconcurred to subsidize Ft. Richardson for the shortfall occurring as a result of the facility closure. A memorandum was sent to all MACOMs relaying the MWR BOD position that negotiating a share in the Simplified Dividend is not desirable Army-wide.

(b) Upon further review of the AAFES dividend disbursement, it was realized that the Army receives its AAFES dividend regardless of whether patronage is at an Air Force or Army PX. However, the Army installation cannot obtain their portion of the dividend since they no longer have revenue on which to base their ASD. The MWR Board of Directors Executive Committee (Feb 00) approved a proposal to provide Fort Richardson with proceeds the Army received from the new AAFES facility at Elmendorf. The proposal passed without comment at the MWR Board of Directors meeting that followed.

(5) GOSC review.

(a) May 99. The GOSC was told that CFSC is reassessing this issue to ensure that installations receive their fair share of AAFES dollars that are distributed to the Army.

(b) Nov 99. The GOSC did not support the MWR EXCOM's position. CFSC said they will resurface the issue at the Jan 00 MWR EXCOM.

(6) Resolution. The May 00 GOSC declared this issue completed based on the decision of the MWR Board of Directors to provide ASD to an Army installation whose AAFES customer base patronizes another Service's facility because of the closure of an exchange at the Army installation.

g. Lead agency. CFSC-FM.

h. Support agency. AAFES.

Issue 431: Family Separation Allowance

a. Status. Completed.

b. Entered. AFAP XIV; 1997.

c. Final action. AFAP XV; May 99.

d. Scope. Family Separation Allowance Type II entitlement is not sufficient to offset family separation expenses and has not kept pace with yearly inflationary costs as reflected by the Consumer Price Index (CPI). This results in financial hardships for separated family members.

e. AFAP recommendation.

(1) Assess Family Separation Allowance purchasing power to determine if this entitlement has kept pace with cost of living adjustment based on the CPI and changing family needs.

(2) Reform FSA Type II entitlement based on confirmed disparity.

(3) Attach FSA Type II entitlement to the CPI and review annually.

f. Progress.

(1) Legislative initiatives.

(a) The 1997 ULB Summit supported an increase of FSA-II from the current $75 per month to $120 per month. The FY98 NDAA increased FSA-II to $100 per month, effective 1 Jan 98.

(b) Initiative to tie FSA-II to CPI was forwarded to OSD in Dec 98 for inclusion in 2000 ULB Summit. OSD disapproved.

(2) Resolution. The May 99 GOSC completed this issue because FY98 legislation increased FSA to $100/month.

g. Lead agency. DAPE-PRR-C

Issue 432: Full Day Kindergarten

a. Status. Completed.

b. Entered. AFAP XIV; Mar 97.

c. Final action. AFAP XXI; Nov 04. (Updated: Nov 04)

d. Scope. The current two and one-half hours of instruction in a Department of Defense Education Activity (DoDEA) kindergarten is not an adequate amount of time to begin a child's education. Based on an average six-hour DoDEA instructional day, approximately 126 days are lost per school year when kindergarten programs are two and one-half hours in length. Therefore, the children of the global Army family are not given the same opportunities as some of their CONUS counterparts who attend a full-day kindergarten program.

e. AFAP recommendation. Implement a full-day kindergarten in all DoDEA schools.

f. Progress.

(1) Funding. In 1999, DoDEA obtained the full-time equivalents and funding to establish full time kindergarten in DoDEA overseas schools to extend the kindergarten school day from 2.5 hours to 6.0 hours.

(2) DDESS schools. Full day kindergarten was already operational in the domestic schools (DDESS).

(3) Implementation.

(a) A committee of representatives from the military command, DoDEA Area Directors offices, parents, teachers, district superintendents, teacher's organizations, and school principals developed the full-day kindergarten implementation plan.

(b) Full day kindergarten was phased in the DoDDS overseas schools as facilities, money, and manpower be-

came available. Sites with available classroom facilities were the first to implement full-day kindergarten (FY00). In SY 2004-2005, the full day kindergarten initiative was fully implemented in 96 elementary schools throughout DoDDS.

(4) GOSC review.

(a) Apr 98. This issue will remain active to pursue funding for OCONUS full-day Kindergarten.

(b) May 99. The issue was kept open to monitor the implementation of the full day kindergarten.

(c) Nov 02. Full day kindergarten has been implemented in 126 CONUS and OCONUS schools.

(5) Resolution. The Nov 04 GOSC determined this issue is completed based on full day kindergarten implementation in 96 overseas elementary schools.

g. Lead agency. DoDEA

Issue 433: Geographically Separated Military Spouse Employment Preference

a. Status. Completed.

b. Entered. AFAP XIV; Mar 97.

c. Final action. AFAP XVII; May 01. (Updated 1 Jun 01)

d. Scope. The current military spouse employment preference law and DA policy states that a spouse is only eligible to receive preference when the sponsor is co-located. Many times, mission requirements, such as unaccompanied tours, repatriation, and deployment, prevent military spouses from being co-located. This requirement for co-location negatively affects spouse employment preference eligibility.

e. AFAP recommendation. Amend public law and DA policy to include military spouse employment preference for spouses who relocate when their sponsor is on a non-command sponsored unaccompanied tour. [Recommendation was refocused by Nov 99 AFAP GOSC. Original recommendation asked for employment preference whenever spouses could not be co-located because of mission requirements.]

f. Progress.

(1) Validation. The location of positions covered by military spouse preference (MSP) is limited by law to positions in the commuting area to which the military sponsor is relocating. MSP is granted at a follow-on location when the future assignment is identified on the military sponsor's travel orders.

(2) Implications. As DoD continues to downsize, expansion of MSP could increase competition for scarce employment opportunities and result in fewer opportunities for spouses that re-locate with their sponsors to a new permanent duty station. Additionally, if Army pursued legislation for spouses of military sponsors, the proposal should be expanded to include spouses of civilian employees who are deployed (e.g., emergency-essential civilians) or accept unaccompanied tours, and to repatriated spouses of civilian employees.

(3) Army policy on follow-on assignments.

(a) The Homebase/Advanced Program provides a follow-on assignment to the same location (homebase) or to another CONUS installation (advanced assignment). Soldiers may leave their families at the losing installation, move them to the advanced assignment, or decline participation in the HAAP. If they decline to participate, they may move their families to and from a "designated point" or remain at the present location.

(b) US Total Army Personnel Command (TAPC) reports that all Soldiers in the grades of E5 - E8, warrant officer, and O1 - O5 on orders to a dependent restricted OCONUS tour are provided a follow-on assignment unless they choose not to participate in the assignment program.

(c) In Dec 00, TAPC sent a message to Personnel Service Centers reiterating that, when applicable, sequential assignment information should always be listed in the "special instructions" section of PCS orders.

(4) GOSC review.

(a) Nov 98. Following support for this initiative from GOSC members, this issue remains active to monitor the number of registrations and placements.

(b) Nov 99. After considerable discussion, the issue remains active to pursue MSP during a non-command sponsored tour.

(5) Resolution. The May 01 GOSC declared this issue completed because follow-on assignments are indicated on most unaccompanied PCS orders, thus allowing spouses to receive MSP if they move to the follow on assignment.

g. Lead agency. SAMR-CPP.

h. Support agency. PERSCOM.

Issue 434: Military Savings Plan

a. Status. Completed.

b. Entered. AFAP XIV; Mar 97.

c. Final action. AFAP XVIII; Mar 02. (Updated: Jun 02)

d. Scope. As a group, soldiers do not have tax-deferred savings plan options which are affordable, flexible, and stay ahead of inflation. The military has no vehicle in place by which to use our "collective buying power" to secure such a savings plan and to protect soldiers from disreputable financial institutions and financial scams.

e. AFAP recommendation.

(1) Secure viable tax-deferred savings plan options (via automatic deductions/payment plan) through a designated representative on behalf of military members as a collective group.

(2) Provide mandatory information briefings on the Military Savings Plan through chain teaching, upon initial entry into military service, and annually thereafter.

(3) Establish quality control procedures to monitor the Military Savings Plan.

f. Progress.

(1) History. This issue was voted the Number One issue at the April 1997 AFAP Conference.

(2) Legislative initiatives.

(a) When the Uniformed Services Thrift Savings Plan (TSP) was presented to the 1998 ULB Personnel Summit, Services' support was split and the proposal was voted down due to PAYGO implications. In May 98, members of Congress introduced a bill that would allow military members to save for retirement in a TSP. However, the bill required the initiators find $100M a year to offset the loss of federal income taxes.

(b) The FY01 NDAA provides authority for members of the uniformed services to participate in the Federal Thrift Savings Plan. Military personnel can contribute up

to 7% of basic pay and up to 100% of special pays, incentive pays, and bonuses before taxes each month. Total annual contributions are limited to the Internal Revenue Service annual limits. The government is not required to match contributions, but the Secretary of Defense may offer matching contributions to service members in critically manned skills in exchange for a commitment to serve for six years.

(3) GOSC review. The Nov 99 GOSC was told that Army will pursue TSP funding and implementation.

(4) Resolution. The Mar 02 GOSC declared this issue completed. Sign up for military TSP began 9 Oct 01; the first payroll deduction was in Jan 02.

g. Lead agency. DAPE-PRC

Issue 435: Montgomery GI Bill Enrollment

a. Status. Completed.

b. Entered. AFAP XIV; Mar 97.

c. Final action. AFAP XV; Apr 98.

d. Scope. Soldiers do not fully understand the benefits of the Montgomery GI Bill and the permanent consequences of declining enrollment. Enrolled soldiers may not realize the magnitude of opportunity the Montgomery GI Bill affords. Soldiers who decline enrollment may do so because of inconsistent counseling and information given prior to entry on active duty.

e. AFAP recommendation.

(1) Develop a consistent educational procedure and a checklist for use by recruiting personnel to fully inform soldiers about the irrevocability of a soldier's decision to decline MGIB and the availability of continuing education.

(2) Require use of this educational procedure and checklist by policy or regulation.

f. Progress.

(1) MGIB briefings. The MGIB is explained to applicants several times during the recruiting, enlistment, and reception process. It is first explained during the sales presentation, then by the guidance counselor at the Military Entrance Processing Station (MEPS), again at the mandatory Delayed Entry Program (DEP)/Delayed Training Program (DTP) orientation, and again at the Reception Battalion.

(2) MGIB video. In Jul 97, the U.S. Army Recruiting Command (USAREC) distributed a video to fully explain MGIB features and procedures for enrollment/declining enrollment. It can be used by recruiters during the sales presentation and again after recruits have joined the Delayed Entry Program.

(3) Checklist. A checklist covering required briefing topics was included the update of USAREC Regulation 601-95, Delayed Entry and Delayed Training Program, May 98.

(4) Welcome Kit. A DEP/DTP Welcome Kit, fielded May 98, includes useful, as well as mandatory information, for each new enlistee. The kit includes a thorough information paper on the MGIB and requires a DEP/DTP member's signature indicating knowledge and understanding of the program. The recruiter provides the Welcome Kit to each new DEP member 3-10 days after enlistment.

(5) Resolution. The Apr 98 GOSC determined this issue completed based on the improved education of soldiers about the MGIB during the recruitment, enlistment and reception process.

g. Lead agency. DAPE-MPA-RP.

h. Support agency. USAREC RCRO-PP.

Issue 436: Prescription Printout

a. Status. Completed.

b. Entered. AFAP XIV; 1997.

c. Final action. AFAP XVI; 1999.

d. Scope. Not all prescriptions are dispensed with written cautionary information on side effects. Lack of this information may lead to life threatening situations.

e. AFAP recommendation.

(1) Provide through the pharmacy, short, concise print-outs with all dispensed medications listing side effects, cautions, and drug and food interaction.

(2) Amend AR 40-2 to require pharmacies to provide print-outs with all dispensed medications listing side effects, cautions, and drug and food interactions.

f. Progress.

(1) Cautions. Pharmacists are required to provide verbal counseling to patients upon dispensing medication. Since reading comprehension levels vary and written pharmaceutical information can be complex, MEDCOM does not want written information to become a substitute for verbal counseling.

(2) System upgrade. The cost of a system upgrade of CHCS to perform this requirement is approximately $340,000. Systems that will replace CHCS will perform the process automatically. Until CHCS is upgraded or replaced, patients who desire a printed drug information sheet to help them understand their prescribed medication need to ask their pharmacist for one.

(4) Compliance.

(a) In Aug 98, MEDCOM sent a memorandum to MTF Commanders instructing them to educate patients on the availability of printed information sheets on their medications upon request.

(b) A message was sent to all Army Pharmacy Chiefs asking that they post a sign in their patient waiting areas informing patients that printed information on prescribed medications is available upon request. A May 99 survey of all Army Pharmacy Chiefs indicated that all Army pharmacies had appropriate signs posted.

(5) GOSC review. The Nov 98 GOSC was informed that the Services are progressing to a system that automatically provides an prescription printout.

(6) Resolution. The Nov 99 GOSC declared this issue is completed based on the posting of signs at pharmacy windows informing patients that printed prescription information is available upon request.

g. Lead agency. MCHO-CL.

h. Support agency. Army-DMIS.

Issue 437: Reserve Component Retirement Pay Options

a. Status. Unattainable.

b. Entered. AFAP XIV; Mar 97.

c. Final action. AFAP XVI; Nov 99.

d. Scope. America's Army has different standards for Active Component (AC) and Reserve Component (RC) re-

tirement pay. While AC soldiers draw pay immediately upon retirement, RC soldiers must wait until age 60.
e. AFAP recommendation. Authorize soldiers, upon transfer to the Retired Reserves, the option to receive a reduced rate of retirement pay immediately, or to wait until age 60 to receive full retirement pay.
f. Progress.
(1) Cost of reserve retirement. The Sixth Quadrennial Review of Military Compensation (6th QRMC) (FY 86) conducted a comprehensive analysis of the Reserve retirement system. The study examined a number of alternatives to the current system, i.e., lump sum payment; an actuarially neutral early annuity; and a two-tier/years-of-service early annuity option. They recommended a two-tier, early annuity option at any point after 20 years of qualifying service. Further examination indicated that this option would be cost prohibitive because it would require an increased payout from the retirement trust fund for the first 13 years after enactment.
(2) Review. OSD(RA) indicates that any proposal to change the retirement system would require detailed analysis of funding reprioritizing by each Service. The only activity on this subject is infrequent Congressional inquiries (approximately 4 per year). ODCSPER queried the other Services who all indicate that no proposals are being pursued by them.
(3) Drawbacks. Implication of providing a reduced rate of retirement pay upon completing 20 years of RC service include:
(a) Yearly adjustments to retired pay would be in accordance with retired pay COLA.
(b) Upon receipt of the 20 Year Letter, the reservist would be required to make an SBP election, and, if they elect coverage, deductions would begin immediately.
(c) Upon receipt of the 20 Year Letter, the reservist would be immediately subject to the Uniformed Services Former Spouses Protection Act. Divorce courts would be able to divide the retired pay immediately, rather than delaying action until age 60.
(4) GOSC review. The Nov 98 GOSC recommended this issue remain active to work the issue with the other Services.
(5) Resolution. The Nov 99 GOSC determined this issue is unattainable based on the absence of support from OSD or the other Services.
g. Lead agency. DAPE-PRR-C

Issue 438: Special Supplemental Food Program for WIC for OCONUS Personnel
a. Status. Completed.
b. Entered. AFAP XIV; Mar 97.
c. Final action. AFAP XX. (Updated: Nov 03)
d. Scope. Section 653, Public Law 103-337 authorized the Secretary of Defense to establish a special supplemental food program for members of the Armed Forces outside the continental United States. The law directed the Secretary of Agriculture to transfer funds to the Secretary of Defense to implement the program. However, due to lack of funding, OCONUS personnel eligible for the Special Supplemental Food Program for Women, Infants and Children (WIC) are not receiving benefits. Failure to resource this program is undermining the readiness of the Force and quality of life.
e. AFAP recommendation. Pursue legislation to appropriate funds to resource the WIC program for OCONUS personnel.
f. Progress.
(1) Legislative initiatives.
(a) DOD submitted funding for the WIC Program as an Omnibus legislative proposal in Feb 97. USDA nonconcurred with the DOD request.
(b) The FY98 NDAA authorized DoD to use operations and maintenance funds for WIC overseas pending receipt of funds from Secretary of Agriculture. However, no dollars were added to the USDA budget to fund this program and, without congressional appropriation, USDA did not have funds to support OCONUS WIC.
(c) The FY00 NDAA directed DOD to fund and implement an OCONUS WIC program. DOD secured funding to implement the program in FY01.
(2) Lead agent. DOD determined the OCONUS WIC program is a health and nutrition program and transferred proponency from OSD Force Management Policy to OSD Health Affairs. OSD Health Affairs/TRICARE Management Agency was tasked to implement the program.
(3) Implementation. Full implementation was completed in Dec 02. As of Nov 03, 27,793 participants receive benefits at 53 sites in 11 countries in Europe, Pacific, and Latin America.
(4) GOSC review.
(a) Oct 97. Issue remains active for funding.
(b) May 99. An update on FY00 legislative proposals was provided.
(c) Nov 99. OSD is developing implementing guidelines for the program.
(5) Resolution. The Nov 03 AFAP GOSC declared this issue completed based on full implementation of OCONUS WIC.
g. Lead agency. CFSC-FSA.
h. Support agency. OSD(FM&P).

Issue 439: Teen Program Standardization
a. Status. Completed
b. Entered. AFAP XIV; Mar 97
c. Final action. AFAP XXV, Jan 09 (Updated: 23 Oct 08)
d. Scope. There are inconsistencies in teen programs from installation to installation. There are no established guidelines to insure installation commanders place appropriate emphasis on teen programs or equitably allot funds designated for youth programs. This directly impacts teen morale.
e. AFAP recommendations.
(1) Benchmark successful teen programs to develop a model for all installations.
(2) Establish standard guidelines for installation commanders on teen programs to include topics such as: designated areas for teen use, Teen Council, workforce preparation, volunteer opportunities, youth sponsorship, adult advisory committees, mentorship, and positive alternatives for at-risk behaviors.
(3) Report progress to Teen Panel semi-annually and Teen Discovery annually until this issue is closed by the AFAP GOSC.
f. Progress.

(1) Related issues. Issue #314 refocused the teen program to target younger teens/middle school age group. Issue #413 addressed teen space, facilities and non-facility based programs.

(2) Program framework.

(a) New framework established for all Army Youth Programs based on four required "service areas"

(1) Life Skills, Citizenship & Leadership Opportunities

(2) Sports, Fitness and Health Options

(3) Academic Support, Mentoring &Intervention Services

(4) Arts, Recreation & Leisure Activities

(b) Baseline programming includes: Middle School Policy Memorandum Program Framework for predictable programming: Youth Councils; Community Service; Homework Centers; Workforce Preparation; Youth Sponsorship; Baseline Curriculum Materials; Youth Leadership Forums; and Computer Labs. Benchmarked against Boys and Girls Clubs/4-H Clubs national "best practices". DoDI 6060.4 (Youth Programs) outlines baseline services.

(3) Teen and parental input.

(a) Teen input.

(1) Reporting via annual teen updates through ATP and Regional Youth Leadership Forums. All installations have functioning Youth Councils, and per CSA guidance all Regions have established Teen Panels to surface and address youth concerns to higher headquarters including through the Army Family Action Plan Process. Army Teen Panel members serve as the voice for Army youth. Army youth participated in the DoD Strategic Youth Action Planning Conference (Sep 98), in the Youth Roundtable (May 99) at Army Education Summits 2000 & 2002, and in Army Family Action Plan 2005 Conferences at all command levels.

(2) Installation and Region Child and Youth Program staff hold focus groups with Teens as part their annual on site CYS inspection protocol and sponsor annual local and Regional Youth Forums to ensure programs are customer driven.

(b) Parental input. Youth Program Standards requires Parent Advisory councils on each installation. AFAP Issue #314 addressed expansion of Parent Advisory Councils to include teens and parents of teens.

(4) Personnel and Financial Resources.

(a) Personnel. Youth Staff are included in the Child and Youth Personnel Pay Program (CYPPP) which outlines requirements for foundation and annual staff training, contains standard position descriptions that include teen participation "caseloads," and staff compensation linked to job competency. Formal training plans are in place. Promotions for adults working with teens are based on successful completion of competency based training. Staff may earn an Army funded Youth Practicum Staff Credential.

(b) Financial support.

(1) AFAP Issue #439 (Teen Program Standardization) briefed at GOSC Jun 06. Vice Chief of Staff of the Army (VCSA) requested more data to justify additional funding. VCSA directed Office of the Provost Marshal General to investigate correlation between Youth Participation and criminal conduct on Garrisons. Provost Marshal General results found higher participation in Youth Programs correlated with less juvenile criminal conduct.

(2) Funding embedded in annual cost for acceleration of youth spaces to meet Department Standard 35% of Youth Program Demand (PBR 09-13 BP3.0) and FMWRC Quick Wins initiatives). Adjustments will be made in POM 10-15 to address impact of Expeditionary Force parental absences on youth.

(3) Teen Standardization Plan funded through Army Initiative #2, Army Soldier- Family Action Plan per initiative tasks 2.2.1.1 and 2.1.4.3.

(5) Teen Program Policy and Operational Guidance: Policy guidance in DoDI 6060.4 and AR 215-1, numerous procedural guidance memorandums on program operations, and a series of handbooks and user manuals have been issued to increase the predictability of Army Youth Programs from installation to installation.

(6) Accountability measures and performance outcomes.

(a) AFAP Issue #314 established a requirement to measure teen program utilization and meet phased teen utilization goals.

(b) Standards, critical indicators, and measurable outcomes for baseline teen programming have been developed in conjunction with IMCOM/Region and installation staff. Youth Programs are now included in DoD certified annual regional inspections comparable to existing child care inspections.

(7) Resolution. The January 2009 AFAP GOSC declared the issue complete as policy and operational guidance and program certification included in AR 215-1 and DoDI 6060.4 (Youth Programs), includes: dedicated teen space, youth technology labs, transportation to out of school programs, annual leadership forums, Teen and Parent Councils. POM 10-15 funding supports a trained and adequately compensated stable youth work force, delivery of 35% of Youth Program demand and addresses the impact of Expeditionary Force parental absences on youth.

g. Lead agency. IMWR-CY

h. Support agency. G1; IMCOM

Issue 440: Revitalize All Army Family Housing and Eliminate the Deficit by 2010

a. Status. Completed.

b. Revision entered. AFAP XIV; Mar 97.

c. Final action. AFAP XX; Jun 04. (Updated: Jun 04)

d. Scope. Army Family Housing (AFH) is unaffordable, and the inventory does not meet current quality standards. Deferred AFH maintenance, repair, and revitalization are estimated to exceed $6B by the turn of the century. The deficit will remain at over 10,000 houses. These conditions adversely impact the quality of life of soldiers and their families.

e. AFAP recommendation.

(1) Eliminate all inadequate AFH units and deficit by 2010 using a combination of privatization of AFH operations in the U.S. and plus up of revitalization funds in foreign areas.

(2) Demolish unneeded, excess houses.

(3) Increase the availability of affordable off-post hous-

ing.

f. Progress.

(1) Issue history. The Oct 97 AFAP GOSC directed the drafting of a new AFAP issue to address the elimination of the housing deficit and revitalization of Army Family Housing. Issue 67, "Family Housing Deficit Elimination" (which entered the AFAP in 1983 as "Family Housing Availability") was combined into this issue.

(2) Army housing.

(a) In May 01, the Army had about 109,000 sets of family quarters that housed 25% of Army families. The deficit was about 7500 units across the Army. The Installation Status Report (FY00) indicated that 78% of Army quarters are inadequate (maintenance, mechanical systems, square footage, amenities).

(b) Using a combination of traditional Military Construction, operations and maintenance support, privatization, and divestiture, the Army is programming full sustainment of the owned inventory in FY 2006 and the elimination of all inadequate houses by 2007 (except for foreign areas which we are delaying until FY 08 to provide time to make adjustments once final stationing decisions are made).

(3) Privatization projects. As of Jun 04, 80% of the Army's U.S. inventory is either complete or officially programmed. Fourteen installations have been privatized and twelve are in the process. In FY05 seven more will be privatized. The FY06-10 POM contains sufficient funds to privatize another twelve installations. By 2016, all CONUS housing will be privatized. In Korea and Germany, the Army has proposed large build-to-lease programs.

(5) Demolition. DA continues to fund demolition of excess, or units that are not economical to repair, thereby reducing out year expenses.

(6) CHRRS. Army continues to emphasize CHRRS programs such as the Rental Set-Aside, Utility/Security Deposit and Volunteer Realtor Programs which find landlords who will rent at a soldier's allowance level and waive credit reports and security deposits.

(7) GOSC review.

(a) Nov 99. In FY01, the Army will put $100M into CONUS family housing and $60M into OCONUS. At this rate, OCONUS family housing will reach adequate standards by 2010. Adequate standards in CONUS will not be achieved until 2035 at current funding and privatization rates.

(b) Nov 00. The VCSA reiterated his support for privatization, noting that the infrastructure on our installations is decaying faster than we have the capacity to fix or revitalize it.

(c) May 01. The GOSC provided details about the new housing and communities being built through privatization.

(8) Resolution. The Jun 04 GOSC declared this issue completed based on the success of privatization and its timeline.

g. Lead agency. DAIM-FD.

h. Support agency. SAILE(I&E).

Issue 441: Financial Planning Education

a. Status. Completed.

b. Entered. AFAP XV; Apr 98.

c. Final action. AFAP XX; Jun 04

d. Scope. Lack of consumer skills and training in basic financial management practices result in difficulties which degrade soldier and unit readiness, morale, and retention. Without accessible and continuous counseling and education, financial difficulties will remain a training distracter.

e. AFAP recommendation.

(1) Establish a full time command financial specialist (CFS) position at battalion level Army wide.

(2) Institute standardized training for the CFS similar to that given at III Corps. Establish an additional skill identifier to reflect this training.

(3) Establish financial management education beginning at lowest levels in Army school systems.

f. Progress.

(1) Validation. Approximately 30% of soldiers have some type of financial problems during their first years on active duty, with debt collection agencies interfacing with 21% of those soldiers.

(2) Army position. At this time, HQDA DCSOPS cannot add NCO positions to the Force Structure to resource a full-time command financial specialist (CFS) position at battalion level Army-wide. Decisions to divert critical NCO leadership to meet other requirements regardless of merit, remain a prerogative of command. Many units are establishing a Command Financial Specialist (CFS) position by making it an additional duty. Examples of successful endeavors in this effort include Forts Bragg, Campbell, Carson, Hood, Lewis, and Stewart. These NCOs are trained and monitored by the local ACS Offices. MACOMS, Corps, and individual units are accomplishing all this with very limited efforts and support from HQDA.

(3) Financial planning training.

(a) In Oct 98, two hours of financial planning training was included in basic training

(b) In Jan 99, two hours of financial training were included in Advanced Individual Training (AIT).

(c) In Jan 99, soldiers began to receive eight hours of instruction at their first duty station after AIT.

(d) Army Family Team Building training was replaced with the Training Support Package, "Supervised Financial Readiness Planning" in the PLDC course in Jan 00.

(e) Since 1 October 2003, Financial Planning has been initiated in PLDC, BNCOC, and ANCOC. In PLDC, the Training Support Package (TSP) (L229) identifies ways to promote good financial management, good credit, and investment options. The TSP (L329) in BNCOC provides information on warning signs on too much credit and debt management, different insurance options and how they work and government credit card use. ANCOCs TSP (L429) focuses on the sources of retirement income, the process to purchase a home and the proper use of the government credit card.

(4) GOSC review.

(a) Nov 98. Army-wide implementation of the CFS program would commit over 400 SGTs or SFCs in the active component alone. The SMA said the Army cannot dedicate an NCO out of every battalion, but can make every platoon leader a counselor through the school-

houses. The VCSA said the III Corps fix is not an Army position right now and the Army will go after the solution in a systemic, long-term approach with TRADOC education.

(b) Mar 02. The VCSA directed a Sergeants Major review of the financial education program to determine the adequacy of time and quality of the program used in basic training and AIT, materials provided at unit level, and type of financial training needed for NCO and Officer education systems.

(5) Resolution. The Jun 04 GOSC determined this issue is completed. Financial management education has been established in the Training Support Package at each level of NCOES in addition to required financial training at the first duty station.

g. Lead agency. DAMO-TRI.

h. Support agency. TRADOC.

Issue 442: Lack of Benefits Due to Geographic Location

a. Status. Completed.

b. Entered. AFAP XV; Apr 98.

c. Final action. AFAP XXI; May 05 (Updated: May 05)

d. Scope. A soldier's assignment requiring duty away from a military installation limits benefits to soldiers and family members. Non-availability of these resources (i.e. commissary, PX, fitness centers, child care, etc.) creates a financial hardship.

e. AFAP recommendation. Monetarily compensate soldiers for additional expenses incurred due to the lack of access to military facilities based on their geographic location.

f. Progress.

(1) Validation. HQDA is aware that soldiers serving in isolated duty locations incur greater out-of-pocket expense than soldiers serving on an installation. This issue has been cited during Congressional hearings.

(2) Hardship Duty Pay (HDP). The FY98 NDAA allows up to $300 per month (CONUS/OCONUS) for hardship assignments. OSD initiated the HDP change effective 1 Feb 01. The OSD Working Group did not approve Army's request to include CONUS isolated duty in its parameters. Many OCONUS sites are designated HDP-L sites, and members receive from $50-$150 per month while serving in these areas.

(3) CONUS COLA. A recommendation to lower the CONUS COLA threshold 1% was not approved for FY02 or FY03 legislation. The net effect would add 14 cities to CONUS COLA and $25 additional dollars for CONUS COLA current recipients. This initiative is tracked in AFAP Issue 451.

(4) Parking fees. Paid parking for ROTC, Recruiters and MEPCOM personnel was authorized in the FY00 NDAA, effective 1 Oct 01.

(5) Support services. Commanders of remote units can seek assistance for contracting support services (e.g., gymnasium and child care) from the US Army Community and Family Support Center.

(6) Working Group. The VCSA tasked G-1 to work a new definition of this issue (Nov 02 GOSC). A Working Group comprised of ARSTAF CSMs and SGMs with a wide range of experience in isolated duty areas met in Fall 02 to review benefits currently offered members on an installation and to discuss alternatives and solutions.

(a) The group defined isolated duty as those assignments where service members were not near an military installation and could not avail themselves of benefits normally associated with living on or near an installation. Lack of benefits was determined to mean: commissary and post exchange, gas stations, gymnasiums, childcare facilities, TRICARE/ Dental care, motor pool/craft shops, and other MWR activities.

(b) The Office of the Surgeon General advised that TRICARE Prime Remote should take care of the majority of medical care problems for remote soldiers.

(c) The working group agreed that the chain of command could provide a contract for both the childcare facilities and gymnasiums.

(d) Commissary benefits, installation support, i.e., gas stations and MWR activities were discussed at length. Consensus was that isolated problems could be taken care of with chain of command involvement. The group concluded that command input and training could assist isolated soldiers in effectively integrating into the non-military community.

(e) Conclusion: Isolated duty assignments need to be considered within the context of a soldier's entire career. Although housing allowances and expenses may vary between assignments, pay raises and changes to the allowances provide soldiers an expectation of a constant level of income. The study concluded that rather than pay soldiers a special allowance, the Army's priority needs to be all soldiers' base pay.

(7) GOSC review.

(a) Nov 98. This issue will continue to review allowances that would help offset cost of living at isolated duty stations.

(b) Mar 02. The VCSA asked the staff to focus this issue – to work with the MACOMs to understand all the needs and get a better definition of the issue.

(c) Nov 03. The VCSA asked G-1 to make this issue more specific and recraft it to look at other things we can do to improve the quality of life for Soldiers in isolated locations.

(d) Jun 04. GOSC did not concur with unattainable status. Issue remains active for proponents to pursue initiatives that will improve living conditions for geographically isolated Soldiers.

(8) Resolution. The May 05 GOSC determined this issue is completed, noting that legislative changes (pay raises, increased BAH, TPR) have alleviated some of the financial hardship associated with duty away from a military installation. Other improvements include more efficient processing of authorizations for military personnel to receive civilian dental care and initiatives to contract for child care facilities and fitness centers. Commanders also use work-arounds such as training holidays to allow Soldiers and families to drive to a nearby installation for exchange, commissary, military treatment facility, etc.

g. Lead agency. DAPE-PRC

Issue 443: Lack of Choice In Family Member Dental Plan

a. Status. Completed.

b. Entered. AFAP XV; Apr 98.
c. Final action. AFAP XVI; Nov 00
d. Scope. Currently, there is only one choice in the Family Member Dental Plan. Enhancements such as general anesthesia and extended orthodontic coverage have been repeatedly requested by family members. The present plan is not flexible enough for changing family needs.
e. AFAP recommendation.
(1) Maintain current dental plan as a basic option.
(2) Implement additional options for services not covered in the basic plan to include general anesthesia, increase the lifetime cap of orthodontic care, and eliminate age restriction on orthodontic care.
f. Progress
(1) Validation. Previous AFAP proceedings have identified the TFMDP benefit structure as an area of interest. TRICARE Management Activity (TMA) is aware of concerns about the level of dental benefits.
(2) "Option" plan. The TMA reviewed the existing dental plan and other commercial benefit packages. A "basic plan with extra coverage options" is not feasible in insurance plans because of adverse population selection. The only people who would select increased service coverage would be those who would use those extra services. Therefore, the extra premium costs will likely be more than the actual cost of the additional covered services. Insurance is feasible only when the risk is spread among a large population pool.
(3) New contract. The 2000 TFMDP contract includes coverage for general anesthesia, raises the lifetime maximum orthodontic benefit from $1200 to $1500, and increases the maximum age limit for orthodontic coverage from 18 years to 23 years. Orthodontic coverage for all ages would have raised the premium price for all enrollees above the maximum amount mandated by public law and, therefore, was not included in the new plan. In Apr 00, TMA awarded the new contract to United Concordia Companies, Inc. (the current contractor). Implementation of the new benefits began 1 Feb 01.
(5) GOSC review.
(a) Nov 98. If improvements to the dental package are approved, a decision must be made whether to modify the existing contract or wait for renewal of the FMDP. Issue remains active to review options.
(b) Nov 99. A new family member dental plan contract was released for bid on 5 Nov 99.
(6) Resolution. The Nov 00 GOSC determined this issue is completed based on the Feb 01 implementation of the new TFMDP which expands orthodontic benefits and covers general anesthesia.
g. Lead agency. MCDS
h. Support agency. OTSG.

Issue 444: Retirement Benefits/Entitlements -- Perception of Erosion
a. Status. Completed.
b. Entered. AFAP XV; Apr 98.
c. Final action. AFAP XVI; Nov 99.
d. Scope. The perception of some members of the Total Army Family is that the government is breaking faith by reducing and eliminating retirement benefits for those who serve our country. Existing transition programs under Title 10, i.e. ACAP, will end in FY99. The lack of predictability regarding entitlements and benefits erodes trust and causes retention disparity. This adversely impacts readiness throughout the Army.
e. AFAP recommendation.
(1) Establish a Bill of Rights for individuals based upon initial entry into the service which educates soldiers on what they can expect upon retirement.
(2) Establish a Total Army Family educational/outreach program to communicate and market soldier benefits to the current and future force.
(3) Continue resourcing the entire transition program, i.e., benefits and ACAP.
f. Progress.
(1) Bill of Rights.
(a) Upon initial enlistment all soldiers are given in writing specific guarantees that the Army is able to support, i.e., Montgomery GI Bill, Army College Fund, Loan Repayment, Cash Bonus, Military Occupational Specialty Training, and Station/Unit/Command Area of choice.
(b) The Army does not support a Bill of Rights for Soldiers. The Army does not have the authority to obligate the government to guarantees of future entitlements. Legal entitlements to retirement benefits for DoD beneficiaries; i.e., health care, pay, commissary, exchanges, and use of military installation facilities are established by Congress in statutes, which constantly evolve with each fiscal year authorization act.
(3) Communication and marketing of benefits. The Army informs soldiers of current benefits. We cannot predict what our future benefits may hold.
(4) ACAP. ACAP receives funding from DoD and the Army. In 1999, DOD funding for ACAP was $13M, the Army supplement was $16M.
(a) In Oct 98, the DCSPER and SMA co-chaired a Senior Policy Review Council comprised of military and civilian leadership to review the transition needs of the soldiers of the 21st Century. The council recommended that ACAP continue as an important element of the personnel life cycle process; that services continue to include individual counseling and resume assistance; that ACAP leverage technology to off-set funding and manpower reductions; and that the Army re-establish a minimal level of funding to maintain current services.
(b) In 1999 the DCSPER Manning PEG accepted and validated a critical funding level of $5.3M throughout the POM years. However, funding was reestablished at $2-2.6M per year for FY01-05. In Aug 99, following the VCSA's request to band ACAP services with required funding, supplemental Army funding was received ($5.3M) for FY00 with reduced funding level for the POM years FY01-05.
(5) GOSC review.
(a) Nov 98. The VCSA expressed legal concerns about the Bill of Rights portion of this issue and directed that the issue be refocused on the ACAP recommendation.
(b) May 99. The VCSA asked the Adjutant General to band the ACAP funding requirement and said Army would look at it.

(6) Resolution. The Nov 99 GOSC declared this issue completed because the VCSA said that Army would restore funding for the POM years.

g. Lead agency. TAPC-PDT

h. Support agency. DAPE-PRR-C; DAPE-MPE

Issue 445: Shortage of Professional Marriage and Family Counselors (OCONUS)

a. Status. Completed.

b. Entered. AFAP XV; Apr 98.

c. Final action. AFAP XIX, Nov 02 (Updated: Feb 03)

d. Scope. Military families need assistance in coping with pressures in the overseas military environment. Currently chaplains are the major counseling option unless there is abuse. Not all chaplains are trained marital counselors, and cultural circumstances preclude the use of local civilian counseling services.

e. AFAP recommendation. Increase the number of family counselors in overseas areas by increasing active duty social work assets overseas, offering RC family counselors extended overseas tours, and expanding use of contract resources.

f. Progress.

(1) Validation. The European Medical Command (ERMC) identified 12 communities (Hanau, Schweinfurt, Mannheim, SHAPE, Katterback/Illesheim/Ansbach, Darmstadt, Kitzingen, Friedberg/Butzbach, Baumholder, Wiesbaden, Grafenwoehr/Vilsek, and Hohenfels) with insufficient resources to handle the need for preventive marriage and family counseling.

(2) Contract. A contract for 12 marriage and family counselors for Europe was awarded to SAIC in Oct 99, and by Mar 00, all contracts marriage and family counselors were in place. The contract providers are assigned to the 12 identified communities, under the clinical supervision of the Chiefs of Social Work at the three European hospitals (Heidelberg, Landstuhl and Wuerzburg).

(3) Funding. USAREUR agreed to fund contracts through FY01 using contingency operations dollars. The ERMC and US Army Medical Command received approval for FY02-07 funding. Funding projections including inflation are $6M for FY03-07. Per OTSG, the initiative is funded directly out of MEDCOM funds rather than going forward as an unfinanced requirement (UFR) to the POM.

(4) Assessment. ERMC is satisfied with the overall operation of the marriage and family therapy contract that provides counseling services in support of families at identified installations. The therapists are well integrated into the military community. SAIC, in collaboration with ERMC, conducts annual training to provide continuing education units (CEUs) and to assure that training is provided to all contractors. On average, at the 12 marriage and family counseling locations, a client can schedule an appointment within 3 days. The average counseling session is 1.25 hours. Several M&F therapists created a marketing spot for Armed Forces Network Radio, a series of short mini-dramas called “Secrets of the Stairwell” which won The Broadcast Product of the Quarter Award for best spot announcement.

(5) Chaplains. There are 18 coded Family Life Chaplain (7K) positions in USAREUR. Family Life Chaplains are assigned to fill these positions when available. When there are insufficient Family Life Chaplains, priority goes to the areas with the largest troop density and greatest need. Chaplains who have additional training through the Clinical Pastoral Education internship or a field grade Chaplain with more knowledge of family systems and experience fill the remaining FLC positions.

(6) GOSC review.

(a) Nov 98. Following a comment from a CONUS based CSM, the VCSA said that he believed this is an Army problem, not just an OCONUS problem, and directed the DCSPER to assess the funding issue.

(b) Nov 99. USAREUR confirmed that they would fund $1M for 12 therapists in FY00 and FY01. Other therapists will consist of in-place staff plus TRICARE providers.

(7) Resolution. The Nov 02 GOSC declared this issue completed based on the staffing of marriage and family counselor therapists to meet the needs that were identified by ERMC.

g. Lead agency. MSEU-SW

h. Support agency. Chief of Chaplains; OTSG/MEDCOM

Issue 446: Army and Air Force Exchange Service (AAFES) Limited Clothing Selection

a. Status. Completed.

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XVII; Nov 00 (Updated: Nov 00)

d. Scope. AAFES retail outlets do not stock a variety of clothes spanning the price spectrum. Some demographic groups are forced to shop at civilian retailers resulting in loss of MWR revenue. This negatively affects the morale and financial well being of all patrons, especially where the PX is the only shopping option.

e. AFAP recommendation.

(1) Stock small quantities of clothing in each price range rather than large quantities in only a few price ranges.

(2) Establish local inventories based on results of comprehensive survey of all eligible patrons.

f. Progress.

(1) Store categorization. AAFES stores have been divided into five major “clusters,” or “customer personalities" based on target age, rank, lifestyle, and disposable income. Detailed plans of the sales floor in each cluster have been developed. They identify specific name and proprietary brands that will be sold in each store which will provide a complete breadth and depth of both brands and price points. The plans are dynamic, in that they can be revised based on changes in the apparel market. They are being used as a basis for future main store renovations and new construction projects.

(2) AAFES initiatives. During FY 00, AAFES undertook three major initiatives to meet these goals:

(a) “Best Brands-Best Prices” accentuates its best brand and prices with signs and tickets reflecting the savings over the Manufacturer’s Suggested Retail Price. The messages have resulted in significant sales increases over previous years.

(b) Greater emphasis has been given to improving the quality, selection and price point of its proprietary

brands, particularly those developed to meet the needs of the active duty military family.

(c) AAFES initiative to provide greater assortment and selection was accomplished by adding more variety by reducing the number of pieces in each of the coordinate groupings.

(3) Customer surveys. The combined apparel score from Jun 00 surveys at different Army installations with similar customer characteristics, shows a 6.5% customer satisfaction index increase over the score of similar departments in Nov 99.

(4) Resolution. The Nov 00 GOSC declared this issue completed based on the AAFES initiatives that have increased the assortment and selection of clothing in various price ranges.

g. Lead agency. AAFES

Issue 447: Audio/Video Surveillance for Child Development Centers

a. Status. Completed

b. Entered. AFAP XVI; Nov 99

c. Final action. AFAP XXIV, Dec 07 (Updated: 27 Aug 07)

d. Scope. Approximately 70% of Army Child Development Centers (CDCs) do not have audio/video surveillance equipment. This equipment provides an additional prevention measure for child abuse and unwarranted allegations. Surveillance equipment is also used as a training aid and possibly increases the sense of security for families utilizing the centers. Although all CDCs built since 1995 include the conduits for this equipment, installations have been unable to fund the purchase and installation of the surveillance equipment. Audio/ video surveillance equipment in all CDC facilities would be a one-time cost and would save the Army money in the long run.

e. AFAP recommendations.

(1) Provide 100% HQDA funding to purchase and install audio/video surveillance equipment in all Child Development Centers Army-wide.

(2) Include the purchase and installation of audio/video equipment in the standard Child Development Center design.

f. Progress.

(1) Funding.

(a) Operating Maintenance Army (OMA) dollars must be used to purchase and install monitors, cameras, operating consoles, etc. for the security surveillance system (AR 415-15 - Appendix L, Information Systems Support). Military Construction (MILCON) dollars can be used for cabling and fittings.

(b) Surveillance systems were funded and installed in all CDCs and Youth facilities and are funded for all new CDC and Youth construction projects to include the FY08-09 Permanent Modular Facility Projects.

(2) Facility design. Purchase and installation of video surveillance systems is included in all Child and Youth construction projects, and placement/location of video cameras in the interior of the facility and outdoor play areas is identified all Child and Youth Standard Designs.

(3) GOSC review.

(a) May 00. FMWRC reported that the CDS requirement was submitted to the Army Budget Office as a FY00 UFR, IAW VCSA direction to fund this project.

(b) Nov 03. FMWRC reported that the outstanding action on this issue is $3.9M funding for maintenance in school age/youth facilities.

(4) Resolution. The Dec 07 GOSC declared this issue completed based on the funding and installation of systems in all CYS facilities.

g. Lead agency. IMWR-CY

Issue 448: Basic Allowance for Housing (BAH) Appropriation and Data Collection Criteria

a. Status. Completed

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XVIII; Mar 02 (Updated: Jun 02)

d. Scope. Current BAH rates fall short of congressional intent. Data collection methods for BAH calculations do not include unique key factors. As a result, soldiers may live in substandard housing or choose to supplement the cost of adequate housing.

e. AFAP recommendation.

(1) Increase the BAH appropriations to meet authorized 85% of the National Median Housing Cost.

(2) Change the data collection process criteria to include factors, such as crime rate, age of housing, condition and housing availability.

f. Progress.

(1) BAH increase. Public Law 106-398 (FY00 NDAA) repealed the requirement for service members to pay 15% of their housing cost out of pocket. BAH achieved 11.3% reimbursement on 1 Jan 02; 100% reimbursement is programmed for FY05.

(2) Quality criteria. Criteria such as schools, crime rates, and facilities standards were defined in May 00. Census Tract data methodology was utilized during the 2001 BAH data collection process. The data collection process addressed all quality criteria except schools. Data was used to develop the BAH rates for 1 Jan 01.

(3) GOSC review. The SMA told the MACOM representatives at the May 00 GOSC that they needed to get involved with the housing survey at their installations to make sure the survey data is based on where soldiers live.

(4) Resolution. The Mar 02 GOSC declared this issue completed based legislation that has increased BAH rates, and the use of housing costs submitted by local commands as the primary data source for BAH rates. Emphasis was placed on the fact that housing costs submitted by local commands are key to accurate BAH rates.

g. Lead agency. DAPE-PRC

Issue 449: Child Care Funds for Family Member Training

a. Status. Completed

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XX; Jun 04 (Updated: Jun 04)

d. Scope. Child care funds are needed for family members attending command-sponsored training. These funds are authorized for spouses who attend command-

sponsored orientations, but not command-sponsored training. Lack of funding prevents attendance at these courses and may adversely affect family readiness.

e. AFAP recommendation. Change Army Regulations 608-1 (Army Community Service) and 215-1 (MWR Activities and NAF Instrumentalities) to reimburse child care costs for family members attending command-sponsored training such as Operation Ready, English as a Second Language, Budget, Wellness, and Army Family Team Building.

f. Progress.

(1) Regulatory review. No changes in regulatory guidance, e.g., AR 215-1 and 608-10 regarding the use of APF to fund command sponsored child care is required. Since APF are authorized, NAF may not be used to reimburse child care costs for family members attending command sponsored training (para 4-11n, AR 215-1).

(2) Funding. The estimated annual cost to fund child care during command sponsored training is $1.3 M. This issue was not supported as an emerging requirement in the FY05 POM.

(3) Process. Funding for hourly care for command-sponsored training will remain decentralized and managed locally within existing command and activity budgets.

(a) Local ACS offices are authorized to budget APF for these costs.

(b) Some Chaplains have established a process for funding group hourly care through a Memorandum of Agreement (MOA) with Installation CYS programs. This MOA can be modified to meet the needs of other installation activities.

(c) Installation activities in need of hourly care for command-sponsored training may arrange transfer of funds to installation CYS to offset the cost of care during command sponsored training.

(4) GOSC review. At the Nov 03 GOSC, following request to broaden this issue to address the Guard, Reserves, and other geographically isolated units, the VCSA said he would like to give visibility to UFRs having to do with the Guard and Reserve family support programs.

(5) Resolution. The Jun 04 declared this issue completed. No regulatory changes are required. APF may be used to provide child care for command-sponsored training. Use of APF for this purpose will remain decentralized and managed locally within existing command and activity budgets.

g. Lead agency. CFSC-FP

h. Support agency. CFSC-CYS; CFSC-SP

Issue 450: Clothing Replacement Allowance (CRA)

a. Status. Unattainable

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XVII, May 01 (Updated: Jun 01)

d. Scope. Current Clothing Replacement Allowance (CRA) only replaces a portion of required issue items and does not adequately assist the soldier in replacing and purchasing uniform items. Establishing a debit system would eliminate improper use of CRA funds and would be cost effective for the soldier and the United States military.

e. AFAP recommendation.

(1) Establish a debit card system that electronically transfers funds to a Clothing Replacement Allowance account on the soldier's anniversary date.

(2) Increase the CRA based on required items.

f. Progress.

(1) Debit card. The Sergeant Major of the Army and MACOM CSMs non-concurred with the recommendation to develop and issue a debit card system for CRA. Soldiers purchase military clothing as necessary to replace items throughout the year. Debit card funds may not necessarily be available at the time a purchase is required. It is recognized that there are periods (e.g., when soldiers go to PLDC) that they exceed the annual CRA allocation. There are other years, however, when soldiers do not spend their entire CRA allocation.

(2) The Clothing Replacement Allowance.

(a) CRA is computed using the most current required Clothing Bag items and is adjusted annually based on changes in standard price. CRA provides 100% of the replacement cost of required clothing bag items prorated over each item's expected useful life. Useful life is recomputed annually and considers actual annual sales and service population. Between 1985 and 2001 standard CRA has increased from $118.80 to $390.36 per year.

(b) Acquisition planners phase-in new or changed items to deplete existing uniform stocks, enable soldiers to realize the full useful life of uniforms they already possess, provide CRA at the new rates prior to mandatory purchase, and enable manufacturing to meet required production schedules. Between 1996 and 2001, all changes had a phase-in period that equaled or exceeded the useful life of the existing item except for the women's neck tab which has a standard price of $5.10.

(3) Coordinating change to CRA. Any new computation method must be applicable to all services and be approved by OSD. At Jun 00 joint services meeting, the Army presented the issue that the CRA is inadequate. The other Services did not agree. OSD requested that the Army develop a method that would allow/justify an increase in the CRA with specific examples to identify why the CRA is inadequate. The Office of the Deputy Chief of Staff for Logistics could not develop a new computation method that would allow/justify an increase in CRA.

(4) Resolution. The May 01 GOSC concurred that a debit card system is not warranted and also agreed that the CRA is adequate to "on average" replace Clothing Bag items as required. Issue was declared unattainable.

g. Lead agency. DALO-TST

h. Support agency. DSCP

Issue 451: CONUS Cost of Living Allowance (COLA) Threshold Index.

a. Status. Unattainable

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XXI; May 05 (Updated: May 05)

d. Scope. The Secretary of Defense establishes the COLA Threshold Index. Current index is at 8%. Areas must meet or exceed the average cost-of-living in the rest of CONUS by at least 8% before service members in that area are entitled to COLA. Many soldiers and family

members living in high cost areas suffer financial hardship, often requiring them to work extra jobs/and or seek supplemental services, e.g., WIC or food stamps.
e. AFAP recommendation. Lower the CONUS COLA Threshold Index to 7%.
f. Progress.
(1) Impact. Lowering the threshold one percentage point would add 14 cities to the CONUS COLA list and would provide an additional 1% ($25) increase to current CONUS COLA recipients. Cost of lowering the CONUS COLA index to 107% would be approximately $14M.
(2) Legislative action.
(a) DCS G-1 submitted a proposal to lower the CONUS COLA threshold from 108% to 107% in the FY02 ULB. The ULB voted against the proposal.
(b) In March 03, the initiative was submitted for FY05 ULB summit and was rejected again.
(c) Discussions with the Chief, Economics and Statistics Branch, Per Diem Travel and Transportation Allowance Committee that determines COLA rates indicated that there is no support by the other Services or OSD to lower COLA index to 107%.
(3) GOSC review. At the Nov 02 GOSC meeting, the VCSA said that Army supports a reduction in the CONUS COLA threshold and told G-1 to get the other Services to support it.
(4) Resolution. The May 05 GOSC declared this issue unattainable based on the lack of support from the other Services.
g. Lead agency. DCS-G1

Issue 452: Crisis Care for Family Members
a. Status. Unattainable
b. Entered. AFAP XVI; Nov 99.
c. Final action. AFAP XVII, May 01 (Updated: Jun 01)
d. Scope. Families in crisis situations often have no place to turn because soldiers do not qualify for the Family Leave Act. Commanders have the ability to address each unique situation by granting leave; however, they must balance mission requirements with family needs. Soldiers and families experience increased stress, lower morale and financial hardship when leave is denied. This could affect soldier retention.
e. AFAP recommendation. Create a resourced program to provide in-home care to assist in crisis situations Army-wide.
f. Progress.
(1) Definition. For purposes of this issue, crisis care is defined as a medical situation requiring short term intervention with home care.
(2) Medical programs. The US Army Community and Family Support Center reviewed TRICARE policies to identify in-home care benefits.
(a) TRICARE recognizes home health services such as skilled nursing, physical therapy, speech therapy, occupational therapy and medical social services.
(b) Community health nursing and social work service function as links with civilian agencies.
(3) Army Community Service (ACS).
(a) ACS makes in-home care referrals to community health nursing, social work service and civilian agencies.
(b) Family Readiness Groups frequently provide support and assistance during crisis situations.
(c) Advocacy is provided to help individuals receive the needed care.
(4) Community. Community donations (wives' clubs, private sources and chapels) frequently fund respite care.
(5) Military. Military leave policy provides maximum flexibility in crisis situations.
(6) Resolution. The May 01 GOSC concurred that in-home care needs are met by existing medical and ACS programs.
g. Lead agency. CFSC-FSA.
h. Support agency. OTSG.

Issue 453: Education Transition Assistance for K-12 Military Family Members
a. Status. Completed
b. Entered. AFAP XVI; Nov 99.
c. Final action. AFAP XX; Nov 03 (Updated: 18 Nov 03)
d. Scope. The educational progression of military family members can be adversely affected by their mobility and varying educational requirements among schools. The majority of family members attend public schools both on and off-post, over which the Army has little influence. There is no educational transition assistance that allows for students, parents, and commanders to interact with local schools in responding to education issues.
e. AFAP recommendation. Authorize and fund full-time educational liaison staff for every installation.
f. Progress.
(1) Funding and manpower. MACOMS identified initial staffing and operational requirements for installation School Liaison Officers (SLO) in Dec 99. Funding was approved ($6.8M for 68 SLOs) beginning FY02. Follow up data call determined need for additional 49 SLOs. Positions were funded for FY03 ($4.9M). No manpower authorizations are needed; positions are supported with appropriated funds under MWR USA practice. Training for SLOs is centrally funded.
(2) GOSC review.
(a) May 00. Update provided on funding and manpower requirements for a full-time education staff at each installation.
(b) Nov 00. Several MACOMs are funding SLO positions out of their own budget.
(c) Nov 02. The VCSA stated that the Army will fund the $4.9M SLO buyout in FY03.
(3) Resolution. The Nov 03 GOSC determined this issue is completed based on funding for the full SLO requirement (117 positions).
g. Lead agency. CFSC-CYS

Issue 454: Execution of Sponsorship Program
a. Status. Completed
b. Entered. AFAP XVI; Nov 99.
c. Final action. AFAP XXI; May 05 (Updated: May 05)
d. Scope. There is a continuing problem of soldiers receiving ineffective sponsorship upon arrival at their new duty station. Lack of command emphasis results in ineffective assignment of sponsors, unreliable follow through of sponsors and inadequate training of sponsors. This

causes undue stress and hardship for soldiers and their families, lowers morale and reduces commitment to their unit.

e. AFAP recommendation.

(1) Mandate addition of sponsorship training to mission task list.

(2) Implement the monitoring and evaluation requirements in AR 600-8-8 and report findings to higher headquarters.

(3) Require a trained sponsorship pool at the unit or installation level to respond to unprogrammed and programmed arrivals.

f. Progress.

(1) Mission task list. Per the Deputy Chief of Staff, G-3, it is inappropriate to list Army Community Services (ACS) training requirements on the mission essential task list. AR 608-1(ACS Center) tasks ACS to conduct sponsorship training and the ACS Management Report tracks it.

(2) Regulatory change. In 3rd Qtr FY02, the US Army Community and Family Support Center revised AR 600-8-8 to require:

(a) Use of the DA Form 7274 (Sponsorship Program Survey) including sponsorship questions in AR 600-8-8 in the Organizational Inspection Program.

(b) Commanders of major Army commands and field operating agencies to submit a summary of sponsorship issues and trends to USACFSC.

(c) Installation commanders to ensure that a trained sponsorship pool exists at the unit or installation level to respond to unprogrammed and programmed arrivals.

(3) Sponsorship pool. AR 600-8-8 requires commanders to appoint a sponsor for incoming personnel. Some commands have implemented innovative strategies to ensure and track a pool of trained sponsors. S-GATE (an automated sponsorship program) is successful in United States Army Europe (USAREUR) and Korea.

(4) GOSC review. The Nov 02 GOSC was informed that CFSC will pursue automating sponsorship.

(5) Resolution. The May 05 GOSC determined this issue completed based on revision to AR 600-8-8 which put the requirement to monitor and evaluate sponsorship programs in the Organizational Inspection Program and requires commanders to have a trained sponsorship pool at unit or installation level.

g. Lead agency. CFSC-FP.

h. Support agency. HRC.

Issue 455: Extension of Temporary Lodging Expense.

a. Status. Unattainable

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XXI; Nov 04 (Updated: Nov 04)

d. Scope. The current number of days authorized for Temporary Lodging Expense (TLE) is insufficient. In many saturated and geographically separated unit areas, long term housing arrangements are not readily available to soldiers. During high volume Permanent Change of Station (PCS) periods, turnover and availability can cause extended delays in acquiring housing. Additional time allows the soldier to make informed decisions and provide suitable housing arrangements for their family members.

e. AFAP recommendation.

(1) Change the current maximum TLE entitlement from 10 to 15 days.

(2) Grant Installation Commanders authority to extend TLE beyond 15 days on a case by case basis, not to exceed 30 days.

f. Progress.

(1) Legislative action. Army supported a FY02 Unified Legislative and Budgeting (ULB) proposal to extend TLE to 15 days. The initiative was deferred to FY03. It was again considered for FY03, but the DoD deferred it until FY05 due to lack of funding. Expanded TLE was not submitted for FY05 and FY06 due to the cost and lack of Service support. The cost estimate for an extension of TLE is $18M.

(2) TLE changes. Since 1999, the following changes have been made to TLE:

(a) Initial PCS personnel authorized TLE.

(b) TLE increased from $110 to $180/day maximum.

(c) BAH/BAS offset eliminated--Soldier's BAH and BAS no longer deducted from TLE payment.

(3) GOSC review.

(a) May 00. Air Force survey indicated that 60% of families use more than their 10-day TLE entitlement during a PCS.

(b) Nov 03. Recommendation to close this issue as unattainable was not supported. The VCSA asked G-1 to reframe this issue to focus on granting authority to extend TLE on a case-by-case basis.

(4) Resolution. The Nov 04 GOSC closed this issue as unattainable and directed G-1 to craft a new issue to address the re-stationing of Soldiers from Europe and Korea. New issue entered AFAP as Issue 483, "Support for Re-stationed Soldiers."

g. Lead agency. DAPE-PRC

Issue 456: Graduation Requirements for Transitioning High School Family Members

a. Status. Completed

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XVIII, Mar 02 (Updated: Jun 02)

d. Scope. Department of Defense (DoD) family members who move frequently are burdened with inconsistent school requirements for high school graduation. These variations may prevent a student from graduating with his/her peers even though they may have sufficient credits, but lack one specific requirement unique to an area. Some families are leaving twelfth grade high school students behind to complete their senior year, thus disrupting the family unit and creating additional financial and emotional hardship.

e. AFAP recommendation.

(1) Develop and implement a process that allows credits to transfer so that students can graduate on time with an accredited high school diploma.

(2) Establish criteria to allow service members to extend tour of duty enabling family members to graduate from their current high school.

f. Progress.

(1) Secondary Education Transition Study (SETS). The initial SETS results, conducted by the Military Child Education Coalition (MCEC), were presented to senior

Army leaders, school superintendents, and school board members 21-23 May 00. The SETS Report, Executive Summary, and Parent Guidebook were published Jul 01 and are available through the Military Family Resource Center by email request, mfrcrequest@calib.com. The major outcome was a SETS Senior Leader Action Plan that included recommendations for addressing graduation requirements and senior moves. Specifically, a memorandum of agreement (MOA) was proposed to address these issues among the nine SETS communities.

(2) Memorandum of Agreement (MOA). The Senior leaders from the nine SETS communities (Forts Benning, Bragg, Lewis, Sill, Hood, Campbell, Bliss and Tagu (Korea) and Baumholder (Germany) signed MOA for SY 2001-02. The MOA contains protocols and suggestions for easing transition, e.g. options and opportunities for earning graduation credit, information about state testing, and high school diploma reciprocity. Since Jul 01, 60 additional school systems have signed the MOA.

(3) Road Map for military students. SETS provides recommendations to parents and students through the "Academic Passport" which outlines types of classes students should take during the high school years to facilitate credit transfer. That information is provided to parents/students through School Liaison Officer workshops, the Child and Youth Services website, AFTB classes, community forums and meetings.

(4) Army Education Summit. An education summit (26-28 Jul 00) reviewed youth education issues surfaced from installations, as well as those already in the Army Family Action Plan and the SETS Senior Leader Plan. Graduation requirements and military assignment policy were voted two of the "Top Ten" education concerns at the Summit.

(5) Youth Education Action (YEA) Group. The YEA Group was formed to serve as a clearinghouse to address and coordinate all Army youth education initiatives. It is comprised of military and civilian Army members and representatives from other government agencies and private organizations to include the DoD, DEd, Military Child Education Coalition, Association of the United States Army, National Military Family Association, senior spouses and the public school community. An interagency action plan addresses graduation requirements for transitioning high school family members.

(6) Military assignment policy. PERSCOM sent implementing instructions to the field (MILPER Message Number 01-135) on 3 Apr 01 that allow soldiers with a family member due to graduate from high school to initiate a tour stabilization request by submitting DA Form 4187. The application suspense is 12 months prior to the start of the student's senior school year. PERSCOM is the approval authority for all tour stabilization requests.

(7) GOSC review.

(a) May 00. Graduation requirements are being addressed through the YEA initiative and the senior move policy is being reviewed by ODCSPER.

(b) May 01. The MOA was signed by the participating school districts; the Army established a tour stabilization policy for soldiers with HS seniors.

(8) Resolution. The Mar 02 GOSC determined this issue is completed based on the Army's senior year stabilization policy, the SETS MOA, and development of the Academic Passport.

g. Lead agency. CFSC-CYS

Issue 457: Modification of Weight Allowance Table

a. Status. Unattainable

b. Entered. AFAP XVI; Nov 99

c. Final action. AFAP XXVII, Feb 11

d. Scope. The current Joint Federal Travel Regulation (JFTR) Permanent Change of Station (PCS) weight allowance table does not support the changing Army demographics. More service members are entering with established Families, Families are larger, and Retention Control Points have been extended, creating increased career longevity. Using the current PCS weight allowance table, service members frequently pay excess costs, unload valuable property prior to moving, do not ship essential belongings, and must replace or store items.

e. AFAP recommendation. Amend enlisted portion of the PCS weight allowance table in the JFTR to more closely match the officers' portion, making:

(1) Weight allowance of an E1-E4 equal to the weight allowance of a 01

(2) Weight allowance of an E5 equal to 02

(3) Weight allowance of an E6 equal to 03

(4) Weight allowance of an E7 equal to 04

(5) Weight allowance of an E8 equal to 05

(6) Weight allowance of an E9 equal to 06-010

f. Progress.

(1) The weight allowances are established by law. A change to the law requires a concurrence by all of the Services. A Deputy Under Secretary of Defense (DUSD), Military Personnel Policy (MPP) working group, comprised of representatives from all Services, was formulated in August 2000 to review the current weight allowances and determine if a weight increase was warranted. The working group considered the basic allowance for housing standards, excess weight cost data, years of service, regular military compensation, rank, family size, and dependency status (with or without dependents).

(2) The Services concurred with a change to the JFTR to increase the PCS administrative weight allowance from 20 percent to 25 percent of the authorized weight allowance or 2,500 pounds, whichever is greater, effective 1 October 2002. An administrative PCS weight allowance is authorized on a PCS to or from a permanent duty station (PDS) outside the continental United States at which Government-owned furnishings are provided.

(3) The Services nonconcurred with the two DUSD (MPP) legislative proposals for an across the board weight allowance increase. As a Quality of Life (QOL) initiative based on an increase in the number of service members entering the Services with Families, the Services supported an increase to the PCS weight allowances for pay grades E1 through E4. The National Defense Authorization Act (NDAA), dated 12 December 2001, increased the PCS weight allowances for pay grades E1 through E4, effective 1 January 2003.

(4) The FY 06 NDAA authorized increased PCS weight allowances for senior noncommissioned officers, grades E7 through E9, effective for orders issued on or after 1

January 2006. The Sergeant Major of the Army and equivalent in each Service is authorized a PCS weight allowance of 17,000 pounds with dependents and 14,000 pounds without dependents for the remainder of his/her military career.

(5) The Services concurred with a change to the JFTR for a higher weight allowance (not to exceed 18,000 pounds) of a member below the pay grade of O-6 on a case-by-case basis due to hardship in April 2006.

(6) In June 2006, the Assistant Secretary of the Army, Financial Management, Research Analysis and Business Practices, agreed to develop a business case for increased weight allowances.

(7) Effective 1 February 2009, the administration weight allowance for accompanied tours to Korea increased from 25 percent to 50 percent of the PCS weight allowance.

(8) In July 2009, U.S. Army G-4 proposed a change to the JFTR to allow the Service concerned to establish the administrative weight allowances by location not to exceed 50 percent. Status: Under review by the Services.

(9) In September 2009, the House of Representatives' version of the NDAA FY 10 proposed an increase in the weight allowances for grades E5 through E9 of 500 pounds for each grade. The proposal was not included in the approved NDAA FY 10. The approved NDAA FY 10 requires the Secretary of Defense to submit a report containing a review of the allowances, recommended changes and an estimated cost for the recommended changes not later than 1 July 2010.

(10) In May 2010, the Services concurred with the Chairman, Joint Chiefs of Staff's report to Congress advising that the weight allowances are currently adequate and suitable for members of the Armed Forces.

(11) On 13 December 2010, Army G-4 briefed the SMA and the other Service Senior Enlisted Advisors on past weight allowance increases and Army's initiatives to increase the weight allowances. The recommendation requires legislation and is not supported by the other Services.

(12) Resolution. Issue was closed as unattainable. Although enlisted PCS weight allowances have increased, they are not at a level that closely matches officer weight allowances. Between 2002 and 2009, administrative weight allowances and PCS weight allowance for grades E1 - E4/E7 - E9 increased; authority was granted for the Services to increase PCS weight allowances on a case-by-case basis for hardship (limit: 18,000 pounds) and 500 pounds of spouse professional weight allowance was authorized. In May 10, the Chairman, Joint Chief of Staff's report to Congress advised that weight allowances are currently adequate and suitable for members of the Armed Forces. In July and December 2010, the Office of the Army G-4 briefed the Sergeant Major of the Army, Command Sergeant Majors and other Service Senior Enlisted Advisors on past weight allowance increases and Army's initiatives to increase the weight allowances. The SMA stated that the Senior Enlisted Advisors from the other Services do not consider enlisted weight allowance an issue at this time.

g. Lead agency. DALO-FPT

Issue 458: Newly Acquired Dependent Travel and Transportation Entitlements after the Permanent Change of Station (PCS) Authorization/Order Effective Date

a. Status: Unattainable

b. Entered. AFAP XVI; Nov 99

c. Final action. AFAP XXVII, Feb 11

d. Scope. Service members who acquire new dependents after the effective date of permanent change of station orders (as cited in Joint Federal Travel Regulations [JFTR] appendix A) are not entitled to travel and transportation allowances for those dependents. This results in the service member paying out of pocket travel and transportation expenses to move newly acquired dependents to their permanent duty station (PDS).

e. AFAP recommendation: Amend the JFTR to establish date of marriage, adoption, or other legal action as the authorization date to establish dependent status for travel and transportation entitlements.

f. Progress.

(1) Current transportation entitlements only allow shipment of household goods (HHG) and travel of dependents acquired before the effective date of the orders. The effective date of the orders, for simplicity sake, is the date the individual signs into his/her new duty station. Service members receive Basic Allowance for Housing (BAH) or Overseas Housing Allowance (OHA) at the "with dependent" rate on the effective date of the marriage or adoption. The same dates are used for starting dependent medical, dental, PX, and commissary privileges. However, the effective date of the permanent change of station (PCS) orders is the date used to establish dependent travel and transportation allowances in conjunction with a PCS move. DoDI 1315.18 (Jan 05) paragraph E4.4.5 contains this guidance. As such, there is no authority to move at Government expense a dependent (or to move the dependent's HHG) acquired after the effective date of the PCS orders to the member's current permanent duty station (PDS).

(2) From FYs 02-03, Army proposed this initiative to the other Services who had mixed support. The proposal establishes date of marriage, adoption, or other legal action as the effective date for dependent status for travel & transportation allowances. On 13 Mar 03, DAPE-PRC discussed current PCS authorizations with Assistant Secretary of Army for Manpower and Reserve Affairs to determine if a change to the JFTR was possible to allow SM to use remaining HHG authorizations to move newly acquired dependents HHG. In Aug 03, the Per Diem Committee indicated that the current legislation does not allow transportation authorized for items acquired after the effective date of the orders. Their response is based on Comptroller General and OSD General Counsel Decisions.

(3) On 11 Jul 05, the Asst DCS, G-1 Mr. Lewis, attempted to garner support for this initiative from the other Services at the quarterly ADCSPER breakfast. The other Services were again mixed in their support.

(4) The ULB process is a mechanism to obtain authority in law to permit this allowance. In August 2006, Army submitted a ULB for FY 09. Army, Air Force, Joint Staff,

and special operations low intensity conflict (SOLIC) voted to support this ULB. Navy and Coast Guard voted to defer it to FY 10. OSD program and evaluation (PA&E) voted not to support this ULB. The final decision was to defer to FY 10.

(5) In August 2007, Army re-submitted this ULB for consideration for FY 10 while simultaneously attempting to garner support for this ULB from the other Services. Army, J1, SOLIC, and RA supported the proposal. Air Force voted to defer the proposal FY 11. Air Force advised that there was insufficient information/analysis to convince Air Force Corporate Boards. Air Force was also concerned that changes in tour length are not specifically required. Navy, OSD Comp, OSD PA&E, and Coast Guard did not support the proposal. Navy advised new authority was not needed, and that Title 37 USC 406 does not prohibit payment of allowance after PCS date, and to consider simply revising the Joint Federal Travel Regulations. OSD PA&E advised that the DOD should compensate members and not their dependents. Coast Guard advised that this issue should be vetted at military advisory panel (MAP) level. Because of the limited support, USD P&R did not support the proposal.

(6) In January 2009, DAPE-PRC recommended to VCSA to categorize this AFAP item as unattainable and to close this item. The VCSA non-concurred with the DAPE-PRC recommendation and decided to keep the proposal active.

(7) In September 2009, DAPE-PRC informed the JFTR MAP of the Army's intent to convene a Principals meeting (senior round table) to gain consensus.

(8) DAPE-PRC requested data from Defense Manpower Data Center (DMDC) of Army Active and Reserve Component Soldiers who reported acquiring dependents (i.e., spouse, adopted child, parents, and step parents) during the previous five (5) fiscal years (FY 03-08). The data could not definitively depict Soldiers who acquired dependents after completion of their PCS moves.

(9) During the 2nd quarter of FY 10, DAPE-PRC requested USAREUR G-1's position and an updated business case in order to strengthen business case, garner Sister Service support.

(10) DAPE-PRC revised the overall cost analysis based on the increased end strength from 540K (FY 08) to 549K (FY 09) or 1.67% and cost per move planning factor that increased from $4K to $5K. DAPE-PRC requested additional data from DMDC of Soldiers stationed OCONUS who acquired dependents by marriage, birth, or adoption. We will prepare a revised FY 13 ULB for submission during the 4th quarter of FY 2010 (FY 13A ULB Cycle). However, this issue is not limited to Soldiers acquiring dependents while stationed OCONUS. It would also apply Soldiers acquiring dependents (dependents as defined in statute: fathers, mothers, fathers & mothers-in law, etc. that would qualify as a dependent) while assigned to a CONUS installation.

(11) Revised FY 13A ULB to include recommendations from the Council of Colonels for resubmission in the ULB cycle. OSD (P&R) rejected the FY13A ULB due to a "No" vote during the FY 10 ULB cycle review.

(12) There is no exception to policy waiver to fully support this issue. However, Soldiers who acquire new dependent (s) after completion of their PCS can request for command sponsorship. If approved, Soldier will incur a new Active Duty Service obligation for tour length upon arrival of dependent (s) to the command. Regardless, shipment of new dependent (s) HHGs is not authorized. The Soldier/new dependent is authorized to use Space-A travel to the OCONUS command. Upon PCS, Soldier will be entitled to all PCS entitlements for the entire family.

(13) Resolution. The issue was closed as unattainable because of lack of support in the legislative process. Transportation entitlements only allow shipment of HHG and travel of dependents acquired before the effective date of orders, which is the date the Soldier signs into a new duty station. The Per Diem, Travel, & Transportation Committee reviewed the proposal 1999-2005; other Services had mixed support for changing the JFTR. A ULB submitted for FY09 was deferred until FY10, and the majority of voting members in ULB process did not support in final ULB vote for FY10. OSD (P&R) rejected the FY13A ULB due to a "No" vote during the FY 10 ULB cycle review. There is no exception to policy waiver to fully support this issue.

g. Lead agency. DAPE-PRC

Issue 459: OCONUS Retiree and DOD Civilian Dental Care

a. Status. Completed.

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XVII; Nov 00. (Updated: Sep 00)

d. Scope. There is limited availability of dental care in Dental Treatment Facilities for OCONUS retirees, DOD civilians, and their family members. Retirees and DOD civilians are not afforded the opportunity to utilize space available dental care. The current definition of space availability, per The Assistant Secretary of Defense (Health Affairs) policy 97-045, prohibits the access to unfilled appointments.

e. AFAP recommendation.

(1) Redefine Policy 97-045 authorizing Dental Commanders more flexibility than the current policy allows for the treatment of retirees, DOD civilians, and their families.

(2) Institute a mechanism to provide space available dental care in dental treatment facilities for OCONUS retirees, DOD civilians, and their family members.

f. Progress.

(1) Policy clarification. The US Army Dental Command's (DENCOM's) primary mission is maintaining the dental readiness of active duty soldiers, and, as such, is not resourced to provide routine dental care to OCONUS retirees, DOD civilians, and their family members. Health Affairs' Policy #97-045 permits routine care for other than active duty beneficiaries when the dental readiness of supported units is more than 95%.

(2) Unfilled appointments. HA Policy #97-045 does not specifically address unfilled appointments, but the Army Dental Command permits local commanders to maximize efficient use of resources and available, unfilled appointments. This occurs by allowing OCONUS retirees, DOD civilians (at HA approved fee schedules), and their family members to use unfilled appointments that are not filled by active duty personnel or their family members. DENCOM reiterated their policy on broken and unfilled

appointments to all OCONUS dental treatment facilities, Mar 00. This policy complies with DOD(HA)'s interpretation of Policy #97-045.

(3) Priority. DENCOM policy and procedure already supports space available care to OCONUS retirees, DOD civilians, and their family members IAW established priority of care (active duty (highest) followed by family members of active duty, retirees, FM of retirees, and DOD Civilians (at the required fees)). If a clinic is unable to fill treatment time with an AD patient, a standby patient from another beneficiary category may receive treatment.

(4) Treatment. Each clinic will establish a program to address open treatment time to include:

1. A list of patients who can report to the clinic on very short notice.

2. Alternate methods of filling open treatment time (i.e., extending services provided to patients presently undergoing care, providing additional treatment for sick call patients, or performing active duty examinations).

3. A process that allows non-active duty patients to stand by in a clinic for care if open treatment time occurs.

(5) DoD policy. Army requested that Department of Defense (Health Affairs) amend Policy #97-045 to authorize OCONUS dental clinics more flexibility to treat retirees, DOD civilians, and their families. DoD(HA) responded that they did not believe that the policy required revision, preferring that local dental commanders develop space-available dental care policies based on the local needs, as long as they comply with existing regulations and policies.

(6) Resolution. The Nov 00 GOSC declared this issue completed because Health Affair's policy gives local commanders latitude to manage appointments and schedule retirees, DoD civilians and their families into unfilled appointment slots.

g. Lead agency. DASG-HS-CD.

h. Support agency. ASD\HA, MCDC.

Issue 460: Official Mail Limitations of Family Readiness Group (FRG) Newsletters

a. Status. Completed

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XIII; Mar 02 (Updated: Aug 01)

d. Scope. The current DoD mail regulation (DoD Official Mail Manual 4525.8-M) is too restrictive as to the content of FRG newsletters. The dissemination of information and promotion of unit cohesion are important missions of FRGs. Personal and social information links family members and promotes unit cohesion. The current interpretation of the DoD official mail manual does not allow for this type of information to be included in an "official" newsletter mailed via the DoD mail system.

e. AFAP recommendation. Change interpretation or amend DoD Official Mail Manual 4525.8-M to allow FRG newsletters to include personal and social information that has a positive impact on unit cohesion and esprit de corps. Examples include FRG events, birth announcements, and promotion announcements.

f. Progress.

(1) Policy change.

(a) The Office of the General Counsel reviewed this initiative in Sep 99, and in Jan 00, CFSC proposed an interpretation of the existing language that allows limited unofficial information that is otherwise legal and incidental to the mailing's official purpose. Final language approved by Military Postal Service Agency (9 May 00) reads as follows:

C1.3.12. Information that would otherwise be unofficial may be included in official command publications such as daily, weekly, housing, and family support group-type bulletins/newsletters when the local commander determines its dissemination will contribute to morale or esprit de corps. Such information may be included only if it is not otherwise prohibited by this manual, it does not exceed 20 percent of the printed space used for the official information, there will be no increase in cost to the Government, and it does not include personal wanted/for sale advertisements.

(b) The DoDI 4525.8 and 4525.8-Manual are on line at **http://www.dtic.mil/whs/directives/**. The information was disseminated by message to MACOMs and installations on 28 Jan 02.

(2) GOSC review.

(a) May 00. The Office of the General Counsel approved inclusion of unofficial information in FRG newsletters (unless specifically prohibited) as long as it does not exceed 20% of printable space and there is no increase in government cost.

(b) Nov 00. The revision to the DoD Mail Manual should occur by Jan 01.

(5) Resolution. The Mar 02 GOSC declared this issue to be completed based on the publication of the DOD Mail Directive and revised Manual to allow limited items of unofficial information to be included in family readiness group newsletters as long as they are not specifically prohibited by the Manual.

g. Lead agency. CFSC-SP

h. Support agency. MPSA-OMM

Issue 461: Pay Table Reform

a. Status. Completed

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XX; Jun 04. (Updated: Jun 04)

d. Scope. The enlisted pay table is not consistent with the requirements and demands of military service. Comparing entry-level military service to entry-level civilian jobs to determine the base of the military pay table (E-1pay) is a false comparison and creates a false base. The base of the pay table should reflect the responsibilities and training requirements of junior enlisted personnel. The table should continue to build through the enlisted grades, commensurate with increased levels of responsibility. The FY00 targeted pay raise further distanced enlisted and officer pay. An E-6 with 14 years of service received a 5.7% pay raise to earn $2192/month, while an 03 with 3 years of service received a 7.3% pay raise to earn $3113/month. Pay table reform is critical to the recruitment and retention of a quality military force.

e. AFAP recommendation:

(1) Determine if base-level pay is sufficient and if military pay should be based on civilian comparability.

(2) Study the relationship between officer and enlisted pay and determine if pay levels are consistent with responsibility and experience.

(3) Reform enlisted pay tables based on study results.

f. Progress:

(1) QRMC review.

(a) Under the provisions of section 1008 (b) of title 37, United States Code, every four years the President must direct a complete review of the principles and concepts of the compensation system for members of the uniformed services.

(b) The 9th QRMC released its report on military compensation in Mar 02. Data and analyses suggest that military pay – particularly for mid-grade enlisted members and junior officers – has not kept pace with compensation levels in the private sector. Today's force is more highly educated than in the past and the current pay table may not include a high enough premium to sustain this more educated force. Adjustments in both level and structure of the pay table are needed.

(2) Pay table. Based on analysis conducted by the 9th QRMC, DoD established as a benchmark that military compensation should approximate the 70th percentile of earnings of civilians with comparable education and years of experience. The compensation of mid-grade and senior enlisted personnel was below the 70th percentile benchmark.

(3) Pay raises. Targeted pay raises were implemented in the FY03 and FY04 budgets that continued incremental corrective action proposed in the 9th QRMC report. Change must be incremental because of the magnitude of the increase required to fully fund the recommendations of the 9th QRMC. Pay raises 2000-2005: 2000 - 3.7%, 2001 - 4.8%, 2002 - 4.6%, 2003 - 4.1%, 2004 - 4.1%. President's 2005 Budget - 3.5% is programmed.

(4) GOSC review.

(a) May 00. GOSC was informed that the best way to make adjustments to military pay is through the 9th QRMC.

(b) Nov 03. Incremental pay raises continue.

(5) Resolution. The Jun 04 GOSC declared issue completed. Pay raises have brought the NCO Corps up to the levels that the 9th QRMC recommended in Mar 02.

g. Lead agency. DAPE-PRC

h. Support agency. OSD-FMP-MPP, SMA, Other Services, RAND Corporation

Issue 462: Personnel Tempo/Deployment Tempo

a. Status. Completed

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XX; Nov 03 (Updated: Nov 03)

d. Scope. Increased mission requirements under current force structure have a serious negative impact on today's Army. Current operational deployments are affecting retention and overall quality of life for Army soldiers and their families.

e. AFAP recommendation. Stop the drawdown and increase personnel to meet mission requirements.

f. Progress.

(1) Drawdown. The drawdown ended in 1995.

(2) Personnel.

(a) Significant improvement in unit personnel from FY99 to FY03 due to the CSA Manning the Force initiative markedly improved personnel readiness as demonstrated in 100% aggregate fill of major combat units, to include those deployed to OEF/OIF.

(b) The Army meets and exceeds its Force Structure Allowance (FSA). Current Army FSA is capped at 480K. FY03 Army End Strength equaled 499.3K. The FY04 NDAA caps Army End Strength at 482.4K. The Secretary of the Army may approve an additional 2%; the Secretary of Defense may approve an additional 3%. The Army FY04 End Strength is projected at 494.8K.

(c) The G-1 does not have the authority to increase the size of the Army. The Army's Force Structure Allowance is established by Congress and driven primarily by the budget. The G-1 is, however, responsible for ensuring Army units are filled to the level of organization as established by the G-3. The G-3 determines the Authorized Level of Organization (ALO) for every unit in the Army. The G-1 then fills the unit to its ALO.

(3) Force stabilization. Force stabilization will increase readiness and stability and mitigate negative impact of increased deployments.

(4) GOSC review. At the May 00 GOSC, the members were updated on initiatives to track soldier deployment days.

(5) Resolution. The Nov 03 GOSC declared this issue based on improvements in personnel readiness as demonstrated by 100% aggregate fill of major combat units.

g. Lead agency. DAPE-MPE-DR

h. Support agency. DAMO-ODR

Issue 463: Quality Military Clothing

a. Status. Completed

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XVIII; Mar 02 (Updated: Jun 02)

d. Scope. Military clothing suppliers are not producing quality products, forcing soldiers to purchase items that do not meet expected wear life. Prices have increased - quality has not.

e. AFAP recommendation.

(1) Open contract bidding to more suppliers to decrease costs.

(2) Enforce quality control and adhere to contract manufacturing standards.

(3) Increase command emphasis of the use of existing quality deficiency reports (QDRs).

f. Progress:

(1) Contract bidding. All items procured by Defense Supply Center Philadelphia (DSCP) are solicited on a competitive basis. This has kept prices in check. By statute, the military is required to buy American-made textiles and American garment manufacturers.

(2) Quality control. Most of the DSCP items are procured under military specifications. Quality Deficiency Reports (QDRs), the vehicle to track defects, are at an all-time low (see para 3). The Best Value contracting methodology, wherein quality is more important than price, severely limits contractors with bad quality records from receiving new awards.

(3) QDRs. HQDA, message, DTG 291341Z Feb 00, was sent to Army commanders and AAFES. At the Nov 00 AFAP GOSC, CSMs were again asked to look for quality problems and to encourage soldiers to submit

QDRs if problems were found. In FY01, the Army submitted 248 product QDRs against 49 items ($168K) -- .03% of the $606.5M in clothing purchased from DLA by the Army for FY01. Of the 248 QDRs, 136 were for 23 recruit clothing items; many concerning the Improved Physical Fitness Uniform. These problems have been resolved.

(4) Price increases. DSCP contracts are awarded on the basis of competition and price reasonableness. There is no profit in the price of an item. The price the customer pays is what the government pays for the item, plus costs that need to be recovered, such as transportation and handling.

(5) Battle Dress Uniform (BDU). The Army Uniform Board met in Jan 01, and the CSA subsequently granted approval to pursue development of a wrinkle-free BDU. At approximately $5 per laundering, over the life of a garment the potential saving to the soldier is much more than the additional $7 these BDUs would cost. Development will include testing and a cost analysis to determine savings to soldiers over the life of the garment.

(6) GOSC review. At the Nov 00 GOSC meeting, concern was expressed about the price of the BDU.

(7) Resolution. The Mar 02 GOSC declared this issue completed. Military clothing is purchased using best value contract methodology. Quality control does not appear to be a problem based on low percentage of QDRs submitted by soldiers.

g. Lead agency. DALO-TST

h. Support agency. DSCP

Issue 464: Reserve Component Commissary Benefits

a. Status. Unattainable

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XVII; May 01 (Updated: Jun 01)

d. Scope. It is inequitable for there to be a minimal number of commissary visits given to the RC forces. Under the current policy, commissary privileges are limited to 24 visits for RC members. Increasing RC commissary visits may enhance the perception of benefit equality and assist retention within the Reserve.

e. AFAP recommendation. Increase RC commissary visits from 24 to 48, in addition to access during active duty.

f. Progress:

(1) Cost. Commissaries are supported through appropriated funds. Therefore an increase in commissary access may require an increase in federal funding. Any potential funding impact must be explored before legislation is considered.

(2) Legislation.

(a) DOD submitted three proposals between 1990 and 1997 to grant reservists unlimited commissary access.

(b) On 31 Dec 97, Section 1064, Title 10, U.S. Code authorized 24 days of eligibility for each Ready Reservist who earns 50 or more points in a retirement year. These days are in addition to use of commissary during periods of Active Duty.

(c) OSD indicated that Congress would not support future proposals to extend commissary visits based on the 1997 legislative change from 12 to 24 visits.

(3) Resolution. The May 01 GOSC concurred that expanding RC commissary benefits is unattainable at this time.

g. Lead agency. DAPE-PRR-C

Issue 465: Reserve Component (RC) Post Mobilization Counseling

a. Status. Completed

b. Entered. AFAP XVI; Nov 99

c. Final action. AFAP XXVI, Jan 10

d. Scope. With the rise in the number of RC Soldiers mobilized, there is an increasing need for Soldiers and Family members to be afforded counseling services. Upon release from active duty (REFRAD), there are no provisions in place to assist RC Soldiers and Family members who need counseling, such as marital, Family, and financial. Currently, RC Soldiers and Family members must rely on expensive civilian agencies for these services. Access to these counseling services would ensure RC Soldiers' and Family members' well being.

e. AFAP recommendations.

(1) Allow Soldiers and Family members up to one-year post mobilization to identify the need for counseling relating to service connected problems.

(2) Provide counseling services at low or no cost after identifying the need of the Soldier and Family member.

f. Progress:

(1) Military process. If the need for care is connected to mobilization, the member's commander may complete a line of duty that would entitle the member to medical care. The NGB, in conjunction with the USAR, is seeking to change policy that precludes attendance in drills during the first 90 days after redeployment. Findings indicate that when Soldiers are with fellow Soldiers, they talk more about what is going on in their lives.

(a) ARNG.

(1) The National Guard Joint Force Headquarters (JFHQs) with implementation of Deployment Cycle Support Plan (DCSP), Family Assistance Centers (FACs), and in conjunction with Military One Source (MOS), Military Family Life Consultant and Military Severely Injured System are providing counseling services and online professional assistance.

(2) Programs such as Military OneSource, Military Family Life Consultant, Troop and Family Life Counseling, Veteran Affairs, Military Severely Injured Center had provided over 45,000 counseling sessions, a 14% utilizations of the counseling services. Counseling case sessions were related to: depression, Family relationships, stress management, emergency financial resources, deployment/returning from Deployment, emotional aspects of divorce/separation, anger management, other non-medical counseling issues and anxiety.

(3) In August 2007, NGB-J1-FP established an AFAP Advisory Council comprised of select State Family Program Directors (SFPDs) from across the nation to champion this issue and allow Soldiers and Family members up to eighteen (18) months post mobilization to identify the need for counseling relating to service connected problems. The Advisory Council briefed Chief,

National Guard Bureau (CNGB) on 23 AUG 2007 and received additional guidance to focus on IBCTs. The Advisory Council will meet quarterly and provide regular input on AFAP issues, recommendations and progress.

(4) The National Guard Bureau Family Program office also compiles and sends out every month a newsletter "The Program" to all State Family Program Directors containing announcements regarding benefit updates, news releases and new web resources available.

(2) Chaplain programs. US Army Reserve Command (USARC) conducted a train-the-trainer event on marriage enrichment for more than 80 Chaplains in Aug 03 to prepare them to conduct post-mobilization Family retreats throughout the USARC for all demobilizing Reservists and Families. Information on AOS and Post Deployment Care Management is included in Family retreats. US Army Reserve Command (USARC) is conducting regional chaplain led Family retreats post-mobilization available to all returning Soldiers.

(3) Post Deployment Care Management (PDCM).

(a) During the 1st Qtr FY07, the National Guard Bureau (NGB) under DoD Section 676, has established a Special Working Group on Transition to Civilian Employment of National Guard and Reserve Members Returning from Deployment in Operation Iraqi Freedom (OIF) or Operation Enduring Freedom (OEF). This will allow the working group identify and assess the needs of RC members returning from deployment in OIF/OEF in the transition to civilian employment. This action will improve the flexibility and adequacy of military transition assistance programs (TAP) for the Guard and Reserves.

(b) The intent is to ensure maximum participation by members of the Reserve Components in pre-separation counseling and TAP. To this end, it is vitally important that the National Guard community have a decisive impact on future plans in the area of TAP for the Reserve Components. Special Group will assist in this endeavor, with the end-state being two-fold: (1) to develop a template for a nation-wide reintegration/reentry model at home station that can be tailored to meet individual State needs and (2) to develop a business case to propose a legislative change to implement a home station program that may be staffed by the Office of Secretary of Defense (OSD).

(c) NGB-J1-Family Programs has partnership with the new program Military Severely Injured Center from OSD. The program is a 24/7 hub for information, case management with referrals and tracking system. Resource advocacy: hospitalization, employment, education, retraining, rehabilitation, discharge, Family support, CONUS air travel (TSA), and counseling for OIF and OEF veterans and Families.

(4) Military/Army One Source (MOS/AOS). MOS provides referrals 24 hours per day, 7 days per week; up to six face-to-face counseling sessions, and crisis materials (1-800-464-8107, CONUS; 1-800-464-81077 (OCONUS). MOS contract management began Jun 03 and is available to all active and mobilized reserve component, National Guard, and Reserve Soldiers. PDCM provides continuous medical screening and assistance to AC, National Guard and RC Soldiers and assistance for Family member. PDCM covers deployment related health concerns, embedding deployment health care ombudsmen/ advocates into primary health care, and other medical related concerns in support of Soldiers and their Family members. If counseling sessions are needed after the six free sessions, referrals are made through TRICARE or their current health care coverage. If there is no health care coverage, referrals are made to community agencies that charge nominal fees or are free. MOS services are probing the needed active assistance service for all members in benefit to our Family Readiness Programs.

(5) Vet Centers.

(a) The Department of Veterans Affairs is offering hospital care, medical services, nursing home care, and counseling services to post mobilization Soldiers and Family members 2 years from the date of discharge, for combat related or potentially combat related illnesses, injuries. Mental health care follows the same 2 yr eligibility- Family member is seen in connection with the veteran. At the end of the two year period, if a veteran is not service connected, there may be co-payments, based on their income. A veteran or Family member can be seen at the Veteran Counseling Centers nationwide if they are discharged and a combat veteran. The service is free for the life time. Hospital care, medical services and nursing home care is also available to veterans at no cost.

(b) Utilization of the 206 available Vet Centers has improved in the Guard and Reserves. Bereavement Counseling is available to Soldiers and Families and counseling for PTSD is also available for veterans with written material available to Families. Soldiers can also receive additional counseling anytime if documented on a Line of Duty for diagnosed conditions such as depression or Posttraumatic Stress Disorder. Coordination is being made with the VA to provide the numbers of RC Soldiers and their Families using the Vet Centers to validate the usage.

(6) Family Assistance Centers (FACs). Key players are FACs (325) that are publicized, as the primary entry point for any service and assistance that any military Family member may need during the deployment process. This process includes the preparation, sustainment, and reunion phases of deployment, information, referral, outreach and follow-up. The primary service provided by the FACs is information, referral, outreach and follow-up to ensure a satisfactory result.

(7) Military Family Life Consultants provide service members and their Families with short term situational problem-solving non-medical counseling services. This non-medical counseling is designed to address issues that occur across the military lifestyle and help Service members and their Families cope with the normal reactions to the stressful/adverse situations created by deployments and reintegration.

(8) Survey. To evaluate the successes and challenges of the programs offered, development of an evaluation process is required. A survey was composed for distribution to returning Soldiers and their Families to monitor usage and utilization of services. On 27 Jun 05, the Army Reserve revealed their web portal at their

MACOM AFAP Conference. The portal provides information to counseling services and other available resources. The Survey was posted to the web portal to evaluate information received, usage, and knowledge of services available. Notification of the survey was done through AKO and Family Programs Staff in the field. There were 324 responses. Of the 83% who were aware of the counseling, only 19% utilized the services. Those who sought counseling were comprised of a combination of both Soldiers and Family members. Services utilized consisted of Military OneSource (25 percent), Department of Veterans Affairs (22 percent), Army Reserve Chaplain (12 percent), and other (41 percent) such as TRICARE, community religious organizations, and Employee Assistance Programs through civilian employers.

(9) USARC.

(a) US Army Reserve Command (USARC) conducted a train-the-trainer event on marriage enrichment for more than 80 Chaplains from 18-21 Aug 03 to prepare them to conduct post-mobilization Family retreats throughout the USARC for all demobilizing Reservists and Families. Information on AOS and PDCM is included in Family retreats. ARNG is continuing to develop implementation goals and guidance. The USARC is conducting regional chaplain-led Family retreats post-mobilization for all returning Soldiers.

(b) Focus groups were conducted in first quarter of FY05 to conduct a needs assessment prior to distribution of a written survey through our web portal (standing up in summer of 05). The four focus groups consisted of Family members and Soldiers who had been re-deployed from one to eighteen months. Preliminary results indicate counseling is in fact needed at the one year mark and beyond. Many Soldiers and their Family members were struggling with readjustment issues. A survey showed that 83 percent of USAR Soldiers are aware of the counseling-related services and 19 percent are using them.

(c) The Director, Army Reserve Family Programs began the distribution of Battlemind Training CDs to all Family Programs Office within the Army Reserve. Family Programs at all levels would employ in all Family Programs Training.

(10) Web Portal.

(a) ARNG. NGB Family Programs website www.guardFamily.org has been updated with an integrated tracking system that will facilitate and monitor our website users. These will allow NGB to improve outreach programs for our end users.

(b) USAR. To ensure information is getting to USAR Soldiers and Families, the Army Reserve has established a web portal to provide information. In addition, information is provided at reunions and pre-deployment briefings.

(11) Dec 06, coordinated with the Army Reserve Public Affairs marketing point of contact to establish a site with the assistance from Army Public Affairs regarding post-deployment support information.

(12) Feb 07, the Army Reserve Family Programs Office conducted a survey to evaluate its services to Families of mobilized Soldiers. There were 718 responses – 2% indicated counseling was a priority, and 92.2% are aware of the services Family programs provide. The Army Reserve Family Programs continues to provide information on counseling services at mobilization briefings (via teleconference and in person).

(13) Veterans of Foreign War (VFW). Strategic partnership with VFW programs has been established to provide assistance to all service members and their Families during the deployment process. VFW personnel will provide assistance to State Family Programs Directors (SFPDs) to answer questions, coordinate support, and act as liaison between their organization and the Joint Force Headquarters (JFHQs).

(14) Strategic partnership with American Veterans (AMVET) programs has been established to provide assistance to all service members and their Families during the deployment process.

(15) GOSC review.

(a) May 01. The VCSA said that this issue would remain open but that it needs to focus on finding a solution beyond the VA and Red Cross.

(b) Jun 04. Issue remains open to monitor counseling services for Reserve Soldiers returning from theater.

(c) Nov 04. The GOSC was informed that the Army Reserves intend to distribute a survey to returning Soldiers and Families 1st Qtr FY05 to assuage utilization of counseling services.

(d) Nov 06. The GOSC requested the issue remain active and will be broadened to explore how to best get information to RC Soldiers and Families. Representative from the National Military Family Association (NMFA) applauded the work done in this area, but stated that they hear from Families that they are not aware of the services available to them and that some of the services are not robust enough to handle the need. OTSG attendee noted that there are an inadequate number of behavioral health providers in the nation. PAO offered to work with the USAR and NGB to put a site on the army.mil web page that identifies post-deployment support services.

(e) May 07. Issue remains active. Counseling services for RC Soldiers and Families will be included in the review of counseling services tasked in Issue 474 (Shortage of CONUS Professional M&FCs).

(16) Resolution. Counseling is available, for extended periods, during all phases of deployment, to include career life cycle support.

g. Lead agency. NGB-FP and AFRC-PRW-F

h. Support agency. ARNG G-1, OCCH and FMWRC

Issue 466: Standards and Regulatory Material for Army Family Action Plan (AFAP) and Army Family Team Building (AFTB)

a. Status. Completed

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XX. Nov 03

d. Scope. Lack of dedicated standards, and accountability for AFAP and AFTB programs cripples the effectiveness of these programs. Without standardized programs, Army communities are not afforded equal representation through grassroots input and educational empowerment. Absence of these programs diminishes quality of life, self-reliance, and confidence within the total Army family.

e. AFAP recommendation.

(1) Develop and implement program standards for AFAP and AFTB requiring at least one key standard reported to the MWR Board of Directors.
(2) Update AFAP and develop AFTB program circulars outlining HQDA, MACOM, and installation responsibilities.
(3) Publish a letter from the Chief of Staff of the Army (CSA) and the Sergeant Major of the Army (SMA) directing all subordinate command teams to actively support AFTB and mandating that information about AFTB be included in local command orientation programs.

f. Progress. (In Jan 00, the AFTB/AFAP funding component of this issue was transferred to Issue 421 and CSA/SMA program endorsement was transferred from Issue 421 to this issue.)

(1) CSA and SMA Proclamation. On 16 Dec 98, the CSA and SMA jointly signed a proclamation designating 16 Dec as AFTB Day. In this memorandum the CSA and SMA encouraged command teams to embrace and fully support AFTB.

(2) Program Standards.

(a) AFAP baseline standards: The AFAP program has four key standards that are reported to the MWR Board of Directors (a designated AFAP manager; annual installation AFAP forums; annual mid-level AFAP forums; and a Commander's AFAP Steering Committee).

(b) AFTB baseline standards: In Sep 02, the MWR Working Group approved three AFTB baseline program standards. These standards will track whether the installation has a designated AFTB Program manager, conducts the minimum number of Level One courses; and has a minimum number of DA-certified AFTB Master Trainers to work the program.

(3) Accreditation. Both programs developed accreditation standards. Implementation was initiated in FY02 in concert with ACS accreditation visits. .

(4) Regulations. The AFAP regulation (AR 608-47) and AFTB regulation (AR 608-48) were published in Nov 03.

(5) GOSC review.

(a) May 00. Updates were provided on the development of program standards and the milestones for program regulations.

(b) Mar 02. Program standards have been established for AFAP and are pending approval for AFTB. Program accreditation is being accomplished in concert with ACS accreditation. AFAP and AFTB regulations are undergoing legal review.

(6) Resolution. The Nov 03 GOSC declared this issue completed based on implementation of AFAP and AFTB baseline and accreditation standards and publication of respective Army regulations.

g. Lead agency. CFSC-FP

Issue 467: State Laws Impacting Military Families

a. Status. Completed

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XX. Jun 04

d. Scope. Soldiers and family members who are transferred from one duty station to another are repeatedly subjected to a variety of state laws. Military families often face financial hardship because of differences in state laws concerning tuition, taxation, employment, vehicle registration, licensing and titling. The Army Legal Assistance Policy Division has drafted a proposed Model Uniform Code of Rights and Protections for Members of the Uniformed Services to resolve these and other issues. Adoption of such a code will ensure uniformity between state laws regarding the rights and obligations of soldiers and family members.

e. AFAP recommendation. Adopt a Model Uniform Code of Rights and Protections for Members of the Uniformed Services.

f. Progress.

(1) Model code. Army drafted a model code that contained 14 provisions. Two former provisions (universal acceptance of powers of attorney and wills prepared by military assistance officers) were eliminated after they became federal law. The Draft Model Code, sent to DoD in Feb 01, was never forwarded it to the National Conference of Commissioners on Uniform State Laws.

(2) Legislation.

(a) During the 107th Congress, the House Veterans Affairs Committee expressed interest in updating the Soldier's and Sailor's Civil Relief Act. The services were able to include provisions to accomplish three of the most import goals of the Model Code.

1. Permit termination of a real property lease by active duty soldiers moving due to PCS moves or deployment orders.

2. Provide protections from personal property taxes for property owned jointly by a servicemember and spouse

3. Prevent states from increasing the tax bracket of a nonmilitary spouse who earned income in the state by adding in the service member's military income for the limited purpose of determining the nonmilitary spouse's tax bracket.

(b) The revision did not make it out of the Veterans Affairs Committee in the 107th Congress, and was reintroduced in the 108th Congress. The House Veterans Affairs Committee removed the language that would provide protection from personal property taxes for property owned jointly by a servicemember and spouse. The Senate added language that would allow a servicemember to terminate a motor vehicle lease if they are deployed for over 180 days or receive PCS orders to an OCONUS location. On 19 Dec 03, President Bush signed legislation creating the Servicemembers Civil Relief Act

(4) GOSC review.

(a) May 00. TJAG explained that the Model Code packaged the most military-friendly provisions of various state laws.

(b) May 01. The GOSC was informed of recent additions to the model code.

(5) Resolution. The Jun 04 GOSC declared this issue completed. Although most of the provisions in the Model Code were not adopted, passage of the Servicemembers Civil Relief Act (SCRA) favorably resolved several key issues.

g. Lead agency. DAJA-LA

Issue 468: TRICARE Chiropractic Services

a. Status. Completed.

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XVIII; Mar 02

d. Scope. Chiropractic care is not an established TRICARE benefit. Soldiering is inherently a physically demanding occupation. Soldiers and other beneficiaries use chiropractic services at their own expense. The preliminary results from the recent Chiropractic Health Care Demonstration Program (CHCDP) indicate there is a demand for chiropractic care and that participants consider chiropractic services valuable.

e. AFAP recommendation. Institute chiropractic services as a TRICARE benefit to cover all categories of beneficiaries.

f. Progress

(1) Chiropractic demonstration. TMA delivered the final report of the Chiropractic Health Care Demonstration Program to Congress, 3 Mar 00. The executive summary report states that while implementation of chiropractic services is feasible, the incorporation of chiropractic care within the DOD is not advisable. The report stated that full implementation of chiropractic care services for the DOD beneficiary population at this time would likely require reducing or eliminating existing medical programs that already compete for limited Defense Health Program dollars.

(2) Legislation. The FY01 NDAA authorized a five-year phase-in of chiropractic services for all active duty military personnel at designated military medical treatment facilities (MTFs). It also expanded the scope of chiropractic services to include, at a minimum, care for neuromusculoskeletal conditions typical among military personnel on active duty. Congress did not appropriate funding for the active duty chiropractic services authorized in the NDAA. MEDCOM funded the Army initiative for FY02; TMA submitted an unfinanced requirement for $107.6M to cover FY03-07 program cost.

(3) Implementation. Per the FY01 NDAA, chiropractic services will continue at Forts Benning, Carson, Jackson and Sill, and Walter Reed Army Medical Center for active members only. Over the next five years, chiropractic services will phase in at other MTFs. Forts Bragg, Hood, and Campbell are in the second phase and Forts Meade, Stewart and Lewis are in the third phase.

(4) Resolution. The Mar 02 GOSC determined that this issue is completed based on legislation that authorized chiropractic care for active duty members and the Army's development of a phased-in implementation plan.

g. Lead agency. DASG-HS-PA

h. Support agency. OTSG

Issue 469: TRICARE Prime Copayments for Emergency Room (ER) Services

a. Status. Completed

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XVII, May 01

d. Scope. Military families have to render a co-payment when they use civilian emergency rooms or urgent care centers under the TRICARE program. Currently, the co-payments for family members enrolled in TRICARE Prime are $10 for family members of E-1 to E-4 service members, $30 for E-5 and above.

e. AFAP recommendation. Eliminate all copayments for these type of services when used by family members enrolled in TRICARE Prime.

f. Progress.

(1) Legislation. The FY01 NDAA eliminated TRICARE Prime co-payments for active duty family members. The provision was implemented 1 Apr 01.

(2) Resolution. The May 01 GOSC declared this issue completed based on FY01 legislation that eliminated all co-payment for family members enrolled in TRICARE Prime.

g. Lead agency. TRICARE Management Activity and MCHO-CL-M

h. Support agency. Health Policy and Services Directorate, TRICARE Division

Issue 470: TRICARE Personnel Training

a. Status. Completed.

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XVIII; Mar 02

d. Scope. Beneficiaries complain about poor customer service, billing errors, and conflicting information. TRICARE staff persons are not effectively and routinely evaluated for proficiency and updated on procedural changes. This creates frustration for TRICARE eligible beneficiaries due to billing errors and conflicting information.

e. AFAP recommendation

(1) Establish initial and refresher training requirements.

(2) Evaluate success of the training on basis of customer satisfaction to include analysis of complaints and billing errors.

f. Progress.

(1) Training. TRICARE University offers web-based distance learning courses in TRICARE tailored to train BCACs, DCAOs, and Health Benefits Advisors. All military Health System employees can access the site.

(2) Other resources. Various tools are available to assist beneficiaries.

(a) Guidance on implementing the Beneficiary Counseling and Assistance Coordinators (BCAC) program was distributed to Army military treatment facilities (MTFs) 4th Qtr FY00.

(b) The Debt Collection Assistance Officer (DCAO) Program, established in 3rd Qtr FY00, assists beneficiaries with outstanding claims. The average time to resolve an Army DCAO claims case is 25 days.

(c) The TRICARE Help email Service (THEMS) assists with beneficiary issues and provides accurate and timely information. This program has been expanded to all military Services and receives about 700 inquiries per month. THEMS provides fact sheets on topics such as claims and helps alleviate problems by identifying common mistakes and indicating how to prevent them.

(d) TMA provides toll-free telephone numbers to assist beneficiaries with all types of questions. The numbers are: 1-877-DOD-MEDS for the Senior Pharmacy program, 1-888-DOD-LIFE for the TRICARE For Life program, 1-800-903-4680 for the National Mail Order Pharmacy program and 1-800-538-9552 for DEERS updates.

(3) Evaluation of training. Army beneficiaries' level of satisfaction with interpersonal relations remains high (90%) for outpatient encounters (TMA monthly customer satisfaction survey , 4th Qtr FY01).

(4) GOSC review. The May 01 GOSC was informed of the various initiatives to improve customer service, reduce billing errors and conflicting information about TRICARE benefits.

(5) Resolution. The Mar 02 GOSC declared this issue completed based on TMA programs that enhanced staff training, beneficiary interface and assistance, and claims processing.

g. Lead agency. DASG-TRC

h. Support agency. TRICARE Management Activity (C&CS)

Issue 471: TRICARE Standard/Extra Deductible Categories

a. Status. Completed.

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XVII; May 01 (Updated: Jun 01)

d. Scope. There are only two deductible categories for active duty family members. The two categories are E-1 to E-4 and E-5 to 0-10. Increasing the number of deductible categories makes payment structure commensurate with service member's income.

e. AFAP recommendation. Create a minimum of four TRICARE standard/extra deductible categories based on service member's pay grade.

f. Progress.

(1) Additional deductible categories. Adding more deductibles for the few beneficiaries who choose other than TRICARE Prime will further complicate the program and is inconsistent with other AFAP recommendations to better educate beneficiaries on the benefits of TRICARE Prime. TRICARE Management Activity's (TMA's) analysis indicates the high cost of implementing multiple deductibles for those who choose other than TRICARE Prime is not cost effective.

(2) TRICARE Prime. TRICARE Prime provides enhanced preventive care programs at the least cost to the government and is the recommended health benefit program. The FY99 National Defense Authorization Act (NDAA) requires automatic enrollment of all E1-E4 ADFMs in TRICARE Prime. The rule was published 28 Jun 00.

(3) Resolution. The May 01 GOSC declared this issue completed since the legislative changes authorized by the FY01 NDAA, combined with the high rate of acceptance of TRICARE Prime and TPR, eliminate the need to create additional deductible categories.

g. Lead agency. TRICARE Policy Branch, OTSG

h. Support agency. TRICARE Management Activity

Issue 472: TRICARE Vision Plan

a. Status. Unattainable

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XVII, May 01

d. Scope. Glasses, contact lens exams, and contact lenses are not TRICARE benefits for all categories of beneficiaries. Contact lens services are available through the Medical Treatment Facility for medically indicated or mission required personnel. Other individuals must pay for contact lenses and glasses. This results in significant out-of-pocket expenses. Comprehensive vision care is a prime quality of life issue for the Total Army Family.

e. AFAP recommendation. Establish a TRICARE Vision plan to include coverage for the cost of glasses, contact lens exams, and contact lenses for all categories of beneficiaries.

f. Progress.

(1) Current benefit.

(a) Effective 1 Oct 00, the TRICARE Clinical Preventive Services Vision Care benefit authorized a biennial comprehensive eye exam for all TRICARE Prime enrollees with no co-pay. It does not include materials, contact lens fittings or follow-ups. The annual comprehensive eye exam benefit for diabetics is unchanged.

(b) According to 32 CFR 199.4, Basic Program Benefits, eyeglasses, spectacles, contact lenses or other optical devices are specifically excluded except under very limited and specific circumstances. These circumstances include times when an optical device functions in place of the crystalline lens (cataracts), post retinal detachment surgery and with certain corneal diseases or irregularities. Medically indicated contact lens and spectacles are currently available to all categories of beneficiaries. Mission required contact lens are available only to active duty personnel.

(c) The Frame of Choice spectacle program is available as a Quality of Life program for active duty only.

(d) Per AR 40-63, Ophthalmic Services, retired service members can receive one pair of standard military spectacles per year by presenting a current, valid spectacle prescription at any military optometry clinic.

(2) Commercial policies. Review of several commercial benefit packages indicated that:

(a) Annual comprehensive eye examinations are generally covered ,and a contact lens evaluation may be substituted for the annual comprehensive eye exam. Cosmetic contact lens examinations are authorized with and without co-payments, subject to fixed fee schedules or with an additional point-of-service fee.

(b) When spectacles and contact lens materials were offered as a covered benefit, they tended to be at an additional premium cost, as a discount on materials purchased, or according to a fixed fee schedule allowance. Some packages ($120-$180 per year) offered comprehensive eye examinations and materials (spectacles or contact lenses) but not cosmetic contact lens evaluations.

(d) The copayment, fixed fee schedule or point of service cost of cosmetic contact lens fitting in commercial benefit packages varied from $0-$300 depending on the type of contact lens required.

(3) Cost. The cost to provide materials (spectacles or contact lenses) ranged from $119M for an annual benefit (replacing frames every two years and spectacle lenses every year or contact lenses every year) to $89M for a biennial benefit (spectacles every two years or annual contact lenses replacement). Eye examinations (annual for contact lens wearers/biennial for spectacles) would increase costs another $13M.

(4) GOSC review. The May 00 GOSC requested OTSG look at this issue in subsets.

(5) Resolution. The May 01 GOSC declared this issue unattainable based on cost to expand TRICARE cover-

age to include spectacles, contact lenses, and contact lens examinations.
g. Lead agency. DASG-HS
h. Support agency. TMA

Issue 473: Untimely Finance Transactions
a. Status. Completed.
b. Entered. AFAP XVI; Nov 99
c. Final action. AFAP XXIV; Dec 07
d. Scope. Critical transactions (such as, Basic Allowance for Housing, Temporary Lodging Expense, promotions, marital status) are not being processed in a timely manner. Process delays are due to the lack of trained Personnel Actions Center personnel, Defense Finance Accounting Services inefficiencies, and slow identification of transaction errors. Delayed payments result in financial hardships for service members and their family members.
e. AFAP recommendations.
(1) Mandate training at all levels for personnel processing finance transactions.
(2) Develop and implement software that processes transactions twice a month.
(3) Establish bilateral performance standards requiring all parties to identify errors and deficiencies expeditiously.
f. Progress.
(1) Training.
(a) The Personnel Transformation concept (briefed to the CSA in Jan 01) returns company clerks to units, reengineers business processes, initiates the use of web-base technology for personnel transactions, and supports establishment of formal S1 training.
(b) AG School placed an S1 Tool Kit on their website (http://usassi.army.mil/toolkit/index.htm) for commands to use locally in conducting S1 sustainment training.
(2) Transactions. The Defense Joint Military Pay System (DJMS) issues payroll twice a month (and up to 8 times per month for the Reserve Component). Transaction updated to the system to support payroll cycles is 18 – 20 times per month. This capability will be resident in the Defense Integrated Military Human Resource System (DIMHRS).
(3) Performance Standards/Timeliness.
(a) A transaction is considered late if it is not processed within 30 days of the effective date of the transaction. The standard is three days to process a transaction from the time the transaction is received in the Finance Office.
(b) The OSD Personnel and Pay Council established timeliness goals for all military services in 2006. Metrics are established and briefed at the Army Personnel/Pay Council and the Office of the Secretary of Defense (OSD) Council for the overall timeliness of finance transactions. The performance standard for pay timeliness across the Department of the Army is 97%. Army timeliness improved from 83% in May 2006 to 91% in September 2007.
(c) In December 2006, DFAS implemented a change to its Defense Military Pay Office suite of software that allows the installation finance offices to track timeliness of pay transactions by source activity using the date received in finance. This automated report allows the installation finance to work directly with commands and activities which are habitually late in getting documentation into the finance offices.
(4) Implementation of Defense Integrated Military Human Resources System (DIMHRS)
(a) DIMHRS will replace the legacy personnel system and integrate personnel and pay into one business system. DIMHRS will help speed the timeliness of payroll transactions and will have the ability to better manage and track statistics from the payroll and personnel perspective. Target fielding is October 2008.
(b) The Marine Corps, which uses an integrated system, has experienced 96 to 97% timeliness.
(c) Overall proponency for military pay will transfer from ASA (FM&C) to ASA (M&RA) as part of the implementation of DIMHRS.
(5) GOSC review.
(a) Nov 00. The DCSPER explained that a system change will allow a single transaction to simultaneously post changes to pay and personnel systems.
(b) Mar 02. The Army is scheduled to be the first Service to receive the integrated personnel/pay module. DIMHRS is scheduled to be fielded to the Army in Feb 04.
(c) Nov 04. The Nov 04 GOSC stressed the importance of implementing this initiative, especially in light of the many pay problems experienced by mobilized service members.
(d) Dec 07. The Dec 07 GOSC declared this issue completed based on the ongoing improvements in current pay transaction timeliness and pending implementation of DIMHRS.
g. Lead agency. SFFM-FC-ZA
h. Support agency. HRC

Issue 474: Shortage of CONUS Professional Marriage and Family Therapists (M&FTs)
a. Status. Complete
b. Entered. AFAP XVII, Nov 00
c. Final action. AFAP XXIV; Jun 08
d. Scope. Military Families need assistance in coping with pressures associated with managing complex relationships within a military lifestyle. Currently, chaplains are the major counseling option unless there is identified Family violence (Family Advocacy option) or medical/mental health diagnosis of a Family member, and marital/Family therapy is the method selected to reduce conflict and facilitate medical management of the problem (TRICARE option). Not all chaplains are trained marital counselors, and local civilian counseling services are not available in adequate numbers near all installations.
e. AFAP recommendation. Increase the number of M&F counselors in underserved areas by expanding the use of contract resources.
f. Progress.
(1) Expansion of Issue. VCSA after discussion at the 4 Dec 07 GOSC, directed that Issue #474 be expanded to include the needs of OCONUS locations. Analysis of the changing needs in Korea indicate that 3 M&FTs would be sufficient to meet the needs of their Families. Plans are under way to determine the best vehicle to establish the 3 positions in Korea. Additional costs estimates for Korea are approximately $360K. Analysis of the shifting popula-

tions in Europe reveals that there are sufficient resources on the current M&FT contract used by ERMC to provide 11 M&FTs.

(2) Requirement. In-depth analysis (FY01) revealed shortages at nine (9) Army installations. Two of the initial installations with few M&F therapists (M&FTs) off the installation proved to have adequate support on the installation (Fort Hood and Fort Polk). Although Fort Bragg appeared to be adequately supported off the installation, events and analysis revealed that access was problematic and support on the installation was less than required. The 9 installations required a total of 10 Masters level licensed, M&F therapists.

(3) Contracts.

(a) To initiate required services, the MEDCOM Contracting Office extended an existing contract in 4th QTR FY02, to recruit 10 contract therapists who began in Sep 02. Using FY02 funds, MEDCOM continued FY03 contract operations at a cost of $750K in un-programmed funding. In FY04, the contract continued with $860K in un-programmed funding, an increase of $125K over FY03 costs.

(b) MEDCOM selected a new contractor (Zeitgeist Expressions of San Antonio, TX) following hiring difficulties under the original contract. The 10 contract M&F counselors were in place and working at the 9 installations as of Feb 04. This contract also covers services to activated RC personnel/Families. As of Jan 06, 14 contract M&F counselors are in place providing services at the 9 installations.

(c) Work load data for the 9 installations/M&FTs for FY06 totaled 14,120 ambulatory encounters with 3,332 unique patients. Installation breakdown is as follows: 1,272 at Fort Bragg (2 providers); 1,541 at Fort Leonard Wood; 739 at Fort Wainwright; 3,171 at Fort Campbell (3 providers); 1,211 at Fort Sill (3 providers); 1,101 at Fort Stewart; 1,730 at Fort Drum; 1,302 at Fort Rucker; 831 at Fort Huachuca; 1,001 at Fort Stewart.

(d) OTSG and MEDCOM have submitted the M&F therapy contract for renewal to run from 1 April 2008 for one base year and four option years. During the base year, OTSG/MEDCOM will continue to assess utilization of the M&F counseling services available under the contract. Based on utilization data, modifications to staffing locations will be made if needed. Assuming that changes are minimal, the Issue will be recommended for closure as completed at the end of FY08.

(4) Studies and initiatives.

(a) Media attention has focused on the number of divorcing Soldiers. USA Today (9 Jan 06) reports enlisted divorce rates at 3.6%, an increase from 1.7% in CY00. The Officer divorce rate is reported at 2.3% per year, down from 6% in CY04. The Center for Disease Control reports that the national divorce rate is 4.3% annually. An analysis of Army suicides reveals that approximately 70% involve failed relationships.

(b) MEDCOM purchased an Outcomes Questionnaire for use by all contract M&F therapists to measure a broad range of symptom distress, M&F difficulties, and difficulties with workplace duties. The instrument is sensitive enough to measure even a moderate amount of change between the first and last sessions. It has been in wide use since 1994. An analysis of 62 out of 319 initial questionnaires indicated that couples experienced a clinically significant decrease in overall distress after completion of marital therapy. Average total distress scores decreased by 15 points from the initial presentation, and represents change that reliably exceeds the measurement error of the instrument.

(c) In post-deployment reassessment data completed in Jul 05 by WRAIR (Land Combat Study of 30,000 Soldiers), researchers saw Soldiers with anger and aggression issues increase from 11% to 22% after deployment. In the WRAIR study, those planning to divorce their spouse rose from 9% pre-OIF to 15% post-OIF. The most recent MHAT V responses reported that 40% of currently deployed OIF Soldiers were planning to divorce their spouses upon return.

(d) In a preliminary analysis of post-OIF Soldier and spouse responses, researchers at Kansas State University extrapolated that 380 out of 1,440 Soldiers (26.4%) were in unstable marriages.

(e) Most Army behavioral health consultants support the concept of moving behavioral healthcare in the direction of an integrated, population-based mental healthcare model (staffing model based on a ratio of one provider per X number of beneficiaries). The Office of the Assistant Secretary of Defense (Health Affairs), Assistant Secretary of the Army (Manpower and Reserve Affairs), and OTSG continue to work to address this and similar issues.

(f) MEDCOM developed a pre-decision brief, presented to TSG on 9 Jan 06, to help map a future M&F counselor program course of action. Before a final brief could be scheduled, DoD Health Affairs solicited a request for additional pilot programs designed to address stress created by increased deployments. Initially, the MEDCOM response focused on Soldier needs; however the MEDCOM CofS requested that programs for Families be included. Based on continuous feedback from the installations that have benefited from the M&FT contract and an analysis of workload, it was determined that MEDCOM needs one M&FT per Brigade Combat Team (BCT). MEDCOM submitted a request for 46 M&FT's, to included the currently assigned counselors, at an estimated cost of $4.6M per year.

(5) Current sources of counseling/related services:

(a) Military One Source (MOS).

(1) MOS provides a 24-hour, 7 days-a-week, 365 days/year toll-free information/referral call center and internet/Web-based services to Active and Reserve Component Soldiers, deployed civilians, and Family members worldwide. Services include an array of information and referral services, including non-medical counseling (including M&F counseling) in the United States, Puerto Rico, and Guam. In OCONUS, face-to-face counseling is provided via existing MTF services. Up to six non-medical counseling sessions, per issue, are provided at no cost to eligible beneficiaries who must call the center to get authorizations and referrals for this counseling. The call center is staffed by Masters-level consultants with training and experience in working with the military population. Callers may remain anonymous, and are made aware of the limits of confidentiality at the begin-

ning of the call. If face-to-face non-medical counseling is needed, consultants refer callers to licensed civilian counselors in their local areas and ensure remote access to counselors, where needed.

(2) Of the $27M currently spent on MOS, about $18M was provided counseling services in FY04 - FY05. The cost of the program during FY06 and FY07 was assumed by DoD. There were 5,141 individuals (Army) referred for non-medical counseling. This resulted in 20,564 M&F therapist sessions delivered during FY06. In contrast, the 14 contracted M&FT therapists had a total of 14,120 patient encounter sessions during the same period.

(3) Not all individuals who are referred initiate MOS non-medical counseling. Actual utilization rates are calculated from invoice data that may lag referral data by several months. However, the most complete data available for FY06 is that out of 14,575 referrals, 10,141 initiated counseling (70%), an average of 845 per month. Referrals for emotional well-being of couples comprised 50.7% of all referrals for this period.

(b) The Army Community Service (ACS) Family Advocacy Program (FAP) and military treatment facilities (MTFs) provide various levels of assistance/services to military beneficiaries. Services are tiered: (1) primary: prevention and education services; (2) secondary: high risk population interventions (in the absence of a domestic, other incident); and (3) tertiary: direct intervention and treatment initiated after an incident has occurred.

(1) ACS/FAP provides primary and secondary levels of service, with a focus on prevention and psychoeducational classes for community and at-risk populations.

(2) MTFs provide secondary and tertiary levels of services, with a focus on direct services, e.g., safety plans, medical evaluations, domestic violence counseling, etc. after an incident has occurred.

(3) MEDCOM's contract M&FTs provide excellent support to the Family Advocacy Program (FAP). Installation comparisons reflect successful FAP treatment completion at a higher rate when M&FTs are available.

(c) Soldier and Family Life Consultants. OSD funded contract in support of Deployment Cycle Support designed to provide information and education about deployment stress and consult with leaders, Soldiers, and Families about referral to local resources. Although providers are licensed, they are precluded by the terms of the contract from providing clinical treatment services.

(d) Department of Veterans Affairs (DVA) provides a continuum of care to veterans, Families, and communities, to include professional readjustment counseling, community education, outreach services to special populations and brokering of services with community agencies. About 206 DVA centers in 54 states and or territories provide services to eligible persons.

(e) TRICARE: Routine counseling services are not covered by TRICARE. Eight unauthorized mental health visits are available under TRICARE, through which professional services are available for care associated with mental health/psychiatric diagnoses/disorders only.

(f) Chaplains. The Chaplain's "Building Strong and Ready Families" also provides couples' support from an educational perspective. This is a commander's program designed to be in partnership with the medical community. It is geared toward teaching Families how to live in relationships while anticipating/preparing for stressful events, e.g., deployments and re-deployments, etc. as they attend to their health needs in the short/long term. The targets are military members/Families at force projection installations with units down range, and also first term Families. This program is initiated by an installation commander's request/funding. Chaplains are not typically trained in counseling services as a part of their religious education. Those licensed to provide M&F counseling services usually work from Family Life Centers (FLCs), for which the Chief of Chaplains is the proponent. Services available include pastoral care and counseling, M&F life education, and M&F counseling. The FLCs are located on a few military installations.

(7) Resolution. The issue was declared complete noting the contribution of MOS and Strong Bonds. The GOSC realized that the Army and DoD needs to focus on the end product and what we want to achieve, and in an integrative fashion align resources and not build competitive or redundant systems.

g. Lead agency. MCHO-CL

h. Support agency. G-1; G-3

Issue 475: Active Duty Spouse Tuition/Education Assistance

a. Status. Unattainable

b. Entered. AFAP XVII, Nov 00

c. Final action. AFAP XX (Updated: Nov 03)

d. Scope. The Department of the Army does not provide spouse tuition assistance. Due to Army Operational Tempo/Personnel Tempo, frequent relocations, and remote assignments, Army spouses face significant challenges with employment and local educational requirements. The current definition of Total Family Income adversely impacts Army families' ability to qualify for financial assistance. Providing tuition assistance will increase educational and employment opportunities and promote family self-reliance.

e. AFAP recommendation. Establish and fund a program Army-wide for spousal tuition assistance.

f. Progress.

(1) Validation. Over the years, tuition assistance for spouses has been a much sought after opportunity. In 1997, at the request of the CSA, Army Emergency Relief (AER) began a pilot program offering educational grants to spouses residing with soldiers assigned OCONUS. (See Issue 416) The Voluntary Education Service Chiefs agree that Spouse Tuition Assistance would be well received, but not at the expense of the active duty program.

(2) Cost. The Education Division estimates initial spouse tuition and administrative costs at 50%, 75% and 100% rates at $36.7M, $57M and $80.3M, respectively. These estimates were coordinated with the Army Budget Office (ABO).

(3) Decision paper. The G-1 nonconcurred with a decision paper for a tuition assistance (TA) program for Army spouses, noting the unfinanced requirements for tuition assistance for active duty soldiers.

(4) GOSC review. At the Nov 02 GOSC, the Adjutant General (TAG) recommended the issue be declared "Unattainable". The Army Budget Office questioned the cost estimate and the VCSA directed a review of the cost.

(5) Resolution. The May 03 GOSC declared this issue unattainable based on the cost of a spouse TA program and the continuous demand for Soldier TA funding.

g. Lead agency. TAPC-PDE

h. Support agency. Army Budget Office

Issue 476: Adoption Reimbursement in Overseas Areas

a. Status. Completed

b. Entered. AFAP XVII, Nov 00

c. Final action. AFAP XX (Updated: Nov 03)

d. Scope. AR 608-12, Reimbursement of Adoption Expenses, is based on federal statute 10 U.S.C. Section 1052. The statute allows reimbursement of adoption expenses through a qualified adoption agency, i.e., a state or local government agency which has responsibility under state or local law for child placement through adoption or any other source authorized by state or local law to provide adoption placement if the adoption is supervised by a court under state or local law. Service members stationed in a foreign country or U.S. territory cannot be reimbursed for adoption expenses. Denying reimbursement of adoption expenses discourages adopting children OCONUS and is inequitable to current adoption reimbursement policy in CONUS.

e. AFAP recommendation. Authorize reimbursement of adoption expenses incurred by service members serving in a foreign country or U.S. Territory.

f. Progress.

(1) Issue history. In Jun 02, the VCSA concurred with a USARPAC request to reopen this issue to track legislation being advanced by OTJAG that would recognize certain agencies overseas as meeting the requirements for adoption and adoption reimbursement.

(2) Assessment. Service members stationed in a foreign country or U.S. territory are eligible for reimbursement (up to $2000) if the adoption is arranged by a U.S. qualifying adoption agency. Foreign adoption agencies are not viewed within the definition under Federal statute and DOD directive as a qualifying agency for authorized reimbursement of adoption expenses. AR 608-12, Reimbursement of Adoption Expenses, was rescinded in Jul 95. Department of Defense Instruction 1341.9 (Department of Defense Adoption Reimbursement Policy) and the Defense Finance and Accounting Service, Cleveland Center Instruction 1341.1 (Reimbursement of Adoption Expenses) provide guidance for authorization of reimbursement expenses to soldiers consistent with federal law.

(3) Legislative attempt. The ULB Summit approved a legislative proposal for the FY04 legislative cycle. However, the Office of Management and Budget disapproved this proposal in Feb 03 citing concerns that it might be subject to abuse.

(4) Assistance. Army legal assistance attorneys can steer potential adoptive parents to stateside agencies, which can work with a foreign adoption agency, thereby qualifying for the adoption reimbursement.

(5) GOSC review. The Mar 02 AFAP GOSC declared this issue completed based on guidance that was being sent to the field outlining overseas adoption procedures soldiers should follow. (see paragraph 1 above)

(6) Resolution. The Nov 03 GOSC declared this issue completed because Army legal assistance attorneys can guide potential adoptive parents to qualified stateside adoption agencies who can work with foreign adoption agencies and thereby meet requirements for adoption reimbursement.

g. Lead agency. DAJA-LA

h. Support agency. DAPE-PRC

Issue 477: Dissemination of Accurate TRICARE Information

a. Status. Completed

b. Entered. AFAP XVII, Nov 00

c. Final action. AFAP XIX, Nov 02

d. Scope. Current information on TRICARE services and benefits is not provided consistently to all eligible beneficiaries. TRICARE websites are a valuable resource, providing information about each region's TRICARE benefits. However, these sites often contain outdated information and are not updated in a timely manner. When arriving at a new duty station, soldiers are not receiving accurate regional TRICARE information. Furthermore, when soldiers are in transition, TRICARE procedures are unclear. These inaccuracies result in eligible beneficiaries not receiving valuable information on a consistent basis and the possibility of incurring non-reimbursable expenses.

e. AFAP recommendations.

(1) Require on-going updates of TRICARE websites with revision dates posted.

(2) Require a mandatory briefing on TRICARE services during in- and out-processing for all Permanent Change of Station moves.

f. Progress.

(1) Validation. A review of 38 websites belonging to Army Medical Department, TRICARE MCSCs, and TMA/Health Affairs validated inadequate TRICARE updates and posting of revision dates.

(2) MEDCOM policy change. A governing directive, OTSG/MEDCOM Regulation 25-1, AMEDD Information Management, was published and disseminated that establishes policy for keeping web sites current with periodic updates. The policy is applicable to all AMEDD organizations.

(3) TMA changes. OTSG personnel have worked with TMA and MCSC to effect changes to their web pages; the web sites now contain current information and dates of last update.

(4) TRICARE briefings. On 11 Jan 01, the U.S. Total Army Personnel Command issued a MILPER message requiring TRICARE education and enrollment information during in- and out-processing at all Army installations. MEDCOM forwarded a memorandum to Army Regional Medical Commands to direct use of the standard in- and out-processing briefing for all service members upon arrival at new duty installations.

(5) Marketing. OTSG/MEDCOM and the TRICARE Marketing Office continuously produce marketing items to

keep beneficiaries informed on TRICARE and to provide assistance with healthcare issues. The Army's TRICARE Help e-mail service; new Army wallet-sized TRICARE compact disk (CD) and information card; and the Army's Provider magazine are examples of new and on-going products that are accessible and available in distribution. Marketing materials have been developed and disseminated for newly activated reservists.

(6) Resolution. The Nov 02 GOSC determined this issue is completed because revision dates are posted on medical/TRICARE web sites, and TRICARE is now briefed during in- and out-processing for PCS moves.

g. Lead agency. DASG-TRC

h. Support agency. U.S. Army Personnel Command and TRICARE Management Activity

Issue 478: DoDDS Tuition for Family Members of DOD Contractors and NAF Employees

a. Status: Completed

b. Entered. AFAP XVII: Nov 00

c. Final action. AFAP XXIV, Dec 07

d. Scope. Family members of non-sponsored, full-time DOD non-appropriated fund (NAF) employees and DOD contractors do not receive space-available, tuition-free enrollment in Department of Defense Dependent Schools (DoDDS). Trends indicate an increase in NAF and contracted personnel to meet overseas mission requirements. Current enrollment categories for tuition-free, space-available education opportunities are a determining factor in recruiting and retaining quality employees in overseas areas. Expansion of the space-available, tuition-free enrollment categories will create greater equity among the different employment systems and maintain a quality workforce.

e. AFAP recommendation. Provide space-available, tuition-free education to family members of DOD non-sponsored, full-time NAF employees and DOD contractors.

f. Progress.

(1) Enrollment criteria. The number of space-available, tuition-free spaces fluctuates by school and grade each year, depending upon space-required/tuition-free and space-available/tuition-paying enrollments. There are no guarantees of tuition-free enrollment for space-available students from year-to-year. Non-Command sponsored military dependents have first priority for space-available, tuition-free enrollment, followed by APF and NAF full-time, local-hire employees. Spaces for dependents of APF and NAF full-time, local-hire employees are assigned based on the date the sponsor was hired in the current overseas location.

(2) Enrollment waiver for local-hire NAF to space-available. The Assistant Secretary of Defense for Force Management Policy granted a class waiver on 2 Aug 01, for school-age dependents of local-hire, full-time NAF employees in overseas areas to be eligible on a space-available, tuition-free basis for enrollment in DoDDS, effective School Year 2002-03. As a result, dependents of APF and NAF full-time, local-hire employees were granted equal enrollment priority. The waiver was published in the Federal Register and DoD Directive 1342.13, "Eligibility Requirements for Education of Minor Dependents in Overseas Areas."

(3) Local-hire APF and NAF dependents from space available to space-required status. The FY06 NDAA provided the Secretary of Defense authority to change the DODDS status of dependents of locally hired, full-time, appropriated and NAF employees (who are US citizens) from space-available to space-required enrollment status.

(4) U.S. Government contractor status. Space, but not the construction or other expansion of facilities, may be created for contractor dependents. Effective SY 07-08, contractor status is space-created, tuition-paying. DoDEA will offer enrollment to contactor students where DoDEA operates an overseas school through one of two contingencies: where there is space in a DoDEA school or there are no international school alternatives, DoDEA guarantees enrollment and where DoDEA schools have reached maximum capacity, then the sponsor must first apply to international schools (English speaking, within a reasonable commuting distance, and evaluated as adequate). If the student is unable to gain admittance in the local international schools, DoDEA guarantees enrollment.

(5) Implementation. Changes became effective on 11 Aug 06 with the cancellation of DoD Directive 1342.13 and implementation of DoDEA Regulation 1342.13.

(6) GOSC review.

(a) Mar 02. DoDEA is reviewing the issue of providing space-available, tuition-free education to DOD contractors.

(b) May 05. OSD continues to work enrollment eligibility of children of contractors (Federal and corporate) who are mobilized.

(c) Jun 06. The GOSC determined the issue would remain active awaiting publication of DODEA Regulation 1342.13.

(d) Nov 06. The GOSC requested the issue remain active.

(7) Resolution. The Dec 07 GOSC declared the issue completed because dependents of full-time, locally hired DOD APF and NAF employees in overseas areas are eligible for space-required, tuition-free DoDDS enrollment.

g. Lead agency. DoDEA-OCS

Issue 479: Equal Compensatory Time for Full-time NAF Employees

a. Status. Completed

b. Entered. AFAP XVII, Nov 00

c. Final action. AFAP XXIV, Dec 07

d. Scope. Not all NAF employees are authorized compensatory time off. Exempt employees can receive compensatory time off or overtime pay when approved by a supervisor; however, non-exempt employees cannot. All NAF employees should be given the option of accruing compensatory time or being paid overtime. This change will align the NAF with the APF employee policy.

e. AFAP recommendation. Authorize compensatory time for all full-time NAF employees.

f. Progress.

(1) Validation. At the time this issue entered AFAP, Army NAF pay band employees who were covered by the Fail Labor Standards Act were not allowed compensatory

time-off for overtime hours worked in excess of 40 in a week. The law requires overtime pay for hours worked in excess of 40 in a week. This was the only group of employees not authorized compensatory time-off in lieu of overtime pay. Wage employees were authorized compensatory time-off in Jan 97 (Pub. L. 104-201). Approximately 16,772 (all services) non-exempt pay band employees are affected. Compensatory-time off would not result in an additional cost.

(2) Legislation.

(a) A change in law was required to section 5543 of Title 5, United States Code, by adding at the end the following new subsection: "(d) The Secretary of Defense may, on request of a Department of Defense (DoD) employee paid from nonappropriated funds, grant such employee compensatory time off from duty instead of overtime pay for overtime work."

(b) Action plan was submitted to the OSD for consideration in FY05 and was resubmitted through the Office of the Chief of Legislative Liaison (OCLL) for FY06. The proposal was addressed in both the House and Senate versions of the FY06 National Defense Authorization Action (NDAA) and was signed into law (Public Law 109-163), section 5543(d) of Title 5, U.S.C) on 6 Jan 06.

(c) The Under Secretary of Defense for Personnel and Readiness signed a redelegation memorandum, dated 30 Mar 06, to the Component Secretaries for implementation of the law.

(d) In March 2006, the Under Secretary of Defense for Personnel and Readiness signed a redelegation memorandum to the Component Secretaries for implementation of the law.

(e) Army Transformation required further changes to the delegation process and on 17 September 2007 additional changes were incorporated in the staffing package and hand carried from AG-1 (CP) Nonappropriated Fund Policy and Programs Branch to the ASA (M&RA) office for signature.

(f) In October 2007, authority was delegated by the Secretary of the Army to the Assistant Secretary of the Army (Manpower and Reserve Affairs) who further redelegated the authority to Commanders of Army Commands, Army Service Component Commands and Direct Reporting Units for further delegation.

(g) On 14 Dec 07, the IMCOM Commander signed a memo delegating authority to supervisors of NAF employees to provide compensatory time off in lieu of overtime pay. On 17 Dec 07, the IMCOM Chief Staff forwarded (via email) the memorandum to region directors and garrison commanders. The email recommended each supervisor and NAF employee receive a copy of the memorandum. Additionally, the email recommended garrisons post the memorandum on employee bulletin boards and give it the highest possible visibility and distribution.

(h) The language was added to Army Regulation 215-3 authorizing compensatory time off as an option for all NAF employees.

(3) GOSC review. The Jun 04 GOSC was informed that OSD would submit a proposal in the FY06 ULB to authorize compensatory time for all full-time NAF employees.

(4) Resolution. The Dec 07 GOSC declared the issue completed because legislation now allows supervisors of NAF employees to provide compensatory time off in lieu of overtime pay.

g. Lead agency. DAPE-CZ

Issue 480: Family Sponsorship During Unaccompanied Tours

a. Status. Completed

b. Entered. AFAP XVII; Nov 00

c. Final action. AFAP XXIII; Jun 07

d. Scope. Some families face isolation and difficulty when their sponsor leaves on an unaccompanied tour of duty. When this occurs, neither the losing nor the gaining units are responsible for providing family support. When problems arise, the families are left with no one to be their advocate. This lack of sponsorship leaves families without a source of immediate and adequate information pertaining to financial, military, and community issues. Problems are compounded and are difficult to resolve without chain of command presence.

e. AFAP recommendations.

(1) Assign sponsorship of waiting families to the garrison chain of command.

(2) Require the Military Personnel Service Center to notify Army Community Service (ACS) and the Garrison Commander of waiting families in the area.

f. Progress.

(1) Garrison support. In Feb 01, the Assistant Chief of Staff for Installation Management (ACSIM) non concurred with request to appoint sponsors from garrison and determined ACS has waiting families mission

(2) Regulatory change. ACS revised AR 608-1, Paragraph 4-28, Services to Waiting Families, (20 Oct 03) to require support services for families residing on post or in surrounding communities, living separately from military and/or civilian sponsor due to mission requirements. Services include: needs assessment, community service information, crisis intervention services, support groups, and liaison with military/civilian agencies.

(3) Notification. AR 600-8-11 requires all soldiers scheduled for overseas assignment to attend an ACS overseas briefing. This includes remote and isolated soldiers. The military personnel division (MPD)/personnel service battalion (PSB) schedules each Soldier with an overseas assignment for the orientation with ACS. At these briefings, ACS requests addresses of waiting families. The contact information is provided to the nearest ACS Center, who initiates telephonic or mail contact with the Family to ensure support (as outlined in paragraph above) can be provided.

(4) Services available to waiting families include:

(a) Military One Source (MOS), a 24-7 toll-free telephone (1-800-464-8107) and web-based information and referral service (www.militaryonesource.com) for active duty Soldiers, demobilized National Guard and Reserve Soldiers, deployed civilians and family members worldwide. The MOS provides immediate information and makes referrals as needed to professional counselors. The MOS information includes: parenting, child care, education, work, health, wellness, legal, addiction, emotional well being, and everyday issues.

(b) The Army Information Line (1-800-833-6622 and http://www.WBLO.com) is part of an integrated service delivery system that provides information and issue resolution services and serves as a safety net for those who have exhausted other resources.

(c) Web-based services on the ACS website, www.myarmylifetoo.com, assist connections for waiting families. The Army Relocation Readiness Program launched new web pages to enhance services and to further assist connections between waiting families.

(5) Fort Carson Plan. Based on direction at the May 05 AFAP GOSC, FMWRC integrated materials and lessons learned from Fort Carson's care of Soldiers and families of the 2/2 Infantry Division into Op READY materials: individual contacts with families; collecting information on dispersed families at the Soldier Readiness Process; and marketing the Hearts Apart program as part of deployment support.

(6) GOSC review.

(a) May 01. ACS will include waiting families in their outreach initiatives.

(b) Nov 03. Issue will explore alternative services to waiting families who reside where military installations or offices are unavailable for assistance.

(c) May 05. The VCSA said "unaccompanied tours", is no longer Korea – it's also Afghanistan, Iraq and other locations. He directed a review (e.g., Fort Carson) to see what's working and what's not.

(7) Resolution. The Jun 07 GOSC declared this issue completed. Regulatory change authorizes ACS to request the addresses of waiting Family members from Soldiers and follow-on contact by ACS staff. Other assistance is available via Military OneSource and Army GI hotline, Internet, Virtual Family Readiness Groups, and Op READY materials.

g. Lead agency. IMWR-FP

h. Support agency. AHRC, ACSIM

Issue 481: Federal Employee Paid Parental Leave

a. Status. Unattainable

b. Entered. AFAP XVII; Nov 00

c. Final action. AFAP XVIII; Mar 02

d. Scope. Neither a paid maternity/paternity leave or a leave savings account exists for federal employees. Currently, federal employees use a combination of sick, annual, and leave without pay to care for either newborn or adopted children. The depletion of sick and annual leave forces an employee to go into a leave without pay status during times of sickness or emergency. An alternative may be to have those employees who want parental leave buy into a leave savings account.

e. AFAP recommendation. Create a leave savings account or Federal employee paid parental leave program.

f. Progress.

(1) Study.

(a) House Report 106-1033 for H.R. 5658 (Public Law 106-544), directed Office of Personnel Management (OPM) to conduct a study to develop alternative means for providing Federal employees with at least 6 weeks of paid parental leave associated with the birth or adoption of a child. OPM was required to report to the Senate and House Committees on Appropriations on the expected rates of utilization of parental leave and views on whether parental leave would help the government in its recruitment and retention efforts generally, reduce turnover and replacement costs, and contribute to parental involvement during a child's formative years.

(b) The study stated that the Federal Government's leave policies and programs compare favorably with benefits offered by most private sector companies. Human resources directors in Federal Executive departments and agencies overwhelmingly indicated that an additional paid parental leave benefit would not be a major factor in enhancing their recruitment and retention situations.

(c) To determine whether a new paid parental leave benefit would aid the Federal Government's recruitment and retention efforts, OPM researched existing leave benefits in the non-Federal sector. In the U.S. it was found that paid maternity leave is available for approximately half of the female workforce covered by existing surveys, but the time off is generally paid through temporary disability coverage. Only 7% of new fathers receive paid paternity leave.

(d) Agencies indicated that challenging work, opportunities for training and advancement, and flexible workplace arrangements rank above paid parental leave as factors important in recruiting and retaining a capable workforce. These responses are borne out by research in the private sector which indicates that the quality of the job and the support provided to employees in the workplace are crucial to employer success in recruiting and retaining a high-quality workforce.

(3) Resolution. The Mar 02 GOSC declared this issue unattainable. Federal employees may use work scheduling options, annual leave, sick leave, advance annual, sick leave, paid or unpaid leave under the Family and Medical Leave Act, and donated annual leave under the Federal leave transfer and leave bank programs following birth or adoption.

g. Lead agency. OASA(M&RA)

h. Support agency. OPM

Issue 482: Full Replacement Cost for Household Goods Shipments

a. Status. Combined

b. Entered. AFAP XVII, Nov 00

c. Final action. AFAP XX; Nov 03

d. Scope. Military personnel are compensated at a depreciated rate for lost-damaged household goods that are shipped or stored at government expense. The current depreciation compensation is not sufficient for actual replacement cost, resulting in increased out-of-pocket expenses with each move. Frequent moves and subsequent loss or damage creates a financial burden for the service member.

e. AFAP recommendation. Provide full replacement value (based on pilot programs) for lost or damaged household goods.

f. Progress.

(1) Validation. Full Replacement is one of several upgrades identified for improving the current personal property shipping system. These improvements are derived from the early results of personal property pilot tests being conducted within DoD; i.e., Full Service Moving Pro-

ject, Military Traffic Management Command's (MTMC) Reengineering, and Army Hunter Pilot. The total list of improvements includes enhancements such as: carrier risk analysis, toll free customer service numbers, customer satisfaction survey, direct claims settlement, and future business distribution based on quality and price. These initiatives are being managed by MTMC utilizing a Joint Service Task Force titled Task Force Fix (TFF). A Joint Service General Officer Steering Committee (GOSC) guides TFF. These initiatives, along with full replacement value, were briefed to the Joint Chiefs of Staff (JCS) 18 Jan 01, and it was agreed that although improvements were necessary, funding would be an issue. Preliminary figures developed by MTMC identify cost increases as follows: Cost is for all improvements as a package deal is $263M. (Includes $48M in off-sets from claims and storage in-transit reductions) Army: $99.94M; Air Force: $73.64M; Navy: $63.12M; Marine Corps: $21.04M; Coast Guard: $5.26M. See Issue #307, "Inferior Shipment of Household Goods" for additional information.

(2) GOSC review. The May 01 GOSC concurred with combining this issue with Issue 307.

g. Lead agency. DALO-FPT.

h. Support agency. MTMC.

Issue 483: Incentives for Reserve Component Military Technicians

a. Status. Unattainable

b. Entered. AFAP XVII, Nov 00

c. Final action. AFAP XXVII, Feb 11

d. Scope. All Reserve Component (RC) Soldiers, regardless of civilian employment status, should be entitled to the Selective Reserve Incentive Program (SRIP), to include non-prior service and prior service enlistment, reenlistment, affiliation bonuses, educational loan repayments, and the Montgomery GI Bill Kicker. Military Technicians (MT) support the RC in both a military and civilian capacity; yet, they are not eligible for incentives afforded to other members of the RC. Currently, incentives received as a Soldier prior to becoming a MT are terminated when they accept a MT position. Defense policy denies a benefit afforded to other Soldiers.

e. AFAP recommendation. Authorize Army Reserve MTs to receive and retain incentives contained in the Selected Reserve Incentive Program.

f. Progress.

(1) Memorandum dated 4 Apr 04 sent to DA G-1 to transfer incentive program management for Army Reserve Soldiers to the Chief, Army Reserve (CAR). Overall management authority not delegated and no further delegation of authority is expected.

(2) The NDAA FY 2005 repealed the eligibility prohibition for MTs to obtain or retain the affiliation bonus.

(3) In Apr 05, DA G-1 formally non-concurred with the pending revision to the Department of Defense Instruction 1205.21 because MTs were still precluded from SRIP eligibility. The FY06 Defense response permitted MTs to receive bonuses for reenlistments effected in theater.

(4) Defense granted authority to cancel recoupment actions for Soldiers who had received a bonus and are going into the Military Technician Program. Effective May 2008, Selected Reserve Soldiers who accept a MT position will have their enlistment/reenlistment/affiliation bonus terminated without recoupment regardless of the length of service in the losing SELRES status. The 6 month SELRES membership rule is eliminated for these Soldiers.

(5) Three initiatives highlight the impact of SRIP prohibition upon the Military Technician (MT) Program. RAND, funded by DA G-8, conducted an out brief in September 2009, on the factors impacting Full Time Support staffing requirements and experiences as they relate to readiness. The Center for Army Analysis conducted a cost benefit analysis of the MT Program as it relates to policies, incentives, career progression and conditions of employment. The Army Reserve conducted a survey of former MTs to identify trends and issues impacting employment decisions. Studies and survey statistically support rescinding Defense policy.

(6) Memorandum signed by CAR dated 14 December 2009 sent to DA G-1 requesting changes to DoDI 1205.21, AR 601-210, and AR 135-7 to allow MTs eligibility for SRIP benefits. At the Multi-Component Enlisted Incentives Review Board on 16 Mar 10, the DA G-1 (DMPM) requested an opinion from the board members and further justification from the Army Reserve. The CAR's memorandum contained statistics but additional details were provided. DA G-1 disapproved.

(7) Resolution. Issue is unattainable because Army does not support changing DOD policy and Army Regulations to allow MTs eligibility for SRIP benefits. The Chief, Army Reserve stated that this is one of many issues associated with MTs, and that the Army Reserve is working to decouple the military and civilian requirements in this type of program.

g. Lead agency. USARC

h. Support agency. DAPE-MP

Issue 484: OCONUS Medical and Dental Personnel Shortages

a. Status. Completed

b. Entered. AFAP XVII, Nov 00

c. Final action. AFAP XX; Nov 03

d. Scope. There is a shortage of military medical and dental personnel OCONUS. Many military beneficiaries (family members, retirees, contractors) experience delays receiving medical care. The treatment of these beneficiaries results in medical/dental staff servicing more patients than projected by staffing guidelines as established by troop strength. This shortage results in an adverse impact on the medical/dental service for those in their care. Medical and dental personnel shortages directly affect soldiers. Soldiers are not confident that families are being adequately care for, thereby impacting soldier and family well-being.

e. AFAP recommendation.

(1) Increase medical and dental personnel to support the entire OCONUS military community to include family members, civilians, contractors, and retirees.

(2) Require transitional clinic time between incoming and outgoing medical and dental personnel to preserve services and continuity.

f. Progress

(1) Europe

(a) The Europe Regional Dental Command is staffed to support space-required care for Active Duty personnel/family members. Dental readiness rates for soldiers in Europe ranged between 90-95% in 2003. Access to dental care standards for both soldiers and family members in Europe are generally met throughout the command. Retirees and contractors have space available access to dental facilities in Europe when a facility's dental readiness rate is at or above 95%. Also, dental health fairs are held annually in each community during which dentists are available to provide limited dental services, e.g., examinations, teeth cleanings and fillings.

(b) The European Regional Medical Command (ERMC) sent a representative to the USARC training workshop in Aug 02 to discuss backfill requirements for 2003 and obtain additional USAR clinical support. Reserve integration has greatly contributed to a reduction in the number of provider/support staff shortages.

(c) The "Open Access" program offers patients a same day appointment at participating military medical treatment facilities (MTFs) in Europe. As of Nov 03, 15 Army MTFs offer "Open Access". During 2003, the average wait for an appointment at "Open Access" sites has decreased from 3.2 days to 2.2 days, exceeding the TRICARE access standard for primary care.

(d) Cooperation with the Navy and Air Force to enhance medical support has been maximized. ERMC is working with the TRICARE Europe Office to determine areas where additional specialty care services are required and are using the specialty care optimization tool to pinpoint areas where large numbers of personnel are receiving specialty care in the civilian sector.

(e) Business Case Analyses (BCAs) and Venture Capital Initiatives (VCIs) have been initiated where there are direct benefits derived by improving patient access to care, reducing patient care costs, and/or increasing patient satisfaction. BCA/VCI funding was provided to ERMC for projects that increase in-house surgical capability; establish needed services; expand existing operations to meet increased demands (e.g. podiatry, ear, nose and throat (ENT), audiology, oncology, etc.); and add staffing to increase productivity (e.g. operating room, optometry). The overseas Military-Civilian Health Services Partnership Program is also used to supplement staffing at MTFs with in-house civilian providers.

(2) Korea.

(a) Korea reviewed and optimized templates for all clinics in the 121st General Hospital, resulting in a 34% increase in Primary Care appointments and 19% in overall appointments. Korea also implemented a central appointment service, voice mail, automated call distribution, intercom and other features to enhance staff productivity and telephonic patient consultations. The system offers a central portal for access to facilities and high quality decentralized management of appointments.

(b) Korea developed an Officer Distribution Plan for military physicians, physician assistants, and nurse practitioners throughout Eighth Army which resulted in a redistribution of providers around the peninsula to better cover all beneficiaries.

(c) Korea proactively scheduled RC personnel rotations during the summer under-lap months to mitigate the impact of specialty provider shortages. Korea requested 21 backfills and MEDCOM filled 16 of these requests in the summer of 2003. These personnel were used to cover the time lag between personnel that were selected for Graduate Medical Education departing country and their replacements arriving from CONUS. MEDCOM provided 15 backfills (mostly MDs, some nurses) in summer of 2002. Korea will follow Europe's lead in establishing a relationship with USARC and tapping into their assets for backfill.

(d) The impact of lost provider time because of provider under-lap, field training exercises, or lack of availability is a continuing challenge. One important method for mitigating lapses in personnel strength includes the hiring of additional civilians. Between Jan and Nov 03, the 18th MEDCOM hired 11 people into new positions at the 121st General Hospital. These positions include an anesthesiologist, emergency medicine physician, and 3 nurses (one certified registered nurse anesthetist).

(e) Korea has ten memoranda of understanding (MOUs) with Host Nation facilities throughout all four Areas of the peninsula. Two more will be added. Two of the hospitals with MOUs see patients from Area 1 (2nd Infantry Division (ID)), which has improved beneficiary access to specialty care in these areas.

(3) Transitional Clinic Time. Army Human Resource Command (HRC) said it is not able to support the overlap of medical personnel. However, HRC will continue to support the Army Surgeon General's priority of filling medical billets in Germany and Korea before filling those in MEDCOM's CONUS based units. Many medical officers going overseas are completing Graduate Medical Education (GME) programs and are not released until 30 Jun. Medical personnel returning from overseas frequently enter GME programs which all begin on 1 Jul. See information above regarding how under-laps have been addressed in Europe and Korea.

(4) Resolution. Issue was declared completed by the Nov 03 GOSC based on OCONUS availability of same day appointments, partnerships to supplement available medical services and collaboration with Navy and Air Force, high dental readiness rates, and summer RC personnel rotations to reduce underlaps when physicians rotate.

g. Lead agency. DASG-PAE, ERMC, 18th Medical Command, Eighth Army

h. Support agency. HQ, MEDCOM; TAPC-OPH-MC

Issue 485: Single Parent Accession

a. Status. Unattainable

b. Entered. AFAP XVII, Nov 00

c. Final action. AFAP XVII, May 01

d. Scope. Recruitment criteria do not allow the accession of single parents into the Army. The Army faces significant challenges meeting its recruitment mission. The effective use of the Family Care Plan ensures single parent and dual military soldiers fulfill family obligations and accomplish the mission. A diverse demographic pool of

male and female applicants varying in age, experience, and educational levels is going untapped.

e. AFAP recommendation. Allow the accession of single parents with a validated family care plan into the Army.

f. Progress.

(1) Validation. This recommendation has not received validation from the Army leadership. None of the Services accept single parents. The Army assumes a certain amount of risk when military single parents and dual military couples make commitments for childcare. The Army is unwilling to assume the same risk with individuals who do not understand nor have experienced the level of commitment required to support family members and simultaneously their commitment to the Army. The Army is meeting its accession goals without including this high-risk population. Cost for involuntary separation tripled between FY92 and FY00. When this issue was reported out at the Nov 00 AFAP Conference, it was not supported by the GOSC.

(2) Resolution. The May 01 GOSC concurred that this is an unattainable recommendation.

g. Lead agency. DAPE-HR

Issue 486: Tax Credit for Employers of Reserve Component Soldiers on Extended Active Duty

a. Status. Completed

b. Entered. AFAP XVII, Nov 00

c. Final action. AFAP XXV, Jan 09

d. Scope. The Army's reliance on the RC (Guard and Reserve) has changed how we utilize the RC with the total Army force. Increased use of the RC has created a financial burden and other conflicts with civilian employers. In addition to supporting contingency operations worldwide, reservists are frequently required to perform additional duty and training to maintain Military Occupational Specialty (MOS) qualification and career development. An employer tax credit has the potential to reduce the number of Soldiers leaving the RC due to employer conflict.

e. AFAP recommendation. Provide tax credits to employers of RC Soldiers serving on active duty as the result of a deployment in support of a contingency operation or pursuant to a Presidential Selected Reserve Call-up or mobilization.

f. Progress.

(1) Issue change. In Feb 01, the AFAP recommendation was amended to clarify the status of reservists to which this issue applies.

(2) Validation. While legislation for a tax credit to employers of RC Soldiers serving on active duty as the result of a deployment in support of a contingency operation or pursuant to a Presidential Selected Reserve Call-up or mobilization could be seen as a retention enabler and reduce the economic impact on employers of RC Soldiers, it is an issue that has not successfully left the House Ways and Means Committee for over eight years and has never come to a floor vote in the House or the Senate. For successful legislation to be enacted addressing employer tax credits the DOD and the Army must champion this issue at every level. Several associations have promoted the issue of employer tax credits and continue to include this in their legislative agenda.

(3) Legislative initiatives.

(a) Legislation was introduced in the 109th Congress to amend the Internal Revenue Code of 1986 to allow an employer tax credit (no cost to the DOD). These and similar bills have never passed through the House Ways and Means Committee and did not in the 109th Congress.

(b) H.R. 443, A bill to amend the Internal Revenue Code of 1986 to provide a tax credit to employers for the value of the service not performed during the period employees are performing service as a member of the Ready Reserve or National Guard.

(c) H.R. 446, a bill to amend the Internal Revenue Code of 1986 to provide to employers a tax credit for compensation paid during the period employees are performing service as a member of the Ready Reserve or National Guard.

(d) S. 240, Small Business Military Reservist Tax Credit Act. A bill that allows small business employers a credit against income tax for employees who participate in military reserve components and are called to active duty, replacement employees and self employed.

(e) H.R. 5765, a bill to amend the Internal Revenue Code of 1986 to allow employers a credit against income tax for employing members of the Ready Reserve or National Guard.

(f) H.R.843, a bill to amend the Internal Revenue Code of 1986 to provide to employers a tax credit for compensation paid during the period employees are performing service as members of the Ready Reserve or the National Guard. This bill was introduced at the 110th Congress.

(4) Resolution. The January 2009 HQDA AFAP GOSC declared the issue complete as the Heroes Earning Assistance and Relief Act of 2008 (HEART Act) amends the Internal Revenue Code of 1986 to provide a 20% tax credit to small businesses that pay a wage differential to employees who are active duty members of the uniformed services, after they are mobilized. The HEART Act was signed into law by the President on 17 Jun 08 and is one of the first pieces of legislation that recognizes the financial challenges small businesses face when employees are mobilized.

g. Lead agency. DAAR-ARC-SC

h. Support agency. Reserve Officers Association. Association of the United States Army, The Military Coalition, National Guard Association and the U.S. Chamber of Commerce

Issue 487: TRICARE Services in Remote OCONUS Locations

a. Status. Completed

b. Entered. AFAP XVII, Nov 00

c. Final action. AFAP XX, Nov 03

d. Scope. Command sponsored military families in remote OCONUS locations (i.e., Saudi Arabia, Bolivia, France) do not have access to the same level of care as their CONUS counterparts. When there is no accessible military medical treatment facility, entering into contractual obligations with host nation providers are difficult but

essential. In order for the family to receive care, too often the family is required to pay as services are provided. As a result, basic health care needs are not met in a timely manner. Ensuring that families and active duty members have access to healthcare without incurring initial expenses would reduce the challenges of these unique assignments.

e. AFAP recommendation.

(1) Expand personal service contracts within remote OCONUS locations to provide needed healthcare services.

(2) Expand personal service contracts within the host nation to provide needed healthcare personnel.

(3) Establish a system to ensure host nation providers receive payment for services in a timely manner.

f. Progress.

(1) Issue revision. In Feb 01, expanding host nation personal service contracts was moved from Issue 484 to this issue.

(2) Personal service contracts. The Federal Acquisition Regulation, 37.104, Personal Services Contracts, prescribes requirements to establish a personal service contract. A personal service contract is performed at a government site with tools and equipment furnished by the government. Thus, the definition of a remote site precludes the ability to use personal services contracts and negates this recommendation.

(3) Claims processing. A defined foreign claim processing system is in place that promptly pays providers in overseas areas. Since Jan 00, claims processing rates in Europe are among the highest in the TRICARE program, i.e., above the 95% standard for retained claims processed in 30 days. The new International SOS (ISOS) contract for OCONUS remote areas assures host nation providers a guaranteed payment within 30 days. ISOS pays the providers through a direct deposit system established between ISOS and the provider.

(4) Personal Services Contract in host nation. Army medical treatment facilities (MTFs) in Europe continue to maintain and establish new personal services contract. TRICARE Europe established a preferred provider network (TEPPN) in host nations consisting of both health care professionals and institutions that are available to beneficiaries. Health care clinics in US embassies provide some routine care and minor treatment to eligible beneficiaries assigned to the embassy. In Korea, Memoranda of Understanding have been established with 10 new hospitals.

(5) Project teams. An OCONUS Integrated Project Team (IPT) developed a single concept of operations for accessing medical/dental care overseas, with improved access to care as a primary objective. The IPT worked to improve healthcare access in overseas locations. Short term and long-term strategies were developed to address the immediate healthcare needs of CENTCOM and TRICARE Europe. The Claims WIPT addressed issues associated with OCONUS claims development, claims processing jurisdiction and Third Party Liability (TPL), and reviewed OCONUS authorization processes. The Dental WIPT addressed development and improvement of dental education and outreach for Active Duty family members overseas, retirees/family members' access to overseas dental treatment facilities, and improvements to the dental screening process for family members transferring overseas.

(6) ISOS. Active Duty (AD) service members and families using the ISOS network do not pay up-front, out-of-pocket expenses or file claims. The system is cashless and claimless. However, if AD members or family members use other than an ISOS network, they must pay up front and file the claim.

(a) In Feb 01, TRICARE Latin America and Canada (TLAC) contracted with ISOS to provide referral networks. The TLAC ISOS contract was subsequently extended to 18 CENTCOM countries. In Central/South America and in the Western Pacific, there is a partnership with ISOS to establish a network of quality healthcare providers and hospitals for TRICARE Overseas Prime enrollees.

(b) Expanding the ISOS network to Europe and other CENTCOM & EUCOM countries as a phase in approach expanded the coverage to 146 countries. The award for the TRICARE Global Remote Overseas Healthcare contract was made to ISOS on 06 Dec 02. The two-phased start-up began as scheduled on 01 Sept 03 with continuation of ISOS services in TRICARE Pacific and the expansion of services to remaining areas in TRICARE Europe and TLAC on 01 Oct 03.

(7) GOSC review. The May 01 GOSC was briefed on initiatives to address medical care in remote locations.

(8) Resolution. The Nov 03 GOSC declared this issue completed based on robust OCONUS preferred provider networks, high claims processing rates and contract with International SOS (ISOS) to provide cashless/claimless healthcare in remote overseas areas.

g. Lead agency. DASG-TRC

h. Support agency. TRICARE Management Activity

Issue 488: TRICARE Prime Remote for Active Duty Family Members Not Residing With Military Sponsors

a. Status. Unattainable

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XXVII, Aug 11

d. Scope. The FY01 National Defense Authorization Act (NDAA), Section 722, authorized TRICARE Prime Remote (TPR) for Active Duty family members (ADFMs) who reside with members of the Uniformed Services eligible for TPR within the 50 United States. Military Service members are eligible for TPR if they live and have a duty assignment more than 50 miles (or 1 hour's drive time) from a military medical treatment facility (MTF).

e. AFAP recommendation. Provide TPR access for all ADFMs who reside in TPR zip code areas.

f. Progress.

(1) The FY06 NDAA, Section 714, provides for exceptional eligibility for TRICARE Prime Remote. In accordance with this new law, DoD may (not required) provide for coverage of a remotely located dependent or spouse who does not reside with a military sponsor if the Secretary determines that exceptional circumstances warrant such coverage. MEDCOM/OTSG had thought this provision would increase the opportunity for those SMs who must support split households, per their family care plans, to receive the benefit of TPRADFM. MEDCOM/ OTSG

anticipated that OSD would issue a proposed rule to implement the change.

(2) MEDCOM/OTSG monitored the status of the ASD(HA)/TMA decision to implement the NDAA FY06 provision. The ASD(HA) disapproved a proposed option/Decision Paper for implementing the TPRADFM waiver authority on 17 Jan 07. The Services received this notice on 18 Jul 07.

(3) The Acting TSG forwarded to ASD(HA) a 13 Aug 07 Memorandum formally requesting that the new ASD(HA) review the 17 Jan 07 disapproval. MEDCOM/OTSG knew that situations of Soldiers having to send their immediate Families to live in areas other than their home stations during deployment or recuperation will only continue to increase. Providing TPRADFM to additional ADFMs would give them access to the best TRICARE program with the least personal cost for these Families. It would also lessen the healthcare worry/concern for parents/Service members while they are deployed.

(4) TMA officially requested MEDCOM/OTSG 'example' criteria to help support our 13 Aug 07 Memorandum for a re-look of the disapproved TPRADFM waiver authority.

a. The formal Deputy SG reply to TMA's tasker, which provides criteria identified by MEDCOM/OTSG, was drafted by the MEDCOM/OTSG TRICARE Division and OTSG/MEDCOM Staff Judge Advocate office.

b. The 2 criteria for TPRADFM approval are as follows:

(1) Activation of an official Family Care Plan that results in movement of the family, whole or part, to an area not classified as a Military Health System Prime Service Area.

(2) Official government authorized movement of a family under the Joint Federal Travel Regulation, Volume 1, Section U5222 (VARIOUS UNIQUE PCS ORDERS) in which the family is sent to a "designated place" that is not classified as a Military Health System Prime Service Area.

(5) TMA acknowledged receipt of the MEDCOM/OTSG supporting criteria. This occurred in the 2nd QTR FY08. This was followed by a 1 Apr 08 official TMA tasker to the Navy and USAF for their input to the MEDCOM/OTSG criteria. Both the Navy and Air Force concurred with MEDCOM/OTSG and our Family Care Plan criteria.

(6) On 10 Jul 08, TMA requested additional information from all the Services. The request was for the number of Service members that would be required to maintain an official Family Care Plan per Department of Defense Instruction, 1342.19, SUBJECT: Family Care Plans. MEDCOM/OTSG utilized the latest (FY06) official Army G1 demographics provided on their website: http://www.armyg1.army.mil/hr/demographics.asp. MEDCOM/OTSG provided numbers for both AC and RC populations as follows: Dual Military = 45,779; Single w/ Children = 38,478; Grand Total = 84,257.

(7) 21 Jan 09, TMA informed the Services that based on the criteria identified in section 4.b of this paper; a request for legislative change was submitted to the USD (P&R) office for signature. TMA added another subpopulation to the legislative change request; College Bound Children, and we support this addition. Unfortunately, TMA informed the Services that the document has been in the USD (P&R) office since Nov 08, and the document requesting legislative change currently remains at the USD (P&R).

(8) 7 Apr 09, HQDA AFAP IPR was briefed on the status of the ASD(HA)/TMA proposed legislative proposal. The HQDA AFAP IPR acknowledged request for HQDA involvement in seeking USD(P&R) review and approval. TMA informed MEDCOM/OTSG on 6 Aug 09, that the legislative proposal is still stalled in the USD(P&R) office. The document has been in the USD (PR) office since Nov 08.

(9) 14 Apr 10, Collaborative efforts between MEDCOM, ASA(M&RA), [Medical and Health Affairs], and HA/TMA [Chief, Policy & Benefits Branch], have resulted in the determination that the stalled USD(PR) legislative proposal was not acted on. A proposed COA has been accepted by MEDCOM, ASA(M&RA) and TMA. Using the authority of NDAA FY06 exceptional circumstances, HA/TMA will attempt to push through a Rule Change to change Title 32 CFR. If approved by TMA/HA General Council and TMA leadership, this COA could be accomplished without ULB actions. Timelines for necessary action TBD. Collaboration will continue between MEDCOM, ASA(M&RA), and TMA/HA.

(10) Attempts to support this population under existing Law, National Defense Authorization Act (NDAA) 2006, Section 714, was not supported by the Office of General Counsel (OGC) for the Assistant Secretary of Defense, Health Affairs. The OGC did not support the inclusion of relocating Active Duty Family Members based on an activated Family Care Plan as part of the "extenuating circumstances" definition described in Section 714 of NDAA 2006.

(11) Attempts for inclusion within Congressional markup process for NDAA 2011 were unsuccessful.

(12) Resolution. The Aug 11 GOSC declared the issue unattainable. The Office of General Counsel for the Assistant Secretary of Defense, Health Affairs did not support inclusion of relocating ADFMs with an activated Family Care Plan as part of the "extenuating circumstances" definition for TPR eligibility in Section 714 of FY06 NDAA. Inclusion within Congressional markup process for the FY11 NDAA was also unsuccessful.

g. Lead agency. MCHO-CL-M

h. Support agency. TMA

Issue 489: Allocation of Impact Aid to Individual Schools

a. Status. Unattainable

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XIX, Nov 02

d. Scope. Impact Aid funds go to the school district for distribution, but may not necessarily go to the school in which military children are enrolled. These students have academic and social concerns due to their frequent relocations. Families need an advocate to ensure a portion of Impact Aid is allocated appropriately to deal with these issues. Quality education is a fundamental right of every child.

e. AFAP recommendation.

(1) Assign a military command representative to influence distribution of Impact Aid at the school district.

(2) Direct a portion of Impact Aid funds to the specific programs that address the needs of military children.

f. Progress.

(1) Background. Impact Aid funds are an important source of federal income for school districts that educate federally connected children and help ensure military children are provided quality education. Managed by the Department of Education, Impact Aid funds are intended to offset the loss of local tax revenue and are deposited into the school district's general fund account, just as property taxes are. In effect, Impact Aid is the federal government's "tax payment" to the local school district for property taken off the local tax rolls; therefore, Impact Aid funds are intended by law to be treated as other local tax revenue. Military family members often misunderstand the intent and use of Impact Aid.

(2) Command involvement.

(a) The Army's installation School Liaison Program has greatly increased local command involvement with community school boards. Installation commanders or designated representatives are encouraged to regularly attend school board meetings as observers or non-voting members. In some instances, communities have a military voting member on the board.

(b) Attendees at the Jul 02 Army Education Summit supported and cited the importance of command involvement with local school boards.

(c) A memorandum from Chief of Staff, Army, 1st Qtr 03, reinforces the importance of command involvement with local school systems.

(3) Impact Aid.

(a) Impact Aid is an important source of funding for federally impacted schools; consequently, there is a strong coalition of organizations that lobby Congress for full funding each year. Army solicited advice in Jul 02 from the Department of Education (DoE) and the Office of the Secretary of Defense Educational Opportunities Directorate (responsible for the DoD Supplemental Impact Aid program).

(b) The National Association of Federally Impacted Schools (NAFIS), the Military Impacted Schools Association (MISA), and the National Military Family Association (NMFA) stated that they would oppose any Army effort to direct Impact Aid funds to specific programs, usurping the intent of the Impact Aid Statute and the decision-making process exercised by locally-elected school boards. Both MISA and NMFA felt the best approach to addressing this issue is to have an active duty military person as a non-voting member of the local school board. The DoE also supports the principle of local control of education and recommends that the military community continue to be actively involved at the local level.

(4) Resolution. The Nov 02 AFAP GOSC determined this issue is unattainable because it violates the principle of local control of education. Impact Aid advocacy organizations and government agencies recommend continued military community involvement at the local level.

g. Lead agency. SAMR-HR

h. Support agency. CFSC.

Issue 490: Annual Vision Readiness Screening

a. Status. Completed

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XXI, May 05

d. Scope. Current mission requirements mandate a standard of vision readiness that is not being met. Deployment delays occur when soldiers do not meet vision readiness requirements. Timely deployment and safety are compromised by the necessity of last minute vision testing and the delay in issuance of corrective eyewear.

e. AFAP recommendation.

(1) Require annual vision readiness screening for all soldiers (Active, Guard and Reserve). Fund required follow-up exams.

(2) Fund and issue military eyewear when necessary.

f. Progress.

(1) Validation.

(a) A Service member is visually ready when he/she has the visual acuity required for his/her mission, and is optically ready when he/she has the required military optical devices, per the Tri-Service Ophthalmic Regulation, AR 40-63. Multiple studies over the last 12 years reveal that a large number of service members are not visually or optically ready to deploy and must seek vision care at the deployment site.

(b) Before the current policy was developed and disseminated, there was no standard VR process within the Army. Vision was screened prior to deployment, but there was no annual requirement to ensure vision readiness. Lack of this requirement impacted units negatively, as Service members are not fully mission-capable if they are not visually ready with all required eyewear.

(c) One-time cost to include vision readiness classification within the Medical Protection System (MEDPROS) is about $105K. The cost to support vision readiness on installations with the largest SRP missions is estimated at $810K annually during FY05-11.

(2) Development of VR Classification. In FY03, CHPPM obtained G-1 approval on a VR deployment requirements checklist to document the VR status of each Service member during annual SRP screenings. A Tri-Service Vision Working Group consisting of Optometry and Ophthalmology consultants from the Army, Navy, and Air Force developed the classification system.

(3) Policy change and implementation.

(a) TSG staffed the policy for annual vision screenings for all Soldiers with the Army G-1, and subsequently disseminated the policy to all Army units in 1st QTR FY05. The VR Classification System was implemented in the same manner in Active, Guard and Reserve units. Unit Soldiers are visually screened in conjunction with SRP sessions. Soldiers will be screened individually in DoD eye clinics if their unit does not conduct SRPs. The Federal Strategic Health Alliance (FEDS_HEAL) covers required eye examinations for Reserve Soldiers not yet on AD who will soon deploy.

(b) OTSG will continue to oversee program implementation through MEDPROS documentation starting in Apr 05, covering use of both the VR checklist and the VR classification system. All Soldiers will have one year to be screened starting with the date the Classification System is incorporated into MEDPROS.

(4) Military eyewear. The Commander, US Army Medical Command (MEDCOM) provides funds for and issues military eyewear to Active Duty (AD) military members, including RC Soldiers serving on AD. Military eyewear for Reserve Soldiers is funded by the RC.

(5) Resolution. The May 05 declared this issue completed. Effective 1st Qtr FY05, annual vision screenings are required for all active and reserve component Soldiers.

g. Lead agency. DASG-HS

h. Support agency. ASD(HA), Optometry/Ophthalmology consultants from the Army, Navy, and Air Force

Issue 491: Army Community Service (ACS) Manpower Authorizations/Funding

a. Status. Completed

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XXIV; Jun 08

d. Scope. ACS is currently understaffed due to lack of authorizations. Over the last ten years, ACS has lost 53 percent of its manpower authorizations. Although the military strength has decreased, the percentage of Family members has increased. ACS Staff members are asked to perform multiple roles, adversely impacting the availability of services to Soldiers and their Families, especially in financial readiness, spouse employment, and Exceptional Family Member Program (EFMP).

e. AFAP recommendations.

(1) Provide authorizations and funding for all ACS positions according to the US Army Manpower Analysis Agency Staffing Guidelines.

(2) Fund the Well Being initiatives that support ACS.

f. Progress.

(1) Staffing standard.

(a) The ACS manpower staffing standard was included in the FY 04-09 POM as an emerging requirement and briefed to the Installation Program Evaluation Group (PEG) to be worked in QACS Planning, Programming, Budget, and Execution System (PPBES). II PEG validated the $12.8M requirement in the FY08-13 Program Objective Memorandum (POM). The shortfall for ACS includes authorizations for Family Advocacy (71), Financial Readiness (84), Relocation Assistance (15), Spouse Employment (33), Mobilization/Deployment (38) and Exceptional Family Member (44).

(b) Subsequent to the validation by the Installation PEG the Senior Resource Group (SRG) remanded the requirement. The SRG recommended the issue be addressed through the Total Army Analysis 2011 (FY05 -11) process. The new staffing guidance reflects the minimum manpower to achieve the most efficient organization and provides for a total of 1,188 requirements and 1,188 authorizations. The FY04-09 BASOPS TAADS reflects 1,003 requirements and 711 authorizations; leaving a delta of 292 authorizations to be recognized and funded. Upon review of the issue in TAA-11, any resultant manpower authorizations were incorporated into FY05–09 POM requirements.

(2) Manpower.

(a) A Concept Plan for 185 new ACS manpower requirements was sent to DAMO-FMP for review and approval on 13 Feb 03. The Concept Plan is FMWRC's detailed proposal requesting new 185 requirements. In accordance with DAMO-FMP guidance, the concept plan was submitted to the G3 for full HQDA staffing and submission for approval by senior leadership.

(b) Request for funding for the manpower requirements currently on the FY04 –09 BASOPS TAADS was included as an emerging requirement in the FY05-09 POM.

(3) FY06 Progress.

(a) 14 Feb 06. HQIMA Manpower Division coordinated with USA Force Management Support Agency during the FY07 TDA documentation cycle to approve and top load on IMA's MOB TDAs the 185 ACS positions.

(b) 14 Feb 06. FMWRC applied the USAMAA staffing standard using the restationing and BRAC numbers to determine the future requirements for ACS. The decrease from 292 to the end state to 285 is directly related to the Global Defense Posture Realignment and BRAC.

(c) Apr 06. ACSIM-RIO confirmed that Supplemental Funds can be used for the 185 `ACS MOB TDA positions.

(d) Since the FY05 TAADS, QACS has decreased manpower requirements from 1003 to 886.

(e) 15 Aug 06. FMWRC requested the G3 to revalidate the USAMAA ACS staffing standard for all components (Active, Reserve and National Guard).

(4) Staffing Compromise.

(a) The Concept Plan remained in the staffing process until all elements provided a response. At the conclusion of the staffing process, the Army G8 nonconcurred with the ACS Concept Plan. However, a compromise was reached between G8 and the DACSIM, with both agreeing to support the ACS Staffing shortfall (6 Oct 03).

(b) ACSIM/FMWRC requested increases to ACS staffing through the ASPB to be funded with Supplemental dollars. This would increase ACS staffing immediately and address the 185 new Requirements. The 185 spaces would be available to installations where units are deployed or will soon deploy to Iraq or Afghanistan, fixing the immediate wartime/deployment shortfalls.

(c) FMWRC and IMA worked with DAMO-FM/RQ and USAMAA to develop a Mob TDA to account for all increases in ACS workload during wartime/deployments to include Family Readiness Groups.

(d) On 4 Nov 06, the AFAP General Officer Steering Committee (GOSC) combined Issues #220, Exceptional Family Member Program (EFMP) and #380, Inadequate Support of Family Readiness Groups (Mob/Dep Positions in ACS) with this issue which addresses staffing in all ACS programs.

(e) On 14 Dec 06, the Deputy IMCOM Commander briefed the ACS staffing shortfall to the G-3.

(1) The G-3 agreed to follow the process to validate requirements in the IIPBG and on the TDAs in accordance with the FY09 Command Plan Guidance.

(2) IMCOM will submit Schedule 8s for FY09-13 during the FY09 Command Plan requesting the additional resources (the Resource Formulation Guidance (RFG) contains the details for requesting additional resources).

(3) IMCOM will coordinate with the IIPEG and Army Budget Office (ABO) for additional funding in

FY07/08, since these are year of execution and budget year issues.

(f) Task Force Year of Manpower (TF YOM) developed a new manpower model for ACS and identified 1414 requirements. The USAMAA approved the ACS staffing model 4th QTR FY07. The IMCOM provided authorizations and funding for all ACS positions according to the USAMAA Staffing Guidelines.

(g) On 16 Jan 07, the FMWRC received $12.8M in GWOT funds for the MOB TDA 185 ACS positions. A contract was awarded 16 Jul 07 to two companies (Strategic Resources, Inc. (SRI) and Serco) to supply the 185 contracted positions. Both SRI and Serco are giving hiring priority to individuals already at the garrison and then to military spouses interested in the positions.

(h) IMCOM Commander/ACSIM funded ACS staffing shortage for 477 positions, supported with GWOT in FY08 and included in the QACS Base for 09-15.

(5) Resolution. Issue was declared complete based on funding for increased ACS staff.

g. Lead agency. IMWR-FP

h. Support agency. DAIM-ZXA; IMWR-FM; IMAH-MWR, IMRM-M

Issue 492: Army Retirement Benefits Awareness

a. Status. Completed.

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XXII, Jan 06

d. Scope. Retirement benefits information programs are only offered at or near retirement. Many Active Duty and Reserve Component soldiers and spouses are not familiar with their benefits, entitlements, and compensations. Frequent benefit changes impact service members' retirement plans.

e. AFAP recommendation.

(1) Implement retirement benefits information programs at established intervals during a soldier's career, i.e. Professional Development Programs.

(2) Publish Army Retirement Services website address bi-annually on LES for both Active Duty and Reserve Components.

(3) Inform spouses of retirement benefits through family programs, i.e. Army Family Readiness Groups, AFTB.

f. Progress.

(1) Information outreach.

(a) On 1 Oct 02, the Army Retirement Service Office (ARSO) provided input to CFSC for an Army Family Team Building (AFTB) instruction module. The ARSO homepage, as well as a retired pay calculator, are links on the AFTB homepage.

(b) Other sites with links to the ARSO homepage include: Army (www.army.mil), HRC – Alexandria (www.perscomonline.army.mil/index2.asp), The Adjutant General (www.perscomonline.army.mil/tagd/index.htm), and Branch Newsletters.

(2) Retirement information for the Army National Guard (ARNG). In the ARNG, each state conducts a retirement education program – not uniformly, however. Several states have instituted programs that require the spouse to accompany the soldier to the unit for briefings at the 20-year career mark and at the age 58-59 milestone. Some count the retirement information sessions as weekend drill sessions, paying TDY costs for the soldier and spouse attendance. Some states, due to distance and sparse population, do not. Members of the RC received information on the G-1 RSO website on their Jul 04 End-of-Month Leave and Earnings Statements (LES).

(3) Retirement information for the Army Reserve. HRC-St. Louis reports that, in the USAR, retirement benefits should be briefed to unit members (and spouses) as part of professional development. However, HRC-STL cannot confirm that to be the case across the component. For non-unit members, retirement information is mailed to them at the 20-year career mark, and again at age 58-59 as part of the application for retired pay. Spouses are now more active participants, in light of the 1 Jan 01 law requiring their written concurrence with certain RC Survivor Benefit Plan (RCSBP) elections. HRC-St. Louis urges the US Army Reserve Command (USARC) to conduct briefings and counseling sessions and to send their unit technicians to school (Fort McCoy) to receive training in these areas. On 1 Feb 05, HRC-St. Louis confirmed that more and more states are coming on board with the above-mentioned program.

(4) Info for Active Component (AC). Members of the AC received information on the G-1 RSO website on their Jul 04 End-of-Month Leave and Earnings Statements (LES). Groundwork was laid for Army RSO to make recurring requests for the statement to appear 2x/year.

(5) Website info. The ARSO URL was added to "myPay" at https://mypay.dfas.mil/addlink.aspx.

(6) Professional education. The Army explored various options to include retirement awareness information in officer and enlisted schools. However, other pressing needs preclude addition of retirement topics in the Non-commissioned Officer Education system. Topics are covered in the Warrant Officer and Senior Service Schools' curricula.

(7) On-line information.

(a) On 15 Sep 03, the "Army Benefits Tool (ABT)" was posted on Army Knowledge Online (AKO) under "My Benefits". This tool is a web-based tool for Soldiers/ family members/retirees/survivors to easily link to a variety of government-source websites applicable at various stages of the Soldier Life Cycle. It offers 11 calculators useful in personalizing benefits data. Information on the availability of the ABT is included in every installation's pre-retirement briefing. The ABT has been added to the G-1 RSO homepage for ease of access by all.

(b) G-1 is working with a contractor to develop a "Soldiers' Benefits Service" (SBS) product -- the specific goal of which is ensure that deploying Soldiers and their families have complete benefits/entitlements information prior to departure.

(8) Resolution. The Jan 06 GOSC declared this issue completed as many websites provide Active and Reserve Component retirement information and provide automated tools to compute various benefits. In addition, the Army Retirement Services Office homepage link appears on the end of month LES twice a year for Active and RC.

g. Lead agency. DAPE-RSO

h. Support agencies. DCS, G-1 Professional Development Proponent; DFAS-IN; CFSC; OCAR; NGB; HRC-St Louis; Office of the SMA.

Issue 493: Basic Allowance for Housing (BAH) for Activated Reserve Component (RC)
a. Status. Completed
b. Entered. AFAP XVIII, Mar 02
c. Final action. AFAP XXIII: Nov 06
d. Scope. Activated RC soldiers frequently incur financial hardship due to current law governing BAH. During the first 140 days of active duty, RC soldiers receive BAH II, which is only 60% of full BAH. There is no provision for retroactive compensation for the first 140 days of activation. Aligning the RC housing allowance with that of the active component will reduce financial problems often caused by loss of civilian pay.
e. AFAP recommendations.
(1) Provide RC soldiers on active duty full BAH after 30 days.
(2) Pay RC soldiers on active duty in excess of 140 days the full BAH from the first day of activation.
f. Progress.
(1) Legislation.
(a) Office of the Secretary of Defense for Reserve Affairs submitted a Unified Legislation and Budgeting (ULB) Personnel initiative (RA-1) for FY04. Services and OSD Comptroller deferred ULB to FY05 due to fiscal constraints.
(b) The issue was dropped from FY05 legislative initiatives pending completion of the Reports to Congress on Reserve compensation and entitlements.
(c) An FY06 ULB initiative.
(d) An FY06 ULB initiative, entitled BAH Reform, sought to eliminate 140-day BAH II threshold outlined in Title 37, USC, Section 403(g)(3). Due to the prohibitive cost of this initiative it was split into two initiatives.
1. The first would result in payment of the same BAH rate for all Service Members regardless of tour length. The Army voted "no" to this ULB initiative because of the enormous cost associated with eliminating the BAH threshold entirely. The total Department of Defense resource requirement is $810 million and the Army's requirement is $516 million for FY06-10. The DOD Comptroller and Program Analysis & Evaluation (PA&E) also voted "no" citing excessive costs and no effect on retention.
2. The second initiative was supported by DOD, forwarded to Congress, and became law with the FY06 NDAA . It authorized full BAH for Service Members called to active duty greater than 30 days. The law affects all RC members called to active duty for longer than 30 days, regardless of the type of orders or reason used to bring them to active duty. Every time a Soldier is called to active duty on a new order, the clock starts over, regardless of the time between orders, or the location of duty.
(2) "One location" requirement. The Army's request to change the 140-day requirement at <u>one</u> location for RC to receive full BAH was forwarded to the Defense Finance and Accounting Center for staffing with all services to facilitate changing the regulatory guidelines prior to the approval of the ULB to reduce the requirement from 140 days to 30; it was not supported at the time, by DFAS or the other Services. Now that the law has changed and reduced the requirement from 140 days to 30, this requirement is no longer necessary.
(3) GOSC review.
(a) Nov 02. GOSC was updated on the legislative and OSD proposals.
(b) Jun 06. The GOSC requested the issue remain active to get a better estimate of the magnitude of the entitlement and potential cost.
(4) Resolution. The Nov 06 GOSC determined the issue to be completed based on authorization for full BAH for Soldiers on active duty longer than 30 days.
g. Lead agency. Reserve Affairs
h. Support agency. DCS G-1

Issue 494: Career Recognition Program
a. Status. Unattainable
b. Entered. AFAP XVIII, Mar 02
c. Final action. AFAP XX, Nov 03)
d. Scope. Soldiers with ten or more years of service are not recognized for longevity and their dedication to Army Values. The Army's lack of recognition of career soldiers causes a widespread morale issue within the ranks. Failure to recognize their years of loyalty, sacrifice and dedication to service is not in keeping with the Army's Vision.
e. AFAP recommendation. Implement a tiered recognition package for the Commander's use consisting of but not limited to the following:
(1) Ten-year mark: Issue a warm-up suit, in Army colors, styled after the Physical Fitness Uniform (PFU).
(2) Fifteen-year mark: Grant ten days non-chargeable leave.
(3) Retirement: Present a gold or silver commemorative timepiece recognizing years of service.
f. Progress.
(1) Current recognition.
(a) Soldier recognition is predominantly a commander's decision, with the exception of the retirement ceremony which includes a set of protocols to ensure that the appropriate standard of recognition is achieved in that ceremony.
(b) The Army typically recognizes longevity when soldiers reenlist by awarding the Good Conduct Medal. The Army also rewards longevity with a biannual pay raise in recognition of good performance, increased knowledge and responsibility.
(c) On retirement, a soldier's service to the nation may be formally recognized by a retirement parade/ceremony, sometimes involving a military band, soldiers in formation, spectators, medal presentations, and a reception. Current policy is also to present retirees with a U.S. flag.
(2) Resolution. The Nov 03 GOSC declared this issue unattainable because the Army's recognition/awards program satisfies the intent of this issue.
g. Lead agency. DAPE-PRC
h. Support agency. ASA (M&RA)

Issue 495: Concurrent Receipt of Retired and Veterans Affairs (VA) Disability Pay
a. Status. Completed
b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XIX, Nov 02
d. Scope. Retired soldiers receiving VA service-connected disability compensation do not receive their full retired pay. Military retired pay is reduced dollar for dollar by the amount of their VA disability compensation. This offset unfairly penalizes retired disabled soldiers. Recently enacted legislation authorizes concurrent receipt, but lacks funding for implementation. Additionally, this new legislation excludes medically retired soldiers with less than 20 years service (Chapter 61). All retired disabled soldiers deserve their full retired pay and full VA disability compensation.
e. AFAP recommendation.
(1) Fully fund the recently approved legislation for concurrent receipt of retired pay and VA Disability compensation while continuing to fully fund retired pay.
(2) Amend this legislation to include medically retired soldiers with less than 20 years of service (Chapter 61).
f. Progress.
(1) Legislation.
(a) The FY03 NDAA calls for the elimination of concurrent receipt for career soldiers with 20 or more years of service (including disability retirees), but only for the portion of their VA service-connected disability compensation that is based on combat disabilities. Disability retirees would have their combat disability compensation amount reduced by the amount (if any) their disability retired pay exceeds the retired pay they would have received had they been retired for length of service.
(b) The FY03 Appropriations Bill enacted in Oct 02 was silent on funding for the elimination of concurrent receipt. The FY03 NDAA calls for funding to be derived from Military Pay and Allowances and implementation to begin 180 days from the date of enactment. Implementation would not begin before 1 Jun 03.
(4) Resolution. The Nov 02 AFAP GOSC declared this issue completed because legislation authorizes concurrent receipt of soldiers who have served 20 years and were awarded a Purple Heart for a combat-related injury and to soldiers who retired with 60% disability based on armed conflict, hazardous service, or training.
g. Lead agency. DAPE-RSO
h. Support agency. DCS, G-1

Issue 496: DEERS Status Notification
a. Status. Completed
b. Entered. AFAP XVIII, Mar 02
c. Final action. AFAP XXI, May 05
d. Scope. Soldiers and/or family members are not notified by Defense Enrollment Eligibility Reporting System (DEERS) of changes to their status. Automation changes and administrative errors deny accessibility to vital entitlements (e.g., ID cards and denial of medical treatment). Depriving soldiers and family members of these critical services results in extreme financial hardship and is detrimental to the Total Army well-being.
e. AFAP recommendation.
(1) Provide Commanders the DEERS extract report monthly.
(2) Develop a web-based system linked to Army Knowledge On-line (AKO) where soldiers can check their DEERS status.
(3) Implement monthly reminders to check DEERS status on soldier's Leave and Earning Statement (LES), in order to identify any changes in current status.
f. Progress.
(1) DEERS extract report. US Army Community and Family Support Center (USACFSC) analysis determined that providing the quarterly report from the Defense Manpower Data Center (DMDC) (which contains personnel information on soldiers and their dependents as reflected in the DEERS database) was not feasible. To be usable, family members' records would have to be matched to their corresponding sponsor's record, privileges extracted, and the records sorted by unit and installation. The administrative burden on commanders to review the information and track down affected Soldiers would be prohibitive. It would be expensive to prepare and disseminate the report, and the data would not be timely (the report arrives 45 to 60 days after the end of each quarter). Further, in Jun 04, DMDC directed CFSC to modify its data use agreement (DUA) to receive only DEERS data elements to determine eligibility for MWR programs. The DUA prohibits CFSC from releasing raw data, i.e., individual names and social security numbers.
(2) LES notice. Effective Aug 02, DFAS began placing a quarterly reminder to check DEERS status in the remarks block of Soldiers' end of month LES.
(3) Access through AKO. Initially, representatives from the Army CIO/G6, and DMDC were unable to agree on the automation and security requirements necessary to complete the final phase of the DEERS Status Notification system. Army CIO/G6 presented a proposed initiative to the DoD Business Initiative Council's Information Technology Process Functional Board (DoD BIC IT P/FB) in April 2004 to allow the AKO to access DEERS information from DMDC. The DoD BIC IT P/FB supported the proposal and contacted DMDC and suggested this initiative would be beneficial not only for the Army but all Services. Per the suggestion from the DoD BIC IT P/FB, DMDC established an Integrated Process Team (IPT) and began an immediate interface with the AKO's Chief Technology Office to determine the policy and technical aspects to implement this proposal. Policy and technical advances were made for this issue. Implementation occurred Army-Wide for all active duty military on 7 Mar 05.
(4) GOSC review. The Nov 04 GOSC was informed that the Army has the screens necessary for Soldiers to check their DEERS status via AKO. The remaining action is delivery of server certificates.
(5) Resolution. The May 05 GOSC declared this issue completed based on quarterly LES reminders for Soldiers to check their DEERS status and the AKO-DEERS interface that allows active and reserve Soldiers and family members to check their DEERS data through AKO. Inquiries made through AKO to DEERS are at approximately 2,700 hits per day.
g. Lead Agency: CIO/G-6
h. Support Agencies: DMDC- West, CFSC-SP, HRC

Issue 497: Distribution of Montgomery GI Bill Benefits to Dependent(s)
a. Status. Completed
b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XXVI, Jan 10
d. Scope. The FY02 National Defense Authorization Act restricts distribution of the Montgomery GI Bill to dependents of Soldiers with designated critical skills who agree to reenlist for four additional years. Soldiers who enroll in this program and are not in a designated critical skill are not entitled to distribute their benefits to their dependents. All Soldiers should be able to distribute their educational benefits to their dependents, thus increasing the well being of the Total Army Family.
e. AFAP recommendation. Allow the distribution of basic educational benefits to dependents under the GI Bill to include all Soldiers with at least ten years of service without additional reenlistment requirements.
f. Progress.
(1) 2002 NDAA, Public Law 107-107, Sec 654 allows Soldiers in critical skills, as determined by their Service Secretary, the ability to transfer MGIB benefits to Dependents.
(2) USC, Title 38, Sec 3020 further authorizes MGIB Transferability. A pilot program was implemented. Soldier feedback indicated that the critical skills requirement prevented all Soldiers from participating. The Army submitted ULBs to remove the critical skills requirement in order to expand MGIB transferability to all enlisted Soldiers.
(3) On 30 June 2008, legislation creating the Post 9/11 GI Bill was signed into law. Soldiers will be required to commit to additional service in order to transfer Post 9/11 GI Bill benefits.
(4) In February 2009, DoD formally staffed their draft Post 9/11 GI Bill policy with all services. Adjustments were made based on service responses. DoD policy was published in June 2009 and Army policy was published in July 2009.
(5) Transferability of Post 9/11 GI Bill benefits was effective 1 August 2009.
(6) GOSC review.
(a) Nov 02. Members commented that it is difficult for Soldiers to save enough to send their children to college and that many Soldiers would be willing to give up their educational benefits if they could pass that on to their children. The VCSA noted the strong endorsement for this initiative and said he wanted it noted that Army supports transfer of MGIB benefits.
(b) Jan 06. The VCSA requested that G-1 develop a good strategic communication package to explain to Soldiers the criteria for transfer of MGIB to dependents. Requested G-1 not raise expectations that the transfer applies to all Soldiers and emphasize the dollar value of the educational benefit versus the reduction of the Selective Reenlistment Bonus (SRB).
(c) Nov 06. The GOSC requested the issue remain active.
(7) Resolution. The January 2010 GOSC declared the issue complete because the Post 9/11 GI Bill authorized transfer of benefits to dependents and included all ranks and all components.
g. Lead agency. DAPE-MPE
h. Support agency. OSD-P&R

Issue 498: Employment Status for OCONUS Family Members
a. Status. Combined.
b. Entered. AFAP XVIII, Mar 02
c. Final action. AFAP XVIII, Feb 03)
d. Scope. Family members hired overseas on an Excepted Appointment, to positions designated for U. S. citizens, do not have career-conditional status. In addition, time served in any Excepted Appointment overseas does not count toward the three-year requirement to attain career status. Permitting overseas employment to count toward career status would enhance morale, retention and recruitment of the family member work force.
e. AFAP recommendation. Allow family members hired on Excepted Appointments to attain career conditional/career status.
f. Progress.
(1) Validation.
(a) During FY 99-01, the Army hired 11,113 individuals in excepted positions in overseas areas and another 13,900 in excepted positions in the United States. Family members are among the excepted service appointees both overseas and in the United States. About 60% of excepted service appointments, both overseas and within the United States, were of a time-limited nature similar to temporary/term appointments in the competitive service. Closely related to the excepted service issue is crediting temporary and term employment towards career status.
(b) Army Civilian Personnel does not agree that the Army should pursue legislation that would benefit overseas employees while not benefiting like situated employees in the United States. The issue of equity for competitive service employees on temporary/term appointments would have to be addressed as well if group specific legislation were pursued.
(2) Combining issues. Civilian Personnel recommends that this issue be folded into Issue #38 because a simplified appointment system will be the ultimate answer to both issues, if such a system ever becomes politically attainable. Army's vision is a personnel system that would combine excepted and competitive systems into one service and provide just two types of appointment (temporary and permanent). OSD has prepared legislation for an alternative personnel system that would do this. Army expects the legislation will be introduced in 2003.
g. Lead agency. DAPE-CPP
h. Support agency. CFSC-FSA

Issue 499: Federal vs. Non-Federal Pay Comparability
a. Status. Unattainable
b. Entered. AFAP XVIII, Mar 02
c. Final action. AFAP XXI; Nov 04
d. Scope. The Federal Employees Pay Comparability Act (FEPCA) requires comparability to the private sector; however, it permits the President to offer to Congress an alternate adjustment lower than that required by FEPCA. As of FY 01, Federal pay lags an average of 21.7 percent behind non-Federal pay. This pay gap negatively impacts recruitment, hiring and retaining a quality civilian workforce.

e. AFAP recommendation. Amend FEPCA to establish a minimum 5% general increase annually until pay comparability is achieved.

f. Progress.

(1) Feasibility of closing pay gap. The pay disparity as of March 2003 was approximately 17.5 percent. The President does not support adherence to FEPCA formula to achieve pay comparability between the Federal and private sector.

(2) Alternatives. Because a mandatory pay increase is not attainable, the Army will continue to work other strategies with DoD to achieve pay comparability. FEPCA authorizes hiring above the minimum rates, the payment of recruitment and relocation bonuses, retention allowances, and establishing special salary rates to compete for essential skills in dynamic labor markets. In addition, under recent NSPS legislation, DoD will begin a move to a more flexible pay system, where pay is better aligned with mission requirements, market forces, and employee qualifications and performance.

(3) Resolution. The Nov 04 GOSC determined this issue is unattainable. Recent Administrations have not supported the FEPCA because it seeks across the board increases and does not take into consideration pay differences based on occupations and job performance. Other employment strategies being worked by DOD and the NSPS will strengthen the Army's ability to attract and retain a highly qualified workforce.

g. Lead agency. DAPE-CP-PPD

Issue 500: FERS Employee Sick Leave for Retirement Annuity Computation

a. Status. Unattainable

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XIX, Nov 02

d. Scope. FERS employees are not allowed to receive credit for their accrued sick leave in the calculation of their retirement annuity. Personnel hired since 1984 are affected by this policy. Allowing accrued sick leave to be calculated for retirement annuity would enhance morale, increase work force productivity, and encourage the effective use of sick leave.

e. AFAP recommendation. Allow FERS accrued sick leave to be calculated for retirement annuity.

f. Progress.

(1) Validation. This recommendation has been proposed previously in different formats and through different forums. The latest initiative was submitted by a DOD focus group in FY03, but was not supported by Army, Air Force or Navy due to high costs. Therefore, OSD declined sponsorship. It is recognizable that not allowing FERS covered employees credit for their accrued sick leave in the calculation of their annuity creates an inequity between FERS and CSRS, but it is important to note that FERS was designed with many "portable" features to allow employees who leave Federal employment to still qualify for benefits under this retirement system.

(2) Design of FERS. FERS is a 3-tiered plan consisting of a basic FERS annuity, Social Security and a Thrift Savings Plan. Congress designed the FERS legislation fully conscious of the effects of eliminating sick leave credit in the calculation of annuity. Accumulation of sick leave is viewed as an insurance policy that is available should an employee suffer catastrophic illness or off-the-job-injury.

(3) Resolution. The Nov 02 GOSC determined this issue is unattainable because it has never been supported by the Services or OSD and was not the intent of Congress when FERS was designed.

g. Lead agency. DAPE-CP-PPE

Issue 501: Funding for Exceptional Family Member Program (EFMP) Respite Care

a. Status. Complete

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XXIV; Jun 08

d. Scope. Currently there is no authorization to use appropriated funds to pay for or subsidize the cost of EFMP respite care, except for active Family advocacy cases which have restricted parameters. EFMP respite care is funded by limited and unpredictable donations. Caring for Exceptional Family Members can be stressful both financially and emotionally.

e. AFAP recommendations.

(1) Authorize the use of OMA funds to either pay or subsidize respite care for EFMP Families.

(2) Provide additional OMA funding to pay for EFMP respite care.

f. Progress.

(1) Related issue. AFAP Issue #401, "Funded Respite Care for Exceptional Families", entered Army Family Action Plan (AFAP) XIII in 1995 and recommended that the Army obtain authorization to extend the use of OMA funds to either pay or subsidize respite for exceptional Families. In 1997, the AFAP General Officer Steering Committee determined Issue #401 unattainable because of the absence of support for OMA funds to pay or subsidize respite care for exceptional Families.

(2) Use of appropriated funds. The Office of the FMWRC Command Judge Advocate has no legal objection to the use of appropriated funds for respite care in other than Family advocacy cases per DoDD 1342.17, Subject: Family Policy and AR 608-75 (EFMP).

(3) Validation. DoDD 1342.17 states that the total commitment demanded by military service requires that DOD personnel and their Families be provided a comprehensive Family support system, based on, among other things, special needs support. Special Needs Support Program, as defined, includes respite care. Finally, DODD 1342.17 states that it is DOD policy that Family support systems be allocated resources to accomplish their missions, as prescribed in DoDD 1342.17. AR 608-75 implements DoDD 1342.17 and specifically provides for respite care to eligible Family members outside the Family Advocacy Program.

(4) Eligibility requirements. The requirement requested funding for respite care for two percent of the 65,000 active duty EFMP enrollees (1,300 EFMs). Categories that would be covered under this proposal are EFMs having one or more of the following manifestations: (a) little or no self-help skills; (b) severe continuous seizure activity; (c) ambulation with neurological impairment; (d) tube feeding, (e) tracheotomy with frequent suctioning; (f) apnea monitoring during hours of sleep; and (g) inability to control behavior with safety issues. The installation will

determine rate paid for respite care, not to exceed $35 an hour. The rate structure should reflect the skill level required to provide the service and the prevailing respite care rate in the civilian community.

(5) Funding. In Sep 04, as a result of the AFAP In Process Review, FMWRC submitted the "Exceptional Family Respite Care" requirement to OACSIM for FY05 GWOT funding. The OACSIM approved the requirement, but GWOT funding was not received (FY05 and FY06). In Jun 06, FMWRC submitted requirement for FY07 supplemental funding. The IMCOM commander funded respite care. In Jan 07, FMWRC received $8.2M FY07 GWOT funds for respite care to cover deployment needs. IMCOM disseminated funding guidance to the field on 4 Jun 07. FMWRC requested FY08 supplemental funding for respite care. In FY09, respite care funding is in QACS base.

(6) TRICARE. TRICARE Extended Care Health Option (ECHO) implemented an additional source of respite care assistance in Sep 05. The ECHO program is a replacement for the old TRICARE Program for Persons with Disabilities. ECHO includes a respite care benefit based on medical needs. ECHO does not assist Families who need limited respite care. In order to qualify for this respite care, the individual must be receiving other ECHO benefits. There are 1,629 participants (FY06) in the TRICARE ECHO program; Service specific data is not available. Reservists who are TRICARE eligible can take advantage of ECHO. Currently, ECHO does not provide respite care benefits overseas.

(7) Resolution. Issue was declared complete based on funding provided for EFMP respite care.

g. Lead agency. IMWR-FP

h. Support agency. U.S. Army Medical Command.

Issue 502: Funding for Installation and Regional Youth Leadership Forums

a. Status. Completed

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XXIII; Jun 06

d. Scope. Currently, Army Youth Programs do not provide Youth Leadership Forums at installation and MACOM levels consistently throughout The Army. Additionally, Youth Services programs are not adequately funded to cover these Youth Leadership Forums. Youth are the voice of our future; they need guidance and training to prepare to be leaders for tomorrow.

e. AFAP recommendation.

(1) Fund current Youth Services budget to provide Youth Leadership Forums and instructor/student training.

(2) Establish Youth Leadership Forums as a baseline program in the Army Youth Services and link to Army well-being.

f. Progress.

(1) Resources. Army Youth Services is funded through Management Decision Package (MDEP) QYDP. MDEP QYDP contains adequate funding for installations to conduct local Youth Leadership Forums. Funding for FY 05 forums uncertain due to severe budget constraints, pending Supplemental Funding.

(2) Procedural guidance.

(a) Requirement to conduct Garrison Youth Leadership Forums as a baseline program is included in the annual Installation Child and Youth Assessments for DOD certification. At the forums, staff and youth receive training on character education, leadership, communication skills, and community service and receive AFAP youth issue updates.

(b) Staff protocols and a programming template are being developed to ensure Youth Leadership Forums are conducted in a consistent manner throughout the Army. The requirement for reviewing the results of local youth forums will be included in the annual CYS Program assessments beginning in FY 06. Youth Leadership Forums are included in Common Levels of Support.

(c) Regions conducted leadership forums in FY05. FY06 Region forums were postponed due to funding constraints. Army Teen Panel (ATP) members served as Junior Advisors at the Region Forums and report to Army leadership that the YLFs are crucial for developing teen leaders to serve on the ATP. Army Youth Services is funded through Management Decision Package (MDEP) QYDP. MDEP QYDP contains adequate funding for installations to conduct local and regional Youth Leadership Forums. The requirement to conduct installation Youth Leadership Forums is included in the annual CYS Program assessments.

(3) Resolution. The Jun 06 GOSC declared the issue completed.

g. Lead agency. CFSC-CYS

h. Support agency. G1, IMA.

Issue 503: Physical Education in DODEA Schools

a. Status. Completed

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XX, Jun 04

d. Scope. Currently, there is no standardized Physical Education (PE) program within Department of Defense Education Activity (DODEA). Lack of daily PE in DODEA primary and secondary schools fails to prepare students for maintaining lifelong fitness and health. Studies have shown the absence of daily exercise contributes to health problems such as obesity, diabetes, hypertension and negatively impacts students' overall well-being. Adequate physical fitness among young people is a national priority.

e. AFAP recommendation

(1) Provide five periods of vigorous exercise per week for students in DODEA schools.

(2) Fund PE programs without impacting existing budgets for DODEA schools.

(3) Implement standardized PE programs throughout DODEA schools.

f. Progress.

(1) Five periods of PE.

(a) DoDEA's PE program is commensurate with US school systems. PE is offered in elementary school once a week for 50 minutes or two 25 minute sessions. In middle schools, it is offered as part of the curriculum wheel. DoDEA increased the high school PE requirement to 1.5 credits to allow for focus on healthy living. Daily recess in elementary school and varsity and intramural sport programs in high school provide students an additional opportunity for physical exercise.

(b) Providing five periods of vigorous exercise per week, would require hiring and training additional PE staff, new equipment and MILCON construction for additional gymnasiums. The cost for Europe would be approximately$60M.

(2) Physical education standards. In 2000-2001, DoDEA adopted comprehensive K-12 physical education content and performance standards based on the Council of Chief State School Officers for Physical Education. Standards were posted on the DoDEA website. In 2001, DoDEA purchased K-12 PE materials, equipment and technology aligned to the adopted standards. DoDEA provided funding to support a system-wide PE program commensurate with stateside school systems. In 2002-2003, DoDEA provided professional development for all PE teachers that included training on the standards, instructional and assessment practices, and use of the adopted materials, equipment and technology.

(3) GOSC review. The Nov 03 GOSC recognized that DoDEA's PE standards meet the requirements established by the Council of Chief State School Officers for PE. Based on concern expressed regarding the importance of physical fitness, USAREUR will review the issue for further local action.

(4) Resolution. The Jun 04 GOSC declared this issue completed based on funding that supports a PE program commensurate with US school systems and the implementation of standardized PE content and performance standards. USAREUR will continue to work this initiative through the Healthy Kids Workgroup of the European Schools Council.

g. Lead agency. DoDEA

Issue 504: Recalculation of Dislocation Allowance (DLA)

a. Status. Completed

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XIX, Nov 02

d. Scope. Dislocation Allowance does not meet the needs of soldiers during Permanent Change of Station moves. Currently DLA is paid at the rate of 2.5 times Basic Allowance for Housing (BAH) Type II. Out of pocket relocation expenses vary by location. Relocation to high cost areas creates additional expenses in the form of initial rents, various deposits, household supplies, and other costs.

e. AFAP recommendation. Change the calculation of DLA from 2.5 times BAH II to 2.0 times BAH.

f. Progress.

(1) DLA computation. DLA has not been computed on 2.5 times the Basic Allowance for Housing (BAH) Type II since December 1997. The final DLA rate for each rank on Dec 97 was used as the starting baseline for future DLA increases. Since Jan 98, DLA has increased annually by the annual percentage rate increase for basic pay. Additionally, DLA increases with each promotion.

(2) Increase for junior enlisted. DLA at the "with dependent" rate for E-1 through E-4 was increased and tied to the E-5 rate on 20 Oct 00.

(3) Resolution. The Nov 02 GOSC declared this issue completed because DLA is calculated on the baseline for each rank (set in Dec 97) increased by the annual percentage increase for basic pay.

g. Lead agency. DAPE-PRC

Issue 505: Regional Portability of TRICARE Boundaries

a. Status. Completed

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XXI, May 05

d. Scope. TRICARE regional boundaries are too restrictive. There are currently 13 TRICARE regions. Beneficiaries experience difficulties when requiring medical care from a region other than their own. These regional boundaries cause complications for beneficiaries by limiting choices, complicating claims, delaying medical care and creating administrative authorization problems.

e. AFAP recommendation.

(1) Reduce the number of TRICARE regions.

(2) Allow beneficiaries to access routine and specialized medical care in other regions.

f. Progress.

(1) Reduced number of regions. Contract award was made for three regional contracts on 21 Aug 03. The three new regional contracts replaced the current 11 TRICARE CONUS regional contracts. Start-up of healthcare services under the new contracts was phased in by region between Jun and Nov 04. The new TRICARE regional contractors are: TRICARE North: Health Net Federal Services, Rancho Cordova, CA; TRICARE South: Humana Military Healthcare Services, Louisville, KY; and, TRICARE West: TriWest Healthcare Alliance Corporation, Phoenix, AZ.

(2) Access to care in other regions. With the award of the three new contracts, problems associated with healthcare access across multiple regional borders improved.

(a) Portability. In the past, enrollment portability across regions was more problematic due to change in contractors, claims processors and documentation of paid enrollment fees. Under the new TRICARE contracts, if continued TRICARE enrollment is desired, the enrollee must complete a TRICARE Prime enrollment application and PCM change form when moving in/between a Prime Service Area or TRICARE Prime Remote area.

(b) Access to routine/specialty care in other regions

1. It is not feasible to implement Recommendation 2 for beneficiaries enrolled in TRICARE Prime, the TRICARE managed care option. Those persons enrolled in TRICARE Prime who are traveling will continue to be required to obtain an authorization for all routine and specialty care obtained while away from the enrollment region. Notifications are also required for urgent and emergency care obtained while away from the enrollment region. These requirements help ensure proper claims payment, lack of inadvertent point-of-service charges (50% co-payments), and continuity of care. Under the revised financing business rules implemented in FY04, MTF commanders are accountable for all the care used by their enrollees, even care obtained while traveling and provided out of the MTF prime service area. This rein-

forces the need for PCM authorization for out- of- the-area care.

2. Beneficiaries who want greater freedom or flexibility have the option of using TRICARE Standard and TRICARE Extra, instead of Prime, where available, or may pay the TRICARE Prime point-of-service fee to preclude having to obtain pre-authorizations for non-emergency care. It is not feasible to provide beneficiaries the cost savings associated with TRICARE Prime and the freedom of choice associated with TRICARE Standard at the same time.

(3) GOSC review. The May 04 GOSC was updated on the award of the three regional contracts and the pre-authorization requirement for TRICARE Prime enrollees who receive care in other Regions.

(4) Resolution. The May 05 GOSC declared this issue completed. The TRICARE Management Activity replaced the previous 11 CONUS contracts with 3 contracts in Aug 03. The "by-Region" transition to the new contracts was completed on schedule on 01 Nov 04. The second recommendation was not supported. The enrollment option, TRICARE Prime, requires managed care notifications/authorizations for care outside the region for care continuity, claims and cost accounting reasons.

g. Lead agency. MCHO-CL-M

h. Support agency. TRICARE Management Activity, ASD (HA)

Issue 506: Reserve Component Retired Pay

a. Status. Complete

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XXIV; Jun 08

d. Scope. RC retired Soldiers do not receive retirement pay until age 60. Active duty retired pay is received immediately upon retirement. Current OPTEMPO greatly increases the demand for RC Soldiers. In today's "One Army," offering retired pay options to RC Soldiers would reduce this inequity.

e. AFAP recommendation. Authorize retired RC Soldiers the option to receive a reduced rate of retired pay at age 50 or wait until age 60 to receive full retired pay.

f. Progress.

(1) History.

(a) The Reserve retirement system was established in the Army and Air Force Vitalization and Retirement Equalization Act of 1948. The primary purpose of establishing a Reserve retirement system, as stated in the Senate Report 1543 that accompanied H.R.2744, was to provide an inducement to members of the Reserve component to remain active in the Reserves over a longer period of time, thereby providing a better trained and more ready Reserve to meet the national defense structure.

(b) The House subcommittee hearings stated that retirement is intended to partially compensate an individual in his later years for the great sacrifices made during his or her earning capacity and 60 seemed a reasonable age. Further, it was suggested that if the minimum age at which Federal civil service employees become eligible for an immediate annuity is reduced, consideration should be given to also reducing the age at which RC members could start receiving retired pay. However, when eligibility for full civil service employment retirement benefits was lowered to age 55 by Public Law 89-554 in 1966, the eligibility age for Reserve retirement was not considered.

(2) Legislative proposals. National Defense Authorization Act (NDAA) 2008 allows earlier retired pay benefits for Reserve Component Soldiers that have mobilized in support of a contingency operation. Section 647 describes the new Reserve Soldier Retirement Benefit Program and eligibility. The program is titled "Commencement of receipt of non-regular service retired pay by members of the Ready Reserve on active Federal status or active duty for significant periods." This law allows Reserve Component Soldiers to earn a reduction in their retirement age by three months for every 90 days they spend mobilized in support of a contingency operation. Prior to the enhancement of new legislation, Reserve Component Soldiers received retired pay and health care benefits once they reached the age of 60.

(3) Reports.

(a) The Senate Committee Report, PL 107-151, required the Secretary of Defense to study Reserve personnel compensation to include retired pay. The Department of Defense (DoD) Report to Congress on Reserve Personnel Compensation Program Review was completed 15 Mar 04. The Departments recommendation on the reserve retirement system was to complete a two-year study conducted by RAND, a Federally Funded Research and Development Center, on the reserve component retirement system, which will provide a model to help predict the effects of any changes to the reserve retirement system on force management. RAND briefed OSD on their preliminary results Feb 05. The report was cleared for public release in Jun 06.

(b) The United States General Accounting Office (GAO) addressed the reserve retirement system. This was in response to a mandate from House Report 107-436 that accompanied the National Defense Authorization Act for 2003, which asked GAO to assess the effectiveness and adequacy of reserve compensation. GAO completed its report Aug 04.

(c) The DOD response to the GAO report stated that DOD needs more data before it can determine if costly changes to the reserve retirement system are warranted. DoD does not support legislation which would lower the age at which Reserve Component members would be eligible to receive retired pay before age 60.

(d) In Jun 06, the Defense Advisory Committee on Military Compensation (DACMC) appointed by the Secretary of Defense to assist and provide advice on matters pertaining to military compensation completed its final report. The report recommended reforming the Active Component Non-disability Retirement System, changing the defined benefit pension to begin at age 60. DOD forwarded the DACMC recommendation to the 10th Quadrennial Review of Military Compensation Study (QRMC) for further analysis and implementation as warranted.

(e) The 10th QRMC is finalizing its work and will offer some recommendations concerning overall retirement reform in its final report.

(f) Since then, the congressionally chartered Commission on the National Guard and Reserve has assumed responsibility over the review of alternatives concerning Reserve retirement. Although the 10th QRMC will

consider overall retirement reform alternatives during its sessions, the Commission has responsibility for the Reserve retirement reform. This Commission will provide Congress a final report in Jan 08.

(4) Resolution. The FY08 NDAA allows earlier retired pay benefits for RC Soldiers that have mobilized in support of a contingency operation. Section 647 describes the new Reserve Soldier Retirement Benefit Program and eligibility. It also allows RC Soldiers to earn a reduction in their retirement age by three months for every 90 days they spend mobilized in support of a contingency operation.

g. Lead agency. DAPE-PRC

h. Support agency. OSD

Issue 507: Running Shoe Allowance

a. Status. Unattainable

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XXIV; Jun 08

d. Scope. The formula currently used by the Army to determine the Clothing Replacement Allowance does not take into consideration the need to replace running shoes. To maintain physical fitness, Soldiers are required to participate in physical training, which includes running 3-5 times per week. Worn running shoes increase the potential for injury.

e. AFAP recommendation. Increase Clothing Replacement Allowance to allow for semi-annual replacement of running shoes.

f. Progress.

(1) Validation. It is suspected that a running shoe should match the foot pattern of the wearer. Additionally, it is well established that the wearer's foot pattern changes and should dictate the shoe style and the frequency of purchase. By providing a cash allowance of $60 to initial entry training Soldiers to offset the cost of running shoes, the Army has recognized the need to support running shoes as a physical fitness clothing item.

(2) Cash allowance for IET Soldiers. On 10 May 01, the Chief of Staff of the Army (CSA) gave verbal approval to implement a running shoe cash allowance starting 1 Oct 01. Because of MPA funding constrains, one Cold Weather Field Jacket was taken out of the clothing bag and a $60 running shoe cash allowance was added to the clothing bag on 1 Oct 01 for Initial Entry Training Soldiers. There was no increase to the Clothing Replacement Allowance because the allowance was approved for IET Soldiers only.

(3) Injury based on inappropriate running shoes.

(a) At the 16 Jun 04 GOSC, the DAS, directed: Assess this issue from the perspective of safety and injury. Identify the magnitude of the problem and see if there's something we can do that gets us a solution to set forth. We don't have to fund two shoes, but we could begin to approach and mitigate costs in some way.

(b) There is one study in the literature that includes an assessment of the age of footwear in the occurrence of foot injuries in over 3000 Marine recruits. This study demonstrated that stress fractures of the lower extremity doubled when a shoe was over 6 months old. (Gardner LI, Dziados JE, Jones BH, Brunage JF, Harris, JM, Sullivan R and Gill P. Prevention of lower extremity stress fractures: a controlled trial of a shock absorbent insole. Am J Pub Health 78, pp. 1563-1567, 1988.

(c) Update as of 28 Feb 08: The Defense Safety Oversight Council funded a Quad-Service study to investigate the feasibility of reducing lower extremity injuries by standardizing and integrating requirements for improved footwear across Services, thru use of anatomically-specific footwear prescriptions, and policy for replacement of worn footwear. One of the purposes of the study is to determine whether worn footwear increases the likelihood of lower extremity injury. The Army portion of the study has demonstrated that prescribing shoes on the basis of foot arch height (which is a function of shoe wear and tear) does not reduce injuries, so there will be no lower extremity injury cost avoidance by replacing worn footwear.

(4) Resolution. The Defense Safety Oversight Council funded a Quad-Service study to investigate the feasibility of reducing lower extremity injuries by standardizing and integrating requirements for improved footwear through the use of anatomically-specific footwear prescriptions and replacement of worn footwear. The Army portion of the study demonstrated that prescribing shoes on the basis of foot arch height (which is a function of shoe wear and tear) does not reduce injuries. Since there is no lower extremity injury cost avoidance by replacing worn footwear, there are no additional funds to add to the current cash allowance for running shoes making the issue unattainable.

g. Lead agency. G-4, DALO-SUT

h. Support agency. HQ, TRADOC

Issue 508: TRICARE Coverage for Prescribed Nutritional Supplements

a. Status. Completed

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XX (Updated: Nov 03)

d. Scope. TRICARE beneficiaries, on outpatient status, with terminal illness or acute/chronic conditions are not being covered for medically necessary nutritional supplements required to sustain life. Currently, many nutritional supplements (such as, but not limited to, Ensure, Boost, Sustacal, Nutramagen) are classified as food and are not covered by TRICARE regardless of beneficiaries' medical condition. This causes undue financial hardship on beneficiaries due to the high cost of medically necessary supplements.

e. AFAP recommendation. Provide TRICARE coverage for all medically necessary nutritional substances or therapeutic dietary supplements prescribed by a health care provider.

f. Progress.

(1) Background. Medicare Part B covers a nutritional therapy benefit when ordered by a medical doctor for patients requiring supplements for tube feedings and for those with gastrointestinal tract impairments. However, there is no Medicare Part B payment for oral intake of nutritional supplements. The Department of Veterans Affairs and many civilian HMOs, such as Kaiser Permanente, also provide a similar nutrition therapy benefit for tube feedings, without coverage for oral nutritional supplements.

(2) Eligibility for other programs. Service members with children who require specialized infant formulas, such as Nutramagen, may be eligible to participate in the Women, Infants and Children's (WIC) program. WIC is available until a child is 5 years old if they meet nutritional screening and income eligibility criteria. The WIC benefit is available throughout CONUS and is now provided at 42 OCONUS locations.

(3) TRICARE policy change.

(a) Effective 17 Apr 03, when used as the primary source of nutrition, TRICARE will cover medically necessary supplies and nutrition products for enteral, parenteral and oral nutrition therapy. This new policy was published in the TRICARE Manual, which is on the web and is accessible to all beneficiaries. It is also marketed to TRICARE contractors and to MTF commanders/senior staff for dissemination to others.

(b) Nutrition products eligible for TRICARE coverage must be deemed medically necessary and prescribed by a medical doctor. TRICARE nutritional therapy may be provided on an inpatient or outpatient basis. Examples of nutritional substances covered under the new TRICARE policy are Boost, Nutramagen, Balanced Total Nutritional Products, Egg/ProPowder, Enfamil, Ensure, Nestle Caloric Additions, Similac, etc.

(c) To support reimbursements, beneficiaries will present to a TRICARE Service Center the prescription for the dietary supplement(s) for approval. TRICARE contractors will refund the cost of the supplement after a beneficiary files a claim for reimbursement.

(4) Resolution. The Nov 03 AFAP GOSC declared this issue completed based on TRICARE policy change which allows TRICARE coverage of nutrition supplements that are the primary source of nutrition and are deemed medically necessary.

g. Lead agency. MCHL-CL-R

h. Support agency. TRICARE Management Activity

Issue 509: TRICARE Dental Benefit Enhancement

a. Status. Unattainable

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XXIV; Jun 08

d. Scope. Current coverage for TRICARE Retiree Dental Program (TRDP) and TRICARE Dental Program (TDP) beneficiaries result in excessive out-of-pocket expenses. Beneficiary cost share percentages are too high, and annual individual limits are reached too quickly. Despite recent dental plan improvements, Soldiers and their Families often have to choose between essential dental care and other necessities of life. These choices cause Families to neglect needed dental care resulting in deterioration of oral health and decreased quality of life, which will eventually impact retention.

e. AFAP recommendations.

(1) Reduce member cost share to 20% for dental services not already covered at 100% in the TRICARE Dental Program (TDP) and TRICARE Retiree Dental Program (TRDP).

(2) Increase maximum annual benefit for TDP and TRDP to $1500.

f. Progress.

(1) Assessment. The dental benefits packages provided under the TDP and TRDP are consistent with nationwide commercial insurance plans offered by other large corporations to their employees and beneficiaries (e.g. Federal Employee Health Benefit Plan). Reasonable cost share levels for certain higher cost procedures are vital for controlling the overall premium costs to all eligible beneficiaries. If the sponsor's cost share is reduced, and/or the annual maximum benefit is increased, the cost to the insurance company increases. The insurance carrier will respond to this risk with increased premiums for all beneficiaries to cover costs. Retirees would bear the full burden of any increases in premiums as a result of these recommendations since they their premiums are not offset by the government. There is no support from the other Services for the significant changes recommended in this issue.

(2) Reduction of member cost share.

(a) United Concordia Incorporated (UCCI) is the contractor for the TRICARE Dental Program (TDP). The government pays 60% of the premium for TDP enrollees, but the government does not pay any part of the cost share for dental services. The government does not pay to the provider the cost share for dental services. In Feb 01, a 10% reduction in some cost shares was implemented for junior enlisted members (E1-E4). The insurance carrier is responsible for the cost share that the sponsor does not pay. To determine precisely the impact on premium rates of offering a reduced dental cost share would require a thorough actuarial analysis. TMA is only funded to request full actuarial analyses during a contract re-competition process. However, any reduction in cost shares would be matched by an increase in premiums.

(b) The maximum annual benefit under TDP is $1,200 and the orthodontic lifetime maximum benefit for TDP is $1,500 effective 1 Feb 01. According to United Concordia Companies, Inc. (UCCI), less than 3% of enrollees reach their annual maximum each year. The maximum annual benefit under TRDP increased from $1,000 to $1,200 under the current contract effective 1 May 03. Increased government costs for its share of the premiums to cover the TDP increase was estimated at roughly $4M annually. An additional increase to the maximum annual benefit, per this recommendation, would result in even greater government costs (as well as increased premium fees for the sponsor), and would impact less then 3% of TDP beneficiaries. As has been pointed out previously, it should be noted the TDP already offers lower co-pay percentages to pay grades E-1 to E-4.

(c) Delta Dental of California is the contractor for the TRICARE Retiree Dental Program (TRDP). The maximum annual benefit under TRDP increased from $1,000 to $1,200 with the current contract effective 1 May 03. The orthodontic benefit for the TRDP will be $1,500 when the new contract is initiated on 1 Oct 08. This is equitable to the TDP benefit.

(3) "Option" plan. TMA does not support an additional, secondary dental plan. The effect of even attempting to offer an optional supplemental coverage would be an introduction of adverse selection risk to both current and proposed programs. The current TDP contract would be affected because the contractor could/would require

higher premium adjustments because it will assume the insurance "risk" for a smaller group of premium payers. Per TMA, the small group of individuals who would opt for this plan would have to pay such significantly higher premiums that they would likely not participate.

(4) The current TDP and TRDP provide basic diagnostic and preventive services twice a year with 0% co-pays, basic restorative services for only a 20% co-pay, and other more advanced dental services (Crowns, Oral Surgery, Orthodontics) ranging from 50-40% co-pays. The current levels of co-pays are very consistent with other large third party dental plans. In addition, for the enhanced TRDP, retirees who enroll within 120 days of their retirement from active duty may be eligible to skip the 12-month waiting period for additional services such as cast crowns, bridges, partial/full dentures and orthodontics.

(5) TMA review.

(a) TMA indicates changes of the magnitude proposed can only be considered during contract re-competition of the TDP or TRDP. During the re-compete process, an analysis of the types of dental services typically accessed nationally is normally compared to what is presently seen under TDP and TRDP. This includes an analysis of the benefit in current year dollars in order to get the maximum benefit against dental inflation. We have provided all of the AFAP recommendations to TMA, which were addressed during the recent TDP re-compete.

(b) The current TDP contract (FY2006-2011) was re-awarded to UCCI in Apr 05. The Recommendations in this Paper were considered during the 2005 TDP re-compete, but none of the recommended enhancements were adopted (decrease in members cost share to 20% for dental services not already covered at 100% in the TDP (and TRDP) and increase in the maximum annual benefit from $1,200 to $1,500). However, several enhancements were made to the TDP contract to include the following: fluoride varnishes in addition to tray applications; radiography services provided by a laboratory; removal of the "once per 24 months" restriction on comprehensive periodontal exams; frenectomies; an alternate benefit allowance for implants (up to the cost of a 3-unit bridge); and periodontal debridement (removal of plaque and calculus).

(c) The TRDP contract was re-awarded to Delta Dental on 21 September 2007 for an additional 5 years commencing on 1 Oct 08. Though the TRDP is not subsidized, the government continues to work to improve the benefit for retirees. The new TRDP is enhanced by covering: (1) dental implants, (2) posterior resin restorations (white fillings), and (3) increasing the life-time orthodontic benefit from $1200 to $1500. Another enhancement was that retirees living outside the Continental United States will be eligible for the program.

(6) The other Services do not support the significant changes that would be required by any of these efforts. Since the TDP and TRDP are DOD programs that cover all beneficiaries, all Services must agree to any changes. These recommendations would significantly increase premium rates and require additional funding from the Services.

(7) Resolution. Issue was declared unattainable because reducing co-pays was not supported by TMA and less than 1% reach the annual maximum dental cap.

g. Lead agency. DASG-DC

h. Support agency. TMA

Issue 510: TRICARE Information for Reserve Components

a. Status. Completed

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XXV, Jul 09

d. Scope. The TRICARE program is complicated in many different ways, especially for the Reserve Component (RC). Current information does not provide a clear picture of benefits and eligibility. For example, some RC Family members believe they are not eligible for TRICARE until the 31st day of the Soldier's activation. In fact, they are eligible from day one for TRICARE, if their orders are for more than 30 days. They are not eligible for TRICARE Prime Remote unless they reside with the Soldier. The unavailability of concise information and the "resides with" requirement for activated Guard and Reserve Soldiers enrolled in TRICARE Prime Remote creates an undue financial hardship for Families due to lack of coverage.

e. AFAP recommendations.

(1) Remove the "resides with" requirement of TRICARE Prime Remote. (Transferred to Issue 488)

(2) Clarify and simplify written RC medical information (such as the DOD Reserve Health Care Benefits pamphlet) and translate these publications into other languages.

(3) Develop multilingual education video tapes that provide TRICARE information for RC.

f. Progress

(1) "Resides with" clause. AFAP Issue #488 addresses the recommendation to remove the "resides with" requirement of TRICARE Prime Remote.

(2) TRICARE Management Activity (TMA) simplified and enhanced its marketing materials for RC members. Among the revised items are the TRICARE Prime Remote Handbook, TRICARE RC brochure, Fact Sheet on RC benefits, and Spanish RC TRICARE pamphlet.

(3) A bilingual Spanish language version of the TRICARE DVD for members of the RC/Families was completed and distributed in 2007. Other translated materials are on the TRICARE website, www.tricare.mil/tricaresmart.

(4) MEDCOM Marketing, TMA and OCONUS Family Support joined to create material specific to OCONUS Remote RC members. TMA developed TRICARE materials for overseas components, such as, TRICARE overseas contact poster, OCONUS cost flyer, and NGR overseas passport. MEDCOM coordinated with the National Guard and Reserve Component in execution of plan to ensure material is distributed to all CONUS/OCONUS sites.

(5) Legislation.

(a) TRICARE Reserve Select, NDAA FY05. Authorizes TRICARE Standard coverage for Members of the Selected Reserve's (SELRES) Family members who have been activated for more than 30 days since 9/11/01

in support of a contingency operation and commit to continued service in the SELRES for one year or more. The TRS Web address is as follows: http://tricare.osd.mil/reserve/reserveselect/index.cfm.

(b) Earlier Eligibility Date for TRICARE Benefits for RC Members, NDAA FY05. With Active Duty (AD) orders of more than 30 days, eligible RC Members and their Families may enroll in TRICARE up to 90 days prior to activation.

(c) Permanent Transitional Assistance Management Program (TAMP) Extension, NDAA FY05. Upon demobilization, eligible RC Members and their Families may receive TAMP benefits for TRICARE Prime, TRICARE Standard, or Extra for 180 days.

(d) TRICARE Beneficiary Counseling/Assistance Coordinators (BCACs) for RC, NDAA FY05. Each TRICARE Region has one person to serve full-time as a BCAC solely for RC Members/Families.

(e) Waiver of the TRICARE Deductible for Members on AD for over 30 days, NDAA FY05, Section 704. Allows the waiver of the TRICARE deductible for RC Family members with sponsors ordered to AD for more than 30 days. (This is fully implemented and makes permanent one of the three components of the TRICARE Reserve Family Member Demonstration Project.)

(f) Authority for Payment of Additional Amounts Billed by Healthcare Providers to Activated Reserves, NDAA FY05, Section 705. Allows DoD to pay excess of the TRICARE maximum allowable charge incurred by RC Family members of sponsors ordered to AD for over 30 days. (This is implemented and makes permanent one of the three components of the TRICARE Reserve Family Member Demonstration Project.)

(g) Physical Examination Requirement, NDAA FY05, Section 706. Requires each Member of the Armed Forces scheduled to be separated from AD described in section 1145 (a) (2 (Transitional Healthcare) to undergo a physical examination immediately before the separation.

(h) Enhancement of TRS, NDAA FY06, Section 701. Adds an additional 90 days after demobilization for members to sign up for TRS; provides for resumption of TRS at point interrupted by call to AD and increases coverage to make same current; allows one year for IRR member to find a SELRES position; and allows Family members to continue coverage for 6 months if member dies during TRS coverage period.

(i) Expansion of TRS, NDAA FY07, Section 706. Expanded eligibility and enhancement of the TRICARE Reserve Select (TRS) Program authorizes TRICARE Standard coverage for all members of the Selected Reserve (SELRES) and their Family members. Current law authorizes eligible members of the SELRES to purchase TRS by paying premiums based on a three tiered system associated with a members duty status. On 1 Oct 07, NDAA FY07, Section 706 expands TRS to allow all members of the SELRES to purchase their healthcare through the military healthcare system, regardless of the member's duty status. All participating RC Soldiers will be required to pay a single monthly premium equal to 28 percent of the cost of healthcare for the TRS plan and be subject to the same deductibles, co-payments and other non-premium payments applicable to dependents of Active Duty members.

(7) GOSC review.

(a) Nov 04. GOSC received an update on RC TRICARE information and translations. Issue remains active to track additional translations.

(b) Jun 06. GOSC requested the issue remain active.

(c) Dec 07. During discussions, the Army Reserve expressed concern the TRICARE system in remote OCONUS locations.

(8) Resolution. The July 09 GOSC declared the issue completed based on development and dissemination of information (in English and other languages) to educate RC Soldiers and Families about their TRICARE benefits.

g. Lead agency. MCHO-CL, DAG-HSZ

h. Support agency. TRICARE Management Activity

Issue 511: TRICARE Prime Enrollment Fees for Retirees Under Age 65

a. Status. Unattainable

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XIX, Nov 02

d. Scope. The annual TRICARE Prime enrollment fee for retirees under age 65 is $230 per service member and $460 per family annually, regardless of pay grade at retirement. This results in some retirees paying a disproportionate percent of their retirement pay for TRICARE Prime. For example, at 20 years of service an E-7 makes approximately $16,548 annually, a CW-2 $19,680 and an O-5 $34,740, yet each pays the same enrollment fee.

e. AFAP recommendation. Implement a fee schedule for TRICARE Prime enrollment that is based on pay grade at retirement.

f. Progress.

(1) Congressional intent. TRICARE Prime enrollment fees for retirees and their family members replace the TRICARE Standard deductibles. When Congress established a standard deductible for retirees in 1966, they did not distinguish between retirees based on income or any other factor. 32, Code of Federal Regulations, Part 199.18(c) directs that the enrollment fee be uniform for all retiree/dependents. Congress has consistently treated all retirees as equals in terms of medical benefits.

(2) Comparability. TRICARE Prime retiree enrollment fees are lower than similar civilian plans and beneficiary premium payments under Medicare Part B. TRICARE enrollment fees have not increased since implemented, while civilian insurance plans and Medicare Part B have increased their premiums regularly over the last five years. Civilian plans and the Medicare program do not benchmark fees, premiums, or cost shares based on income. All beneficiaries pay similar amounts based on plan options and health risks of the covered group.

(3)Cost analysis. There are approximately 3 million military retirees under the age of 65 (2002 statistics). Approximately 522,000 of these retirees are enrolled in TRICARE Prime and pay the $460 enrollment fee for themselves and their dependents. 62% of these retirees retired in the pay grade of E7 or below. The enrollment cost is approximately 1.6% of the average retiree's annual retirement pay. Creating a sliding scale where no retir-

ee pays more than 1.6% of their retirement pay would cost DoD approximately $61M in lost enrollment fees each year. This would increase the government's cost to implement TRICARE Prime, as enrollment fees help offset costs to the program.

(5) Analysis. DOD's position is that Congress treats all retirees equally with regard to health benefits, including implementation of enrollment fees, deductibles and cost shares. DOD agrees with the apparent intent of Congress to have a standardized enrollment fee for retirees in Prime and standardized deductibles, cost shares, and catastrophic cap on out-of-pocket expenses for retirees, regardless of pay grade at retirement.

(6) Resolution. The Nov 02 GOSC agreed that this issue is unattainable. DOD does not support basing health benefits on rank at retirement and since 1966, Congress has consistently treated all military retirees the same for health benefits (including enrollment fees, deductibles and cost shares).

g. Lead agency. DASG-TRC

h. Support agency. MCHO-CL, TMA

Issue 512: Unique Relocation Expenses Outside the Continental United States (OCONUS)

a. Status. Unattainable

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XXVI, Jan 10

d. Scope. Soldiers assigned OCONUS are immediately confronted with unique expenses. Examples of such expenses include winterizing vehicles in Alaska and purchasing transformers in Europe. While the cost of these items is included in the calculation and payment of Cost of Living Allowance (COLA) over the course of the tour, the Soldier's expense is up front and normally in a lump sum. This places significant financial burden on the Soldier, especially our junior enlisted Soldiers and their Families.

e. AFAP recommendation. Authorize payment of the first six months' cost of living allowance (COLA) entitlement in a lump sum upon arrival at the OCONUS duty station and begin monthly COLA payments in the seventh month.

f. Progress.

(1) In June 2006, the DCS, G-1 Compensation and Entitlements Division, Military Advisory Panel (MAP) member forwarded a request to OSD, PDTATAC, requesting a review of OCONUS COLA rules in the Joint Federal Travel Regulation to determine whether the payment of six months upfront COLA is feasible and permitted. It was not supported by the OSD, PDTATAC as feasible or necessary and this office concurs with that position.

(2) The Army/Services already have the ability to give Soldiers/Service members additional funds when conducting a permanent change of station (PCS) moves. Soldiers can request 3 months advance pay, as well as advance travel allowances. Soldiers also receive a dislocation allowance (DLA) when they PCS. Regardless of whether Soldiers are granted upfront COLA or advance pay/travel allowance, Soldiers still have to pay it back to DFAS. However, the ability to make these payments and automatic collections already exists in the pay system. To provide 6 months upfront COLA would require finance offices to establish new procedures, with no discernible benefits to the Army or to the Soldier.

(3) In Oct 2009, the Alaska Defense Military Pay Office (DMPO) at Fort Richardson was re-contacted about this issue and the DMPO Chief, confirmed that there are no issues or problems with existing financial procedures to provide additional money to Soldiers during a PCS.

(4) GOSC review.

(a) Jun 06. GOSC determined the issue would remain active.

(b) Jul 09. GOSC determined the issue would remain active. After much discussion on the advantages and disadvantages of receiving and paying back "lump sum" COLA and casual or advance pays, the question arose as to whether the problem was not "how" to get money to the Soldier, but whether the money provided to the Soldier is sufficient to cover OCONUS relocation expenses. Dislocation Allowance rates are constant, regardless of the Soldier's duty station. Since the intent of DLA is to offset relocation costs, the suggestion was made that this issue address the feasibility of a DLA rate based on OCONUS relocation expenses.

(5) Resolution. Issue was declared unattainable because the recommendation was not achieved. To cover unique OCONUS relocation expenses, however, Soldiers can take up to three months advance pay and pay it back interest free over 24 months. Additionally, Soldiers receive Dislocation Allowance (DLA) to mitigate relocation costs.

g. Lead agency. DAPE-PRC

Issue 513: Lack of Available Child Care for Geographically Isolated Active Duty Soldiers (Recruiters, Guard, Reserve and Cadets)

a. Status. Completed

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XXVI, Jun 10

d. Scope. Geographically isolated active duty soldiers currently bear the full cost of child care and the financial inequities of being assigned to remote duty locations. Soldiers do not have access to the same child care fee equity as those who reside on or near a military installation.

e. AFAP recommendation. Locate and subsidize child care spaces in local community child care programs for use by geographically isolated active duty soldiers who do not have access to military child care systems on installations.

f. Progress.

(1) Combined issue. The June 06 GOSC directed that Issue #569, "Expansion of Army Child Care in Your Neighborhood" be combined with this issue because keeping them separte results in two issues going into the II Peg and diminishes the importance of the funding requirement.

(2) Options to access child care.

(a) Services established "Military Child Care in Your Neighborhood" (MCCYN) pilot to locate and subsidize the cost of child care for 2000 geographically dispersed Soldiers who do not have access to child care on a military

installation. The initiative involves over 700 private sector and GSA child care programs.

(b) DoD/USACFSC funded a Business Initiative Council (BIC) Pilot (Military Child Care in Your Neighborhood) for 2,000 geographically dispersed active duty Soldiers. This initiative reduces the Soldier's price for off-post child care. Child & Youth Outreach Specialists (USACFSC assets) have been placed in Accessions Command, ARNG, and USAR headquarters to facilitate Soldier access to quality affordable child care.

(c) Six pilot sites are established at Boys and Girls Clubs in the civilian communities that have the potential to serve military youth who do not live on the installation. Each site has committed to serve an additional 100 military children not currently served on a military installation.

(d) In Jan 06, the Secretary of the Army directed the Army develop a strategy for expanding family support programs in the RC. The integrated multi-component family support network includes MCCYN.

(3) Funding.

(a) Submitted POM 06-11 UFR to serve Active Component geographically dispersed families. Requirement was validated by Installation Program Evaluation Group (II PEG), but unfunded.

(b) Received DoD funding for FY05 pilot to establish 2000 community based child care spaces.

(c) Submitted FY07 Program Budget Review UFR to continue pilot and expand care to 7,000 Active Duty geographically dispersed families.

(d) Submitted POM 06-11 UFR to provide child care support for Weekend Battle Assembly and Annual Training for Guard and Reserve families. Requirement was not validated by II PEG.

(e) Received DoD funding for FY05 pilot to establish 2000 community based child care spaces.

(f) Submitted UFR ($30.6M) in FY07-11 Program Budget Review to expand to 7000 child care spaces through Military Child Care in Your Neighborhood for children of Active Duty geographically dispersed families.

(g) Funding for this initiative is available for FY05 and 06. The POM 08-13 unfinanced requirements were validated by the II PEG, but not as critical requirements.

(4) Communication Strategies. Information is available through Military One Source and print materials provided to ARNG and USAR for distribution to Family Readiness Groups.

(5) Army Well-Being Plan. Issue included as #3.6.3 in Army Well-Being Plan.

(6) Mobilization.

(a) Army CYS Mobilization & Contingency Plan (MAC) Manual was updated to identify child care needs of geographically dispersed families. Manual was distributed to all Regions and Installations. Information was placed on the CYS website and ArmyCYSConnections.com.

(b) USAR and ARNG Child and Youth staff trained on available services Feb and March 05.

(7) GOSC review. The May 05 GOSC was informed that the POM 06-11 includes validated (but unfunded) requirements for 7,000 Army Sponsored Community Based Child Care spaces (includes continuation of BIC Pilot spaces). This requirement does not take into account increased spaces that may be needed with the repositioning of Soldiers and families back to CONUS.

g. Lead agency. CFSC-CYS

Issue 514: Active vs. Reserve Parachute Jump Pay

a. Status. Unattainable

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XX; Jun 04

d. Scope. Parachute Jump Pay is computed on a daily rate while on jump status. Therefore, RC service members generally receive a vast difference in this hazard pay because they are paid only when they are in a duty status. Reserve Component service members are required to maintain the same level of proficiency and incur the same risks of injury or death associated with jumping as their Active Component counterparts.

e. AFAP recommendation. Change Parachute Jump Pay for service members to a monthly rate.

f. Progress.

(1) Cost. Multiplying the number of monthly participants by the increase estimates indicate initiative would cost the Army Reserve an additional $150K and the National Guard an additional $250K.

(2) Review. The working group studying the differences in Active and Reserve Component pays has completed its study. The report, submitted to Congress on 15 Mar 04, does not recommend the 1/30th rule be eliminated and does not recommend the pay structure for RC be restructured to account for the differences between the Active and Reserve force.

(3) Resolution. The Jun 04 GOSC declared this issue unattainable. The study required by the Senate Committee Report, PL 107-151 did not support elimination of the 1/30th rule.

g. Lead agency. DAPE-PRC

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

a. Status. Complete

b. Entered. AFAP XIX, Nov 02

c. Final action. 20 Jun 13 AFAP GOSC

d. Scope. Soldiers and Family members encounter problems with the citizenship and residency application process. Under most circumstances, the Immigration and Naturalization Service (INS) will not accept Department of Defense (DOD) physical exams and fingerprinting. The Family member application process is further complicated by language barriers and inaccessibility to INS services and facilities. Lack of effective assistance to Soldiers and their Families causes emotional hardship, additional costs, distraction from mission, and possible deportation of Family members.

e. AFAP recommendations.

(1) Designate and train a liaison at the installation level to assist Family members with the INS process, including review of documentation for accuracy and completeness.

(2) Coordinate with INS for approval of DOD administered fingerprinting and physical examinations.

f. Progress.

(1) Liaison to assist Family members with USCIS process.

(a) In 3rd Qtr FY03, FMWRC Family Programs (FP) met with USAHRC to develop plan to accomplish recommendation. USAHRC establishes guidance for citizenship issues within the Army.

(b) In 4th Qtr FY06, FMWRC FP submitted an update to AR 608-1 requiring the addition of USCIS liaison function within the ACS Relocation Readiness Program. The revision was published on 6 Dec 06.

(c) ACS Relocation Readiness staff are the primary liaisons to USCIS at installations and are trained annually at the DoD Joint Services/Agency Relocation Training Conference. Area USCIS employees serve as guest speakers at these training events.

(2) Fingerprinting and physical examinations.

(a) A physical examination and electronic fingerprinting at a USCIS approved site is required to obtain an adjustment of status for permanent residency, allowing individuals to receive a USCIS permanent resident card (aka green card).

(b) In Apr 06, the Under Secretary of Defense (Personnel and Readiness) sent a letter to the Director, USCIS, requesting acceptance of physical examinations and electronic fingerprints from military installations. In May 06, the Director, USCIS, approved and outlined the process for acceptance of physical examinations and fingerprints for military personnel, but did not agree to all biometric data collection by the military. The USCIS did not approve this request for Family members.

(3) As a result of the 12 Jun 06 AFAP GOSC meeting, the Army G-6 was tasked to coordinate the military services' biometric capabilities with USCIS requirements. The Army G-6 Biometrics Task Force (BTF) reported an established process with USCIS, DoD, and the Federal Bureau of Investigation (FBI) whereby the Soldier/applicant applying for citizenship provides a signed Privacy Act statement to USCIS to allow for use of previously obtained fingerprints. This does not exist for Family Members.

(4) In Jun 06, USAHRC communication with OUSD(P&R) indicated USCIS was willing to implement the OUSD(P&R) request for acceptance of military examinations, provided that USCIS is provided with the names of military physicians who will perform the physical examinations and the specific locations where it will be performed.

(5) In Jun 08, the Department of Homeland Security, USCIS Chief, Field Operations, issued an executive memorandum instructing FODs to initiate contact with military installations in their jurisdictions to assess the immigration needs, including biometric collection, of Soldiers and their Family members and provide services.

(6) In May 09, FMWRC FP coordinated with the FMWRC PAO to publish the USCIS plan, advising installations to work collaboratively with the USCIS Field Offices, who will provide USCIS services on the installations, including biometric collection.

(7) In Jul 10, USCIS began developing policy regarding Civil Surgeon designation to include a fee structure for such designation. USCIS determined that physicians employed by the US Armed Forces would be fee exempt. This change took effect on 23 Nov 10.

(8) In Dec 10, USCIS indicated they would be willing to accept, as a courtesy, DoD fingerprint cards prepared at domestic military installations, should DoD determine that a service or Family member is not able to obtain fingerprints at a USCIS Application Support Center (ASC) or by a mobile fingerprint unit. Previously, USCIS only accepted fingerprint cards for overseas applicants.

(9) In Jan 11, the Office of the Assistant Chief of Staff for Installation Management, Soldier and Family Readiness Division (OACSIM-ISS) coordinated with OTSG to complete an updated cost analysis, based on the results of the "Installation Management Command (IMCOM) Operations Order 11-077: Army Community Service Relocation Readiness Data Call – Immigration Services," for Army physicians to conduct physical examinations required for Family members. A strategic marketing campaign regarding the availability of USCIS services, to include fingerprinting services, was released in Mar 11.

(10) On 10 Mar 11, this issue transferred to OTSG/MEDCOM to determine the distribution of Military Treatment Facilities and physicians to perform physical examinations for Family members. MEDCOM staffed a draft OPORD recommending at least one physician with civil surgeon designation for sites with 600 or less applicants and at least two physicians for sites with over 600 applicants. USCIS must designate the physician as a civil surgeon in order to perform immigration physical examinations.

To register, physicians would submit a letter to the local District Director requesting consideration, a copy of a current medical license, a current resume that shows four years of professional experience not including a residency program, proof of US citizenship or lawful status in the US, and two signature cards showing name typed with signature below. To transfer civil surgeon status to a new district, physicians notify the new office of the transfer and submit new signature cards.

(11) In Feb 12, DoD received verbal notice from USCIS that it will issue a blanket approval for all DoD physicians (uniform, civilian and contract) to function as Civil Surgeons. Upon this notification, MEDCOM issued a Warning Order to the affected Regional Medical Commands (RMCs), directing them to plan for the implementation of the USCIS Physical Program in their medical facilities. Upon receipt of written confirmation of the blanket authorization from USCIS, MEDCOM will issue an execution order to implement the USCIS Physical Exam Program in MEDCOM facilities located in the US. MEDCOM will track the effectiveness of the program to ensure the CIS exams are completed promptly and to the standards of the CIS.

(12) In May 12, the MEDCOM Warning Order (WARNO) was been issued to the RMCs who are preparing to execute the CIS mission once blanket authority is issued. MEDCOM Staff worked closely with staff in the office of the Assistant Secretary of the Army (Manpower & Reserve Affairs) [ASA(M&RA)] regarding the issuance of the blanket authority. ASA(M&RA) Staff has socialized this program with the other services in an attempt to minimize the impact to the Army of performing these exams for Family members of the other services.

(13) In 1st QTR FY13, MEDCOM received USCIS Policy Memorandum 602- 0074, Designation of Military Physicians as Civil Surgeons for Members and Veterans of the Armed Forces and Eligible Dependents authorizing DoD physicians to perform USCIS physicals for beneficiaries of military healthcare. Upon receipt of this document, MEDCOM issued an Execution Order to implement this program in MEDCOM MTFs in the United States.

(14) In 2nd QTR FY 13, all RMCs have developed implementation campaigns for the Civil Surgeon Examination Program. Initial demand for these services has been low; however, with completion of community notification programs that inform beneficiaries of the availability of these services, the demand for Civil Surgeon Examinations is expected to significantly increase.

g. Resolution. MEDCOM received CIS Policy Memorandum 602-0074, "Designation of Military Physicians as Civil Surgeons for Members and Veterans of the Armed Forces and Eligible Dependents" authorizing DoD physicians to perform CIS physicals for beneficiaries of military healthcare.

h. Lead agency. OTSG/MEDCOM

i. Support agency. USAHRC, DAIM-ISS, and OUSD (P&R)

Issue 516: Application Process for Dependency Determination

a. Status. Completed

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XXIII; Jun 06

d. Scope. The application process for dependency determination, whether for adoption or for extended family members, is cumbersome and unresponsive to the needs of soldiers. Due to the multiple forms and supporting documentation required, it can be a frustrating and confusing endeavor. There is a lack of guidance on submission procedures and no visible tracking of the application process. As a result soldiers are often left in limbo, reducing their ability to devote full attention to the job of soldiering.

e. AFAP recommendation.

(1) Streamline dependency determination application process.

(2) Provide clear guidance and instructions with checklist on submission procedures via Employee Member Self Service (EMSS).

(3) Notify soldier electronically of receipt of documents and provide timely feedback on application deficiencies and final disposition.

f. Progress.

(1) Validation. Soldiers are reporting problems in attempting to obtain guidance on dependency determination for parents or other family members. This determination is even more critical when a soldier is mobilized. Currently, soldiers are given a Defense Finance and Accounting System (DFAS) fax number to submit requests, with no information on point of contact (POC) for follow-up. Dependency determination submissions procedures require clarification and feedback from DFAS. There are no current provisions to verify submission or feedback from DFAS.

(2) Action. This issue was submitted to the Army Business Initiative Council (ABIC) in Jan 03. After staffing with MACOMS and HQDA staff, the issue was approved as an Army initiative. Because DoD manages DFAS and DEERS, DoD BIC approval is required to streamline and modify these systems. The action was forwarded to the DoD BIC in August 03.

(3) Sep 05, DFAS published the Secondary Dependency Determination Procedures via the DFAS website (http://www.dod.mil/dfas/). The procedure guide provides comprehensive guidance for the total process of determining secondary dependency and standardizes the policy for all components serviced by DFAS-IN. This link provides a user friendly means for easy movement to a specific area of interest from the table of contents. The direct link to the procedures guide is http://www.dod.mil/dfas/militarypay/usefullink/armysecondarydependencydetermination.html

(4) The Secondary Dependency Determination Procedures published in Sep 05 provide a full explanation of the determination process. The guide outlines the responsibilities by activity (i.e. local finance office, DFAS, JAG, etc.) or the soldier that are necessary and required by law to be met. The guide also includes all forms necessary for the different categories of secondary dependency and outlines, by type, which forms must accompany the claim for completion of the determination process. This information was made available through the myPay website.

(5) Soldier notification. DFAS has a 24 hour notification process back to the servicing finance office of forms received and actions taken. The servicing finance office notifies the service member.

(6) GOSC review. The Jun 06 GOSC declared the issue completed because the dependency determination process was streamlined, guidance is available online, and DFAS notifies the members servicing finance office of actions taken, and they notify the member.

g. Lead agency. SFFM-FC-OD

h. Support agency. DFAS

Issue 517: Availability of TRICARE-Authorized and Network Providers in Remote Areas

a. Status. Completed

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XXVI, Jun 10

d. Scope. There is an inadequate number of TRICARE-authorized and network health providers in remote areas. Providers choose not to participate or leave the TRICARE program because reimbursements are lower than usual and customary rates for medical services. As a result, military families incur out-of-pocket expenses or non-availability of services.

e. AFAP recommendation. Increase TRICARE reimbursements to competitive rates as an incentive to recruit and retain medical care providers in remote areas.

f. Progress.

(1) Combined issue. In Mar 07, Issue #517 (Availability of TRICARE Authorized and Network Providers in Remote Areas) and Issue #537 (Availability of Authorized TRICARE Providers) were combined because of the similarity in Scope and Recommendations.

(2) TRICARE Maximum Allowable Charge (TMAC) Waivers. The FY00 NDAA and locality-based reimbursement Rules in 32 CFR 199.14, allow TMA to provide higher provider payments to ensure adequate Prime networks or if there are severe access to care issues for certain healthcare services in an area. This permits contractors to negotiate payments over 15% above the TMAC to attract providers into the network. Evaluations have shown the waivers are cost effective and improve both beneficiary continuity of care and quality of life. TRICARE providers are aware of locality-based waivers, and are working with TRICARE regional offices and contractors to identify requirements and implement the program.

(3) Bonus payments to providers in health provider shortage areas (HPSAs). Since Jul 03, TMA provides increased payment rates through bonus payments to physicians who provide TRICARE-approved services in federally designated HPSAs. The quarterly payments include an incentive payment of 10% of the amount actually paid by TRICARE, over and above the HPSA quarterly bonus paid to them by Medicare, and over and above any waiver dollars. TMA/contractors advertise the bonuses in provider news bulletins and through other provider contacts.

(4) Additional Bonus Payments. Starting in 2005, TRICARE follows the Medicare policy to allow a 10% incentive payment to psychiatrists providing services in mental health HPSAs and an additional 5% bonus that Medicare makes to primary care/specialty providers who provide services to beneficiaries in the HPSA areas with the lowest 20% of physician to beneficiary ratios. The 5% bonus program will run through 2007.

(5) Provider acceptance under TRICARE/Medicare. As of 01 Sep 04, TRICARE accepts, as TRICARE authorized providers, all health care providers that accept Medicare, to help reduce some of the credentialing burdens on providers who might not otherwise become TRICARE authorized providers.

(6) OTSG/MEDCOM/TROs Monitoring of TRICARE Network Adequacy. OTSG and MEDCOM continue to work with the three TROs to oversee the adequacy of TRICARE networks in concert with on-going Army readiness initiatives. OTSG/MEDCOM have network adequacy interests associated with most Army medical treatment facilities (MTFs)/installations; however, this partnership focuses on provider and network adequacy across the three TRICARE contract regions. Specifically, measures of adequacy focus on numbers of TRICARE providers in various areas and on the ability to meet access to care standards as measured against the booking of non-network appointments. Currently, the three TROs have not indicated network inadequacies in any region, as a function of a broad assessment for the region.

(7) Legislation.

(a) Section 723 of the FY04 NDAA directed surveys in the CONUS TRICARE market on the numbers of healthcare providers accepting new patients under TRICARE Standard; and that providers be educated on Standard to help maintain provider participation to ensure users can easily locate providers. A key legislative feature is that adjustments can be made to TRICARE Standard payment rates to ensure TRICARE Standard provider adequacy.

(b) The second, Section 724, directs that each eligible household be given key information on TRICARE coverage, costs, sources of information for locating TRICARE providers that agree to accept new patients in the household's area, ways to locate TRICARE providers, etc. TMA is to establish ways to help each person asking for help in finding a TRICARE provider; have a plan to cover information, recruitment, materials, and programs to attract providers to ensure healthcare access for all eligibles; and to periodically identify the number/locality of persons who intend to rely on TRICARE providers for healthcare services. TMA is putting in place mechanisms to ensure DoD meets these congressionally directed requirements.

(c) The FY06 NDAA, Section 716, directs each TRICARE Region Office to monitor, exercise oversight and improve the TRICARE Standard option in the Region. It also permits additional questions for the Standard Survey regarding providers' TRICARE awareness, the percent of providers' current patients using TRICARE, and provider acceptance of Medicare patients. The FY06 NDAA also requires an annual report to Congress on the Surveys.

(8) GOSC review. The May 05 GOSC was informed that TMA is surveying providers to identify reasons for lack of participation in TRICARE. TRICARE accepts as TRICARE providers all that accept Medicare. However, providers limit the percentage of TRICARE/Medicare patients because of the low reimbursement rate.

g. Lead agency. DASG-HPS

h. Support agency. TMA

Issue 518: Effects of Commercial Activities Contracts (A76) on Military Spouse Preference (MSP)

a. Status. Unattainable

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XX, Nov 03

d. Scope. Employment opportunities for military spouses have diminished due to A76 Commercial Activities (CA) contracts. Federal Acquisition Regulation (FAR) 52.207-3 contains a standard clause directing hiring practices that do not address Military Spouse Preference (MSP). Government failure to require contractors to utilize MSP diminishes employment opportunities, which negatively impacts family finances and ultimately soldier retention.

e. AFAP recommendation. Amend the FAR 52.207-3 to include MSP.

f. Progress.

(1) Explanation. The Right of First Refusal of Employment described in FAR 52.207-3, is a clause included in A-76 cost competition study solicitations. It applies to DoD permanent civilian employees affected by either a cost comparison or a direct conversion decision that results in a contract with the private sector. Federal employees adversely affected by a decision to convert to contract or Intergovernmental Support performance have the Right of First Refusal for jobs for which they are qualified. Contractors often hire new personnel to perform a function, and the pool of available workers often consists largely of displaced government employees.

(2) Coordination. The Assistant Director for Competitive Sourcing & Privatization, Office of the Deputy Under Secretary of Defense (Installations & Environment) nonconcurred with this initiative and stated:

(a) The right of first refusal is neither a negotiation for, nor an arrangement concerning, prospective employment and because the right of first refusal is speculative, it does not constitute a disqualifying financial interest under section 208 of Title 18, United States Code. An employee participating in the A-76 process would not be considered to have made or received an employment contact under section 423 of Title 41 (the Procurement Integrity Act), or to seek employment under 5 C.F.R. 2635.603, simply because a contracting officer incorporated the right of first refusal in a solicitation.

(b) OSD-I&E stated that they will not support Right of First Refusal to other federal employees who participate as a reimbursable source in DoD A-76 competition, will not support extending the right to non-federal employees, and will not forward the issue to the Office of Management and Budget (OMB).

(c) The Military Spouse Preference Program (MSPP) applies only to DoD and only to military spouses who relocate to accompany their sponsor on a permanent change of station move.

(3) Resolution. The Nov 03 GOSC declared this issue unattainable because the Office of the Deputy Under Secretary of Defense (Installations & Environment) does not support extending the Right of First Refusal to individuals who are not federal career employees.

g. Lead agency. DAIM-CSO

h. Support agency. OSD-ATL

Issue 519: Family Care Plan Provider Access to Military Installations

a. Status. Completed.

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XXII, Jan 06

d. Scope. In the post 9/11 security environment, some care providers are denied installation access. Installations have unique access procedures, which are often unfamiliar to unit commanders. Family care providers without ID cards require access to installations/facilities, regardless of geographical location or branch of service, to properly carry out their responsibilities. This denied access causes breakdowns in Family Care Plan effectiveness, depriving family members of critical needs.

e. AFAP recommendation.

(1) Streamline local access procedures for caregivers.

(2) Educate unit commanders, soldiers, DoD civilians, and family members of respective area installation access process.

f. Progress.

(1) Access procedures.

(a) The Provost Marshal General – Operations Division published a DA message 10 Oct 03, subject : DA Installation Access Control to standardize Access Control Point Procedures across the total Army. Also included in the message was a directive to Installation Commanders to develop and maintain a "Visitor's Control Program" which further details procedures for allowing access to installations by individuals other than those that have military identification cards. The message remained in effect until the publication of further guidance for allowing individuals access to the installation.

(b) In Sep 05, OPMG released ALARACT message directing temporary registration of privately-owned vehicles and temporary issuance of ID cards (DA1602) to Family Care Providers. They should now be able to access Army installations with the same efficiency afforded to Soldiers since they now possess the two ID tokens generally keyed upon by Access Control Point personnel. The message includes civilian volunteers to Army activities based on the G-1 concern that these persons, who provide direct benefit to Soldiers, face the same installation access challenges as Family Care Providers.

(2) Multi-service and multi-component access issues. Multi-service access falls into the realm of the local commander area of responsibility to work on a case-by-case basis. Raising the level of awareness with commanders works to focus commanders to solve access problems for their personnel.

(3) Resolution. The Jan 06 GOSC declared the issue completed as the Office of the Provost Marshal General released a message to the field in Sep 05 stating that commanders have authority to issue temporary car decals and identification cards to caregivers. With the decal and identification card, caregivers should be able to access Army installations. Subsequent data calls indicate significantly fewer access issues than in the past. Continual education will take place at pre-command courses of these new procedures.

g. Lead agency. OPMG

h. Support agency. G-1

Issue 520: Funding for Reserve Component Family Member Training

a. Status. Unattainable

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XXI, Nov 04

d. Scope. Remotely located RC Army spouses experience difficulty attending the annual unit commander's briefing and orientation. Federal law prohibits funding for a spouse's expenses associated with traveling to and attending such training. A spouse's inability to attend training as a result of prohibitive costs adversely affects the soldier, the family, and the unit's ability to complete the mission.

e. AFAP recommendation. Authorize and fund invitational travel orders for spouses to attend annual unit commander's briefing and orientation.

f. Progress.

(1) Analysis. Federal law prohibits use of appropriated funds to pay spouses and family member expenses (per diem). Invitational Travel Orders (ITO) are issued for active participants that perform a direct service to the Department. Since it is not mandatory that all spouses and family members attend this training, the initiative does not meet the test to authorize per diem or transportation.

(2) Alternatives.

(a) Organizations may develop distant learning modules, provide traveling training teams to go the locations to inform spouses, or video events and make these available either on the web or by mail to assist in inform-

ing the spouses and family members that can not attend these meetings. Additionally, some of these issues may be addressed by the implementation of the Multi-Component Family Support Network that is currently being developed.

(b) The National Guard Family Program Online Community added Family Readiness Training modules at www.guardfamily.org. Development was begun on additional modules for GFTB and reintegration training.

(3) GOSC review. At the Jun 04 GOSC, the DAS recommended using traveling training teams or distance learning modules/information videos on websites or by mail to assist spouses and family members who cannot attend meetings. The issue was transferred to the ARNG and the USAR to provide information on how the RC will promote the standard of family readiness.

(4) Resolution. The Nov 04 GOSC declared this issue unattainable because the authorization to fund ITOs for spouses to attend unit commanders' briefings and orientations is not achievable at this time. As an alternative, counselors, chaplains and other staff travel to assist Family Readiness Groups and brief family members.

g. Lead agency. NGB-FP, AFRC-PRF

h. Support agency. NGB-ARM, CFSC-FP

Issue 521: In-State College Tuition

a. Status. Complete

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XXVI, Jan 10

d. Scope. Mobility of the military community, coupled with the State-specific criteria for determining the eligibility for in-state tuition often prevents military Family members from continuing their higher education. The Army is committed to ensuring Soldiers and Family members are afforded educational opportunity equal to the general citizenry. Denying in-state tuition or the continuation of in-state tuition causes financial hardships, often preventing continuation of education. The Army supports state implementation of favorable in-state policies for tuition rates for Soldiers and Families. A project was initiated at the Jul 02 Army Education Summit to research present policies, identify Army's objective, and prepare an Action Plan for implementing the policy in each state.

e. AFAP recommendations.

(1) Waive out-of-state tuition for military Family members who are residing in that state on military orders for the last and current duty station.

(2) Retain in-state status once established.

f. Progress.

(1) Army's initiative to expand in-state college tuition started in 2003 with five states with the largest Army populations (GA, KY, NC, TX, and VA). As a result, 14 states changed in-state tuition policies. By 2008, all states except VT provided in-state tuition rates for military families in states where they were assigned, but 15 states did not allow continuity of eligibility once the service member was reassigned.

(2) The Higher Education Opportunity Act (Public Law 110-315), enacted 14 August 2008 and implemented 1 July 2009, prohibits public institutions from charging more than the in-state tuition rate to armed force members and their dependents whose domicile or permanent duty station is in the same state. The law also requires continuity of in-state tuition after the service member is reassigned to another duty station outside the state.

(3) GOSC Review.

(a) Nov 03. At the GOSC meeting, the VCSA requested the proponent explore potential for personnel stationed overseas to get in-state tuition benefits in other than state of residence. To date, nine states have been polled with nine negative responses. The consensus among the states contacted is that people with no tie to the state should not be granted this benefit.

(b) Nov 06. The DAS asked OCLL to see if there is more we can do about states that do not meet the goals of this initiative and requested the issue remain active.

(4) Resolution. The January 2010 GOSC declared the issue complete based on passage of the Higher Education Opportunity Act (Public Law 110-315) which prohibits public institutions from charging out of state tuition to armed force members and their dependents whose domicile or permanent duty station is in that state and retains in-state tuition if the service member is reassigned outside the state.

g. Lead agency. AHRC-PDE

Issue 522: Marriage and Family Counseling Services in Remote Areas

a. Status. Completed

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XXIV, Dec 07

d. Scope. Military families need assistance in coping with pressure associated with managing complex relationships within a military lifestyle. Licensed marriage and family counselors are not always available to soldiers and family members in remote areas. Marital/family therapy reduces conflict and facilitates medical management of the problems. Counseling services are not available unless there is identified family violence (Family Advocacy option), or medical/mental health diagnosis of a family member. Soldiers and family members are reluctant to seek services due to the stigma associated with marital/family therapy and the possibility of harming a military or civilian career.

e. AFAP recommendation. Provide and fund licensed marriage and family counseling services in remote areas.

f. Progress.

(1) Coverage under TRICARE.

(a) Marriage and family counseling/therapy services (in the absence of a mental health diagnosis) are not a TRICARE benefit. The TRICARE Policy Manual (15 Mar 02) states, "Family therapy can be cost shared when rendered in conjunction with otherwise covered treatment of a beneficiary suffering a diagnosed mental disorder." When a TRICARE beneficiary chooses to receive family therapy (in conjunction with other covered treatment under a diagnosed mental disorder but separate from the Family Advocacy Program), the beneficiary may have a deductible and a cost share according to the category of TRICARE the beneficiary holds.

(b) In 2000, TMA considered TRICARE coverage for counseling/therapy services for conditions currently excluded from coverage because they are not diagnosable

as a mental illness. The added coverage would apply to marital and family counseling and occupational and sexual dysfunction counseling/therapy. TMA's estimated the cost for the expanded benefits to be $8M based on MTF experience.

(2) Military One Source (MOS)/Army One Source.

(a) The Army One Source (AOS), initiated in Aug 03, is a component of the CSA directed Deployment Cycle Support (DCS) CONPLAN for Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). The CONPLAN is a multi-agency response to mitigate post deployment difficulties and covers the entire spectrum of the deployment cycle (pre-deployment, deployment, redeployment, and post deployment-near term and post deployment-long term). Army One Source is part of the overall umbrella program of Military One Source.

(b) AOS provides information for the Total Force to address every day concerns and deployment/reintegration issues. It supplements existing family programs by providing a 24 hour, seven days a week toll-free information and referral telephone line and internet/Web based service available to Active Duty Soldiers, Army National Guard and Army Reserve Soldiers, deployed civilians and their families worldwide. Masters level consultants answer the toll free telephone number. Callers may remain anonymous and the limits of confidentiality are given to each caller. AOS includes a array of information and referral services, including M&F counseling. Six 6 counseling sessions per issue are provided at no cost to the Soldier/family member. For face-to-face counseling, AOS provides referrals to professional civilian counselors in CONUS, Alaska, Hawaii, Puerto Rico and Guam, including remote areas. Face-to-face counseling in OCONUS (Germany) is provided via existing M&FT contract services established under the recently closed AFAP Issue on OCONUS M&F Counseling Services. OSD is centrally funding the program for all the Services to include the Army through FY08.

(c) The contract has a network of providers that includes licensed clinical social workers, psychologists, and marital and family counselors. An appointment is scheduled within 48 hours after an individual contacts a network provider. Network providers are required to offer services within a 30-mile radius of individuals. In remote areas, the network provider is required to travel to provide in-home counseling to meet this requirement.

(d) MEDCOM posted links to MOS on all Behavioral Health pages in Army On-line (AKO) as a potential referral source for all behavioral health (BH) providers.

(e) MEDCOM data analysis reveals that MOS services in support of M&FT needs in remote areas was 1,195 couples for a total of 4,182 sessions during FY05. This represents 23% of the 5,175 USA Recruiting Command's (USAREC's) married Soldier couples, a percentage consistent with the need for services that have been identified in a variety of military studies. Based on this finding, OTSG believes all Soldiers who desire and request M&FT services in remote locations have been able to obtain these services through MOS.

(f) Although FMWRC has concerns that having MOS serve as the only solution would leave a treatment vacuum if funding for MOS were to be discontinued, this issue could be reintroduced if that were to happen. The fact that recruiters are heavily screened for this duty ensures that the vast majority is functioning under the normal range of family stress and diminishes the demand for long term counseling. FMWRC has indicated the 3 visits is the average number of counseling visits per couple. Thus, the 6 sessions offered by MOS seem adequate to meet the needs of this unique population at this time.

(3) Department of Veterans Affairs initiative. A Department of Veterans Affairs (DVA) readjustment counseling program is available to military eligible and their families in 54 states/territories at 206 DVA centers. However, M&FT skills are frequently not part of the training of the Veteran Centers' counselors and many must be referred to civilian providers. Also, while marriage counseling can legitimately be addressed under eligibility rules, the professional competencies to do M&FT at a specific Veteran Center can vary. The Veteran Centers are also authorized to offer bereavement counseling to family members without limit.

mental health concerns during all phases of deployment.

(4) GOSC review.

(a) Nov 04. GOSC received an update of how Military One Source will be the primary approach to providing counseling services in remote areas.

(b) May 07. Issue remains active. Counseling services for Soldiers and Families in remote areas will be included in the review of counseling services tasked in Issue 474 (Shortage of CONUS Professional M&FCs).

(c) Dec 07. USAREUR stated there is a parallel problem in Europe that is not addressed in current AFAP counseling issues and asked that OCONUS counseling (to include Korea) be rolled into an active AFAP issue. Issue 474, "Shortage of CONUS Professional Marriage and Family Therapists (M&FTs))" will be expanded to address OCONUS counseling. The VCSA stressed the importance of continued coordination between the Installation Management Command, Medical Command and the Chaplains to ensure that counseling services match the footprint of the Army in 09-11.

g. Lead agency. MCHO-CL-H

h. Support agency. OTSG, ACSIM, G-3, FMWRC

Issue 523: Medical Coverage for Activated Reserve Component Families

a. Status. Completed

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XXIII; Jun 06

d. Scope. Many activated Reserve Component soldiers are unable to maintain their existing civilian healthcare as a result of the Uniformed Service Employment Reemployment Act (USERA) provision allowing employers to charge soldiers up to 102% of the pre-deployment premium. Medical coverage becomes cost prohibitive and transferring to TRICARE frequently causes interruption of specialized medical care. The choice between added expense and interruption in care causes undue hardship for the family and soldier.

e. AFAP recommendation.

(1) Establish a civilian healthcare allowance for activated Reserve Component soldiers to offset increased premiums to their existing civilian medical coverage.

(2) Mandate civilian health insurance providers to reinstate pre-activation medical benefits if the soldier elects the TRICARE option.

f. Progress.

(1) Stipend.

(a) The FY02 NDAA required GAO to conduct a study concerning whether or not members of the Selected Reserve of the Ready Reserve of the Armed Forces are covered under health benefits plans. In the final report, published in Sep 02, GAO concluded there is no significant disruption in healthcare for RC component family members because the member continued his/her civilian healthcare insurance when mobilized. However, at the time of this survey, RC mobilizations were for less than 6 months. Recent changes have extended this period for up to 2 years. This may be cost prohibitive for the RC member in the future with extended mobilizations of up to two years.

(b) A GAO study compared the estimated DOD cost for providing health care for dependents of activated RC members under a stipend program and under TRICARE. Using CBO's cost estimate of a 75 percent participation level by eligible members, and including DOD's estimate of administrative costs, it could cost DOD $230 million (45.5 percent) more to provide health care stipends to dependents of activated RC members over a 5-year period than to provide TRICARE to these individuals.

(c) While there is no empirical evidence that describes employer reactions, the Office of the Assistant Secretary of Defense for Reserve Affairs believes that employers who pay some portion or all of the premium payments for RC members who continue their private health insurance while activated are unlikely to continue making such payments if the federal government covers the expense.

(d) DOD officials are unaware of any evidence to support that a stipend would have any impact on several other issues affecting the RC, including medical readiness, recruitment, or retention of RC members.

(2) Reinstatement of pre-activation medical benefits. The Uniformed Services Employment Reemployment Act (USERA) requires employers to offer RC members the option to continue their employer-sponsored healthcare plan for up to 18 months while on active duty. Under USERA, employers must reinstate RC members' health coverage upon reemployment.

(3) Legislation. The National Defense Authorization Act for FY05 included several provisions that enhanced health care benefits for RC members and their dependents.

(a) Eligibility for RC members to purchase TRICARE health care insurance for themselves and their dependents through the TRICARE Reserve Select Program (late Apr 05).

(b) Permanent authority to provide transitional health care benefits to certain service members and their dependents for up to 180 days following separation from active duty.

(c) Permanent authority for RC members and their dependents to use TRICARE benefits up to 90 days prior to mobilization.

(d) Authority to waive TRICARE deductibles and pay higher rates to physicians who do not accept the TRICARE payment rates. DOD implemented the TRICARE Reserve Family Demonstration Project that captured these components and will test approaches of the Military Health System to ensure timely access of health care for family members of activated reservist and maintain clinically appropriate continuity of health care. To be eligible for this program, activated RC members must have current dependent information in the Defense Enrollment Eligibility Reporting System database.

(4) GOSC review. The Jun 06 GOSC declared the issue completed because the second recommendation was resolved.

g. Lead agency. DAPE-PRC

h. Support agency. OSD

Issue 524: Military Spouse Unemployment Compensation

a. Status. Completed

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XXVII, Aug 11

d. Scope. Military spouses are not entitled to receive unemployment compensation in all states when accompanying service members on a permanent change of station (PCS) move. Many states consider leaving a job due to military sponsor relocation as a voluntary departure, not involuntary; therefore, spouses do not qualify for unemployment compensation. The loss of income creates a financial hardship on the Family until the spouse is re-employed.

e. AFAP recommendation. Enact legislation directing all 50 states, the District of Columbia and the US Territories to establish relocation during PCS moves as an involuntary separation, thereby granting unemployment compensation to all qualified recipients.

f. Progress.

(1) Information on UC and other military spouse initiatives is available at: http://www.usa4militaryfamilies.org. Current information is based upon the status information on the USA 4 Military Families website as of 30 June 2011.

(a) 37 states provide eligibility: AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, IA, IL, IN, KS, KY, ME, MA, MI, MN, MS, MT, NE, NV, NH, NJ, NM, NY, NC, OK, OR, PA, RI, SC, TX, WA, WI, and WY.

(b) One state and the District of Columbia evaluate eligibility on case-by-case basis: MD and DC.

(c) Two states are pursuing legislation and have filed legislative bills. As of 30 Jun 11, WV and MO are now pursuing expansion of coverage.

(d) Ten states deny spouses eligibility based on relocation: AL, ID, LA, ND, OH, SD, TN, UT, VA, and VT as of 30 Jun 11.

(e) Two states, OH and TN, that filed for favorable policy as of Mar 10 were not favorably passed and not currently considering favorable adjustments as of 27 Jan 11.

(2) Information on the UC Costs by Components is available at http://www.cpms.osd.mil/icuc/icuc_home_uc.aspx.

(3) The web links above have been added to the Army website at http://cpol.army.mil/library/permiss/ (listed under Unemployment Compensation for Federal Employees (UCFE)).

(4) During 2002, the Policy and Program Development Division of the AG-1 for Civilian Personnel submitted this issue to the Civilian Personnel Management Service (CPMS) Benefits Legislative Work Group. In 2003, CPMS indicated that the issue had previously been submitted by Air Force in November 1997, but was disapproved citing a 1992 Supreme Court Decision. CPMS further indicated that they would not support further attempts to initiate this type of legislation.

(5) During the 2005 AFAP GOSC, it was recommended that Dr. Chu speak to the Governors' association. On February 27, 2006, the Secretary of Defense addressed the governors at a "Governors-only" session of the National Governors Association's winter conference.

(6) As an additional effort, it was decided during the March 2007 AFAP GOSC that support from the CASAs should be initiated. This initiative asked the CASAs to contact their state labor and employment offices to help reduce the financial hardships that our military Families experience and to ensure military spouses and BRAC affected spouses are granted UC when relocating with their sponsors. Letters were mailed to the CASAs in May 2009.

(7) To cover spouses affected by BRAC, letters to CASAs were changed to add BRAC affected spouses. This required sending letters to CASA representatives of 21 states to address only BRAC affected spouses: AL, AK, AZ, AR, FL, GA, HI, IL KY, LA, MD, MA, MI, MO, NJ, NC, OK, OR, PA, SC, and WA.

(8) In response to the CASA support letters mailed May 2009, Hawaii and DC CASA representatives contacted AG-1 CP with willingness to help with this initiative. Continue to monitor via email for progress. Since May 2009, Hawaii provides UC eligibility.

(9) As of March 2010, IA provides UC eligibility. OH and TN were seeking state legislation to provide UC eligibility, however, as of 27 January 2011 the bills were not favorably passed and are not currently considering favorable adjustments.

(10) In response to the January 2010 GOSC, coordination with the Office of Secretary of Defense, Personnel & Readiness (OSD P&R) has been established, and current state discussion on UC eligibility information is being updated on a constant basis.

(11) In response to the June 2010 GOSC, ACSIM with the assistance of AMC will convene a taskforce to focus on the remaining nine states. The taskforce was not convened, but AG-1 CP and AMC collaborated on the way ahead.

(12) In response to the 1 November 2010 AFAP Issue Review Session with LTG Lynch, recommended AG-1 CP provide a Strategic Communication Message for the CASA Luncheon on 15 December 2010 and an Action Plan to engage the three states with the largest concentration of military personnel (AL, LA, and VA) to provide UC for military spouses. The Action Plan included: ACSIM Commander communicate key messages during CASA luncheon presentation on 15 December 2010; IMCOM Commander provide Installation Commanders with STRATCOM messages to encourage State Governors to provide UC for Military Spouses; if further engagement is needed, HQDA Senior Leadership (ACSIM/IMCOM Cdr, ASA (M&RA); & AG-1 CP) visits with State Governors to solicit support for granting UC to Military Spouses; and G-1 engagement during visits with CASA Reps.

(13) The Strategic Communication Message and Action Plan was approved and sent to ACSIM 13 December 2010.

(14) April 2011, AG-1 CP transmitted STRATCOM Messages for ACSIM's forwarding to Senior Mission Commanders in the following states: Alabama, Louisiana, and Virginia.

(15) April 2011, AG-1 CP transmitted STRATCOM Messages for OAA forwarding to CASA Representatives in the following states: Alabama, Louisiana, and Virginia.

(16) In response to the 30 April AG-1 CP memo, AL, LA, and VA CASA Representatives advise that their states cannot support this initiative due to current state budgetary constraints.

(17) The number of states offering unemployment compensation to military spouses has increased from 8 in 2002 to 38 states offering unemployment compensation, with one offering the benefit on a case by case basis. The remaining states were either unsuccessful in obtaining legislation to offer this benefit or were unable to support due to the constrained fiscal climate.

(18) Resolution. The Aug 11 GOSC declared the issue completed. Since this issue entered AFAP in 2002, the number of states offering UC to military spouses increased from 8 to 38. Twelve states (AL, ID, LA, MO, ND, OH, SD, TN UT, VA, WV and VT) deny military spouses UC based on relocation; WV and MO are pursuing expansion of UC coverage; MD and DC evaluate eligibility on a case by case basis. Civilian Aides to the Secretary of the Army (CASAs) from AL, LA and VA advised that their states cannot support this initiative due to current state budgetary constraints. The Department of Defense-State Liaison Office is pursuing ten priority initiatives that have strong impact on military families at the state level; UC for military spouses is one of the ten priorities. Information on UC and other military spouse initiatives is available at: http://www.usa4militaryfamilies.org.

g. Lead agency. DAPE-CPZ

h. Support agency. DUSD (MCFP) & OSD (P&R)

Issue 525: Montgomery GI Bill (MGIB) Expiration Date

a. Status. Complete

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XXV, Jan 09

d. Scope. The MGIB entitlement terminates ten years after Expiration Term of Service (ETS) or retirement. During transition, some veterans incur Family and work obligations that hinder full use of their investment. Elimination of the time restriction would allow those veterans to benefit from this entitlement.

e. AFAP recommendation. Eliminate the expiration date for MGIB educational benefits.

f. Progress.

(1) Validation. Title 38, Chapter 30, Section 3031 places a time limitation for eligibility and entitlement to MGIB education assistance. Entitlement expires at the end of the 10-year period beginning on the date of an individual's last discharge or release from active duty. Changes to Title 38 must go through the Veterans Affairs and legislative process.

(2) Action.

(a) MGB Working Group Conference. At the MGIB Working Group Conference in Feb 03, the Army representative briefed this initiative. The other Service representatives present supported eliminating the MGIB expiration. However, the official VA cost assessment was not available during the conference.

(b) VA cost estimate and staffing. The VA provided an official cost estimate of between $2.1B and $4.7B will be required to cover this additional expense projected out through the first ten years, with the low end of the estimate for non-grandfathered participants and the high end to account for those grandfathered. Feed back received from other Services' Action Officers indicates they will not support due to the projected costs.

(c) Alternatives. Extend the delimiting date to 20 yrs vice current 10 yrs; a buy-in after 10 yrs; and reduced benefit after 10 yrs. These options will still be dependent on VA, OSD, and other Services' support.

(3) MGIB as short term readjustment benefit. The VA believes the MGIB program was designed to be an adjustment benefit for the short term, not a lifelong learning benefit. As a readjustment benefit, MGIB provides an instrument to assist veterans in adjusting to civilian life, giving a tool to assist them in improving earnings capabilities and achieving educational goals. Most within the policy community believe ten years is sufficient time to utilize this readjustment benefit. Data indicates most use their benefits within the first four years following separation or retirement.

(4) Legislation

(a) On 6 Jun 05, legislation, S.1162, was introduced to the Committee for Veteran's Affairs, which would repeal the delimiting date requirements for both the MGIB for Active and Selected Reserve members.

(b) The proposed legislation (S.1162) that went before the 109th Congress was not approved. The Army submitted an FY09 Unified Legislation and Budgeting (ULB) action in SEP 06, but OSD (P&R) advised that this action should be withdrawn and submitted through VA channels. Coordination between DAPE-MPA and the VA (Education Division) resulted in little support within VA and it was not submitted.

(c) Legislative change through VA was attempted during the FY09 ULB cycle. VA did not support the issue based on cost and it was rejected by OSD during the FY09 ULB cycle as well.

(d) As part of the legislation signed by the President (Post 9/11 new GI Bill), the delineation date for the GI Bill will be extended to 15 years from the date of last discharge or release from active duty of at least 90 continuous days.

(5) Resolution. The January 2009 HQDA AFAP GOSC declared the issue complete. It is included in the new GI Bill that will be effective on 1 August 2009. The Veteran's Administration will issue full guidance concerning this program prior to the implementation date. Upon final receipt of VA guidelines and any OSD related guidance, Army Public Affairs will put out information to educate Soldiers on this change. The Army G-1 will work with Army Education Services Division (HRC) to insure that information is placed on Army home pages and disseminated to installation education centers and information outlets.

g. Lead agency. DAPE-MPA

h. Support agency. TAPC-EICB

Issue 526: OCONUS Shipment of Second Privately Owned Vehicle (POV) for Accompanied Tours

a. Status. Unattainable

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XXVI, Jan 10

d. Scope. The Army does not pay for the shipment of a second POV to OCONUS locations. Increased security requirements, logistical demands of the Family, and spousal employment/volunteerism are critical factors faced by military Families. A second POV would improve Family involvement in force protection measures (private vs. public transportation), reduce financial hardship, and enhance morale.

e. AFAP recommendation. Fund the shipment of a second POV for OCONUS tours.

f. Progress.

(1) The shipment of two POVs OCONUS will be limited to countries that do not limit the POV importation to one POV.

(2) The shipment of two POVs OCONUS will require a change to the law that must be supported by all of the Services through the unified legislative budget (ULB) process.

(3) Several Services advised that even though they concur with the proposal, it has an extremely high cost; ranging from $70M to $150M based on projected shipment rates and if storage is included.

(4) The U.S. Army transports 51 percent of the POVs OCONUS.

(5) Three of the four Services' top enlisted leaders, to include the Sergeant Major of the Army, briefed the House Appropriations Committee's Military Quality of Life Subcommittee in 2005. This subcommittee focuses exclusively on quality of life (QOL) issues. The top enlisted leaders cited shipment of a second POV as one of the top QOL issues.

(6) In FY 03 and FY 04, ULB proposals submitted by the Navy were deferred by the other Services to allow Navy to provide data to support the ULB (high cost and data analysis). Data to support the ULB was not available since this is a QOL issue. The Naval Supply Systems Command initiated a ULB in November 2005 for the shipment of two POVs to and from Hawaii. Due to budget constraints, the ULB did not go forward through Navy channels.

(7) The United States Transportation Command (USTRANSCOM) submitted a ULB in March 2007. This proposal requested discretionary authority for the Secretary concerned to authorize on a case-by-case basis two motor vehicles for military members accompanied by de-

pendents if the new duty station is located in a nonforeign area outside of the United States. The final determination was the proponent must overcome arguments against the initiative, or withdraw it. The proposal was deferred until FY 10.

(8) The Office of the Secretary of Defense, Personnel and Readiness (OSD(P&R), Defense Travel Management Office, submitted the following ULB proposals for the FY 10B ULB process in May 2008: (1) Shipment of a second POV as HHG and (2) Government-arranged POV transportation from the permanent duty station to the vehicle processing center/port. The proposals were not accepted due to the lack of justification to show it will aid in recruiting and retaining personnel in positions in nonforeign OCONUS locations and because the existing authority to ship one POV is consistent with the authority for other OCONUS locations.

(9) The House of Representatives' version of the FY 10 NDAA proposed transportation of an additional POV for members on permanent change of station orders to or from nonforeign areas OCONUS (Alaska, Hawaii, and U.S. territories and possessions). This mirrors the ULB proposal deferred by OSD until FY 10. The proposal was not included in the approved FY 10 NDAA.

(10) A proposed bill, S3150, Service Members PCS Relief Act, to increase the mileage reimbursement rate for members of the armed services during permanent change of station and to authorize the transportation of additional motor vehicles of members on change of permanent station to or from nonforeign areas OCONUS was submitted to the Senate Armed Service Committee (SASC) on 22 March 2010.

(11) In May 2010, the Services reviewed a draft letter from the DUSD Personnel and Readiness through the Department of Defense (DOD) General Counsel to the SASC advising that DOD opposes the proposed bill S3150. The bill is opposed because it will create inequities between members stationed overseas (e.g., Europe) with those serving in nonforeign areas OCONUS (e.g., Alaska) and create an inequity between service members, their dependents and defense civilians on how mileage is calculated for relocations.

(12) GOSC review.

(a) May 07. The GOSC, the issue was declared active.

(13) Resolution. Issue was determined unattainable. The VCSA said that keeping the issue open gives false hope that we will get the necessary legislation. The other services and OSD do not support it and there is no funding for the expanded benefit.

g. Lead agency. DALO-FPT

Issue 527: Army Reserve Component Mobilization Preparation and Support

a. Status. Completed

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XXV, Jul 09

d. Scope. Immediately upon being notified of mobilization, reserve Soldiers and their Families can experience high levels of stress. The impact of leaving your Family, employment, and personal lifestyle often creates the need for financial and psychological services. Financial assistance, chaplain support, social work service, Family readiness and psychological counseling are needed to prepare for a successful mobilization. The well being of the Soldiers and Families has a direct impact on their performance.

e. AFAP recommendation. Create a mobilization preparation program for RC Soldiers and Families to provide assistance in the transition from reserve status to mobilization.

f. Progress.

(1) Army Reserve Family and Soldier Support.

(a) Social services are provided by local community, county, state, and federal social services agencies. The Family can also utilize Army Community Services on installations in the event they are within commuting distance. Family readiness program is in place and functioning with staff representation at each Regional Support Command and Direct Reporting Commands. Each individual Reserve unit is required to have a Family Readiness Group in place and operational in accordance with AR 600-20, FORSCOM Reg 500-3-3, and USARC Reg 608-1. Mobilization briefings are being conducted for each unit mobilized.

(b) Deployment information. In Apr 02, a Soldier and Family Guide for Deployment Preparation was published and distributed USARC-wide providing information on what needed to be briefed and who to invite to briefings. It is broken into sections for the RRC Family Program Director/Coordinator, the Unit Commander, the Family Readiness Liaison, the Family Readiness Group (FRG) Leader, the Soldier, and the Family and lists resources available and recommended handouts and videos.

(c) Survey. The Army Reserve conducted a written survey Aug-Oct 03 throughout each Regional Readiness Command (RRC) Family Program Director, Division Family Program Coordinator, and IRR/IMA Family Program Specialist to determine if existing programs were meeting the needs of the Soldiers or if adjustments or additional programs were required. Survey results indicated one-third of Family Members participated in Family Readiness Groups (FRG), two-thirds attend mobilization briefings. Outreach and information needs to be provided at higher levels. Our plan to accomplish this goal is to augment our program using Rear Detachment Commanders (RDC) and procure additional staff throughout FY05 and FY06.

(d) Rear detachment. The Army Reserve has implemented the appointment of a Rear Detachment Commander (RDC) to those units who are deployed to assist with Family issues, concerns and questions. Training has been provided to two groups of RDCs (each training session consisted of approximately 100 attendees). The RDCs assist in the deployment, sustainment and reunion phases of mobilization. Reporting requirements are in place for tracking purposes.

(e) Reunion. A pilot Post-Deployment Workshop was held in the 3rd Qtr FY03 to assist in the understanding of reunion and homecoming, the processes involved, and benefits and entitlements through the transition phase. Additional workshops in the form of Deployment Cycle Support will be implemented in FY04 based on the initial

pilot project. Deployment Cycle Support Training is scheduled at 23 locations Army Reserve wide.

(f) Training. The training priorities for Regional Readiness Command (RRC) level Family Programs for FY04 have shifted to Deployment Cycle Support, Chain of Command training, Operation READY (Resources for Educating About Deployment and You) training and Family Program Academies. USAR will continue to provide training to Family Program Staff, RDCs and volunteers.

(g) Marketing. Marketing of Army Family Team Building (AFTB), Army Family Action Plan (AFAP), and Operation READY materials and websites is being done with the additional contract staff at the RRC levels through education and training. CDs were sent to the homes of every Army Reserve Soldier in Nov 03 with a letter and video message from the Chief, Army Reserve, a Guide to Army Reserve Benefits, and USAR History Timelines. The CD also included a Multimedia Center that included the following: a 6-minute video about Today's Army Reserve; a selection of AR television commercials; wallpaper images; a section "Just for Kids," and a game for teens and above ("America's Army).

(h) The Army Reserve is heavily involved in the Army Integrated Family Support Network (AIFSN). Staff east of the Mississippi attended training 10-14 Sep 07, and those West of the Mississippi attended training 25-29 Feb 08. The AIFSN, working in concert with other military and civilian agencies, is a comprehensive multi-agency approach to community support and services to meet the diverse needs of Active Army, Army National Guard Reserve Soldiers, Families, and Employers.

(2) Army National Guard Family and Soldier Support.

(a) During the 1st Qtr FY08, the NGB will implement the Yellow Ribbon Program. The National Guard Yellow Ribbon is a voluntary military cooperative partnership organized to provide multi-service networking for training and assistance to ensure Family Readiness. Yellow Ribbon will be held nation-wide with membership that will includes all military services within the state, all major veteran service organizations within the state, all relevant state government departments and agencies, civilian organizations established to assist military Families, relevant community service organizations, organizations with a role in disaster response, e.g., police, fire, hospitals, etc.

(b) In 1st Qtr FY05, NGB was able to contract for FRSAs to support all 54 states and territories with funding provided by IMCOM GWOT resources. These FRSA have had a tremendous impact on training, managing and recruiting FRG Leaders and Volunteers. This initiative will strengthen our Family Readiness at the grass roots unit level where it has the greatest impact. Army National Guard received funding for FRSAs in support of mobilized battalions.

(c) Family Programs focuses on providing, monitor and modified existing programs that encourage continued well-being and an increased quality of life. These programs include: State Advocacy Program, Exceptional Family Member Program (EFMP), Emergency Placement Care, Family Member Employee Assistance Program, Relocation Assistance Program, Emergency Financial Assistance, Food Locker, Family Referral, Outreach, Consumer Affairs and Financial Assistance.

(d) State Family Program Directors (SFPD) training priorities shifted to Deployment Cycle Support briefing emphasis and marketing Guard Family Action Plan, Guard Family Team Building, Guard Family Youth Programs, Military OneSource, Military Severely Injured Center, Military Family Life Consultant, Troops and Family Life Counseling and Operation READY through education and training.

(e) NGB Family Programs established lines of communication and working relation Memorandum of Understanding (MOU) with the National Headquarters of American Veterans (AMVETS) and Veterans of Foreign Wars (VFW) that will serve as the conduit for the State Joint Force Headquarters to enhance our capabilities to provide additional quality of life services and support for all members of the National Guard and their Families.

(f) Extended deployments have increased the need for 100 percent outreach, with personal contact to all deployed Guard member Families. Our State Family Program Directors (SFPD) and Wing Family Program Coordinators (WFPCs) and volunteers have been asked to go beyond the call of duty and have met the ongoing challenges of continuous deployments with skill, dedication and pride. They are the primary resource in providing Family readiness and assistance to support the commanders, Soldiers, Airmen, and Families. Volunteers and the Family Readiness Network are the heart of this program, and the unit level Family Readiness Group volunteers provide the vitality of the program.

(g) The NGB Family Programs website www.guardFamily.org has been updated and developed with an integrated tracking system that will facilitate the capture and monitor of our website users. These will allow NGB to improve and monitor the outreach programs and our end users. The Family Program Office established their public website which provides locations and telephone numbers for State and Wing Family Program Offices as well as FACs. The site also has the web polling capability, links to many DoD and Army sites, e-mail feedback capability to allow for comments and questions which are answered immediately which are geared to keep the most up to date information at the fingertips of our personnel in the field.

(h) The Army National Guard has operated 430+ FAC's since the 1st Qtr FY05 as the primary entry point for all services and assistance that any military Family member, regardless of service or component, may need during the deployment cycle. This cycle includes the preparation (pre-deployment), sustainment (actual deployment), and reunion phases (reintegration). The primary service provided by the FACs is information, referral, outreach and follow-up to ensure a satisfactory encounter with all Soldiers and Family members.

(i) On Nov 04, National Guard Bureau Family Program's Guard Family Action Plan (GFAP) launched their new Web site, www.gfap.org. The site is user friendly and provides a wealth of information. The GFAP Web site makes it easier for Guardsmen and other stakeholders to submit quality of life issues to the GFAP team. Prior to gaining access to the issues section of the portal, users

will be required to create a profile. After completing their profile, the user may begin the submission process. Once the issue has been submitted, the GFAP team determines actions necessary to resolve issues and assigns responsibility for actions to the proper staff agency. The proper staff agency begins at the unit level within the chain of command and can include the Departments of the Army and Air Force and the Congress of the United States. In addition to submitting issues, users can also track the process of ones they have previously submitted.

(j) In the 4th Qtr FY04, ten new Guard Family Team Building (GFTB) courses were unveiled at the National Guard Family Program Workshop and Youth Symposium. Many of the courses were developed to help prepare our Families to be self-reliant during the mobilization of their spouse or Family member. The topics are Conflict Management and Resolution, Deployment and Reunion, Effective Leadership Skills, Family Finances, Family Action Plan, Introduction to the National Guard, Resources Around You and Stress Management and Well Being. This tool had proven very successful.

(k) In the 2nd Qtr FY04, the Army National Guard stood up a Pay Ombudsman Program which provides a toll-free phone number, 1-877-ARNGPAY and an e-mail address to afford Soldiers and their dependents a means to communicate pay problems for quick resolution. As part of the program, The Soldier's Guide to Military Pay was developed and distributed to our FACs. In the 3rd Qtr FY04, a Distance Learning Course on the same subject was developed and offered Nationwide to out Soldiers and their Families.

(l) The Family Program Office conducts training on a national level for State Family Program Directors and Wing Family Program Coordinators twice a year to review and share new initiatives on best practices on the delivery of services and training to Family Program Staff, Family members and volunteers.

(n) During the 1st Qtr FY08, the Army National Guard signed the Army Family Covenant. The covenant represents a $1.4 billion commitment to improve the quality of life for Army Families. The program formally recognizes and standardizes funding for existing Family programs and services, increase the accessibility and quality of health care, improve Soldier and Family housing, ensure excellence in schools, youth services and childcare, and expand education and employment opportunities for Family members.

(o) ARNG teamed up with the Army Integrated Family Support Network (AIFSN) Program to establish a comprehensive and integrated Family Readiness Program that enables Soldiers and Family members of the Army National Guard through the deployment cycles and life cycles. AIFSN is intended to establish a comprehensive multi-agency approach for community support and services to meet the diverse needs of Active, Guard and Reserve Army Families.

(3) GOSC review.

(a) Nov 03. GOSC directed a change in the title of the issue and asked the Army to look both from the Guard and Reserve perspectives at what we can do for all Army Reserve Component Families in a period of extended and prolonged mobilization.

(b) Jan 06. Issue remains active. The ARNG stated that they need to come up with a plan of how they are going to continue to provide services to Families. Sustainment levels need to be identified, considering changes brought on by BRAC. The USAR restated the importance of the Mobilization Assistants identified in Issue 543.

(4) Resolution. The July 09 GOSC declared the issue complete based on the establishment of the Yellow Ribbon program and hiring of FRSAs to support Family Readiness Groups.

g. Lead agency. ARNG G-1; ARRC-PRF

h. Support agency. IMWR-FP, NGB-FP

Issue 528: Retirement Dislocation Allowance

a. Status. Unattainable

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XXI, May 05

d. Scope. The law does not allow retiring service members Dislocation Allowance (DLA). Service members incur the same relocation expenses whether retiring or making a permanent change of station (PCS) move. DLA for retiring service members would offset the burden of overlapping expenses and relieve this financial inequity.

e. AFAP recommendation. Authorize and fund DLA for retiring service members.

f. Progress.

(1) Legislative attempts. USPACOM submitted this initiative for the FY05 ULB. None of the other Services, Joint Staff, or OSD Comptroller supported this initiative. Navy, Air Force, and the Joint Staff all stated that there was significant cost with no return on the investment. The initiative was not supported by the Department of Defense (DOD). This proposed initiative was again discussed in the Per Diem Travel and Transportation Allowance Committee (PDTATC) meeting on 14 Dec 04. There is no support by our sister services or PDTATAC professionals for this initiative.

(2) Cost. DLA for retirees would cost the Army approximately $20M annually -- based on retirement of 9,200 Soldiers annually and average DLA of $2,195.

(3) GOSC review. The Nov 04 GOSC did not support an unattainable status recommendation. G-1 will relook this issue from the perspective that more Soldiers are being medically retired.

(4) Resolution. The May 05 GOSC declared this issue unattainable. The VCSA concurred that, given the cost of other initiatives, the time is not right for this issue.

g. Lead agency. DAPE-PRC

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

a. Status. Complete

b. Entered. AFAP XIX, Nov 02

c. Final action. 19 Feb 14 AFAP GOSC

d. Scope. The United States Army Reserve does not have regional Retirement Service Officers to assist individual Soldiers and Families. Two Army Reserve Personnel Command (AR PERSCOM) representatives provide retirement counseling services as an additional duty. Soldiers may not receive crucial retirement counseling which adversely affects their ability to make timely and

accurate decisions regarding their entitlements and benefits.

e. AFAP recommendation. Authorize and fund a Retirement Service Officer at each Regional Support Command.

f. Progress.

(1) 2 Dec 10, USARC initiated its RSO Pilot Program to gather information and determine requirements for permanent RSO positions at each RSC.

(2) 13 May 11, Deputy Chief of Army Reserve (DCAR) approved eight DMO Soldiers to provide retirement services (two per RSC – a senior CPT/MAJ & MSG) as a "bridging strategy" until a permanent solution is obtained.

(3) Jul 11, the Army National Guard, in partnership with the USAR, developed a distance learning module to provide Soldiers comprehensive retirement information.

(4) 27 Sep 11, the DCAR requested HRC to begin filling the DMO RSOs. Eight DMOs were assigned. All RSOs are Department of the Army (DA) certified Reserve Component Survivor Benefit Plan (RCSBP)/Survivor Benefit Plan (SBP) Counselors.

(5) In concert with the new Army Transition Initiative, USAR Soldiers retiring with a non-regular retirement from active duty receive transitional services. Soldiers retiring who do not meet the 180 days or more active duty mandate receive services, on a space- and resource-availability basis, through transitional services that are offered on active duty installations.

(6) USAR has conducted over 55 group pre-retirement training briefings. A total of 41 pre-retirement briefings are scheduled for FY14. Since the initiation of the program, over 31,000 Soldiers and Family members have received retirement services assistance.

(7) From 2010 to present, 233 USAR Soldiers and Civilians have completed the RSO Certification Course. Attendees are trained in Benefits/Entitlements and RCSBP/SBP. There are four certification courses slated for FY14: 16-20 Dec 13, 3-7 Mar 14, 5-9 May 14, and 18-22 Aug 14. Classes are comprised of 30 students, both military and civilian.

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

h. Lead agency. DAPE-HRR

i. Support Agency. USARC, OCAR and HRC

Issue 530: Selective Use of Military Spouse Preference

a. Status. Completed

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XXI, May 05

d. Scope. The military spouse does not have the right to choose when to utilize his/her Military Spouse Preference (MSP). MSP is automatically invoked when applying for most non-appropriated fund (NAF) and appropriated fund (APF) continuing positions on a DoD installation regardless of pay grade or series. Failure to grant spouses the choice of when to use MSP results in financial hardship on families and is detrimental to spouse career progression.

e. AFAP recommendation.

(1) Allow military spouses to apply for any NAF or APF position without invoking MSP.

(2) Authorize military spouses to select the specific grade levels and jobs series for which they want to invoke their MSP.

f. Progress.

(1) Reserving MSP for permanent positions.

(a) From 2001 to 2003, Army participated in the successful MSP Choice pilot program in the European theater (EUCOM) that tested a temporary change to DODI 1404.12. The change allowed military spouses to accept temporary, term, time limited, intermittent, or flexible employment with U.S. Forces and retain their MSP eligibility for permanent positions. EUCOM, United States Army, Europe, and other participating Components, evaluated the test to be very successful and recommended implementation on a permanent basis in overseas areas. Army supported a modified implementation within the United States. In Mar 04, OSD staffed the proposal to permanently implement MSP Choice DOD-wide with all Components.

(b) On 7 Oct 04, OSD authorized immediate implementation of the provisions of the MSP Choice, as modified, on a permanent basis DOD-wide. The policy change allows military spouses greater latitude to accept temporary, term, time limited, intermittent, or flexible employment with U.S. Forces and retain their MSP eligibility for permanent positions of primary personal interest to them. Military spouses have now gained an increased sense of control over their job placements and career advancement.

(2) Selection of specific grade levels and jobs series for which to invoke MSP. After preference eligibility is determined, MSP is used only if the spouse is selected for a position defined as "continuing" (permanent) in accordance with to DODI 1404.12. Military spouses are already able to select the specific grade levels and job series for which they want to invoke MSP. Under the PPP, eligible military spouses may register for a grade no higher than previously held on a permanent basis and down to any grade for which qualified and available. Military spouses with no prior Federal employment exercise preference at the grade they are certified for on the employment register.

(3) Resolution. The May 05 GOSC determined this issue completed based on DoD policy change that allows military spouses to accept temporary, term, time limited, intermittent, or flexible Federal employment without utilizing their MSP.

g. Lead agency. G-1, DAPE-CP-PPE

h. Support agency. OSD, CPMS, CARE Division

Issue 531: Spouse Professional Weight Allowance

a. Status. Completed

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XXV, Jan 09

d. Scope. Spouses are not authorized their own professional weight allowance. The Army supports spouse employment as evidenced by DA-sponsored employment

(i.e. Family Child Care Providers) and volunteer programs (i.e. Army Family Team Building). Counting "professional" items of spouses in the household goods weight allowance causes household goods to be overweight and creates financial hardship.

e. AFAP recommendations.

(1) Authorize 500 pounds of professional weight for all spouses.

(2) Change the Joint Federal Travel Regulation (JFTR) definition of professional items to include those required for employment and volunteering.

f. Progress.

(1) Background information. By law, the JFTR authorizes the shipment and/or storage of professional, books, papers, and equipment (PBP&E). PBP&E are articles of HHG in a Soldier's profession needed for the performance official duties at the next or a later destination. The weight of PBP&E does not count against the authorized weight allowance. It is in addition to the authorized weight allowance, which equates to an increased weight allowance and additional costs to the Services for the transportation and/or storage of HHG.

(2) Coordination. The other Services nonconcurred with this recommendation. (Agreement by all of the Services is required in order to change the law). The other Services cited the increased cost to Military Personnel Accounts that would be incurred if this recommendation were adopted and argued that, by law, the entitlement for the transportation of household goods, which includes PBP&E, is to the member.

(3) Related AFAP Issue finding. AFAP Issue #457 Modification of Weight Allowance Table was not supported by the other Services. Since PBP&E does not count against the weight allowance, it equates to an increased weight allowance. An increase to the PCS weight allowance is being pursued under Issue #457 Modification of Weight Allowance Table.

(4) Issue was submitted for inclusion in the CSA Initiatives in Aug 07.

(5) A request was submitted to the SMA for support from the other SEAs in Sep 07.

(6) Monitor the weight allowance increase ULB proposals for FY10.

(7) In the 2008 State of the Union Address, the President of the United States stated that we have a responsibility to provide for our military Families who also sacrifice for America by "…creating new hiring preferences for military spouses across the federal government... ." On 10 Apr 08, the other Services were requested to support a professional weight allowance for spouses to indirectly support the initiatives for new hiring preferences for military spouses.

(8) In-progress review, 4 Apr 08, results and requirements: the Commander, Family and Morale, Welfare and Recreation Command, will alert the SMA and Army G-1 about the importance of this issue

(9) Resolution. The January 2009 HQDA AFAP GOSC declared the issue complete as the FY09 NDAA authorized an additional weight allowance up to 500 pounds for professional books, papers and equipment that belong to the member's spouse when on a permanent change of station. The change to the JFTR was effective 12 Jan 09.

g. Lead agency. DALO-FPT

Issue 532: Standardized Army-wide Pregnancy Program for Soldiers

a. Status. Completed

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XXVI, Jan 10

d. Scope. A limited number of installations offer educational and physical fitness training programs for pregnant and postpartum Soldiers, and participation is not mandatory. Approximately nine percent of female Soldiers are pregnant at any one time. These Soldiers are not receiving necessary education and physical training. The unavailability and lack of participation in these programs results in unsatisfactory Army Physical Fitness Test (APFT) scores and weight standards, impacting readiness and the well being of the service member.

e. AFAP recommendation. Develop and implement a standardized, mandatory, Army-wide physical training program that encompasses both the period of pregnancy and postpartum period with command emphasis on: educational information and physical fitness training and an effective return to individual readiness, physical fitness and weight standards.

f. Progress.

(1) The PPPT Program is ready for use as a mandatory, standardized Army-wide program. It was developed and evaluated by the CHPPM.

(2) The PPPT Program received written endorsement from OTSG with an updated memorandum of endorsement on 2 Mar 06.

(3) On 29 Feb 08, the Deputy Commanding General, IMCOM chaired a meeting with G-3/5/7 and MEDCOM action officers where it was decided that senior mission commanders would execute the PPPT Program with MEDCOM and IMCOM in support. However, the issue of MEDCOM's exact role in this plan was not clarified to OTSG's satisfaction.

(4) On 10 Mar 08, CHPPM agreed that MEDCOM's role as a specified proponent was acceptable.

(5) AR 350-1, Education and Training (13 January 2006), states that pregnancy and postpartum physical training is a responsibility of CG, TRADOC; AR 40-501, Standards of Medical Fitness (18 Jan 07), requires pregnant and postpartum Soldiers to enroll and participate in a PPPT Program once medically cleared to do so.

(6) Senior commanders will ensure adequate and appropriate facilities and equipment to support standardized local PPPT programs.

(7) OTSG said the PPPT program should be tracked within SICE because, although CHPPM provides the standards, it is implemented by units with IMCOM assistance. The US Army Forces Command (FORSCOM) G-1 said funding is now coming from IMCOM and senior commanders need to enforce the program at installations.

(8) The PPPT Program supports the Chief of Staff, Army's Initiative #2, "Enhance the quality of support to Soldiers, Civilians, and Families" and was submitted for the strategy map by CHPPM in Aug 07.

(9) ALARACT 168/2008, The Army Pregnancy Postpartum Physical Training (PPPT) Program, 10 Jul 08, directs execution IAW USACHPPM Technical Guide Series 255 A-E.AR 40-501. AR 40-501 and AR 600-63 require PPPT programs on installations and participation by eligible pregnant and postpartum Soldiers; AR 350-1, AR 600-9, and FM 3-22.2 are being updated to coincide with the ALARACT.

(10) Marketing strategies and outreach efforts are in effect and ongoing, however preliminary reports reflect low compliance rates for enrollment in the PPPT program.

(11) GOSC review. The Nov 06 GOSC requested the issue remain active.

(12) Resolution. The January 2010 GOSC declared the issue completed based on the development and fielding of the Army PPPT Program for pregnant and postpartum female Soldiers. The Deputy G-1 recommended that the issue move to SICE for further action.

g. Lead agency. DAPE-HR

h. Support agency. DASG-HSZ, DAMO-TRI, IMCOM-IMMW, MCHB-TS-H

Issue 533: Timeliness of Dental Pre-Authorizations

a. Status. Completed

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XXI, May 05

d. Scope. The processing time for service members' dental pre-authorizations for civilian dental care is excessive. The Military Medical Support Office (MMSO) averages three or four weeks to respond to pre-authorization requests. Requests for additional information are sent through the US Postal Service, which further delays response time. Lack of a timely response impacts dental readiness, delays treatment, and is detrimental to the mission.

e. AFAP recommendation.

(1) Require MMSO to authorize treatment, deny treatment or request additional information within 7 days of receipt. Send the response to the provider, soldier and Beneficiary Counseling Assistance Coordinator (BCAC) via phone/fax/e-mail.

(2) Increase MMSO staffing for internal quality control to improve efficiency in processing claims and pre-authorizations.

f. Progress.

(1) Processing times.

(a) MMSO meets/exceeds both the 21-day pre-authorization and 30-day claims processing standards. The MMSO Dental Department reviews/processes 95% of pre-authorization requests within 3-5 days of arrival to the department.

(b) The most significant cause of delay for authorization or denial of care is not delays in processing the initial request, but with civilian dental providers or unit commanders not providing the necessary information to make the appropriate decision. MMSO reports that 40% of all initial pre-authorization requests lack required items, such as appropriate diagnostic-quality x-rays, x-ray evidence or dentist's narrative of why treatment is required, memorandum from the Soldier's unit commander indicating duty status or time remaining on station for Soldier, etc.

(c) In 4th QTR FY03, MMSO developed an information package that included a benefits guide, guidance on administrative requirements for pre-authorizations, and claims payment procedures. OTSG reiterated the need for broad distribution of the information, with emphasis on those personnel who assist Soldiers with health care issues and commands with large numbers of remotely located Soldiers. The distribution list included USA MEDCOM; USA Regional Medical Commands; USA Recruiting Command; USA Materiel Command; Chief, USA Reserves; USA National Guard Bureau; and USA Corps of Engineers.

(d) The MMSO computer system is now compliant with all current HIPAA standards. Since Aug 04, MMSO has the capability to receive and process dental pre-authorizations and claims via its telephone/fax/e-fax systems.

(2) Staff increase. MMSO added an additional dentist staff member in 3rd QTR FY02. It also added two activated Reservist (E-4 and E-5) dental technicians. The dental section now includes two military dentists, two enlisted dental technicians, and three GS-7 employees.

(3) Resolution. The May 05 GOSC determined this issue is completed. MMSO reduced processing times for dental pre-authorizations and claims processing, added a new automation system, and expanded the dental staff.

g. Lead agency. DASG-HS-DC

h. Support agency. TMA

Issue 534: TRICARE Coverage of Autologous Blood Collection and Processing

a. Status. Completed

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XX, Nov 03

d. Scope. There is no TRICARE coverage for the drawing, collecting, processing or storage of one's own blood for surgery. Only soldiers and family members with access to a Military Treatment Facility (MTF) having an autologous blood program receive this service at no cost. Where these services are not available, beneficiaries may incur the cost of the service or be forced to choose on-hand, banked blood, which may not be as safe as autologous blood. Not only is this inequitable, but it increases the risk of transfusion-transmitted diseases.

e. AFAP recommendation. Extend TRICARE covered benefits to include autologous blood collection and processing costs.

f. Progress.

(1) TRICARE coverage.

(a) Initially, this recommendation appeared to have merit and to be justified. However, after further research, TMA determined that the current TRICARE managed care support contract (Chapter 5, Section 6.2) and the next generation of TRICARE contracts (Chapter 6, Section 2.1) cover the collection, processing, and storage of autologous blood when the autologous blood is actually transfused to the patient and when it is used for a scheduled surgical procedure where the use of blood is considered medically necessary. This coverage was confirmed by the Medical Benefits Section of TMA, which further ad-

vised that an eligible beneficiary should not be denied coverage under these circumstances.

(b) Autologous blood collection, processing, and storage are covered when ordered by TRICARE authorized providers. It is important to note that these costs will not be covered by TRICARE if a beneficiary chooses to have his/her blood collected and processed just in case it may be needed later and in the absence of a scheduled medically necessary procedure. Transfusion Services for autologous blood and blood components in the absence of a scheduled covered surgical procedure are not considered medically necessary under TRICARE and are not eligible for coverage.

(2) Publication. TMA added information on coverage of autologous blood collection, processing, and storage in the electronic version of the TRICARE Handbook on the TRICARE website and the hard copy version (Dec 03) of the TRICARE Handbook.

(3) Resolution. The Nov 03 GOSC declared this issue completed based on TRICARE coverage and publication of coverage of collection, processing, and storage of a patient's own blood for transfusion to the patient for a scheduled surgical procedure requiring use of blood as medically indicated.

g. Lead agency. DASG-HP&S

h. Support agency. TMA.

Issue 535: TRICARE Pre/Postnatal Benefits Information

a. Status. Completed.

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XXII, Jan 06

d. Scope. There is no source currently available to patients and providers that gives clear and concise information regarding specific pre/postnatal benefits covered by TRICARE. Consequently, it is difficult to understand whether a particular pre/postnatal test or procedure is covered under TRICARE. Beneficiaries incur excessive out-of-pocket expenses when they agree to have non-covered procedures performed.

e. AFAP recommendation.

(1) Create a concise and understandable brochure that explains the prenatal, delivery, and postpartum tests and procedures routinely covered by TRICARE.

(2) Widely disseminate this brochure to patients and providers to include posting on TRICARE website and placement in military healthcare facilities.

f. Progress.

(1) Product development.

(a) TMA's TRICARE Marketing Office conducted focus group testing of obstetrics marketing information in late Jan 03. Data from those groups was used to develop much-needed marketing materials.

(b) TMA developed/enhanced several information products including a TRICARE Maternity Care Options fact sheet/pamphlet (Apr 05) which includes a comprehensive lay down of maternity care choices/options and services available under TRICARE. The updated TRICARE Handbook includes detailed information on maternity care options and services, e.g., inpatient services (including hospital services/hospital outpatient birthing rooms); outpatient services (including home deliveries); freestanding birthing centers, etc.; and, newborn care, including a variety of tests, screenings and newborn developmental assessments.

(c) Under the aegis of the DoD and VA Clinical Practice Guidelines Committee, with Army as the Executive Agent, a detailed booklet and binder, both titled "Pregnancy and Childbirth, A Goal Oriented Guide to Prenatal Care", Feb 04, are available/disseminated families early in a pregnancy. These detailed materials guide the mother through each step of the pregnancy and cover fetal development, visit expectations, laboratory tests and procedures associated with uncomplicated pregnancies, labor and delivery, including birth plans and post-partum events and activities.

(2) Access to information.

(a) The TRICARE Maternity Care Options Fact Sheet/Pamphlet is available on the TMA and other Web sites. The TRICARE Handbook, with a wealth of information on maternity care, is available on the TMA Web site: www.tricare.osd.mil/factsheets and the TRICARE Smart Web Page, which supports the downloading of individual information.

(b) Beneficiaries and providers can also obtain maternity benefit information, i.e., leaflets, brochures, pamphlets, flyers, etc. from TRICARE Service Centers and from health benefits advisors, BCACs and marketing staffs in local military health facilities.

(3) Resolution. The Jan 06 GOSC declared the issue complete. TMA and military Services distribute marketing information through the TRICARE Service Centers, the MTF staff, news items and website (www.tricare.osd.mil).

g. Lead agency. DASG-HPS, OTSG

h. Support agency. TMA

Issue 536: TRICARE Referrals and Authorization Process

a. Status. Completed

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XXII, Jan 06

d. Scope. TRICARE Prime referrals require multiple authorizations for the same and/or continued services. Patients must obtain additional referrals and authorizations every 30-90 days to receive continued treatment for specialty care, diagnostic testing and/or management by a specialist for chronic health conditions. Delaying patient care increases hassle and risk to the patient and leads to inefficient use of valuable medical resources.

e. AFAP recommendation.

(1) Allow referral authorization up to one year for specialty and chronic care patients as determined by the Primary Care Manager (PCM) in coordination with the specialist.

(2) Authorize the specialist to order necessary diagnostic testing without additional referrals from the PCM.

f. Progress.

(1) TRICARE options. TRICARE is a comprehensive health care program with three healthcare options: TRICARE Prime: a health maintenance organization (HMO), managed care option, featuring enrollment to a primary care manager; TRICARE Extra: a preferred provider option, available to military eligibles on a non-enrollee basis in areas where TRICARE contractors have

developed provider networks; and TRICARE Standard: a fee-for-service option based on the original CHAMPUS program. TRICARE Extra and Standard do not require pre-authorizations for most care, but require greater out-of-pocket contributions. Beneficiaries can use these options for greater freedom of choice.

(2) Specialty visits policy.

(a) Beneficiaries enrolled in TRICARE Prime are required to have their care managed by a PCM. Authorization for specialty care is commonly used throughout the civilian HMO industry. TRICARE contractors are authorized to approve a certain number of specialty visits under an approved authorization. If additional visits are necessary, the contractors must authorize the additional visits, also. The number of visits and the length of time the visits must occur can be specified by the PCM or the Health Care Finder. A visit to the PCM is not always required. Although there is regional variation, authorizations tend to be granted for a period of 30-90 days for patients with ongoing medical conditions.

(b) When warranted, authorizations may be, and are granted for longer periods of time, up to one year. Specialists already may order diagnostic tests and evaluations without additional referrals from the PCM as long as the diagnostics are related to the reason for the referral. For individuals with long-term chronic conditions, the specialist may become the PCM, which may help to mitigate perceived problems with referral authorizations.

(c) A blanket authorization for unlimited use of services for an extended period is contrary to the fundamental principles of utilization management and PCM management. TRICARE Prime may not be suitable for all patients with all medical conditions. Patients desiring more freedom of choice may elect to use TRICARE Standard or Extra.

(d) Patients with complex illnesses needing special therapy (like chemotherapy, high risk pregnancy, extended treatment for burns, etc.) should be brought to the attention of the military treatment facility (MTF) or contractor case manager who can assist with arranging for the their special treatment and diagnostic needs.

(3) Resolution. The Nov 03 GOSC declared this issue completed based on TRICARE policy which allows specialty care authorizations up to one year, diagnostic testing related to the referred condition, and MTF/contractor assistance for patients with complex illnesses.

g. Lead agency. MCHO-CL-M

h. Support agency. TRICARE Operations Division

Issue 537: Availability of Authorized TRICARE Providers

a. Status. Completed

b. Entered. AFAP XX, Nov 03

c. Final action. AFAP XXVI, Jan 10

d. Scope. An increasing number of established TRICARE providers have either stopped offering services or are not accepting new patients. Additionally, some TRICARE providers are imposing specialty restriction and lists of authorized TRICARE network providers are outdated. As a result, TRICARE beneficiaries have limited access to high quality routine specialty care.

e. AFAP recommendations.

(1) Increase compensation tools to recruit new providers (i.e. monetary, guaranteed minimum number of patients, productivity compensation and recruiter incentives, etc.)

(2) Require TRICARE to validate its Provider Network List by updating website daily with access, upon request, to a printed version.

(3) Require TRICARE contractors to aggressively recruit providers to render services agreed upon by contract. Disenroll inadequate providers.

f. Progress.

(1) In Mar 07, Issue #517 (Availability of TRICARE Authorized and Network Providers in Remote Areas) and Issue #537 (Availability of Authorized TRICARE Providers) were combined because of the similarity in Scope and Recommendations.

(2) Title 10 USC 1079(h)(1) aligns TRICARE reimbursement rates with Medicare rates. The law requires the TRICARE program to follow the reimbursement rates of Medicare to the extent practicable, unless DoD can justify a deviation. At the Army's request, TMA commissioned a study for comparing TRICARE rates to civilian medical insurance reimbursement rates and provided OTSG a White Paper on the results during 3rd QTR FY09. For Commercial Rate comparisons, in all but one of the 15 TRICARE markets analyzed, the amounts paid by commercial insurers exceeded the TRICARE CMACs. There was a great deal of variation between markets and by specialty.

(3) Authority to increase TRICARE reimbursement rates. TMA can use the authority in all TRICARE Regions, and has approved reimbursement waivers under its authority by issuing locality waivers (NDAA FY00) that increase rates above the TRICARE reimbursement rate for specific procedures in specific localities. Eighteen were submitted and TMA implemented seventeen between Jan 03 and December 09: (localities in AK, AZ, CN, FL, MN, NV, OR, SC, WA, WV, WY, Puerto Rico). TMA also can issue network-based waivers that increase some network civilian provider reimbursements up to 15% above the maximum TRICARE reimbursement rate to ensure adequate numbers/mix of civilian network providers. Between Jan 02 and Feb 10, TMA approved 8 of 13 applications: networks in AK, HI, ID, MO, SD, VA, WY.

(4) Results of non-enrolled military beneficiaries are surveyed annually. The latest results indicate, in 2009, more than 83% had no problem obtaining necessary care and more than 85% were able to "get care quickly". The benchmark is 82% and 84% respectively. Most of the questions in the survey are based on questions from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey. Because many health plans that serve the civilian population use that survey to assess the experience of their enrollees, their CAHPS results can be used as benchmarks for comparison with TRICARE.

(5) The FY04 NDAA directed surveys in the CONUS TRICARE market on the numbers of healthcare providers accepting new patients under TRICARE Standard; and that providers be educated on Standard to help maintain participation to help ensure users can easily locate

providers. TMA's FY 05-07 surveys have covered non-network providers in various geographic areas nationally, including remote areas. Together, the three year findings across all states and health service areas reveal that approximately 87% of all physicians surveyed are aware of the TRICARE program and about 81% of physicians accepting new patients would also accept new TRICARE Standard patients. The same survey showed the most prevalent reasons civilian healthcare providers choose not to participate in TRICARE Standard: For physicians who do not accept new TRICARE Standard patients, the most commonly single cited reason is due to "reimbursement", accounting for approximately 25% of all comments received. Reimbursement concerns include low and insufficient fees, fee schedules that do not cover overhead costs, or reimbursements that take too long to receive. The remaining reasons (75%) received for not accepting TRICARE Standard include a variety of other non-reimbursement factors such as providers accepting no new patients, inconvenience, only accepting certain insurance reimbursements, and other miscellaneous reasons. Congress through the FY 2008 NDAA has directed DoD to continue the survey process through 2011. TMA is developing a strategy to survey physician and mental health providers.

(6) TMA will continue to monitor the status of TRICARE contractor-required website and network provider list updates to ensure currency. Contractors update their web sites at least weekly with information/provider list changes to help ensure updates are accomplished.

(7) TRICARE contractors are required to aggressively recruit providers who render services as agreed to in their contracts. Also, inadequate providers are now identified, followed and sanctioned under contractors' program integrity responsibilities, with the ongoing oversight of TMA and the TROs. TRICARE contracts have definitive access standards with required corrective plans for identified network inadequacies. TMA/the three TROs exercise on-going monitoring/oversight of TRICARE contractors' recruitment management plans.

(8) After extensive coordination with TMA, we consider this AFAP issue to be completed. TMA has not seen evidence that reimbursement policies are causing wholesale access problems. It is TMA's position that the current waiver procedures work to ensure targeted access in rural areas lacking sufficient remote healthcare providers. TMA will not support any de-linking of TRICARE and Medicare reimbursement. TMA regularly monitors non-enrolled TRICARE beneficiaries' access to care, believes it is generally sufficient and has tools to address specific access concerns. GAO frequently reports on TMA's efforts recognizing that although access is impaired in some rural areas, reimbursement rates are appropriately set and does not support across the board reimbursement rate increases. We recommend this issue be approved as completed.

(9) GOSC review.

(a) May 07. The issue was declared active. OTSG will continue to monitor the status of the various ongoing initiatives to impact this Issue, including findings of the FY07 TRICARE Standard Survey and the required reports to Congress.

(10) Resolution. TRICARE reimbursements are at the rate authorized by law. It is the TRICARE Management Agency's (TMA) position that current waiver procedures work to ensure targeted access in rural areas lacking sufficient remote healthcare providers. TMA will not support de-linking TRICARE and Medicare reimbursement. TRICARE contractors update their web sites at least weekly with information and provider list changes.

g. Lead agency. DASG-HSZ

h. Support agency. TMA

Issue 538: Death Benefits for Stillborn Infants

a. Status. Unattainable

b. Entered. AFAP XX, Nov 03

c. Final action. AFAP XXIII; (Updated: Jun 06)

d. Scope. Stillborn infants are not covered under Family Supplemental Group Life Insurance (FSGLI). Insurance industry standards state that a death certificate must be issued for an infant to be covered. Birth and death certificates are not issued for a stillborn infant. The death of a stillborn infant causes financial hardship as well as emotional trauma for the service member and the family.

e. AFAP recommendation. Change the FSGLI to include a death benefit for stillborn infant(s).

f. Progress.

(1) Background. Currently, no insurance company will grant payment without a death certificate. Physicians do not sign birth or death certificates for stillbirths.

(2) Memorandum. Memorandum from DASA(HR) M&RA to PDUSD/P&R (16 Jun 04) requested AFAP concerns be forwarded to Department of Veterans Affairs. OSD (16 Dec 04) would not forward memo to VA unless Army could provide rationale and justification for expanding a DOD program beyond private sector medical/insurance practices.

(3) The Veterans Benefits Improvement Act of 2005 (S. 1235), sponsored by the chairman of the U.S. Senate Committee on Veterans' Affairs, would have provided financial assistance for active duty personnel who struggle with the loss of a stillborn by providing $10,000 in insurance for the stillborn births of personnel insured under the SGLI program. However, the bill never came out of the Committee to be included with the VA Authorization Act.

(4) GOSC review.

(a) Jun 04. Industry standards state that a death certificate must be issued for an infant to be covered. In stillbirths, birth and death certificates are not issued.

(b) May 05. The Army Surgeon General requested further research on the issuance of death certificates for stillbirths over 20 weeks.

(c) Jun 06. The GOSC declared the issue unattainable as the majority of states do not issue birth or death certificates for stillborn children. A death certificate is needed to qualify for life insurance payment.

g. Lead agency. DAPE-PRC

Issue 539: Dental and Vision Insurance Coverage for Federal Employees

a. Status. Completed
b. Entered. AFAP XX, Nov 03
c. Final action. AFAP XXIII: Nov 06
d. Scope. Dental and vision insurance coverage is not a part of the Federal Employees Health Benefit Program (FEHBP). The Office of Personnel Management (OPM) is restricted by statue, Title 5, United States Code Subsection 8904 from contracting these benefits. Prohibiting these benefits reduces employee recruitment and satisfaction leading to the loss of potential career employees.
e. AFAP recommendation. Add dental and vision coverage benefit options to FEHBP.
f. Progress.
(1) In 2004, S-2657 was approved by the Senate to provide a stand-alone dental and vision benefits program for federal employees. HR-4844 was approved in the House, mirroring S-2657. Bill was signed by the President on 23 Dec 04 and became Public Law No. 108-496. Plan was cited as the "Federal Employee Dental and Vision Benefits Enhancement Act of 2004".
(2) OPM implemented seven supplemental dental plans and three vision benefit plans for Federal employees, retirees, and their dependents. Open Season was held from 13 Nov 06 thru 11 Dec 06.
(6) GOSC review. The Nov 06 GOSC declared the issue completed based on implementation of dental and vision plans for Federal employees, retirees and their dependents.
g. Lead agency. DAPE-CP-PPE
h. Support agency. Office of Personnel Management

Issue 540: Duration of Transitional Compensation for Abused Dependents
a. Status. Completed
b. Entered. AFAP XX, Nov 03
c. Final action. AFAP XXVI, Jan 10
d. Scope. An inequity in the duration of the Transitional Compensation exists between enlisted members and officers. The Transitional Compensation Program has been mandated by law to provide assistance for abused Family members when the Soldier is separated as a result of a dependent abuse offense. In FY02, eligible Family members of officers typically received benefits for 36 months while enlisted Family members received benefits for an average of 20 months. The inequality exists because of the duration of payments is based on remaining obligated active duty service. For enlisted members, the "obligated active duty service" is the time remaining on their term of enlistment. For officers, the "obligated active duty service" is indefinite unless an officer has a date of separation established. The inequity of duration in compensation and benefits creates financial hardship and emotional stress for abuse victims.
e. AFAP recommendation. Authorize 36 months of Transitional Compensation for all eligible beneficiaries.
f. Progress.
(1) AR 608-1 establishes the duration of payments on the basis of the service member's obligated service in accordance with Department of Defense (DoD) Instruction 1342.24 and the authorizing statute, 10 United States Code § 1059. Although the provisions for the duration of payments apply to both enlisted and officer members, officers infrequently have established periods of obligated service. Officer Families receive benefits for the maximum period of 36 months. Since enlisted members have terms of enlistment, their Families receive benefits for a minimum of 12 months, or the end of obligated service, whichever is greater.
(2) The FY04 National Defense Authorization Act (NDAA) [Public Law (PL) 108-136] deleted the language in the statute that required the use of the end of obligated service to determine the duration of benefits. The statute also required that OUSD(P&R) issue policy pertaining to the duration of payments within six months of the law's enactment.
(3) In the 2nd Qtr FY04, Headquarters Department of Army (HQDA) AFAP Conference recommendation to authorize 36 months of benefits for all recipients was submitted through FMWRC CJA to the OUSD(P&R) for inclusion in the revision of DoD Instruction 1342.24.
(4) In Jun 04, OUSD(P&R) issued a policy to retain the use of the end of obligated service to determine the duration of benefits based on a review of all TC cases by OUSD(P&R). The review indicated that the average length of obligated service was 18 months and that the majority of TC recipients are dependents of enlisted Soldiers. The Acting Deputy Under Secretary of Defense (Military Personnel Policy) determined that an increase to 36 months for all dependents would be cost prohibitive.
(5) In Nov 06, FMWRC CJA conducted a phone conference with Navy, Marine Corps, and Air Force representatives in support of a fair and equitable solution. The possibility of having OUSD(P&R) lower the duration period to 20 or 24 months across the board for dependents of both enlisted and officers was highly supported. The Service representatives also supported an Army-sponsored legislative change to lower duration of TC benefits between 20 to 24 months for all eligible dependents.
(6) In Oct 07, OUSD(P&R) advised that the 14 Jun 04 policy memorandum allows Services discretion to establish the duration of benefits, as long as the payment is no less than the unserved portion of the period of enlistment. Therefore, OUSD(P&R) would not seek legislative change.
(7) FMWRC CJA confirmed that the Department of Army could standardize duration of benefits at 36 months as a matter of policy. That office opined that it is within the Army's discretion to establish a standard duration of benefits payment as long as no benefit period is less than the time remaining on the obligated service commitment. Thus, the Army has the authority to amend AR 608-1 to standardize TC payments for both officer and enlisted Family members at 36 months. Standardizing payments at less than 36 months would be contrary to statute, which requires that the Service Secretary's discretion not result in the potential benefit period being reduced.
(8) The Assistant Chief of Staff for Installation Management (ACSIM) is the proponent for AR 608-1. A revision to AR 608-1 is required to increase the TC benefit to 36 months for all eligible Family members, regardless of the rank of the service member. At the AFAP IPR in Apr 08, Commanding General, FMWRC, approved the rec-

ommendation and directed a Rapid Action Revision (RAR) to AR 608-1. The requirement will be funded using FAPC dollars.

(9) In Apr 08, FMWRC Family Programs submitted a RAR to AR 608-1 to standardize the duration of payment to 36 months for eligible Family members, regardless of the rank of the service member.

(10) The revised TC sections of the RAR of AR 608-1 have been sent to Army Publishing. An anticipated publication date for this RAR is 4th Qtr FY10.

(11) Prior to the publication of this RAR, a marketing campaign will be conducted to announce the standardization of TC payments at 36 months effective upon the effective date of the publication of the RAR to AR 608-1.

(12) GOSC review. Jun 06. GOSC requested the issue remain active so the VCSA could learn more about the issue.

(13) Resolution. Issue recommendation will be achieved upon the effective date of the publication of revision to AR 608-1 (Army Community Service Center) which will authorize 36 months of TC for all eligible beneficiaries.

g. Lead agency. IMWR-FP

h. Support agency. IMWR-JA

Issue 541: Employment Protection for Spouses of Mobilized or Deployed Service Members

a. Status. Completed

b. Entered. AFAP XX, Nov 03

c. Final action. AFAP XX; Jun 04

d. Scope. There is no employment protection for spouses who are adversely impacted by the mobilization or deployment of their service member. Spouses are compelled to reduce work hours or resign their position due to family issues related to mobilization or deployment. Employment rights for service members are protected under the United States Employment and Reemployment Rights Act (USERRA). The lack of spouse employment protection results in hardship and morale issues to the military family unit.

e. AFAP recommendation. Legislate employment protection for military spouses parallel to those granted to service members.

f. Progress.

(1) Issue refocused. Because the Federal Government cannot legislate employment protection for military spouses employed outside the Federal Government, the issue was refocused to look at initiatives within the Federal Government.

(2) Federal employment options. Managers may use the following flexibilities and options to accommodate employed military spouses' additional family responsibilities: leave without pay, telecommuting, flexible and compressed work schedules, and intermittent appointments. Employees who resign may be entitled to reinstatement rights for three years or an indefinite period, based on the type of appointment previously held and length of service.

(3) Resolution. The Jun 04 GOSC declared this issue completed because options exist in the APF and NAF systems that give management and employees flexibility to manage changes and work schedules.

g. Lead agency. DAPE-CP

Issue 542: Extension of Educational Benefits for Surviving Spouses

a. Status. Completed.

b. Entered. AFAP XX, Nov 03

c. Final action. AFAP XXII, Jan 06

d. Scope. Current Veteran's Administration educational benefits only extend ten years after the death of the service member. Date extensions can only be given in cases of verified physical or mental "disability." The responsibilities of coping with emotional, financial, and family changes may restrict or delay the pursuit of higher education. Extending the benefit will allow surviving spouses to focus on raising and supporting their families without sacrificing educational goals, which will lead to greater self sufficiency.

e. AFAP recommendation.

(1) Extend the entitlement period for VA educational benefits from ten years to 20 years.

(2) Fully fund the extended entitlement.

(3) OSD response received.

f. Progress.

(1) Effective 1 Jul 05, the surviving spouse of a SM killed on AD has an extended eligibility for education benefits of up to 20 years after the date of the member's death (Public Law 108-454, Veterans Benefits Improvements Act of 2004). Surviving spouses of military retirees or veterans who die of service-connected causes have 10 years after the SM's death to use their education benefits.

(2) Resolution. The Jan 06 GOSC declared the issue complete based on legislation that extended education benefits.

g. Lead agency. DAPE-PRC

Issue 543: Family Readiness Support Assistant

a. Status. Completed

b. Entered. AFAP XX, Nov 03

c. Final action. AFAP XXIV, Dec 07 (Updated: 9 Oct 07)

d. Scope. The Army's current deployment posture has overwhelmed the resources of Rear Detachments and Family Readiness Group (FRG) leaders. Operating a FRG properly can be daunting for volunteers and unit leadership and requires full-time planning and support. Providing assistance to the FRG leader and Rear Detachment in operating the FRG will decrease volunteer stress and ensure the effective interface between family assistance and family support. The significance of a properly operated FRG allows deployed Soldiers to remain mission focused while sustaining their families' well-being.

e. AFAP recommendation. Authorize and fund a unit Family Readiness Support Assistant (FRSA).

f. Progress.

(1) Issue history. This issue includes the OCONUS direct submit issue to the Nov 06 GOSC titled Permanent FRSAs. The Army recognizes that FRSAs are vital to Army commands. FMWRC agreed with the recommendation and requested the inclusion with this issue.

(2) Validation. In Apr 03, the Secretary of the Army visited Forts Bragg, Stewart and Campbell to speak with FRG leaders and Rear Detachment (RD) Commanders.

The consensus of the FRG leaders and RDs was that the Army was asking a great deal from its volunteer FRG leaders and they needed some help with administrative and logistical requirements to maintain contact with the families while the unit was deployed.

(3) Implementation. Each MACOM used directed overhires or centralized contracts to provide FRG Deployment/Support Assistants at Corps, Division and Brigade levels. The FRG Support/Deployment Assistants do not replace volunteer FRG leaders, but provide administrative/logistical assistance to the volunteer leaders which allow them to concentrate their efforts in assisting families. These assistants were hired during 4th Qtr FY04 for fifteen months. Commanders redirected mission funds to sustain FRSAs pending receipt of supplemental funds.

(4) FMWRC memorandum, dated 28 Oct 05, stated that FRSAs are mission funded requirements.

(5) During the Jan 06 GOSC, the Vice Chief of Staff, Army directed FMWRC to restaff the issue with Director of the Army Staff (DAS) oversight to determine whether FRSA positions should be funded and managed by IMA or the commands. The commands were asked to identify their FRSArequirements/source of funding and their position on whether FRSAs should be managed and funded by IMA or the commands. On 12 Apr 06, the VCSA approved current FRSA model of command funded/ managed FRSAs.

(6) A VCSA blue note (1 Nov 06) tasked FMWRC to determine FRSA requirements and to work with G-3/7 (DAMO-FM) to develop a concept plan to standardize FRSAs across the Army down to deployable battalion level. The VCSA also directed that the status of the concept plan be briefed at the quarterly Army Campaign Plan meetings.

(7) The FMWRC submitted the concept plan in Feb 07. The ACSIM signed it on 20 Feb 07 and forwarded it to G-3/7 DAMO-FMP for processing and staffing.

(a) The Army plan proposes a standard FRSA support model of one Department of the Army Civilian (DAC) to support the Army's Active Operational Forces at battalion level. Standard FRSA support will be aligned with each Corps Headquarters (Hqs), Division Hqs, Brigade Combat Team Hqs, Multi-functional Support Brigade Hqs and Battalion Hq. The FRSA support for INSCOM's tactical battalions is included within the FORSCOM annex. Army TDA commands, Training and Doctrine Command (TRADOC), Medical Command (MEDCOM) and Army Materiel Command (AMC), requirements will be managed by exception. Any exceptions to the Army standard FRSA model must be approved by the G-3/7/FM.

(b) The standard FRSA support model for the Army National Guard (ARNG) is area based and will be one DAC at all Army National Guard Joint Force Hqs except for California, Texas, and New York which will have two FRSA assigned. This FRSA structure is currently in place and meets the ARNG's needs. The standard FRSA support model for the USAR is area based at USAR functional and operational commands.

(8) In Jul 07, the Director of Force Management approved the concept plan to place 1011 FRSAs in deployable Active, Guard and Reserve battalions. Subsequently, the Secretary of the Army and the Chief of Staff of the Army approved authorizations and funding for the positions.

(9) Funding for the FRSAs was through GWOT for FY08-09. The FY08 GWOT funding was distributed to the Army Commands, and FRSAs will compete for authorizations in the FY10-15 POM. As of 27 November 2007, 669 FRSAs have been hired by Army Commands, and personnel actions are on-going for 342 vacancies.

(10) GOSC review.

(a) Jun 04. GOSC was updated on the hiring of FRG Deployment Assistants at forward deployed MACOMS.

(b) Jan 06. The issue remains active. VCSA restaffed the issue with DAS oversight to determine whether FRSA positions should be funded and managed by IMA or the commands.

(c) Nov 06. The DAS stated that, based on the VCSA's direction on this issue, all funding streams would be reviewed. The DAS also reiterated the importance of clearly defining the roles of the ACS mobilization/deployment program manager and the FRSAs. The GOSC agreed to include OCONUS direct submit issue in this issue. The issue will remain active.

(11) Resolution. The Dec 07 GOSC declared the issue complete. Funding for FRSAs has been distributed to the Army Commands through GWOT funding. During discussion, TRADOC requested 17 FRSAs and SMDC requested one FRSA. The VCSA approved those requests.

g. Lead agency. IMWR-FP

h. Support agency. FORSCOM, USAREUR, USASOC, USARPAC, USARC, ARNG

Issue 544: Family Readiness Group Training

a. Status. Completed

b. Entered. AFAP XX, Nov 03

c. Final action. AFAP XXVI, Jan 10

d. Scope. Standardized Family Readiness Group training is not included in the curriculum of the Soldiers' education system. Due to this, many Soldiers are unaware of the benefits of an effective Family Readiness Group and its impact on their mission. A standardized training regimen for Soldiers will greatly increase the effectiveness of all Family Readiness Groups.

e. AFAP recommendation. Mandate standardized, developmental Family Readiness Group training throughout a Soldier's career beginning with Basic Training, and continuing through Non-Commissioned Officers' Education System, Officers' Education System, and other leadership courses.

f. Progress.

(1) In 2006, FMWRC coordinated with TRADOC to review TSPs in the Soldier's Educational System. TRADOC TSPs for the Officer Basic Course (OBC), Warrant Officer Basic Course (WOBC) and Advanced Noncommissioned Officers' Course (ANCOC) included 60 minutes of the Army Family Team Building (AFTB) program; the Captain Career Course (CCC) and Warrant Officer Advanced Course (WOAC) included 80 minutes for AFTB. These lesson plans were revised to include FRG instruction.

(2) FMWRC also developed TSPs for Basic Combat Training (BCT), Warrior Leadership Course (WLC), Advanced Individual Training (AIT), Sergeants Major (SGM)

Academy, Intermediate Level Education (ILE), Pre-Command Course (PCC), and Army War College (AWC). FMWRC provided the TSPs to the TRADOC proponent to replace existing AFTB TSPs.

(3) In Jan 06, FMWRC memorandum to DCS, G-3 requested FRG TSPs be included in the total Soldier Education System NCOES, OES and other leadership training. The G-3, DAMO-TR requested TRADOC Operations and Training review FMWRC recommendations on how to incorporate FRG training into the PCC, ILE, AWC, and SGM Academy school systems. In 1st Qtr FY07, TRADOC approved the FMWRC recommendation to incorporate the newly developed BCT FRG TSP and use a briefing format for the ILE, AWC and SGM Academy school systems. Garrison and Command PCC students currently receive an FRG awareness briefing by FMWRC Family Program staff.

(4) FMWRC worked with the Leadership, Education and Training Division, Combined Arms Center to develop the TRADOC Common Core online training storyboard for the CCC, "Implement the Family Readiness Group". This storyboard was completed 31 Aug 06.

(5) In Mar 07, FMWRC discussed status of action with G-3 point of contact. The SGM Academy has incorporated a FRG briefing into their curricula.

(6) In the Dec 07 AFAP GOSC, TRADOC clarified that FRG training is not fully integrated into initial military training and PME courses because of other competitors for the common core curriculum. TRADOC recommended FRG training be delivered through distance learning. FMWRC agreed to fund development of distance learning courses for FRG training for all NCOES and OES levels. Requirements were identified to develop Computer Based Training (CBT) to be delivered within the e-learning center of Army OneSource.

(7) As of March 2010, eight of twelve originally planned CBT courses have been developed. These CBTs underwent User Acceptance Testing (UAT) by TRADOC representatives in Sep 09 and still require voice-over narration to be Section 508 compliant. The CBT modules contain information on establishing FRGs; roles and responsibilities at all levels; regulatory guidance; and awareness of the Family Readiness system and its supporting programs and services. When completed in 2010, CBTs may be accessed through the Online Training/eLearning Center at the Army OneSource portal.

(8) At a 19 May 2010 IPR, ACSIM/CG IMCOM directed that the CBTs be completed quickly, to include voice narration and course completion tests. The FMWRC plans to complete all directed CBT updates by 17 June and has prepared an ACSIM/CG IMCOM memorandum to TRADOC DCG to request final approval of CBTs and formal adoption into appropriate NCOES/OES courses.

(9) Course of action: recommend closing issue. All planned CBTs should be complete by 17 June and available for TRADOC review/approval. The OACSIM/IMCOM Strategic Communications Office has also developed key messages to announce completion of this and other AFAP issues and the benefit to key stakeholders (leaders, Soldiers, and their Families).

(10) GOSC review.

(a) Jan 06. The GOSC declared this issue active while FMWRC revises the AFTB TSPs to address FRGs and to develop FRG TSPs for the other TRADOC levels of education. The VCSA instructed the G-3 and TRADOC to work this in coordination with FMWRC to establish continual, standardized FRG training in NCOES and OES.

(b) Dec 07. Pending TRADOC's incorporation of FRG TSPs into NCOES/OES, the issue remains active.

(11) Resolution. Eight computer based training (CBT) modules focus on Family Readiness Group (FRG) roles, responsibilities, regulatory guidance, and supporting programs and services. Modules have voice narration and end-of-course test.

g. Lead agency. DAIM-ISS

h. Support agency. IMWR-FP

Issue 545: Federal Retiree Pre-Tax Health Insurance Premiums

a. Status. Unattainable

b. Entered. AFAP XX, Nov 03

c. Final action. AFAP XXVII, Feb 11

d. Scope. By law, federal retirees are not allowed to pay their health insurance premium with pre-tax dollars as federal employees are authorized. Federal employees pay their health insurance premiums with pre-tax dollars through a program call Health Benefit Premium Conversion. To not allow Federal civilian and military retirees to pay health insurance premiums on a pre-tax basis inflicts a financial burden on retirees' income.

e. AFAP recommendation. Authorize federal retirees to pay health insurance premiums on a pre-tax basis.

f. Progress.

(1) Legislation introduced in 111th Congress:

a. H.R.1203 was reintroduced during the 111th Congress by Representative Chris Van Hollen of Maryland on 25 February 2009. This was referred to several house committees and there are 218 cosponsors as of 30 September 2010; an increase of 6 co-sponsors since 6 May 2010.

b. S.491 was reintroduced into Congress by Senator Jim Webb of Virginia. It was referred to the Committee on Finance. There are currently 48 cosponsors as of 30 September 2010; an increase of one co-sponsor since 6 May 2010.

(2) Information paper was included in the Army Posture Statement in May 2009.

(3) On 17 September 2010, AG-1 CP received status on the H.R.1203 and S.491 from OCLL POC. Legislative proposals requesting pre-tax dollars for health insurance have been unsuccessful in gaining Congress and OSD support.

(4) Resolution. Issue was declared unattainable because legislative proposals were not supported. Bills (H.R. 1203 & S.491) reintroduced in the 111th Congress to amend the Internal Revenue Code of 1986 to allow Federal civilian and military retirees to pay health insurance premiums on a pretax basis were unsuccessful in gaining OSD and Congressional support. The CSA Retiree Council and National Military Family Association representatives commented on the inequitable tax

treatment addressed in this issue and said the CSA Retiree Council and Military Coalition will continue to advocate for this issue.
g. Lead agency. G-1, DAPE-CPZ

Issue 546: Funding for Army-Wide Arts and Crafts Programs
a. Status. Unattainable
b. Entered. AFAP XX, Nov 03
c. Final action. AFAP XXIV, Dec 07
d. Scope. Sixteen arts and crafts facilities have closed since FY93 due to loss of funding. At the 65 remaining facilities, 15 arts and crafts programs have been eliminated and numerous others are projected for further reduction. The benefits of these programs are unique to military communities because they provide an installation-based, centralized location for the programs. The elimination of these programs erodes the opportunity to develop skills as an outlet to express and resolve stressful situations and deal with the realities of deployment and frequent PCS moves.
e. AFAP recommendation. Allocate funds specifically to re-establish and sustain Army-wide arts and crafts programs such as, but not limited to, framing, woodworking, ceramics, photography, stained glass, engraving and basket weaving.
f. Progress.
(1) Validation. As a DOD Category B, community support activity, arts and crafts facilities are intended to operate with significant appropriated fund support. The AR 215-1, 4-1, b states that in no case may Category B activities be sustained without substantial APF support. Arts and crafts programs survive only at installations that have dedicated significant appropriated fund dollars to manpower and operating expenses. Demand for arts and crafts programming exists, but funding shortfalls continue to widen the gap between community needs and satisfaction.
(2) Return on Investment. Arts and Crafts provides Soldiers and family members which foster creative thinking, problem-solving, skill development, teamwork and communication; relieve deployment stress; and promote cultural awareness. The arts develop talent and creativity, skills needed for the 21st century work and military environment. One of the 10 ways the American Psychological Association recommends achieving resilience and adapting to war time stress is to "express yourself ... in a journal or to create art". MWR recreation programs are an indicator of the military's support for its Soldiers and families. Arts and Crafts programs, which provide activities for the whole family (Soldier, spouse and children) are one of the elements in a well balanced recreation program.
(3) Data Collection. In 2004, IMWR-CR conducted a data call to identify project requirements, and a financial model was developed to calculate project cost.
(4) No progress was made on this issue in FY06 and 1st Qtr FY07 due to a constrained resource environment. There are two parts to the issue: Sustain existing program and re-establish program at seven sites.
(5) Project Funding.
(a) The Installation Management Command (IMCOM) Senior Executive Leadership (SEL) voted in Aug 06 that CONUS Arts and Crafts would receive no appropriated funding under Common Levels of Support (CLS). Only remote site and OCONUS Arts and Crafts programs would be funded with appropriated funds.
(b) In Jan 07 the Installation Management Board of Directors (IMBOD) requested a business case study be done on the impact of not funding CONUS Arts and Crafts programs.
(c) Business case study and info paper was staffed and briefed through IMCOM in Mar 07. Business case and Info paper have been through 3 IMCOM working groups/SEL reviews. The SEL stated (Aug 07) that there would be no exceptions to CLS. Final documentation was included as an info paper at the 13 Sep EXCOM. Final recommendation at that time was to proceed with the recommended divestiture of Arts and Crafts.
(6) Resolution. The Dec 07 GOSC declared this issue unattainable do to the shortfall of funding required to re-establish programs.
g. Lead agency. IMWR-CR

Issue 547: HEROES Act Awareness for Reserve Component
a. Status. Completed.
b. Entered. AFAP XX, Nov 03
c. Final action. AFAP XXII, Jan 06
d. Scope. There is no standardized method of ensuring that all Reserve Component Soldiers are aware of and using the provisions of the Higher Education Relief Opportunities for Students (HEROES) Act. The HEROES Act provides the authority to waive or modify statutory provisions applicable to student financial assistance programs, protecting the financial and educational situations of the Reservists. The Office of the Secretary of Defense designated Servicemembers Opportunity Colleges to assist mobilized service members and intercede on their behalf if they are experiencing problems (primarily communication between student and institution). Many Reserve Component Soldiers are unaware of the protections for their education benefits due to inconsistent dissemination of information. Because of this lack of knowledge, Soldiers are losing college status and money.
e. AFAP recommendation.
(1) Provide an education station during Soldier Readiness Processing.
(2) Mandate that U.S. Army Reserve and Army National Guard units brief the educational provisions of the HEROES Act to all Soldiers during initial in-processing and on an annual basis.
f. Progress.
(1) ARNG.
(a) HEROES Act information has been posted to the Servicemembers Opportunity Colleges (SOC) website at http://www.soc.aascu.org/socguard/PolicyLetters.html.
(b) HEROES Act became effective Dec 03. SOC staff briefed over 100 Army Guard education office members/counselors during their annual conferences. Semi-annual training for new State education office staff is being conducted by NGB. SOC staff will continue to disseminate and incorporate the details in future education func-

tions. SOC will continue to be the focal point to liaison with schools and answer specific questions relating to the Act per DOD directive.

(c) States have developed "education stations" during SRPs, in which information about the HEROES Act is available and disseminated to troops preparing for mobilization. SOC is directed by new Statement of Work in their contract to act as help desk for member inquiries about HEROES Act.

(d) States and/or ARNG units in-process new troops and conduct annual briefings to members. As part of in-processing, new members are briefed by recruiters about education benefits and given access to the ARNG's virtual armory intranet where HEROES Act information is available. ARNG fulltime unit administrator further in-process new unit troops and act as an immediate Point of Contact for education-related inquires.

(e) The 54 State/Territory ARNG Education Offices are tasked to conduct annual education briefing to troops, unit visitations, and in-process all ARNG troops for education programs for their respective State. HEROES Act information has been included in these briefings.

(2) USAR.

(a) The Secretary of Education may waive or modify any statutory or regulatory provision applicable to the student financial assistance program under Title IV, as the Secretary deems necessary in connection with a war or other military operation or national emergency. Education Services Specialists and Counselors of military services should inform all military personnel of the provisions of this act. This will ensure that those with financial aid will be aware.

(b) As of 8 Nov 05, over 40,000 Army Reserve Soldiers are registered users in HRC-St. Louis Education Web site accessing educational information.

(3) Resolution. The Jan 06 GOSC declared this issue completed based as both ARNG and USAR Soldiers are briefed on all elements associated with the HEROES Act during Soldier Readiness Processing and provided packages of information. Additionally, RC Soldiers are briefed annually and during in-processing on the education provisions in the HEROES Act.

g. Lead agency. AHRC-PA and NGB-ARM-PR (Education)

h. Support agency. OSD-RA, SOCGuard, ARNG Education Support Center (ESC)

Issue 548: Housing for Active Duty Pregnant Single Soldiers

a. Status. Completed

b. Entered. AFAP XX, Nov 03

c. Final action. AFAP XXI, May 05

d. Scope. DoD Directive 4165.63-M, Jun 88, states, "Unmarried pregnant service members without dependents may apply for family housing but shall not be assigned to the quarters until the birth of the child." As a result, Army policy prohibits pregnant single soldiers from obtaining on-post housing until after the baby is delivered. This does not provide an adequate amount of transition time for new mothers and creates undue financial hardship, emotional stress, and may negatively impact the well-being of the Soldier.

e. AFAP recommendation. Allow unmarried pregnant service members to move into on-post housing in the third trimester of pregnancy.

f. Progress.

(1) Policies.

(a) In Sep 97, G-1 revised AR 210-50 to grant Installation Commanders authority to approve exceptions to waiting list policies under special circumstances such as extreme hardship, compassionate, or medical reasons. Additionally, approval to authorize single Soldiers in the grade of Staff Sergeant (E-6) and below to reside off-post when the soldier is pregnant was granted.

(b) Family housing may be diverted to Unaccompanied Personnel Housing (UPH) temporarily with approval of the Director, Facilities and Housing, Office of the Assistant Chief of Staff for Installation Management (ACSIM) , through the appropriate IMA agency region office and HQ's IMA. This policy will be reflected in the next update of AR 210-50.

(2) Coordination.

(a) The DCS, G-1, ACSIM, and HQs IMA conducted a comprehensive review of permanent files and telephonic inquiries for the timeframe of Nov 02 thru Dec 04. The assessment revealed no complaints or inquiries from the field regarding unfair treatment or inconsistent policy regarding subject issue.

(b) The G-1 coordinated the conference recommendation. All Services and staff agencies strongly oppose a "blanket policy" as the current policy gives commander's the flexibility to accommodate unmarried pregnant Soldiers on a case-by case-basis.

(c) The G-1, Individual Policy Readiness Policy Division non-concurs with the recommendation as written. The current policy ensures an appropriate and fair allocation of housing assets and provides equitable access to Army family housing for single, pregnant soldiers upon the birth of the child. Current policy also gives Commanders the flexibility to manage unusual or hardship cases, therefore, a blanket policy is not needed.

(3) Policy memo. In Feb 05, HQs IMA disseminated a policy guidance memo to reinforce policy guidance concerning single pregnant Soldiers and reiterate Installation Commander authority and flexibility.

(4) GOSC review. The Nov 04 GOSC did not support an unattainable recommendation. G-1 will query installation commanders on the magnitude of the problem and their ability to handle it. IMA will review the need for policy reiterations.

(5) Resolution. The May 05 GOSC determined this issue is completed. Headquarters Installation Management Agency sent a memo to the field to reinforce policy guidance and reiterate the installation commander's authority and flexibility to approve exceptions to waiting list policies. The other Services and Army staff elements non-concurred with providing "blanket authorization" for housing.

g. Lead agency. DAPE-HRP

h. Support agency. OSD-ATL, ASA-MRA, AF/ILEHO, OASN (I&E), HQMC, DAIM-FDH, SFIM-OP, DAPE-PRR-C, DAPE-HRP-FLO, & DAPE-HR-WB

Issue 549: Lodging and Subsistence for Family Members of Hospitalized Service Members

a. Status. Completed

b. Entered. AFAP XX, Nov 03

c. Final action. AFAP XXI, May 05

d. Scope. When a Soldier is hospitalized, current policy authorizes invitational travel orders to cover transportation costs for two family members. Congress recently authorized per diem for families of Solders injured in Operations Noble Eagle, Enduring Freedom, and Iraqi Freedom. When a Soldier is seriously ill, injured, or in an accident in circumstances other than war, family members incur the cost of lodging and food expenses. This creates an inequity for Soldiers and their families.

e. AFAP recommendation. Provide travel and transportation allowance (per diem) to families of all Soldiers hospitalized with serious illness or injury and allow extensions on a case by case basis.

f. Progress.

(1) Background.

(a) Title 37, United States Code, section 411h and the Joint Federal Travel Regulation, paragraph U5246-A1 or U5246-A2 allows family travel, but not per diem, for two family members of a seriously ill or injured Soldier or in a situation of imminent death.

(b) The Emergency Wartime Supplemental Appropriations, Public Law (PL) 108-11 (16 Apr 03) expanded 37 USC 411h to allow payment of per diem for the 2 family members allowed to travel to the hospital. Only family members of Soldiers injured, ill, or wounded in Operations Noble Eagle, Enduring Freedom or Iraqi Freedom were authorized to receive both travel and per diem allowances when visiting them in the CONUS or OCONUS medical treatment facility (MTF). Family members are currently authorized travel and 8 days per diem to visit Soldiers in an OCONUS MTF and travel and 7 days per diem to visit Soldiers in a CONUS MTF.

(c) The FY04 Emergency Wartime Supplemental Appropriations, PL. 108-337, (Feb 04) continued authority for transportation and travel allowances for two family members; this authority was valid until 30 Sep 04.

(4) New legislation. The FY05 NDAA changed Title 37, section 411h to allow payment of travel and transportation allowances (lodging and subsistence per diem) to family members of VSI/SI hospitalized service members not injured as a result of duty in a contingency operation. The change was incorporated into the Joint Federal Travel Regulation, paragraph U5246 to authorize transportation allowances to family members of VSI/SI hospitalized service members.

(5) GOSC review. The Jun 04 GOSC was informed that there are a number of proposals in the House and the FY05 NDAA to expand per diem to families of all injured service members.

(6) Resolution. The May 05 determined this issue completed because legislation allows travel and transportation allowances (lodging and subsistence per diem) for family members of very seriously injured (VSI)/SI hospitalized Soldiers not injured as a result of duty in a contingency operation.

g. Lead agency. DAPE-PRC

Issue 550: Mandatory Review of Weight Allowance for Permanent Change of Station Moves

a. Status. Completed

b. Entered. AFAP XX, Nov 03

c. Final action. AFAP XX, Jun 04

d. Scope. DoD weight allowances are out of date as they fail to take into account the modern day household. Failure to review and adjust weight allowances has resulted in the application of weight tables that have not increased since the 1980s. As a result, Soldiers must either pay out of pocket to cover moving expenses or throw items away.

e. AFAP recommendation. Review and adjust weight allowances every seven years based on modern day households.

f. Progress.

(1) Weight review. Under current practices and procedures, the Services review HHG weight allowances more frequently than every seven years.

(a) All Services use the Personal Property automated system and the paid bill of lading data to review shipment weights and costs.

(b) Defense and Accounting Service – Indianapolis, Household Goods Statistics Report provides quarterly data for HHG shipments incurring excess costs. Report data elements include the number and percent of moves with excess weight, total and average weight, average and total cost by grade, type of move (PCS or TDY); number of moves by grade for weight breaks of 500 lbs from 0-500 through over 25,000 lbs.

(c) Other Services receive reports as requested from the applicable Finance and Accounting Office.

(d) Review of weight allowances and personal property shipping costs is required whenever a regulatory change or new law will impact the Service's Military Personnel Accounts.

(e) Rates for the transportation and storage of personal property change twice a year. All Services review the new rates and their impact on the PCS budget, a member's weight allowance, and excess costs.

(2) Office of the Secretary of Defense (OSD) review. In a OSD-sponsored PCS weight allowance study (2002) group, the Services stated that less than one percent of Service members incur additional cost for the HHG shipment in excess of their authorized weight allowance. OSD sponsored Unified Legislative and Budgeting proposals (FY04 and FY05) that were rejected by the Services (AFAP Issue 457).

(3) Regulatory change. The Services did not concur with a regulatory requirement to mandate a review of the weight allowances every seven years because a review of weight allowances is required and more frequently.

(4) Resolution. The Jun 04 GOSC declared this issue completed because the Services review PCS weight allowances more frequently than every seven years.

g. Lead agency. DALO-SMT

Issue 551: Mortgage Relief for Mobilized Reserve Component Service Members

a. Status. Unattainable

b. Entered. AFAP XX, Nov 03

c. Final action. AFAP XXIV; Jun 08

d. Scope. The Soldiers and Sailors Civil Relief Act does not address the disparity between mortgage payments and the Basic Allowance for Housing provided to the Reserve Component service member. Approximately one-third of mobilized RC service members suffer a significant decrease in compensation when they are mobilized. The loss of income impacts the service member's ability to meet monthly mortgage payment obligations.

e. AFAP recommendation. Amend the Soldiers' and Sailors' Civil Relief Act to allow RC service members to defer the existing mortgage payment on the Family's primary residence in excess of the Basic Allowance for Housing for the duration of mobilization and/or deployment.

f. Progress.

(1) Background. On 19 Dec 03, President Bush signed the new Servicemembers Civil Relief Act (SCRA), a total revision of the old SSCRA. SCRA section 207 allows mobilized Reserve Component Service members to lower the interest rate on existing mortgages to 6%. If such relief is not sufficient, a court may order anticipatory relief under SCRA section 701. This may include restructuring mortgage payments when the Service member's ability to pay the mortgage has been materially affected by his/her military service. If a lender was to move to foreclosure of a mobilized Reserve Component Servicemember, Section 303 requires court approval. The section specifically gives the court authority to "adjust the obligation to preserve the interests of all parties."

(2) The recommendation in this issue would allow RC service members to defer, for the duration of a mobilization, that portion of an existing mortgage payment on the Family's primary residence that exceeds the BAH. Service members who exercise such an option may experience unanticipated difficulties following demobilization when the deferment ends and the deferred amounts are added to the mortgage principal, resulting in adjusted payments that are likely to be higher than the original mortgage payments.

(3) A recent DoD study indicates that following mobilization income increases for approximately 72% of RC Servicemembers. This figure does not include the impact of the tax advantage of military earning which further reduces the number of activated RC Servicemembers who see a loss in pay after mobilization. There is no data available concerning the monthly mortgage payments of reservists, thus it is not possible to determine how many mobilized reservists would have mortgage payments in excess of their BAH.

(4) DoD has been reluctant to propose or support changes to the SSCRA/SCRA. They are particularly sensitive to any proposal that would open the window for the lending industry to seek a modification to the 6% interest cap.

(5) Legislative initiative.

(a) The House and Senate Veterans' Affairs Committees have jurisdiction over the SCRA and related legislative proposals. Accordingly, the recommended mortgage relief legislation must be worked through these Committees rather than the usual Unified Legislation and Budgeting process. Currently, the Veterans' Affairs Committees do not want to consider additional SCRA protections until they have had the opportunity to review the effects of the new SCRA.

(b) A draft of the legislative proposal was forwarded to DoD Legal Policy in Aug 05. No action was taken on the proposal.

(c) The Legal Assistance Policy Division drafted another SCRA amendment to allow a Servicemember to terminate a cell phone contract upon mobilization or PCS. It is anticipated that this will be favorably received. Linking these two proposals may lead to success in moving the mortgage proposal.

(6) Resolution. Issue was declared unattainable because DoD does not support this initiative. Additionally, following a question from the VCSA about Soldiers' usage of the 6% percent cap on interest rates, the OTJAG briefer clarified that education on rights under the Servicemembers Civil Relief Act are built into the Soldier Readiness Process (SRP) and that Soldiers are taking advantage of the interest rate cap.

g. Lead agency. DAJA-LA

Issue 552: Reserve Component Dental Readiness

a. Status. Complete

b. Entered. AFAP XX; Nov 03

c. Final action. AFAP XXIII; Jun 07

d. Scope. Up to one-third of mobilized RC Soldiers are non-deployable due to dental readiness. There is no Army policy to address the factors (i.e. insurance status, individual economic factors, patient behavior, and lack of compliance) that contribute to dental non-deployability. As a result, this increases required dental treatment at the mobilization site, overburdening already limited dental resources, and adversely affecting readiness.

e. AFAP recommendations.

(1) Develop an Army policy that addresses the factors that contribute to dental non-deployability.

(2) Give RC Commanders adequate resources (i.e. funding, education, and manpower) to ensure compliance for dental deployability of RC Soldiers.

f. Progress.

(1) Policy.

(a) OSD policy directs that all Soldiers have an annual dental exam and x-rays. Both ARNG and USAR have received authorization and adequate funding to conduct both dental examinations and appropriate Class 3 dental treatment prior to movement to the mobilization site.

(b) The new Army policy permitting 12-month alert periods provides greater opportunity for cross leveling and provision of appropriate treatment. Dental examinations of the non-alerted force do not improve dental readiness because there is no authorization or funding to treat non-alerted Soldiers.

(2) Dental readiness statistics. It had previously been thought that up to 25 percent of mobilized RC Soldiers are non-deployable due to dental readiness. Since 2004, 99.8 percent of all mobilized RC Soldiers have deployed in Class 2 or better status. Commanders at all levels must emphasize the importance of pre-mobilization medical and dental readiness.

(3) The Army, ARNG and USAR utilize the Medical Protection System (MEDPROS) to track medical and dental

readiness. The Army is beta testing the dental module in AHLTA, a database that tracks not only dental readiness but also individual Soldier treatment needs. The ARNG and the USAR utilize digital data repositories to document dental readiness.

(4) GOSC review. The Jun 06 GOSC requested the issue remain open. VCSA wants dental readiness to be the first task of the new OTSG dental officer. Accurate data is critical to making informed judgment calls.

(5) Resolution. The Jun 07 GOSC declared this issue completed. Since first recognized as an AFAP issue, dental examinations and care have changed and improved significantly.

g. Lead agency. NGB-ARS and AFRC-MD

h. Support agency. OTSG, OSD-RA

Issue 553: Survivor Benefit Plan (SBP) and Dependency Indemnity Compensation (DIC) Offset

a. Status. Unattainable

b. Entered. AFAP XX, Nov 03

c. Final action. AFAP XXVII, Aug 11

d. Scope. Spouses or children of active duty Soldiers are provided Survivor Benefit Plan (SBP) annuity (55% of retired pay entitlement) upon a service-connected death. Dependency and Indemnity Compensation (DIC) (current rate of $948/month) is payable in all service-connected deaths. SBP to the surviving spouse is offset dollar for dollar by receipt of DIC. Survivors of a deceased Soldier deserve full survivor benefits from the military service and the VA.

e. AFAP recommendation. Eliminate the SBP/DIC offset and award full SBP and DIC for service-connected deaths.

f. Progress.

(1) Army Regulation 600-8-7, Retirement Services Program, dated 6 Jun 10 for the first time contains separate chapters for ARNG and USAR retirement services. This was the first step in establishing a holistic cross component standard for delivery of retirement services.

(2) USARC initiated its Pilot RSO Program on 2 December 2010 to gather metrics and develop procedures while supporting the 19 states of the 88th Regional Support Command (RSC) under a “holistic approach”. The lessons learned and metrics gathered during this pilot program will be used to develop permanent RSO positions at each RSC to provide services equivalent with those received by the Active Duty. The USARC Pilot RSO program will be used to determine an accurate cost for the total number of RSOs required supporting each RSC.

(3) On 14 April 2011, the Army Reserve G1 requested eight Directed Military Overstrength (DMO) positions with placement of two per each RSC as a “bridging strategy” until a permanent solution is obtained. On 13 May 2011, BG Purser, DCAR, approved the eight DMO personnel to support the Army Reserve RSO Pilot initiative. These Soldiers will provide pre/post retirement services. Each RSC will receive two personnel (MAJ & MSG) to fill these DMO positions.

(4) There is an agreement between Army Retirement Services, HRPD, G-1; and G-1, USARC that RSOs must be strategically dispersed to provide support for Army Reserve Soldiers and Families. Efforts are ongoing to document POM requirements and justify added billets at each RSC.

(5) The Active component provided training slots to the Reserves with all three components attending the same certification training. Army G-1 RSO developed and implemented Survivor Benefit Plan (SBP) certification training designed to ensure retirement personnel are trained to counsel all retiring Soldiers on retirement and SBP without regard to component.

(6) In 2010 and 2011, 176 ARNG, 82 Active Duty, and 34 USAR personnel completed this holistic training at six combined training conferences. The Reserve Component Retirement personnel are attending training and receiving access to the Soldier Management System (SMS) and DFAS's Defense Retired Annuitant Pay System (DRAS) to allow quick resolution of problems with Reserve Soldier’s/Retiree's records. The Reserve components are actively working to improve the transfer of retirement data between the Reserve components, HRC, and DFAS.

(7) The ARNG in partnership with the USAR developed a distance learning module that is designed to provide the individual Soldier comprehensive information to prepare Reserve Soldiers for retirement. The module provides points of contact for clarification on individual concerns and or questions. The test pilot was completed May 2011. The release of the module is scheduled for July 2011.

(8) Army G-1 RSO developed Reserve pre-retirement guides, briefings, and other retirement information designed to provide retiring or retired Reserve Soldiers up to date retirement information and counseling similar to what is available to retiring active duty Soldiers. This information has been posted in a Reserve Retirement section on the Army G-1 RSO homepage accessible to all retiring or retired Soldiers, their Families and survivors, without regard to component.

(9) ARNG and USAR retirement and survivor websites contain links to the retirement and survivor information available on the Army G-1 RSO homepage. ARNG and USAR Soldiers near Army installations attend the installation retirement briefings and/or contact the installation RSO for information or assistance.

(10) The Office of the Secretary of Defense and the US Army developed a Reserve Component Transition Guide, and pre-separation counseling form (DD Form 2648-1) to provide transitional services to Reserve Soldiers as they transition from Active Duty to Troop Program Unit status, or retirement. Although there are still processes to be developed for the full delivery of services, this is a giant step forward in a holistic endeavor to significantly upgrade the entire range of service to our RC Soldiers, and Families.

(11) Resolution. The Office of the Secretary of Defense (OSD) opposes elimination of the SBP and DIC offset. Every year since this AFAP issue was introduced, Congress proposed but did not enact legislation that would have eliminated DIC offset of SBP. Total unfunded liability cost to the US Treasury to eliminate the offset is $16B. Provision of the FY08 NDAA granted partial relief by establishing a Special Survivor Indemnity Allowance

(SSIA) for spouses affected by the DIC offset of the SBP annuity. Public Law 111-31 increased SSIA starting in FY 2014 and extended the program.
g. Lead agency. DAPE-HRP-RSO

Issue 554: Survivor Benefit Plan (SBP) and Social Security Offset
a. Status. Completed
b. Entered. AFAP XX, Nov 03
c. Final action. AFAP XXI, May 05
d. Scope. SBP is a voluntary, annuity-type plan paid monthly by retired military members for the benefit of surviving spouses. SBP provides a 55 percent of retirement pay benefit when Social Security is not yet payable and a 35 percent benefit when it is (at age 62). Recently, the age of receipt for maximum Social Security benefits has increased. However, the SBP offset remains at age 62. The retiree and their survivors are valued members of the Army Family. Constant vigilance of entitlements affecting their financial well being is essential. Those who have served our nation must be allowed maximum benefits to maintain their quality of life after serving.
e. AFAP recommendations.
(1) Delay the start of the second tier level of SBP benefits from age 62 to 72 at no additional cost the participants.
(2) Increase the second tier level of benefits from 35 percent to 40 percent of the military member's retirement pay at no additional cost to the participants.
f. Progress.
(1) Legislation. The FY05 NDAA (P.L. 108-375, dated 28 Oct 04) eliminates SBP's lower second tier annuity of 35%, effective 1 Apr 08. The phased-in increase of benefits will occur as follows: 1 Oct 05: 35% to 40%; 1 Apr 06: 40% to 45%; 1 Apr 07: 45% to 50%; 1 Apr 08; 50% to 55%.
(2) Implementation. A one-year Open Enrollment season will be conducted 1 Oct 05 to 30 Sep 06.
(3) GOSC review. Per the Jun 04 GOSC, this issue remains active to monitor FY05 legislation addressing the Social Security offset to SBP.
(4) Resolution. The May 05 GOSC declared this issue completed because the FY05 NDAA makes SBP a level-tiered, 55% benefit plan over a 3.5 year period. This legislation provides improvements that exceed the AFAP recommendation.
g. Lead agency. DAPE-RSO

Issue 555: TRICARE as Secondary Payer for Retirees
a. Status. Unattainable
b. Entered. AFAP XX, Nov 03
c. Final action. AFAP XX, Jun 04
d. Scope. TRICARE, by law, automatically reverts as the secondary payer to other health insurance for retirees. Commercial insurers that are secondary payers pay up to the total amount of the bill after the primary insurance pays. However, if the primary insurer pays the allowable TRICARE amount or more, TRICARE will not pay anything, even if there is an outstanding balance. Retirees must pay out-of-pocket to cover the remaining balance.
e. AFAP recommendation.
(1) Allow retirees the option to use TRICARE as the primary insurance regardless of other insurance they have.
(2) If Recommendation 1 is unattainable, allow TRICARE reimbursements and other insurance payments to be applied for the same episode of care, not to exceed the total cost.
f. Progress.
(1) TRICARE requirement to be second payer. Congress clearly intended and mandated in Title 10 U.S.C. 1079(j)(1) that TRICARE be the secondary payer to all health benefit insurance and third-party payer plans, except for Medicaid and TRICARE supplemental policies. Therefore, for any claim that involves a double coverage plan, e.g. Medicare, employee health insurance, FEHBP, etc., TRICARE reimbursement may not be extended until all other double coverage plans have first adjudicated the claim. TRICARE payment rules are prescribed in statute to ensure that TRICARE payments combined with OHI payments do not exceed TRICARE allowable amounts.
(a) Providers who "participate" in TRICARE Standard agree to accept the TRICARE "allowable charge" as full fee for a healthcare service.
(b) Providers who do not participate in TRICARE ("non-participating" providers) may, by law, bill a beneficiary up to 15% above the TRICARE maximum allowable charge (TMAC). The beneficiary is responsible for no more than that unless he/she requests and receives a waiver from TRICARE to accept a higher bill/fee from a provider
(2) TRICARE and other insurance applied to same episode of care. TRICARE reimbursements, when combined with other health insurance (OHI) payments can be applied for the same episode of care, not to exceed the TMAC. In addition to preventing waste of Federal resources, the underlying intent is to ensure that TRICARE beneficiaries receive the maximum healthcare benefit and that TRICARE payments, when combined with OHI payments, do not exceed the total cost of a specific episode of care. The total cost is the TRICARE allowable charge (TMAC) as reflected in the TRICARE physician payment schedule.
(3) Cost estimate. Per TMA, about 156,000 retirees under age 65 received health care (under TRICARE Prime, Extra and Standard) involving OHI/double coverage in 2003. The total amount paid by the OHI, with TRICARE as second payer, was approximately $500M (excluding pharmacy services). If TRICARE were first payer, this amount would be passed to it as first payer, resulting in increased annual costs to TRICARE of at least $500M.
(4) Resolution. The Jun 04 GOSC determined this issue is unattainable because legislation requires TRICARE to be second payer to other health insurers and ensures that combined payments do not exceed TRICARE allowable charges. If TRICARE were first payer, the insurance bill would be passed to TRICARE as first payer, resulting in increased annual costs to TRICARE of at least $500M.
g. Lead agency. OTSG
h. Support agency. TMA

Issue 556: TRICARE Coverage for School Required Enrollment Physicals

a. Status. Unattainable
b. Entered. AFAP XX, Nov 03
c. Final action. AFAP XXIV; Jun 08
d. Scope. TRICARE covers required school physicals for ages 5 thru 11, but does not cover physicals for pre-school children and Family members 12 and over. Required school enrollment physicals for Family members may be available in the military treatment facility (MTF). Families choosing to use civilian providers or who live in remote areas incur a fee for this service. These Families incur the cost of the physicals for school age children, creating a financial disadvantage.
e. AFAP recommendation. Provide TRICARE coverage for all school enrollment physicals from preschool through 12th grade.
f. Progress.
(1) Validation.
(a) Most MTF based PCMs provide required school physicals for enrolled patients, regardless of age. TRICARE Prime for Active Duty Family Members (TPRADFM) enrolled beneficiaries over the age of eleven do not receive a benefit comparable to their MTF Prime enrolled peers.
(b) TRICARE policy specifically provides for school physicals for beneficiaries age 5 through 11, but does not provide the same for students age 12 or above. Sports physicals are also not included as a covered benefit.
(2) Benefit Expansion.
(a) Since much of the medical care required to meet registration requirements for public schools is now covered through existing claims billing/ payment procedures, the cost of expanding the school physical benefit should be less than that associated with an entirely new benefit. By using already available healthcare benefits, beneficiaries in remote areas can provide the documentation to satisfy enrollment requirements in public schools.
(b) TRICARE Prime Remote is now available for Family members of AD sponsors who live with their sponsors in a remote location.
(c) The Army's Deputy Surgeon General forwarded to TMA on 14 Jun 04 a signed memorandum requesting a change in policy to support the recommended expansion of the TRICARE school physical examination coverage.
(d) In Sep 04, TMA announced consideration was being given to the expansion of school physical coverage per Army's request. The next step in the benefit change approval process requires submission of the change to the TMA Requirements Review Board. Although initially scheduled on the Requirements Review Board Agenda for the March, September and October, 2005, Board meetings, intervening interim decisions resulted in the agenda item being deferred until a later time.
(f) In Jun 05, the TMA reported that the TMA reassessment of the Government cost estimate for the benefit change was for all of the MHS eligible population. TMA recommended limiting the scope of the benefit expansion to TRICARE Prime/TPR enrollees.
(g) TMA also initiated a second cost-estimate to target the TRICARE Prime/TPR enrolled populations. At this time, TMA was unwilling to share their estimate and/or methodology. The requirement for the second cost estimate delayed consideration of the proposal until the Fall 05. Subsequent to completion of this second estimate, a decision was made that additional TMA review was needed. On 27 Jan 06, TMA's Clinical Services Division indicated that the TRICARE benefit is limited to those services that are medically or psychologically necessary. A school physical exam is not medically necessary, nor is it a service recognized as having any utility in prevention or screening as recognized by the US Preventive Services Task Force (USPSTF). In the case of the select preventive medicine services covered, they either prevent disease or permit the early detection of disease. TMA relies primarily on the recommendations of the USPSTF to support its determination of what preventive services should be covered under the TRICARE Prime preventive services benefit. Also, the code for school physicals is the same as used for sports physicals. Neither TMA nor the AMEDD endorses inclusion of sports physicals as a TRICARE benefit. The school physical requirement can be accommodated to some extent within the standard TRICARE Health Promotion benefit but the administrative detail to ensure payment for these services is tedious.
(h) In the 3rd Qtr FY06, a TMA Decision Paper for the Deputy Director, TRICARE Management Activity, dated 18 Oct 05, was acquired. It housed the IGCE results. TMA's impact statement concluded that the additional healthcare costs associated with expanding school physical age parameters, to include beneficiaries in the 12 – 17 year old age group, are significant. The IGCE reported financial impact ranges from $4M in FY06 to $4.4M in FY08 for global implementation to eligible TRICARE beneficiaries. Based on above stated financial findings and the current sustain the benefit (STB) movement, this issue was deemed unattainable.
(i) OTSG accomplished research to see if this issue could be addressed from other angles, such as unified Federal standards for school enrollment physicals, or under Federal physical fitness programs. Investigation into Title 20, U.S. Code, and the President's Council on Physical Fitness and Sports to evaluate Federal initiatives for potential unified Federal standards for preventative or participative sports/fitness requirements did not provide any positive results. Activities that affect school activities and curriculum are primarily a state and local responsibility. In creating the Department of Education, Congress made clear its intention that the Secretary of Education and other Department officials are prohibited from exercising "any direction, supervision, or control over the curriculum program of instruction, administration, or personnel of any educational institution, school, or school system." Specified by Title 20 USC, Sec 3403, the establishment of schools and colleges, the development of curricula, and the setting of requirements for enrollment and graduation are responsibilities handled by states and communities, as well as by public and private organizations, not by the U.S. Department of Education.
(j) Resolution. The Surgeon General said that we are not going to get a specific benefit written into TRICARE because expansion of the benefit to other ages would require a statutory change. Expanded benefits that impact the Defense Health Program are closely scrutinized, per the TRICARE "sustain the benefit" initiative. The VCSA

said that based on TMA's position, that the AFAP issue is unattainable. Noting the number of children affected by this issue (to include Reservists using TRICARE), the VCSA said to go back to block zero and see if there's another way to approach this issue.
g. Lead agency. MCHO-CL-M
h. Support agency. TMA

Issue 557: TRICARE Coverage to DEERS Enrolled Parents and Parents-in-Law
a. Status. Unattainable
b. Entered. AFAP XX, Nov 03
c. Final action. AFAP XX, Jun 04
d. Scope. Dependent parents/parents-in-law are not entitled to TRICARE benefits, including TRICARE Prime, Standard, Extra and TRICARE for Life, but may receive care and pharmaceuticals at military treatment facilities on a space available basis. This is true even if parents or parents-in-law are enrolled in DEERS. The lack of TRICARE coverage for these family members creates increased financial hardships for Soldiers, thereby causing low morale and decreased unit readiness.
e. AFAP recommendation.
(1) Provide TRICARE coverage for civilian care to DEERS-enrolled dependent parents and parents-in-law.
(2) Establish a program for DEERS-enrolled dependent parents and parents-in-law that offers competitive health care benefits at a reasonable cost if TRICARE coverage is unattainable.
f. Progress.
(1) Authorized coverage. Dependent parents/ parents-in-law are eligible for space-available care at MTFs and can receive medications at military pharmacies. Space-available care is not a benefit under TRICARE. There are five priority groups for healthcare access at MTFs; dependent parents are in priority group four. Dependent parents are also eligible to enroll in TRICARE Plus at MTFs that have sufficient healthcare capacity to implement the program. Many dependent parents/parents-in-law are eligible for Medicare, Medicaid, or/and other local community-based health programs/services. Several of them use these alternative options in concert with their access to space available care in military medical facilities.
(2) Industry standard. Healthcare coverage for dependent parents/parents-in-law is not a healthcare industry standard. Other Federal health insurance/employee programs do not provide health insurance coverage to parents/parents-in-law of sponsors, e.g., the Federal Employee Health Benefits Program (FEHBP). The American Society of Health Care and Human Resources Administration responded that typically companies do not offer healthcare benefits to dependent parents/parents-in-law. Contact with three large corporations (Southwestern Bell Corporation; Uniform Services' Automobile Association Insurance (USAA); and City Public Service in San Antonio, TX) indicate they do not offer healthcare benefits to this category of beneficiaries.
(3) Resolution. The Jun 04 GOSC declared this issue unattainable. Healthcare benefits for parents and parents-in-law are not a standard benefit offered Federal employees or companies. The cost to implement such a benefit is unaffordable.
g. Lead agency. OTSG
h. Support agency. TMA.

Issue 558: TRICARE Prime Travel Cost Reimbursement for Specialty Referrals
a. Status. Unattainable
b. Entered. AFAP XX, Nov 03
c. Final action. AFAP XXVII, Aug 11
d. Scope. The TRICARE Prime travel reimbursement benefit is distance based and not cost based. Reimbursement is available for non-Active Duty TRICARE Prime enrollees and TRICARE Prime Remote beneficiaries when they are referred for specialty care more than 100 miles from the primary care manager location. The current benefit does not take into account the impact of multiple trips of shorter distance. Beneficiary travel costs for care provided by specialty providers' results in significant costs to beneficiaries. This is especially true when care requires multiple trips to the provider.
e. AFAP recommendation. Reimburse TRICARE Prime and TRICARE Prime Remote enrollees actual cumulative travel costs for specialty provider care.
f. Progress.
(1) OTSG, in conjunction with TMA, has explored several options for meeting this recommendation, per the Required Actions/Milestone section. These options were rejected due to significant increases to the Defense Health Program and increased administrative burden on the TRICARE Regional Offices (TROs) and the MTFs. The following are a few key points related to the previously developed recommendations.
a. OTSG proposed a legislative change (Title 10, United States Code, 1074i) to the benefit allowing travel cost reimbursement for cumulative distances of more than 100 miles.
b. TMA formed a temporary workgroup to analyze and discuss the OTSG proposal. The workgroup recommended non-concurrence for a 100-mile cumulative change due to significant costs and increased administrative overhead, but did recommend changing the current benefit to 60 miles. This second proposal would allow for reimbursement of travel expenses when a beneficiary travels more than 60 miles (one-way) for specialty care.
c. The Principal Deputy, Assistant Secretary of Defense (Health Affairs) (PD ASD (HA)) was opposed to both a 100 cumulative mile change and the workgroup recommended 60-mile proposal. TMA estimated a 100 cumulative mile benefit would cost an additional $23.1M/year over the $8M/year for the current benefit. In addition to the increased cost, a 100-mile cumulative benefit would create an increased administrative burden on the TROs and MTFs responsible for executing the current benefit.
d. Since TMA opposed both recommendations, OTSG has re-examined the benefit proposal in order to develop an alternative approach to meeting the AFAP recommendation.
(2) OTSG's then proposed an alternative proposal (based on 100 miles or less) that would have minimized

the overall cost of a cumulative travel benefit by focusing on two areas.

a. First, the proposal would eliminate the need for the patient to file a claim. Patients will receive automatic reimbursement based on analysis and calculation of data found on TRICARE claims. This would eliminate the current processing fee of $32.50 per claim.

b. Second, the new proposal would only reimburse for mileage expenses. Since the covered trips will be 100 miles or less, there is a reduced need to cover all reimbursable expenses. Most patients making trips 100 miles or less are incurring only mileage expenses. There will be no reimbursement for other expenses such as per diem, tolls, and hotels.

(3) A detailed cost estimate on this new alternative proposal had revealed significantly higher than expected costs. A sample of beneficiaries shows that approximately 5% of family members will qualify for this new travel benefit. This is within the 5-10% range of the original estimate. However, family members are traveling more cumulative miles than originally expected. Family member are traveling an average of 239 one-way miles per quarter. Original estimates were 150 miles. The JFTR would reimburse family members for round trip miles. Under this new estimate, the JFTR would reimburse for an average 478 miles per eligible family member per quarter. If 5% of all active duty family members are reimbursed for this benefit, it would cost $25M/quarter or $100M/year.

(4) This proposal will still require legislative (Title 10, United States Code, 1074i) and regulatory (Joint Federal Travel Regulations) changes.

(5) This proposal did not change any aspect of the current travel benefit. Prime enrollees traveling more than 100 miles for specialty care will experience no change in benefits.

(6) Cost methodology was then re-validated to determine accuracy. The Methodology is sound and the proposal costs were deemed valid, based on historical data from the MHS Management and Analyst Reporting Tool (M2) data warehouse.

(7) TSG briefed topic at General Officer Steering Committee (GOSC) on 27 Jan 2009. This potential benefit was seen as an important part of caring for our Soldiers and their Families.

(8) In August 2009 we received memorandums from the Surgeons General of the US Navy and US Air Force offering guarded, support for the proposal, while opining that added DHP cost may be a factor. In a 25 September 2009 email communication from the USAF, they indicated a neutral position based on the counter-intuitive logic that many USAF beneficiaries would be eligible for this benefit and the associated cost for the government.

(9) In early September we received TMA's formal response to our proposal. In the memo, TMA's Deputy Director, expressed concerns about the cost of the proposal and indicating the current travel benefit was adequate. The memo cited Section 713 language that NDAA 2010 that would have reduced the mileage limitation to 50 miles. This language for Section 713 does not appear in post-committee versions of NDAA 2010. In December 2009 a memo was then sent to the Deputy Director, TMA requesting an update on the TMA position.

(10) In January 2010 we received an email from TMA indicating that NDAA 2010 provides the latitude for reimbursement under exceptional circumstances. The TMA action officer has indicated that TMA is proposing a rule under which exceptional circumstances would be defined as travel less than 100 miles but with over an hour drive time. OTSG has been advised that TMA does not support any additional enhancement beyond this proposed rule. We are waiting for TMA guidance on this NDAA language. Currently, the proposed rule is still being reviewed at the Office of Management and Budget awaiting publication in the Federal Register for a 60 day public comment period. Once the final rule is published the Joint Federal Travel Regulation will be changed to reflect the new medical travel benefit.

(11) In April 2011 we were advised that the Assistant Secretary of Defense for Health Affairs would not act on the authority granted in the NDAA 2010 to change the Prime Travel Benefit. It was determined that a change to enhance the Prime Travel Benefit could not be supported due to budgetary constraints.

(12) Resolution. The Aug 11 GOSC declared the issue unattainable. On 15 Apr 11, the Assistant Secretary of Defense for Health Affairs (ASD(HA)) disapproved an OTSG request for cumulative travel cost reimbursement. The FY10 NDAA authorizes travel reimbursement in exceptional circumstances. TMA worked on a proposed rule that would define "exceptional circumstances" as travel time in excess of one hour but less than 100 miles. Due to budgetary constraints, the ASD(HA) did not act on the NDAA authority.

g. Lead agency. DASG-HSZ

h. Support agency. TMA

Issue 559: Unit Ministry Team Force Structure

a. Status. Completed

b. Entered. AFAP XX, Nov 03

c. Final action. AFAP XXVI, Jan 10

d. Scope. The shortage of Chaplain force structure negatively impacts Soldiers and Families. In the past decade, reductions in force structure have caused several units (Battalion and higher) to lose authorizations for Chaplains and Chaplain Assistants. Other units, i.e., USAREC and some Initial Entry Training (IET) Battalions, have never had requirements recognized. The Army Research Institute (ARI), in 1999, indicated Army Chaplains are preferred caregivers in supporting Soldiers and Family members in relational issues. The current lack of pastoral care, intervention and counseling adversely affects the well-being of Soldiers and Families.

e. AFAP recommendation. Mandate budgeted end strength increase for Chaplains and Chaplain Assistants to assign a Unit Ministry Team (UMT) at each Battalion level unit and higher throughout the Army.

f. Progress.

(1) On 28 Sep 07, VCSA approved the addition of 445 inherently governmental-military Chaplain and Chaplain Assistant positions, across 3 components over 4 years (FY08 – FY11), to be resourced at Army level, not individual commands. End state will provide critical support

to units without UMT force structure, and build specialized religious support capabilities across the force -- to include Family Life UMTs in certain deploying units and in the ARNG and USAR footprints. On 13 Jan 08 the G3 Director, Force Management, approved a comprehensive implementation plan by fiscal year. Detailed implementation by unit was approved 6 Feb 08 (MTOE) and 27 Jul 08 (TDA). The AC TDA portion was delayed for TAA 10-15 (and then TAA 12-17) resolution and implementation. Forty six AC TDA positions were resourced in TAA 12-17, with 27 positions submitted for competition in FMR 13-17. Special Operations Command (SOCOM) gained approval for a Memorandum of Agreement (MOA) for 14 positions requiring an MOA. ARNG and USAR have not been able to reprioritize existing AGR positions or find resourcing for new directed positions.

(2) The USAR and ARNG decline to build their positions due to AGR constraints and other priorities. This reduced the 445 to 413. A total of 370 positions out of 413 are documented, are in the process of being documented, or are otherwise accounted for through unit conversion, reorganization. There are 43 positions remaining to complete the AFAP 559 Chaplain build.

(3) Two UMTs (4 positions) require identification of new resources for documentation; they are part of a National Intelligence Program recently transferred to the Operating Force.

(4) The remaining 21 AC Generating Force CH and CH ASST positions to be documented are competing in FMR 13-17. These critical positions include adding UMTs in FORSCOM, TRADOC, a Pentagon Family Life Chaplain Assistant and three West Point Chaplain Assistants.

(5) The MOA that reflects decisions in the Army Mod Note 89 is complete since last IPR. 11 of 18 positions are now captured in the MOA and are in the process of being documented by HQDA.

(6) Of the 22 Family Life CH and CH ASST AGR positions to be built, none are resourced. ARNG is capped in the resourcing of AGR positions and must decline to build these Family Life UMT AGRs until increased resourcing is provided to the ARNG.

(7) Of the 20 Family Life CH and CH ASST AGR positions to be built, all are documented on existing TDA; however, none are resourced for AGR fill. USAR has not reprioritized existing AGR authorizations, and declines to build the remaining Family Life UMT AGRs at this time.

(8) GOSC review.

(a) May 07. The VCSA supported this issue and asked the Chief of Chaplains to work with G-3 to determine cost to the Army.

(b) Jun 10. The Army added 406 new UMT (Chaplain and Chaplain Assistant) positions in the Active, Guard and Reserve Components. Key positions in Special Operations units were identified, Family Life Chaplains were placed for the first time into deploying Division Headquarters Staffs and World Religion Chaplains were added to Corps Headquarters staffs.

g. Lead agency. DACH-3/5/7

h. Support agency. Army G-37 FM

Issue 560: Veterans Group Life Insurance Premiums

a. Status. Unattainable.

b. Entered. AFAP XX, Nov 03

c. Final action. AFAP XXII, Jan 06

d. Scope. A large number of honorably discharged veterans cannot afford Veterans Group Life Insurance (VGLI) premiums. VGLI premiums are 3 to 69 times more expensive for the same coverage than under Soldiers Group Life Insurance (SGLI). This exorbitant increase in premiums causes VGLI to be financially out of reach for many veterans.

e. AFAP recommendation. Combine SGLI and VGLI under one policy with a minimal increase in current SGLI premiums and a significant decrease in current VGLI premiums.

f. Progress.

(1) Validation. Although VGLI rates for ages 0-39 and 60-75+ have remained relatively consistent the DVA has reduced premiums for the ages 40-59 significantly for the last few years. Also when the VGLI fund suffers a shortage, DVA requests permission to transfer funds from the SGLI account.

(2) Memorandum. Memorandum signed by DASA(HR) M&RA to PDUSD/P&R (16 Sep 04) requested AFAP concerns be forwarded to VA. OSD lost memorandum. Resent copy of memorandum 9 Sep 04. OSD response dated 16 Dec 04 indicated that they would not forward our request to the VA, due to insufficient data/justification to substantiate the fact that "a large number of honorably discharged veterans cannot afford VGLI premiums."

(3) The VGLI program is not subsidized like SGLI. Members wanting to take VGLI may have been turned down by other companies due to health status. If these programs were combined it is very probable that all premiums would be higher.

(4) Resolution. The Jan 06 GOSC declared this issue unattainable. Combining SGLI and VGLI under one policy would result in a significant increase to SGLI premiums for all active duty Soldiers. For that reason, OSD does not support sending this issue to the Department of Veterans Affairs.

g. Lead agency. DAPE-PRC

Issue 561: Funding for eArmyU

a. Status. Completed.

b. Entered. AFAP XX, Nov 03

c. Final action. AFAP XXII, Jan 06

d. Scope. Current funding for eArmyU does not support expansion of the program Army–wide other than with the no laptop option. Interest in the program as measured by Soldiers attending eArmyU briefings and numerous inquiries received on the program consistently exceeds the number of enrollment allocations and sites available. Since the program's inception, Education Division, Human Resources Command has received several general officer requests for eArmyU expansion. In addition, two major Army commands submitted issue papers requesting program expansion to the Nov 03 AFAP Planning Conference. All Soldiers should have an equal opportunity to apply for enrollment, since eArmyU eliminates many of the barriers to continuing postsecondary education that Soldiers traditionally face.

e. AFAP recommendation. Expand funding for eArmyU to provide Soldiers equal access to the program.

f. Progress.

(1) Validation. Research findings from the eArmyU Program study conducted by the RAND-Arroyo Center recommend expansion of the program with the laptop and no laptop options. Program expansion increases the enlisted forces access to education enabling them to fit their continuing education around their duties, family time, field training and other obligations. Currently 27 percent of eArmyU students are new to Army education and 21 percent of Soldiers have reenlisted or extended to participate in the program.

(2) No laptop option.

(a) On 1 Oct 04, Education Division expanded the laptop option Army-wide for eligible E4-E6 regular Army Soldiers who reenlisted for combat support/operation units. As of 1 Feb 05, laptop option eligibility was expanded to eligible E4-E6 regular Army Soldiers who reenlist. The new reenlistment eligibility criteria no longer ties reenlistment to specific units. The laptop allocations continue to remain adjustable, supporting a scalable program.

(c) Program costs and resources are analyzed on an ongoing basis to plan continued financial support for eArmyU. eArmyU program requirements are funded for FY06 and FY07. FY06 funding permitted expansion of the program by allowing Officers to enroll, effective 1 Oct 05.

(4) Resolution. The Jan 06 GOSC determined the issue to be completed with the FY06 implementation that widened the laptop option to E4-E7 with less than 10 years of service and to E6-E9 with greater than 10 years service in an indefinite status. Effective 1 Oct 05, officers also can enroll in the eCourse version of eArmyU. eArmyU has even been able to be utilized by troops deployed.

g. Lead agency. AHRC-PDE

Issue 562: Army One Source (AOS)

a. Status. Completed

b. Entered. AFAP XX, Nov 03

c. Final action. AFAP XXVI, Jan 10

d. Scope. Inter-component cooperation (Active, Guard and Reserve) and current organizational structures are not optimized for efficient delivery of Family programs and services, creating overlapping lines of authority, inconsistent messages about priorities and standards. Each component currently functions entirely independent of one another in the delivery of Family programs. Services are available, but are not designed to meet the needs of geographically dispersed Families. Service gaps exist in Mobilization and Deployment services, Exceptional Family Member Program, Financial Readiness, Spouse Employment, and Army sponsored affordable child care, Youth Outreach Services, and School Transition Support. This plan supports the Family readiness needs of an expeditionary force and provides consistent Family services during extended deployments to Active, Guard and Reserve Families regardless of their component or location.

e. AFAP recommendation. Develop a multi-component, seamless delivery of Family support services, easily accessed by the Soldier and Family (Active and Reserve) regardless of geographic location.

f. Progress.

(1) At the 18 Nov 03 AFAP General Officer Steering Committee (GOSC) meeting, the Vice Chief of Staff of the Army (VCSA) directed the Commanding General, Family and Morale, Welfare and Recreation Command (FMWRC); Director, Army National Guard (ARNG); and Chief, United States Army Reserve (USAR) to form a Tiger Team to develop a concept for MCFSN to best serve the Active, Guard and Reserve Force. Tiger Team met in Dec 03 to discuss recommendation and develop concept.

(2) FMWRC, ARNG, and USAR staffs jointly developed a concept brief. FMWRC briefed the VCSA on 23 Dec 03. The VCSA tasked FMWRC to conduct field visits to determine the need and to assess affordability. FMWRC conducted field visits with Reserve Component Families to determine their needs during Mar–May 04.

(3) In Jun 04, the Director of Army Staff (DAS) told FMWRC to move forward with the concept as a pilot. In Aug 04, the Office of the Secretary of Defense (OSD) Military Community and Family Policy (MC&FP) provided funding of $2.2M for pilots to serve as working models to determine feasibility of concept for use in a joint environment. FMWRC conducted MCFSN pilots (Jun–Sep 05) to develop organizational and procedural approaches in four Installation Management Agency (IMA) regions (Northwest, Southwest, Southeast, and Pacific Area). FMWRC analyzed lessons learned and data from the pilot program.

(4) In Jan 06, the MCFSN (now Army OneSource) concept was briefed to the AFAP GOSC, and the VCSA gave approval to continue to Phase II implementation of the MCFSN. Additionally, in Jan 06, the MCFSN concept was briefed to the Army Reserve Force Policy Committee (ARFPC) and briefed out to the VCSA, Army and Secretary of the Army (SA). As a result of this briefing, the Assistant Chief Staff for Installation Management (ACSIM) and FMWRC were tasked with developing a strategy, commensurate with SA's vision, for expanding Family Support Programs in the Reserve Component and focusing on providing geographic/regional support rather than support by unit or component.

(5) On 3 May 06, the Commander, FMWRC provided a MCFSN (now Army OneSource) briefing to the RCCC. The ARFPC recommended the program be endorsed, funded to validated requirements, and the National Guard and Army Reserve each provide a liaison officer to MC&FP to develop their Concept Plan (CONPLAN). A Taskforce was established at the direction of the Deputy Assistant Secretary, Human Resources on 18 Jul 06. The Taskforce developed an action plan to ensure execution.

(6) Briefed the DAS in Jul 07, who directed name change to Army Integrated Family Support Network (AIFSN) and briefed the Chief of Staff, Army (CSA) during the Army Initiatives #2 IPR (Jul 07).

(7) In Jul 08, Soldier Family Action Plan (SFAP) Senior Review Group (SRG) approved renaming AIFSN to Army

OneSource, a strategic partner to Military OneSource. At that time, the SRG identified enduring Family Assistance Centers, enhancement of technology applications, AIFSN (now Army OneSource) Community Support Coordinators hiring at 80%, limited promotional items distributed, and requirements included in POM 10-15.

(8) Army OneSource was unveiled at the Association of United States Army (AUSA) Annual Meeting and Exposition, 6-8 Oct 08.

(9) All key Family Programs staff in CONUS is trained in the same baseline services and increasing community connections.

(10) Full operational capability (FOC) for the technology enhancements completed in Jun 09. System developments included a content management system, online training system, basic feedback mechanism, and site translation services.

(11) Sixty one Community Support Coordinators (CSCs) have been hired since January 2009. One hundred four (104) locations for CSC placement have been identified to support Accessions Command, Corp of Engineers, Joint Service Family Support Network, National Guard and Reserve populations. Community Support Coordinators continue to market AOS and focus on building partnerships with National Guard and Reserve Family programs and community organizations such as Non-profit, Legal, Financial, Faith based, and Behavioral Health to identify potential gaps and enhance accessibility of services for Soldiers and Families. In Jul and Aug 09, Army OneSource held professional skill development training for Community Support Coordinators.

(12) In Jul 09, initial distribution of the "Resource Box" to Accessions Command, National Guard and Reserve Family Programs took place. The "Resource Box" provides current, essential information for Families regarding the Army, deployment readiness, and available resources. The "Resource Box" is durable and benefits Families by providing a place to store resource information for easy access.

(13) Plans for FY10 include enhancement of the marketing strategy to target Reserve Component Soldiers and Families. In Jul 09, identification of areas with large numbers of geographically dispersed Reserve Component Families took place. Locations were determined for Community Support Coordinator placement in order to maximize contact with Reserve Families.

(14) A strategic communication plan and marketing strategy for Army OneSource was introduced during the 2009 Association of the United States Army annual meeting and exposition as well as through various media outlets.

(15) In Jan 10, AOS expanded its feedback mechanism to include: instant messaging via "Live Chat" with a technical support representative; extension of its hours of operation from 0800-2000 hours, Monday through Friday, Eastern Standard Time; introduction of the Help Center featuring 1-minute video tutorials; the shortening of the timeframe for responses to feedback submission from each Line of Operation. Further, as of Feb 10, a toll-free technical support phone number is also available.

(16) Development efforts continue to enhance the overall functionality, speed and support to end-users. The site utilizes Web 2.0 technologies (Really Simple Syndication feeds, site personalization, blogs, forums, ARMYbook and a virtual environment) to heighten the awareness of the existing programs and services; expand the Army's ability to reach and interact with them; provide information in a more efficient and timely manner. New focus is being placed on the development of mobile support applications to maximize support to the geographically dispersed.

(17) GOSC review.

(a) Jan 06. The GOSC declared the issue active. Four pilot models, each structured differently, were tested between Jun and Sep 05. The best practices are being evaluated, but preliminary data suggests MCFSN is doable and has the potential to exponentially expand Family Programs and Child & Youth Services capability to reach Families where they live. Army will continue to work this with the funding received in the 06 supplemental from OSD.

(b) Dec 07. The VCSA stated that the Army Reserve Forces Policy Committee (ARFPC) supports AIFSN. Noting that AIFSN is an enduring program, the VCSA emphasized the need to include it in base funding at some time. The issue remains active pending the full operational capacity of the program.

(18) Resolution. A multi-component Family support network was achieved by the institution of Army OneSource (AOS). Technology is at full operational capability. AOS is incorporated into National Guard and Reserve Family Program staff training.

g. Lead agency. IMWR-FP

h. Support agency. IMCOM, ARNG, USAR

Issue 563: Availability of Refractive Eye Surgery

a. Status. Completed

b. Entered. AFAP XX, Nov 03

c. Final action. AFAP XXIII: Jun 06

d. Scope. Availability of refractive eye surgery is insufficient to support all military personnel. The surgery is performed at only five locations. All service members are authorized refractive eye surgery based on priority. Increasing availability improves Soldier readiness and quality of life.

e. AFAP recommendation.

(1) Increase the number of surgeries performed at the Warfighter Refractive Eye Surgery Program (WRESP) centers.

(2) Increase the number of WRESP centers.

f. Progress.

(1) Background. Refractive eye surgery was implemented in the Army under the WRESP for combat arms Soldiers as a readiness initiative. Guidance from the Chief of Staff of the Army and The Surgeon General states that special operations and combat arms Soldiers (numbers about 70,000) should be given first priority for refractive surgery. Both the numbers of surgeries performed and the number of WRESP Centers in operation within Army are increasing.

(2) Increase in surgeries.

(a) The Army is increasing the number of refractive surgeries performed to support readiness, and there is a course of action in place to accomplish that outcome.

Approximately 180,000 Soldiers fall in the first priority for refractive surgery, and about 70,000 of those Soldiers wear glasses.

(b) The capacity for surgeries at all Army Centers continues to increase. Deploying Soldiers are given absolute first priority for refractive surgery. Numbers of surgeries at Army WRESP Centers from 2,000 at start-up to 8400 in 2004 and 12,000 projected for 2006. An increase of 600 percent.

(2) Increase in WRESP centers.

(a) In Jun 06, there are eight Army refractive surgery centers in operation, a 60% increase in the number of centers since this AFAP issue was raised. Almost all Army Medical Centers (AMCs) have refractive surgery centers in operation. Brooke AMC shares the WRESP Center at Wilford Hall Air Force Medical Center in San Antonio, TX. The other existing centers are located at Womack AMC, Fort Bragg, NC; Walter Reed AMC, Washington, DC; Madigan AMC, Tacoma, WA; Tripler AMC, HI; Darnall Army Community Hospital (ACH), Fort Hood, TX; Blanchfield ACH, Fort Campbell, KY; and Landstuhl Regional Medical Center, Germany.

(b)The AMEDD will open more centers in areas of major troop concentrations, such as Fort Benning, GA, and future troop concentrations, such as Fort Bliss, TX. Additional WRESP Centers are planned and POM proposals have been submitted for this additional expansion. With the full funding of these planned additional WRESP Centers, the number of treated Soldiers would increase by an additional 65%.

(3) GOSC review. The Jun 06 GOSC declared the issue complete.

g. Lead agency. DASG-HS-O

h. Support agency. MCHL-BBDA

Issue 564: Calculation of Family Subsistence Supplemental Allowance (FSSA)

a. Status. Unattainable

b. Entered. AFAP XXI, Nov 04

c. Final action. AFAP XXV; Jan 09

d. Scope. The federally mandated requirements to include Basic Allowance for Housing (BAH) or Overseas Housing Allowance (OHA) in the calculation of total income negatively impacts Soldiers. The current calculation shows BAH and OHA as additional income without showing related Family expenses. Potentially eligible Families suffer financial hardship due to loss of FSSA.

e. AFAP recommendation. Eliminate housing and utility allowances from income calculations for FSSA.

f. Progress.

(1) Issue history. In Mar 05, Issue 564, "Calculation of CONUS Family Subsistence Supplemental Allowance (FSSA)" was combined with this issue to create an issue that addressed FSSA calculation regardless of location.

(2) Eligibility for FSSA is based on household size and income. If a member's gross income, together with the gross income of their entire household, is within the U. S. Department of Agriculture Gross Monthly Income Eligibility Standards for food stamps the member qualifies for FSSA. The member qualifies for the amount of money it takes to remove their household from food stamp eligibility up to $500 per month. If a member is eligible for food stamps in an amount greater than $500 per month, the member may receive FSSA and food stamps. Congress requires the value of on-post housing to count as income for FSSA eligibility. OSD and the sister services have again been queried and they do not support changing this legislation.

(3) FSSA eligibility.

(a) The sole purpose of Family Supplemental Subsistence Allowance (FSSA) is to remove a Soldier from food stamp eligibility. The allowance is not to exceed $500 per month.

(b) As for removing BAH, 37 USC 402a requires including BAH (or what BAH would be if the member was not residing in base housing) in the computation. It correctly reflects the fact that BAH (or housing) is part of total military compensation. There are no plans or proposals to change that requirement in the law.

(4) Alternate approach.

(a) Army has had approximately 590 recipients of FSSA from 03 to the present. Approximately 80 of these recipients are overseas. There are 755 recipients throughout the Department of Defense. Eighty percent of the FSSA recipients are Army. Within the Army, 86% of FSSA recipients in CONUS are in grades E1 through E4 and 75% of the recipients in OCONUS are in grades E1 through E4.

(b) Since 01, this Administration has raised military pay by 28%. The FY08 budget request increases military pay by 3%, the full employment cost index announced in FY07. Basic Allowance for Housing (BAH) has increased 72% from 99-06, eliminating the 20% out-of-pocket expense.

(c) The BAH rate for junior Soldiers is equal to 25-50% of their total regular military compensation. Neither Congress nor DOD support eliminating this portion of salary as income for social welfare programs. The issue is essentially asking Congress to make base pay competitive and then saying our Soldiers still need welfare benefits.

(7) Resolution. The January 2009 HQDA AFAP GOSC declared the issue unattainable based on OSD's reluctance to eliminate BAH from income calculations for FSSA.

g. Lead agency. DAPE-PRC

Issue 565: Calculation of Family Subsistence Supplemental Allowance (FSSA) OCONUS

a. Status. Unattainable

b. Entered. AFAP XXI, Nov 04

c. Final action. AFAP XXV; Jan 09

d. Scope. Families stationed OCONUS generally do not qualify for FSSA because of the calculation methodology. The federally mandated requirement to include Overseas Housing Allowance (OHA) and utilities in the calculation of total income negatively impacts soldiers living in Government housing OCONUS. The current calculation shows OHA/utilities as additional income without showing related expense. Potentially eligible families suffer financial hardship due to loss of Family Subsistence Supplemental Allowance.

e. AFAP recommendation. Eliminate the housing and utility allowances from FSSA calculations.

f. Progress. This issue was combined with Issue 564, "Calculation of CONUS Family Subsistence Supplemental Allowance (FSSA)" to create an issue that addressed FSSA calculation regardless of location.
g. Lead agency. DAPE-PRC

Issue 566: Childcare Fee Categories
a. Status. Completed
b. Entered. AFAP XXI, Nov 04
c. Final action. AFAP XXVII, Feb 11
d. Scope. There are 6 total Family income categories and 6 fee ranges. Families with significant income differences are paying the same fee within each category. The limited number of categories results in a $6,000 to $15,000 variance within categories of the fee schedule. This variance is inequitable and causes a financial burden.
e. AFAP recommendations.
(1) Increase the number of categories to reduce the financial variance.
(2) Increase the number of fee ranges with new fee categories while maintaining the existing fee range parameters.
f. Progress.
(1) The DoD Child Care Fee Policy for SY 2010-2011 (August 2010 - July 2011) effective 1 Oct 2010 increases the number of TFI Categories and expands the Fee Ranges as requested in this AFAP issue. ALARACT 298/2010 - EXORD 323-10 SCHOOL YEAR 2010-2011 DEPARTMENT OF DEFENSE (DOD) CHILD CARE FEE RANGES EXORD contains comprehensive policy guidance, including a STRATCOM, for implementation.
(2) As issued by DoD, the policy would require a significant increase in fees for many Army Families. To mitigate this financial impact Army requested and received a DoD exception to policy to add a transitional fee structure and to execute these new fees over a three year period.
(3) Each installation has an individualized Fee Plan tailored to their geographic location and current fee status. Local commanders have the authority to grant financial hardship waivers to individual Families.
(4) End state goal in SY 12-13 is to reach an Army wide single fee within each TFI Category. This will result in more consistency and predictability for Families as they move from post to post. Comprehensive STRATCOM used to inform Families.
(5) Resolution. Issue recommendation was achieved. The DoD Child Care Fee Policy for SY 2010-2011, effective 1 Oct 10, added 3 new Total Family Income (TFI) categories, increasing top TFI from $85K to $125K, and expanded the fee ranges within each Category. To reduce impact, Army has DoD exception for a 3 year implementation plan resulting in a single Army Fee in each TFI Category by FY13. ALARACT 298/2010 – EXORD 323-10 School Year 2010-1011 DoD Child Care fee Ranges outlines comprehensive implementation policy guidance including STRATCOM.
g. Lead agency. DAIM-ISS
h. Support agency. IMWR-CY**,** OSD-P&R

Issue 567: Completion of the Deployment Cycle Support (DCS) Process by Individual Returnees
a. Status. Completed
b. Entered. AFAP XXI, Nov 04
c. Final action. AFAP XXVI, Jun 10
d. Scope. Individual Soldiers and DA civilians returning from an operational deployment and their family members are not consistently completing DCS requirements. The current DCS process captures whole units, but does not always capture individual returnees (e.g., IRR soldiers and civilians) and/or Family members. Lessons learned with respect to domestic violence, suicide awareness, and marital issues indicate non-completion of DCS tasks jeopardizes the safety and Well-Being of the "Total Army Family."
e. AFAP recommendations.
(1) Modify the DCS Directive (formerly DCS CONPLAN) requiring commanders to be responsible and accountable for individual Soldier and DA civilian returnees completing all DCS tasks.
(2) Modify the DCS Directive to require commanders to be responsible and accountable for making DCS support available to family members of individual Soldier and DA civilian returnees.
f. Progress.
(1) The Secretary of the Army signed the DCS Directive on 26 March 2007. With the approval of the DCS Directive, the DCS process is conducted throughout the deployment cycle. Commanders are held accountable to ensure that Soldiers and DA Civilians complete the DCS processes, DCS tasks, and ensure that services are available to Family members (military and civilian).
(2) The DCS Checklist, DA Form 7631, has been published and both the Directive and Checklist are posted on the DCS website (http://www.armyg1.army.mil/dcs/default.asp) as well as the Army Publishing Directorate's (APD) website http://www.army.mil/usapa). All available proponent briefings have been posted on the DCS website and are checked periodically to ensure they are current.
(3) With regard to the Department of the Army Civilians' post-deployment health assessments and reassessments, the current DCS Directive and Checklist are consistent with OTJAG's legal interpretation that DA Civilians could not be required to provide more than demographic information (i.e. name, rank, SSN, and organizational identification).
(4) Recently, OTJAG modified this legal interpretation to say that DA Civilians are required to complete the health portions of these assessments and meet with a healthcare provider. This revision of the DCS Directive was submitted on 5 January 2010. The revised DCS Directive is in the staffing process with Army Publishing Directorate for signature and final publication during 3rd Qtr FY10. It will be published as SA Directive AD 2010-04
(5) GOSC review. Jun 08 GOSC, the G-1 briefer acknowledged that this issue should remain active because the Army is not providing sufficient support to DA Civilians. The Chief of Engineers responded that the Army needs to have longer term contact with DA civilians when they come back from deployment. The Army

Materiel Command (AMC) CSM said the forms and process need to be "civilianized" because they are geared to the military. The issue will remain open to reevaluate how the Army can better address the needs of deployed DA civilians.

(6) Resolution. The Deployment Cycle Support Directive and Checklist (approved in 2007) required Soldier compliance. The revised Deployment Cycle Support Directive and Checklist will require DA Civilians complete the health portions of the post-deployment assessments and meet with a healthcare provider.

g. Lead agency. DAPE-CP

h. Support agency. DAPE-HR, OTSG, OCCH, IMCOM, FMWRC, NGB, OCAR

Issue 568: Dental Services for Retirees Overseas

a. Status. Complete

b. Entered. AFAP XXI, Nov 04

c. Final action. AFAP XXIV; Jun 08

d. Scope. Retirees are unable to receive routine dental services at overseas military installations. Federally sponsored dental insurance is not available outside of U.S. and its territories and possessions. Retirees and Families, therefore, must absorb 100% of the dental cost.

e. AFAP recommendation. Expand TRICARE Retiree Dental Plan (TRDP) to overseas locations.

f. Progress.

(1) Validation. Retiree dental care oversees is currently not available OCONUS.

(2) Issue History. This was an OCONUS direct submit issue to the 04 GOSC. OCONUS MACOMs stated that this is an equity issue for retirees overseas, with estimates of about 870 retirees in Korea and 15,000 retirees in USAREUR.

(3) Current OCONUS Retiree Dental Plan. Dental insurance is offered through Delta Dental for CONUS retirees, with beneficiaries paying 100% of premiums. No equivalent dental insurance exists for retirees overseas.

(a) The Assistant Secretary of Defense (Health Affairs) (ASD (HA))/TMA administer the TRDP. Per United States Code, Title 10, Chapter 55, Section 1076c, TRDP premiums are paid by enrolled beneficiaries, without a government subsidy. Coverage is limited to CONUS, Puerto Rico, Guam, the US Virgin Islands, American Samoa, Canada and the Northern Mariana Islands. If the TRDP were extended OCONUS, premium costs would probably increase for all TRDP enrollees.

(b) Retirees/Families are authorized (not entitled) to dental care subject to the availability of space/facilities. The ASD (HA) policy #97-045 defines space-available (Space-A) care. Retirees have access to Space-A dental care when the AD dental readiness rate is at/over 95%.

(c) DENCOM has a mechanism in place to provide Space-A care in military medical facilities to OCONUS Family members, retirees, and civilians based on a priority of care system.

(1) In many places this includes maintenance of a list of patients who can report to a dental clinic on very short notice and allows non-AD patients to be on stand-by in the clinic to receive care if open treatment times occur.

(2) Local initiatives may be carried out by dental clinics depending upon the location. For example, in Korea, due to a lack of resources, only emergency dental care is available for retirees/Family members. The local Dental Command has taken the initiative to have health fairs over the past few years, at which oral hygiene information is distributed and oral cancer screenings are provided for retirees. In addition, the local Dental Command in Korea provides a hygiene course twice a year, at which Soldiers are trained. Recently, under this program, retirees were both permitted to have their teeth cleaned and given a dental screening exam.

(4) The TRDP contract was re-awarded to Delta Dental on 21 Sep 07 for an additional 5 years. The new contract will be effective 1 Oct 08.

(5) Though the TRDP is not subsidized, the government continues to work to improve the benefit for retirees. The new TRDP is enhanced by covering: dental implants, posterior resin restorations (white fillings), and increasing the life-time orthodontic benefit from $1200 to $1500.

(6) At the Jun 08 GOSC, the U.S. Army Europe (USAREUR) representative said this is a good news story, but said that finding providers continues to be a challenge. The Surgeon General noted that the standard for host nation dentists and physicians is payment up front, and that presents a challenge.

(7) Resolution. The TRDP contract was re-awarded to Delta Dental on 21 September 2007 for an additional five years. Under the terms of the new contract, retirees living outside the Continental United States will be eligible for TRDP. The new contract will be effective on 1 Oct 08.

g. Lead agency. DASG-DC

h. Support agency. TMA

Issue 569: Army-Sponsored Community-Based Child Care to Support Army OneSource and Garrisons Impacted by Transformation

a. Status. Completed

b. Entered. AFAP XXI, Nov 04

c. Final action. AFAP XXVI, Jun 10

d. Scope. Active duty service members and Department of Defense (DoD) civilians lack affordable and available child care options while assigned to installations with insufficient on-post child care. Geographically dispersed Active Component Soldiers and eligible Reserve Component Soldiers currently bear the full cost of child care and the financial inequities of being assigned to remote duty locations.

e. AFAP recommendations.

1. Locate and subsidize child care spaces in local community child care programs for use by geographically dispersed active duty Soldiers who do not have access to military child care systems on installations
2. Increase the number of subsidized Army-sponsored community-based child care spaces as part of the Army Standard to meet 80% of the child care demand

f. Progress.

(1) Combined issue. Issue reflects consolidation of Issue #513 "Lack of Available Child Care for Geographically Dispersed Active Duty Soldiers (Recruiters, Guard, Reserve, ROTC Cadre)" and AFAP Issue #569 "Expansion of Army Sponsored Community Based Child Care" per Vice Chief of Staff, Army direction during the Jun 06 AFAP General Officer Steering

Committee. Issue #569 now encompasses Operation: Military Child Care for Families of deployed Reserve Component personnel, Military Child Care In Your Neighborhood for geographically dispersed active duty Army Families, and Army Child Care in Your Neighborhood and Army School Age Programs in Your Neighborhood for active duty personnel in targeted garrison catchment areas to augment, not replace, on post care.

(2) Army has agreement with General Services Administration (GSA) to allow geographically dispersed active duty Soldiers to use GSA Centers at Army rates.

(3) Army has a contract with a national non-profit organization (National Association of Child Care Resource & Referral Agencies) to locate and subsidize:

(a) Army-sponsored off-post child care spaces for geographically dispersed Active Component Soldiers through Military Child Care in Your Neighborhood. Care is provided where Families reside. Priority is given to Accessions Command and Independent Duty Assignment Families.

(b) Army-sponsored off-post child care spaces for deployed geographically dispersed active duty (AC and RC) Soldiers through Operation: Military Child Care. Care is provided where Families reside.

(c) Army-sponsored off-post child care spaces in garrison catchment areas through Army Child Care in Your Neighborhood and Army School Age Care in Your Neighborhood.

(4) Information available through Military OneSource, ARNG, and USAR program web sites and print materials. Working with ACSIM STRATCOM and FMWRC Marketing Division to address effectiveness, identify gaps and extend outreach.

(5) Incorporate in Army Strategic Planning documents – Complete. Issue included in Solider Family Action Plan #2.4.2.2. & 2.4.5.1&2 and IMCOM Campaign Plan LOE 2 SW2-2, 3,4.

(6) Submit and obtain funding to expand Army-sponsored community based child care spaces: 12,500 child spaces funded in POM 10-15 and supported with Supplemental Funding

(7) GOSC review.

(a) May 05. The GOSC was informed that the POM 06-11 includes validated (but unfunded) requirements for 7,000 Army Sponsored Community Based Child Care spaces (includes continuation of BIC Pilot spaces). This requirement does not take into account increased spaces that may be needed with the repositioning of Soldiers and Families back to CONUS.

(b) Dec 07. The GOSC requested the issue remain active.

(8) Resolution. Funding was obtained to expand Army sponsored community-based child care spaces. The Army subsidizes off-post child care for geographically dispersed Active Component Families (*Military Child Care in Your Neighborhood*), deployed geographically dispersed Active and RC Soldiers (*Operation Military Child Care*), and Families in garrison catchment areas that have limited military child care space (*Army Child Care in Your Neighborhood/ Army School Age Programs in Your Neighborhood).* These child care spaces also help meet the Army's standard to meet 80% of the child care demand.

g. Lead agency. DAIM-ISS

h. Support agency. IMWR-CY

Issue 570: Expiration of TRICARE Referral Authorizations

a. Status. Completed

b. Entered. AFAP XXI, Nov 04

c. Final action. AFAP XXIII: Jun 06 (Updated: Jun 06)

d. Scope. TRICARE automatically cancels the initial referral authorization when the beneficiary is unable to obtain an appointment with a specialty clinic or provider within the twenty-eight day standard. Automatic expiration requires service members and their families to completely restart the lengthy referral process, which includes obtaining another primary care appointment, another referral, another TRICARE authorization, and scheduling with the actual provider. Repeated consultations with a primary care provider are an inefficient use of limited primary care appointments slots. Inconvenient and unnecessary delays prove detrimental to beneficiary health.

e. AFAP recommendation. Eliminate the automatic expiration of the initial TRICARE referral authorization.

f. Progress.

(1) Appointment standards. Congressionally mandated standards for access to acute and routine health care services are found in 32, Code of Federal Regulations (CFR), Part 199. Appointment time for specialty referrals is within 4 weeks/28 days. The beneficiary may choose to waive the appointing time standard. The standard ensures that the beneficiary will be appointed either to the Network or a military treatment facility (MTF) within a standard timeframe. Clinical and/or personal decisions may alter the timeline, but the assurance is that the requested care will be available within 28 days or within a timeline acceptable to the prescribing provider.

(2) Tracking system. TMA has implemented the use of a unique identifier as a tracking number for each referral, 1st Qtr FY06. The number is assigned at the time a provider initiates a consult on the system and is linked to the managed care support contractors' (MCSCs) processes and information systems. The identifier is designed to provide a common marker for all MHS stakeholders to track a referral from its initiation to appointing. This policy facilitates administrative follow-up of un-appointed referrals after 28 days. Referrals that would normally administratively close due to exceeding the access to care standard of 28 days are now identified and the status can be verified and acted on before the referral is closed.

(3) Marketing. The US Army Medical Command (MEDCOM) included guidance in the MEDCOM Primer and on the Army Knowledge On-line Web site.

(4) Episodes-of-care (EOC). EOC definitions will result in groupings of medically necessary activities and will require one authorization rather than having a beneficiary return for multiple referrals when additional visits are required with a referral.

(5) GOSC review

(a) May 05. GOSC was informed that TMA is standardizing use of a unique identifier for every referral within the MHS. This, coupled with a standard MHS defi-

nition of episodes of care will ensure visibility of MTF referrals on the system until closed through receipt of prescribed care or physician direction.

(6) Resolution. The Jun 06 GOSC declared the issue completed because a unique identifier for every referral within the MHS, coupled with a standard MHS definition of episodes of care and improved CHCS booking business rules, ensures visibility of MTF referrals on the system until closed through receipt of prescribed care or physician direction.

g. Lead agency. MCHO-CL-M

h. Support agency. TMA.

Issue 571: Family Member Access to Army Electronic Learning Programs

a. Status. Completed

b. Entered. AFAP XXI, Nov 04

c. Final action. AFAP XXIV, Dec 07

d. Scope. The military life style of frequent moves, long separations, and deployments is not conductive to family members acquiring marketable skills for developing/sustaining a career. Existing Employment Readiness Programs (ERP) are not funded to provide the required skills, training, or re-certification courses. Active duty Soldiers, Army National Guard, US Army Reserve, and Department of the Army (DA) civilians are authorized access to 1,500 courses in the Army electronic-learning (e-learning) programs at no cost to the individual. Providing family members' access to Army e-learning increases their marketability, career mobility, and employment goals, enhancing the family's financial security.

e. AFAP recommendation. Expand access to the Army electronic –learning (e-learning) programs through the Army Knowledge Online (AKO) system to include family members.

f. Progress.

(1) Validation. Support of military family members' access to e-Learning opportunities will enhance the well-being of the Army family by increasing individual career skills for employability as they transfer from post to post. This action will facilitate family member learning and will reduce the financial and emotional stress created by military moves.

(2) Use of appropriated funds (APF). The use of APF to support Army e-Learning and e-ArmyU access for family members is prohibited by law. Expansion of the programs to family members would require new legislation. Additionally, modification of the eArmyU contract to pay the license fee for family members is not possible. The current eLearning contract for Active Duty Soldiers, Army National Guard, U.S. Army Reserve, and Department of the Army (DA) civilians is over $2M per year; adding Family Members would triple the cost of the contract.

(3) Options.

(a) The most viable option at this time is for family members to purchase licenses directly from SkillSoft on AKO. SkillSoft has a special offer for Government Contractors, Military Retirees, Veterans, Spouses, and Dependents for $550 per year that provides access to the SkillPort e-Learning site that includes over 2,000 courses and over 80 certification exams with full mentoring and practice exams. Courses can be taken live over the web or downloaded for offline use. Information about courses and enrollment is posted on the Army e-Learning portal on AKO (https://www.us.army.mil/suite/portal.do?$p=77).

(b) The Office of the General Council and Office, Chief of Legislative Liaison was contacted to assess the feasibility of submitting a legislative proposal to change the current law on using appropriated funds for military family members. Changing the current law would impact not only the Army, but also DoD and other federal departments and agencies. Therefore, a proposal must substantiate that the legislative initiative is consistent with the President's agenda, the Secretary of Defense's legislative priorities, Army legislative objectives, and also address the funding impact, including implementation, management, and sustainment costs. Based on the cost analysis and competition with other DoD priorities, a change in legislation to permit family members free access to Army e-Learning would mandate a tremendous increase in funding. It is estimated that the cost for family member access would more than triple the current Army e-Learning contract.

(4) Resolution. The Dec 07 GOSC declared the issue completed because the option to purchase rights to the SkillPort e-Learning site for $550 per year.

g. Lead agency. SAIS-EIH

h. Support agency. PEO EIS, DLS

Issue 572: Family Member Eyeglass Coverage

a. Status. Unattainable

b. Entered. AFAP XXI, Nov 04

c. Final action. AFAP XXVII, Feb 11

d. Scope. There is currently no eyeglass coverage under TRICARE for Family members of active duty service members and military retirees. The Frame of Choice Program is not available to Family members. One pair of eyeglasses costs approximately $100-$400. There are Families with several members who require eyeglasses, thus multiplying the expense. Eyeglasses are a necessity and this expense adversely impacts the Family budget.

e. AFAP recommendations.

(1) Fund a portion of the cost of eyeglasses under TRICARE.

(2) Outsource eyeglass fabrication through contracted vendors at a reduced price.

(3) Provide Frame of Choice Program at cost from the Military Lab.

f. Progress.

(1) Retirees may receive prescription military eyeglasses at no-cost, by placing an optical order at any military eye care clinic. Retirees need only provide a valid eyeglass prescription from a military or private sector appointment. Another available option for some retirees exists through the Department of Veterans Administration (DVA). Retirees that are assessed as having a 10% disability may seek eye examinations through the DVA and gain a pair of civilian-style glasses at no cost.

(2) AAFES has a very affordable selection of eyeglasses. Considering the many advantages offered by AAFES worldwide operations, it would not be prudent to pursue an independent system for outsourcing prescriptive eyewear for military beneficiaries.

Outsourcing optical fabrication was extensively studied by the DoD Optical Fabrication Enterprise with an independent DoD contractor, Grant-Thornton, in 2003-2004. It was determined that additional outsourcing of optical fabrication is not cost effective.

(3) All things considered, AAFES provides the best source for eyewear for family members considering AAFES reasonable costs, enforced standards, and the worldwide availability of 133 Optical Shops that are now complemented by online optical services.

(4) AAFES currently has a very affordable selection of eyeglasses. The average price paid for glasses at AAFES is $116, which is 33% less than the US reported average. A pair of single vision glasses can be obtained for $40, and frugal shoppers can purchase single vision glasses for as low as $30 during promotions. Bifocals are available for $75 or less during sales at all AAFES optical shops.

(5) Savings may be particularly remarkable for children. Unlike private sector stores, AAFES Optical Shops provide safety lenses at no additional charge to all children under age 18. Promotionals usually feature low cost glasses for children.

(6) The alternative of establishing a separate military outsourced program would result in costs similar to AAFES' most affordable packages. However, such a program would burden our clinics, reduce access to care, provide little choice, and undermine AAFES and the morale & welfare funds it generates.

(7) To serve Soldiers and military beneficiaries worldwide, AAFES in 2008 provided a new and novel means to gain low cost glasses. AAFES has "FramesDirect for the US Military", a virtual optical shop on its online Exchange Mall. FramesDirect extends AAFES capacity to serve all remotely located beneficiaries. The contracted online optical company offers an exceptional selection of frames. Complete single vision prescription eyeglasses (including shipping) starts at $39. If the purchaser is not satisfied with the glasses, AAFES ensures purchases made via their Online Mall are backed by a 100% money back guarantee.

(8) The DoD Optical Fabrication Enterprise (OFE) produces 1.4 million pairs of eyeglasses per year for both AD and retired military members. Requiring military labs to serve family members would more than double the current workload. The OFE is more cost effective than outsourcing, but our military optical laboratories are currently at full production to meet the readiness and optical needs of a military at war. An added mission to serve all family members and retirees would undermine the laboratories' critical mission.

(9) The Deputy Surgeon General sent a memorandum to TMA on 13 September 2010 requesting an assessment regarding the feasibility of implementing an eyeglass insurance program. A memorandum produced by TMA was forwarded to OTSG stating they were not in support of implementing this initiative. TMA based the rejection on the cost of the premiums to our beneficiaries and the associated administrative and overhead fees. In addition, all retirees may receive one pair of standard issue glasses each year and many companies, such as Armed Forces Eyewear, provide discounts for active duty and retired family members. TMA considers these to be fair alternatives to a premium based TRICARE eyeglass insurance program.

(10) Resolution. Issue was closed as unattainable based on lack of support for any of the issue recommendations, with the exception of the availability of low cost glasses through AAFES. OTSG placed a ULB proposal for an eyeglass benefit, but without an increase in user premiums or funding offset, the recommendation is unattainable. AAFES provides low cost options for prescriptive eyewear through 133 optical stores worldwide and FramesDirect, an online optical service. DoD Optical Fabrication Enterprise is dedicated to the military readiness mission and does not have the ability to provide a Frame of Choice for Families or retirees. A TMA-sponsored Eyeglass Insurance Program is unattainable due to premium costs and administrative and overhead fees. Retirees may receive prescription military eyeglasses at military eye care clinics. Retirees with a 10 percent disability may obtain prescription eyewear from VA. The CSA Retiree Council representative stated that they will continue to work this issue if it closes from AFAP. Their research indicates that non-subsidized vision insurance is not cost prohibitive.

g. Lead agency. DASG-HS-O

h. Support agency. TRICARE Management Agency, Optical Fabrication Enterprise, AAFES

Issue 573: Funding for Department of Defense Dependent School (DoDDS) Summer School for Kindergarten through Twelfth Grade (K-12)

a. Status. Complete

b. Entered. AFAP XXI, Nov 04

c. Final action. AFAP XXIII; Jun 06

d. Scope. House Resolution (H.R.) 4546 states the Secretary of Defense shall provide any summer school program on the same financial basis as programs offered during the regular school year, except that the Secretary may charge reasonable fees for all or portions of such summer programs. This gave Department of Defense Education Activity the authority to provide summer school for students K-12, however, funding was not provided. US Army Europe requests that DoDDS students receive educational opportunities comparable to those available through school systems in the United States; we need summer school opportunities provided for our students each year. Summer school should be provided at no costs to the families.

e. AFAP recommendation. DoDDS students should have the opportunity to attend summer school tuition free. Funding should come at the willingness on the part of the services to assist in securing or providing resources needed to make summer school a permanent part of DoDDS.

f. Progress.

(1) Summer school for grades K-8. In 2005, DODEA offered a 4 week, ½ day, K-8 Enrichment Program at 70 sites world-wide with 7,483 students enrolled. Average attendance was 85 percent. DODEA indicates that the K-8 summer program may move into a remedial type program.

(2) Summer school for grades 9-12. In 2005, DODEA funded 280 spaces for online remedial courses for grades 9-12 students in English, Math, Social Studies, and Science; they will fund 320 slots in 2006. Statistics indicate there were seven percent withdrawals in 2005 (compared to 47 percent in 2004); zero no-shows; and 81 percent received a passing grade.

(3) DoDEA will continue to fund the on-line courses.

(4) GOSC review.

(a) May 05. GOSC was informed that approximately 71 sites will have 4-week programs this summer. The VCSA did not support a completed status at this time and asked that this issue remain active as the Army begins to restation Soldiers and families.

(b) Jun 06. The GOSC declared the issue completed as the high school online courses can be completed in any location. The K-8 enrichment program, however, will only be offered in Puerto Rico and DODDS in 06.

g. Lead agency. DoDEA

Issue 574: Funding for Reserve Component (RC) Reunion and Marriage Enrichment Classes

a. Status. Completed

b. Entered. AFAP XXI, Nov 04

c. Final action. AFAP XXVII, Aug 11

d. Scope. Funding is not available to provide the Prevention and Relationship Enhancement Program (PREP) training required by the Deployment Cycle Support Plan (DCSP) for RC Soldiers and their Families in contrast to the Active Component. Soldier's pay and allowances, spouse travel, child care, supplies, materials, and facilities are not funded to support PREP training. Funding this program, will enhance relationships, reduce the risk for abuse and divorce, increase readiness and retention and bring the RC into full compliance with this phase of the DCSP.

e. AFAP recommendation. Fund PREP for the Army National Guard and the US Army Reserve.

f. Progress.

(1) USAR actions.

(a) The CAR in the Warrior Citizen Message, dated 13 January 2005, authorized and directed the implementation of DCS Task 3.4.7(One day Marriage Workshop Training). Army Reserve submitted an Unresourced Requirement (URR) for $12 million; however, it was not approved in the FY05 supplemental.

(b) The program is referred to as "Strong Bonds" is the Army Chaplain program providing training to couples, singles and Families. This program evolved from the Building Strong and Ready Families program.

(c) USARC Command Chaplain's office allocates the funding for each command per their request.

(d) Marriage workshops are being planned in areas that have the highest concentration of Family members within the region of the RSC to make it as easy as possible for Soldiers and spouses to attend. Since 2004, the Army Reserve has conducted almost 1,000 events.

(e) VCSA direction GOSC 4 May 2005: The VCSA said that that in the near term we cannot forget that we've got a far-term issue in terms of the health of the force. He asked the Director of the Army Budget to find out why this initiative (Funding of Marriage Retreats) fell off the $57B supplemental spreadsheet. He concluded by saying, "We'll get this resolved."

(f) On 9 August 2005, contacted OCAR Human Resources to get assistance obtaining information from Director of the Army Budget Office reference VCSA comments at the 4 May 05 GOSC. In December 2005, OSD validated the $7.6 million OMAR that was submitted in 2nd quarter FY05 for FY06.

(2) ARNG actions.

(a) Each Strong Bonds program event is designed to train 60-80 people (30 couples and/or 30 families). There are cost constraints per event which do not $29,500 dollars for lodging and all other expenses. Soldier pay and allowances are the responsibility of the State. The JFHQ Chaplain receives guidance on all requirements to conduct Strong Bonds Events with funding limitations from ARNG Office of the Staff Chaplain.

(b) The office of the JFHQ Chaplain continues to be responsible for logistical support in the execution of Strong Bonds events. These responsibilities include coordinating with the contracting office and budget officers for hotel procurement, materials and supplies, Invitational Travel Orders for spouses, and budget management.

(c) Launched on 15 May 2006, the Active Duty, USAR and ARNG Chaplains maintain the strongbonds.org website for registration, collection of metrics/AARs, submission of funding request and financial management oversight. Also available on strongbonds.org are materials, brochures, FAQ and articles about the Strong Bonds program for Soldiers and their families.

(d) The JFHQ chaplain coordinates and schedules Strong Bonds program events. For quality control and tracking, the ARNG Office of the Chaplain ensures that the event is within the States' budget allocation and that the event is facilitated by a trained chaplain instructor.

(e) After Action Reports (AARs) following every training event are submitted to the ARNG Resource Manager from each State and Territory to account for attendance and total funds expended. The ARNG maintains a 100% submission rate for AARs. AARs are monitored closely for program standard compliance by the ARNG Resource Manager and Program Manager.

(f) NGPA was validated in POM 13-17 for the ARNG Strong Bonds program for $957K per annum. This $957K validated requirement provides funding for ARNG chaplains to facilitate at Strong Bonds events in a paid status. Providing NGPA for chaplains allows CDRs to equally prioritize IDT weekends and support of the ARNG Strong Bonds program.

(3) Resolution. The Aug 11 declared the issue completed. Without RPA/NGPA, USAR and ARNG Soldiers attend Strong Bonds in lieu of drill or Battle Assembly or use training days, split training, or other work arounds. The POM 13-17 validated requirements for NGPA and RPA for Strong Bonds. The NGPA will provide funding for ARNG chaplains to facilitate Strong Bonds events in a paid status. The RPA will provide pay and travel for Army Reserve Soldiers and Unit Ministry Team event leaders to attend Strong Bonds events.

g. Lead agency. ARNG-CSO-CH

h. Support agency. ARNG-SFSS

Issue 575: Leave Accrual
a. Status. Complete
b. Entered. AFAP XXI, Nov 04
c. Final action. AFAP XXIV; Jun 08
d. Scope. Increased mission requirements leave little opportunity for Soldiers to use accrued leave. U.S. Code 10 limits accrued leave to 60 days at the end of the fiscal year. Leave and short periods of rest from duty enhance morale and motivation, which are essential to maintaining maximum Soldier effectiveness. When Soldiers are unable to use earned leave, the loss of entitlement is perceived as an injustice.
e. AFAP recommendation. Allow Soldiers to accumulate 90 days leave until termination of service.
f. Progress.
(1) Stats. FY03 and FY04 statistics indicate that the average median lost leave was around 4.5 days; in FY04 and FY05 it climbed to 5.5 days.
(2) Leslislation. National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2008 contains language regarding changes to the law regarding leave accumulation, retention and sell-back. Changes to Title 10, USC amended section 701 to increase annual leave carryover from "60 days" to "75 days."
(a) The effective date of the changes is October 1, 2008 and runs through December 31, 2010, at which time it will revert back to 60 days leave carryover, unless extended or made permanent.
(b) The FY 08 NDAA also amended the rules for special leave accrual (SLA) carryover for Soldiers deployed to a hostile fire/imminent danger area.
(c) Soldiers will be to retain leave earned in a hostile fire/imminent danger area for "four FY's" after the FY earned instead of only three FY's after the FY earned.
(d) Soldiers serving "in support of a contingency is also amended to allow Soldier to retain earned leave until the end of the "second" fiscal year, instead of just one fiscal year after the fiscal year in which such service is terminated.
(e) Section 501(b) of Title 37, USC, is also amended to allow "an enlisted member of the armed forces who would lose accumulated leave in excess of 120 days of leave under section 701(f)(1) of Title 10 may elect to be paid in cash or by a check on the Treasurer of the United States for any leave in excess so accumulated for up to 30 days of such leave.
(1) A member may make an election under this paragraph only once." This leave sell back provision goes against the Soldiers career leave sellback cap of 60 days.
(2) This provision does not apply to officers, only enlisted.
(3) Resolution. The FY08 NDAA increased annual leave carryover from 60 to 75 days, effective 1 October 2008 through 31 December 2010. On 1 January 2011, leave carryover reverts back to 60 days leave unless changes are extended or made permanent.
g. Lead agency. DAPE-PRC

Issue 577: Non-Chargeable Leave for Deployed Soldiers
a. Status. Completed
b. Entered. AFAP XXI, Nov 04
c. Final action. AFAP XXIV, Dec 07
d. Scope. Commanders do not have the option to authorize non-chargeable leave as a reward to deployed Soldiers. Commanders are able to grant a pass, accrued, advanced or excess leave. Deployed Soldiers are not provided sufficient non-chargeable leave due to increased mission requirements. Increased Command prerogative to authorize non-chargeable leave further enhances the ability of the commander to manage his/her leave program.
e. AFAP recommendation. Authorize the Commander to award 7-15 days of non-chargeable leave to Soldiers deployed for a minimum of 6 consecutive months to be used during Rest and Relaxation or within 120 days post-deployment.
f. Progress.
(1) Validation. This proposal requires a change in the way that we define leave. The Army leave program is designed to allow soldiers to use their authorized leave to the maximum extent possible. Experience has shown the vacations and short periods of rest from duty provide benefits to morale and motivation that are essential to maintaining maximum Soldier effectiveness. The leave program is also designed to encourage the use of leave as it accrues, rather than to accumulate a large leave balance.
(2) Authorization. Soldiers on active duty earn 30 days of leave a year with pay and allowances at the rate of 2 ½ days per month. Leave is only lost after the Soldier has accumulated over the maximum 60 days of accrued leave at the end of a particular fiscal year and did not use all of the current year's 30 days of accrued leave. Additionally, current Army policy authorizes Special Leave Accrual (SLA) to deployed Soldiers, which allows them to retain annual leave days in excess of 60 days that normally would be lost at the end of a fiscal year.
(3) Change to DoDI.
(a) G-1 submitted a request (Apr 05) to OSD to change the DoDI 1327.6, Leave and Liberty Procedures, to make the R&R leave period non-chargeable to the Soldiers leave account or to provide a period of non-chargeable post deployment leave to those Soldiers unable to utilize the R&R program during their deployment. The Principle Deputy OSD P&R) denied the request on 27 Jun 05.
(b) The Army, DCS, G-1 submitted a new request (Jan 07) to OSD to change the Department of Defense Instruction (DoDI) 1327.6, Leave and Liberty Procedures, to make the Rest and Recuperation (R&R) leave period non-chargeable to the Soldiers leave account who are serving second or subsequent deployments to Iraq or Afghanistan.
(c) OSD implemented on 18 Apr 07 a Post-Deployment/Mobilization Respite Absence program to provide days of non-chargeable administrative absence to Soldiers required to mobilize or deploy with a frequency beyond established rotation policy goals.
(d) R&R leave was increased from 15 to 18 days for Soldiers on 15 month deployments. No other OSD action

is pending to provide other forms of non-chargeable leave.

(e) GOSC review. The Dec 07 GOSC declared the issue closed as a completed action.

g. Lead agency. DAPE-PRC

Issue 576: Legality of the Family Care Plan (FCP)

a. Status. Completed

b. Entered. AFAP XXI, Nov 04

c. Final action. AFAP XXVI, Jan 10

d. Scope. Many Soldiers and commanders are unaware that the FCP is not a legal document but simply a recommendation for the Soldier's desire for guardianship. The current FCP checklist and annual review do not identify "At-Risk" Soldiers. Some deployed Soldiers are discovering that the other natural parent of the child(ren) is/are challenging the terms of the FCP and are gaining custody of the child(ren). These challenges cause distraction from the mission, decreased mental stability, financial hardship, and retention problems, before, during, and after deployment.

e. AFAP recommendations.

(1) Educate Soldiers and Senior Leadership that the FCP is not a legal document.

(2) Identify "At-Risk" Soldiers by implementing a modified checklist as well as requiring a semi annual review of documents.

(3) Require Soldiers identified with unresolved FCP issues to obtain legal assistance.

f. Progress.

(1) Some deployed Soldiers are discovering that their child's other natural parent is challenging the terms of the FCP. In many of these situations, the other natural parent is gaining custody of the child over the custodian named in the FCP. Many Soldiers and commanders believe that the FCP is a binding legal custody determination. The FCP cannot negate a natural parent's superior legal right to the custody of their child.

(2) The Legal Assistance Policy Division has been working with the other services and the Family Law Section of the American Bar Association to address the problems raised by this issue.

(3) AR 600-20, Chapter 5-5 FCP, (revised November 2009) modifies FCP procedures to:

a. Alert Soldiers that the FCP itself cannot and does not negate or otherwise diminish a parent's right to assert a claim to custody of a child.

b. Provide information to improve identification of Soldiers whose family situation creates the potential for FCP problems.

c. Require commanders review any court order impacting a FCP.

d. Establish a waiver form by which a natural parent could consent to a third party exercising custody under the terms of the FCP.

e. Encourage Soldiers identified as having potential FCP problems to contact an attorney.

(4) Information concerning this issue has been disseminated through Legal Assistance channels. Family Care Plans are regularly reviewed as a part of the DCS checklist. Legal personnel have been urged to cover potential Family Care Plan problems during these reviews.

(5) GOSC review. The Jan 06 GOSC declared this issue active pending the revision to AR 600-20, Army Command Policy. The AR will incorporate better education processes into FCP preparation procedures and will require a better screening process to identify those with potential FCP problems.

(6) Resolution. The January 2010 GOSC declared the issue complete based on a revision of AR 600-20 (Army Command Policy), which modified FCP procedures to alert Soldiers that the FCP does not negate or diminish a parent's right to assert a child custody claim and encourages Soldiers with potential child custody issues to contact an attorney.

g. Lead agency. DAJA-LA

Issue 578: Paternity Permissive Temporary Duty (TDY)

a. Status. Completed

b. Entered. AFAP XXI, Nov 04

c. Final action. AFAP XXV, Jul 09

d. Scope. There is no Army policy allowing the use of permissive TDY for fathers upon the birth of a child. The Marine Corps policy 5000.12D, paragraph 7 authorizes the use up to 10 days for this purpose. Army Commanders do not have the same authority. If accrued leave is not available, unnecessary stress is created when a Soldier goes into negative leave balance.

e. AFAP recommendation. Amend AR 600-8-10 to authorize the use of permissive TDY for fathers upon the birth of a child.

f. Progress.

(1) Validation. Fathers are an integral component of a child's development. The time immediately after birth is an important time for the child and father to bond. Permissive TDY would allow fathers time to do this without taking ordinary leave.

(2) The FY06 NDAA, SEC. 593. provides adoption leave for members of the armed forces adopting children by amending Section 701 of Title 10, United States Code, by adding at the end the following new subsection: ''Under regulations prescribed by the Secretary of Defense, a member of the armed forces adopting a child in a qualifying child adoption is allowed up to 21 days of leave in a calendar year to be used in connection with the adoption." The 21 days allowed will be PTDY.

(3) The National Defense Authorization Act (NDAA) FY09 included authority to provide ten days paternity leave to a married Soldier in connection with the birth of a child. ALARACT 062/2009 provided Army guidance on paternity leave. Paternity leave is not a Permissive TDY leave category.

(4) GOSC review. The Dec 07 GOSC declared the issue active pending the legislative proposal from the Navy.

(5) Resolution. The July 09 GOSC declared the issue completed based on legislation that allows ten days of paternity leave for married Soldiers in connection with the birth of a child. In response to a question from the Secretary of the Army, clarification was provided that a father has 60 days after returning from deployment to use pa-

ternity leave if his child was born while the father was deployed.
g. Lead agency. DAPE-PRC

Issue 579: Pregnancy Termination Option for Lethal Congenital Anomalies (LCA)
a. Status. Unattainable
b. Entered. AFAP XXI, Nov 04
c. Final action. AFAP XXI, Nov 05
d. Scope. TRICARE covers pregnancy termination only when the mother's life is threatened by the pregnancy. Federal law prohibits spending DoD funds for pregnancy termination except when carrying the fetus to full-term endangers the mother's life. No TRICARE coverage exists for termination when LCA is diagnosed (e.g., anencephaly, bilateral renal agenesis, lethal skeletal dysplasias). Restricting the mother's options significantly and adversely impacts the physical, emotional, psychological, and financial well-being of the service members' family.
e. AFAP recommendation. Provide TRICARE coverage for pregnancy termination when lethal congenital anomalies exist.
f. Progress.
(1) Legislative constraints. Title 10, United States Code, Section 1093, codifies the prohibition found in the FY96 DOD Appropriations and Authorization Acts against spending DOD funds for abortions, except when the life of the mother would be endangered if the fetus were carried to full term. Pregnancies may be terminated at any gestational age if the life of the mother is at risk. TRICARE does not provide coverage for, nor do MTFs perform, elective abortions, even where there is evidence of congenital and/or chromosomal abnormalities.
(2) Definition. There is no single, universally accepted definition of "lethal congenital anomaly." One definition, advanced by the Army's OB/GYN Consultant to The Surgeon General, is a condition with a fetal survival rate of less than 10% within the first week of extrauterine life. The great majority of detectable congenital or chromosomal anomalies would not be considered "lethal" under this definition. Under any definition, there will be a degree of uncertainty in diagnosing some conditions and uncertainty in many cases as to how long an infant might survive. Different physicians might reach different conclusions from the evidence, which would lead to concerns that the policy is being applied too liberally or too conservatively. Further, while some conditions, such as anencephaly, can be diagnosed with a high degree of accuracy, the detection of other LCAs is highly variable and more difficult to confirm.
(3) Alternative assistance. An alternative service that may be provided to beneficiary families faced with an LCA pregnancy is perinatal hospice services. Though most MTFs do not have a structured program to provide comfort and support to parents who expect that their infant will die soon after birth (or be stillborn), Madigan Army Medical Center (MAMC) and some other MTFs offer this benefit. In a study at MAMC, after women bearing fetuses with LCAs were told of availability of perinatal hospice services, 85% chose to continue their pregnancies rather than to have an abortion.
(4) Resolution. The May 05 AFAP GOSC determined this issue is unattainable. The concept of terminating pregnancies, for whatever reason, is an extremely emotional and political issue. Use of DoD funds for abortions, except to save the mother's life, is forbidden by U.S. law.
g. Lead agency. DASG-HPS
h. Support agency. TMA.

Issue 580: Reimbursement of Rental Car for OCONUS Permanent Change of Station (PCS) Moves
a. Status. Unattainable.
b. Entered. AFAP XXI, Nov 04
c. Final action. AFAP XXII, Jan 06
d. Scope. Service members PCSing to and from OCONUS locations are without transportation due to the shipment of their privately owned vehicle. Service members are utilizing rental vehicles for transportation at their own expense. This expense creates undue hardship on Soldiers and their families during transition.
e. AFAP recommendation. Provide reimbursement for a rental car for up to 30 days when combined for both departure and arrival with each PCS move to and from an OCONUS location.
f. Progress.
(1) Background. Members are only authorized to ship one POV from CONUS to OCONUS. Average transit time per vehicle is 52 days. A provision in Title 10, USC para 2634 and JFTR para U5410/U5461 relates to having the shipping company reimburse the member for expenses incurred for rental vehicles up to $210 if the motor vehicle that is transported at the expense of the Army does not arrive by the required delivery date.
(2) Legislative attempts. Issue was not supported as an FY06 ULB item. This issue has come up several times before, and has never been supported by the other Services. It is perceived by them as a "nice-to-do" quality of life issue vice a requirement. Additionally, they see no return on the investment regarding retention with this issue.
(3) Resolution. The Jan 06 GOSC declared the issue unattainable. Legislative proposals addressing reimbursement for rental cars during an OCONUS PCS have not been supported by the other Services or the Per Diem Committee.
g. Lead agency. DAPE-PRC

Issue 581: Stabilization from Major Training Exercises After Deployment
a. Status. Completed
b. Entered. AFAP XXI, Nov 04
c. Final action. AFAP XXIII; Jun 06
d. Scope. Commanders are requiring soldiers to participate in major training exercises with 90 days of returning from operational deployment. The deployment stabilization policy does not apply to Soldiers who are selected to participate in major training exercises at combined training centers or off-post locations. When the Soldier is away from home station during those 90 days, not enough time exists for the Soldier and extended family reintegration.
e. AFAP recommendation. Implement a home station stabilization period of 90 days for Soldiers and/or units re-

turning from an operational deployment to prevent their participation in major training exercises.

f. Progress.

(1) HQDA G-3/5/7 (DAMO-TR) included language in final draft of AR 350-1 that, for units returning and recovering from an extended operational deployment, requires commanders to limit training activities which cause Soldiers to be away from their immediate families.

(2) GOSC review. The Jun 06 GOSC declared the issue completed following the revision of AR 350-1. The VCSA stressed, however, that the policy should not tie the commanders' hands.

g. Lead agency. DAMO-TR

h. Support agency. HQDA, G-1

Issue 582: Windfall Elimination Provision (WEP)

a. Status. Unattainable

b. Entered. AFAP XXI, Nov 04

c. Final action. AFAP XXVI, Jun 10

d. Scope. The WEP prevents Civil Service Retirement System (CSRS) and CSRS Offset annuity recipients from receiving their full retirement annuity benefits. The WEP decreases annuities by a formula tied to Social Security benefits that result in diminished annuities/retirement income for over 500,000 civil servants retirees, and future CSRS and CSRS Offset retirees. This provision deprives the retirees of their rightful annuities.

e. AFAP recommendation. Abolish the WEP.

f. Progress.

(1) Bill has been reintroduced in the House of Representatives (H.R.) to amend Title II of the Social Security Act to repeal the windfall elimination provision.

(2) H.R. 235 was introduced by Representative Howard Berman of California on 7 Jan 2009. On the same day, the bill was referred to the House Committee on Ways Means. As of May 20, 2010, there are 325 co-sponsors in agreement to repeal WEP.

(3) S. 484 - was introduced by Senator Dianne Feinstein of California on 25 February 2009. On the same day it was referred to the Committee on Finance. As of May 20, 2010, there are 31 co-sponsors.

(4) As of June 2008, OSD has not established a position on either side of the issue.

(5) Based on Congressional feedback, the budgetary implications of this proposal cannot be attained due to lack of Congressional support.

(6) Resolution. The Jun 10 GOSC declared the issue unattainable. Elimination of the Windfall Elimination Provision (WEP) was unattainable. Legislative proposals requesting repeal of WEP have been unsuccessful in several Congressional sessions. The ten year cost of WEP repeal is $29.7B.

g. Lead agency. DAPE-CPZ

Issue 583: Advanced Life Support Services on CONUS Army Installations

a. Status. Completed

b. Entered. AFAP XXII, Jan 06

c. Final action. AFAP XXVII, Aug 11

d. Scope. The Department of the Army does not require Advanced Life Support (ALS) services on CONUS Army installations. The Army provides Basic Life Support (BLS) services; however, timely ALS services are not provided on all CONUS Army installations. In accordance with the applicable National Fire Protection Association (NFPA) guideline for ALS services, an 8-minute response time to 90% of the incidents is the accepted standard. Lack of ALS services increases response time which jeopardizes the health and safety of the CONUS Army Family.

e. AFAP recommendation. Mandate that all CONUS Army installations to include Alaska and Hawaii provide Advanced Life Support services on or near the installation in accordance with the National Fire Protection Association standard.

f. Progress.

(1) Emergency Medical Services (EMS) are available at all Army installations in the United States, but are provided in a variety of ways. EMS may be provided through the MTF, through the garrison fire department, and/or through an off-post provider. There is no single Army entity or office having overall responsibility for regulating or resourcing EMS operations. There is no Army-wide standard for ALS response time. The NFPA "8 minute" standard represents the opinion of many subject matter experts, and is accepted on a wide basis. The difference between the recently published standard in the DoDI 6055.6's Table E3.T1 and the NFPA standard revolves around definitions of response times and how it is measured. The DoDI uses an aggregate time of 12 minutes for ALS or 10 minutes for Basic Life Support (BLS) as the time from "when the call is received to an EMS team's arrival on the scene". The NFPA definition of 8 minutes measures the response time between "the EMS team leaving the station and arriving on scene".

(2) While most Army installations currently meet the proposed "8-minute response" standard, this standard may not be feasible on some installations because of their size, mission, and geographical location. This variation in response times also exists within civilian EMS systems.

(3) On 6 Oct 05, MEDCOM published standards for EMS programs operated by Army MTF's but did not include response time mandates due to differences in EMS requirements, missions, and geographical locations. The standards require that the programs, at a minimum, meet the state and local standards of the surrounding community. Commanders may request exceptions or variances due to local circumstances or conditions.

(4) On 9 Mar 06, IMCOM and MEDCOM first met in a work group to discuss standards for all Army EMS operations and to determine a way ahead. A data call of garrisons and MTF's was initiated to determine the current baseline for EMS operations and the resources that would be needed to meet an Army-wide standard. IMCOM agreed to analyze the data call responses to determine cost estimates to conduct ALS at the installations that currently did not provide that service IAW the 8 Min/90% standard.

(5) On 22 Aug 06, the IMCOM and MEDCOM met in a Work Group (WG) to discuss the analysis of costs associated with providing ALS care to installations within the 8 minute NFPA standard. IMCOM's analysis of the availa-

ble data indicates it would cost about $25.1M more to provide ALS at the installations that lack this service. The analysis also estimated that it could cost up to $88 million to conduct ALS at the 83 installations pertinent to AFAP Issue 583. However, only $35.7M was reported in the data call responses.

(6) MEDCOM recommended that IMCOM and MEDCOM Resources Management (RM) Directorate conduct a mutual, open book analysis of EMS costs at Army installations to obtain a more accurate estimate of required costs to conduct ALS. MEDCOM EMS data was revalidated by MEDCOM's RM Directorate. Following this process, MEDCOM RM continued to recommend further study with input from each installation's RM to obtain a more accurate estimate of costs. In a Memorandum dated 1 Feb 07 to TSG from Commander, IMCOM, it was stated that they saw no need for a comprehensive open book analysis of MEDCOM pre-hospital EMS costs.

(7) On 1 Dec 06, TSG recommended by memo to CG, IMCOM that MEDCOM and IMCOM mutually adopt the EMS response standards found in DoDI 6055.6, DoD Fire and Emergency Services. CG, IMCOM subsequently indicated full agreement by memo dated 1 Feb 07. DoDI 6055.6, later published on 21 Dec 06, establishes response time standards in various functional areas.

(8) On 13 Jul 07, the MEDCOM/IMCOM WG conducted a WG meeting chaired by the MEDCOM CoS and the IMCOM Chief of Operations. The Commands agreed to the EMS response standards as outlined in DODI 6055.06, DoD Fire and Emergency Services Program, dated 21 Dec 06, and to determine the resources needed to ensure all installations meet the standard.

(9) MEDCOM/IMCOM met in San Antonio from 17-21 Sep 07 to draft the plan for implementing the recommendation and develop a memorandum of agreement (MOA) between the two Commands which will document pre-hospital EMS responsibilities addressing BLS and ALS on each IMCOM/MEDCOM installation.

(10) On 11 Oct 07, the draft MOA was briefed to the IMCOM SEL. The document was then slightly modified and re-staffed to the IMCOM regions for feedback by 17 Dec 07.

(11) On 6 Feb 08, the MEDCOM/ IMCOM WG met in San Antonio to evaluate the regional feedback and discuss unresolved funding issues prior to developing an OPORD instructing Installations and medical tenets to develop local MOAs and transition plans prior to moving the Command level MOA forward for approval.

(12) On 16 May 2008, a joint tasking from both MEDCOM and IMCOM was sent to their respective subordinate commands instructing them to develop local MOAs (based on the draft Command MOA) and transition plans to identify required resources and costs associated the provision of EMS within each installation as provided by the draft MOA.

(13) IAW the above joint tasking, local draft MOAs and transition plans were developed as required.

(14) This topic was briefed to the DP91/.59 CoC on 28 August 2009 due to TRADOC concerns regarding EMS range support and impact of MOA on current range support arrangements. TRADOC concurred with MOA after it was agreed to add sentence in the MOA stating. "This MOA does not affect any existing EMS range support agreements in place".

(15) The MOA was signed by the TSG on 22 Sept 2009 and forwarded to IMCOM. MOA was signed by IMCOM on 6 March 2010. MEDCOM and IMCOM jointly prepared implementing instructions for completion of local MOAs.

(16) HQDA validated IMCOM's EMS UFR requirements during the POM 12-16 review but they were not approved as "critical," and therefore remain unfunded. Installations and MTFs have been advised to maintain status quo until UFR funding is secured. Requirements have been resubmitted for POM 13-17, including an updated Concept Plan and Cost-Benefit Analysis. Feedback by Requirements Validation Team is pending.

(17) Resolution. The Aug 11 GOSC declared the issue completed. MEDCOM and IMCOM agreed to adopt DoDI 6055.6 which establishes response time standards. An MOA signed 6 Mar 10 calls for MEDCOM to transfer $7.7M to IMCOM effective in POM 12-16. In concert, IMCOM sought $11.5M in the POM to fund emergency medical services (EMS) UFRs for its existing sites and sites transferring from MEDCOM. HQDA validated IMCOM's EMS UFR requirements during the POM 12-16 review, but they were not approved as "critical". Requirements were resubmitted for POM 13-17, including an updated Concept Plan and Cost Benefit Analysis.

g. Lead agency. MEDCOM

h. Support agency. IMCOM

Issue 584: Alternate Local Caregiver for the Family Care Plan (FCP)

a. Status. Completed

b. Entered. AFAP XXII, Jan 06

c. Final action. AFAP XXV, Jul 09

d. Scope. No policy exists to address who should take care of the dependents if the designated caregiver is unavailable due to unforeseen circumstances. Since no FCP temporary alternate local caregiver is required by the current policy, dependents could be subject to legal action, including becoming wards of the state. The results of such action could evolve into a long-term crisis for the Soldier and Family, thus interfering with the Soldier's ability to fulfill the mission.

e. AFAP recommendation. Require Soldiers to provide a primary and an alternate interim/temporary local caregiver in their Family Care Plan.

f. Progress.

(1) Validation. The OIF-OEF 06-08 Non-Deployable Report shows a total of 42 Soldiers non-deployable for Family Care Plans out of a total 4411 non-deployables. Mandating an Alternate Local Caregiver for all 57,432 Soldiers with a FCP creates an added administrative burden for Soldiers, Legal Assistance Services and Commanders. Army Child & Youth Services offers care for up to 60 days through their Army Family Child Care Homes, for deployed Soldiers. The 60 days can be extended up to a year by Command approval. The best solution to AFAP Issue #584 is to change AR 600-20 to explicitly state that a commander has the ability to require an Alternate Local Caregiver if their risk assessment shows the likelihood of a failed FCP.

(2) Progress. DA Form 5305 (Family Care Plan) is the means by which Soldiers provide care of their Family members. The DA Form requires a Soldier to designate both a temporary guardian and a long-term guardian. Commanders are the sole approving authority for DA Form 5305.

(3) Resolution. The July 09 GOSC declared completed because a Soldier must identify a primary and alternate caregiver on DA Form 5305 (Family Care Plan).

g. Lead agency. DAPE-HRI

Issue 585: Casualty Assistance for Families of RC Soldiers in Inactive Status

a. Status. Completed

b. Entered. AFAP XXII, Jan 06

c. Final action. AFAP XXV, Jan 09

d. Scope. Families of Army Reserve component Soldiers are not eligible for casualty assistance unless in an Active Duty/USC Title 10 status at the time of death. Army Regulation (AR) 600-8-1, Casualty Operations, only assigns a Casualty Assistance Officer (CAO) when the Soldier dies on Active Duty/USC Title 10 status. Families of these Soldiers are eligible for certain death benefits. Without the assignment of a CAO, Families may be unaware of their rightful entitlements and benefits.

e. AFAP recommendation. Activate Army Reserve Soldiers to serve as CAOs for Families of Army Reserve component Soldiers who die in an inactive status.

f. Progress.

(1) USAR and ARNG non-concur with recommendation to provide CAOs to Families of deceased Soldiers while on inactive duty status.

(2) Soldiers assigned as CAOs are required to be on active duty orders. Title 10 USC authorizes pay and allowance for all Soldiers assigned to serve as CAOs for Soldiers who die while serving in an active duty status. Title 10 does not authorize pay and allowances to CAOs for Soldiers who die in an inactive duty status. Consequently, Army Regulation (AR) 600-8-1, Army Casualty Program, only assigns a CAO when the Soldier dies on active duty.

(3) Reserve Components are responsible for providing the pay and allowance funds when a Solider is placed on active duty active duty status to perform the CAO mission. The RC maintains they do not have the funds nor have they programmed the funds in the POM in the out years to support the CAO mission.

(4) Reserve Components cannot ensure availability of an active duty USAR or ARNG Soldier in the appropriate grade for assignment as a CAO for inactive duty deaths. The grade of CAO will be equal to or higher than the grade of the casualty and equal to or higher than the grade of the PNOK. RC is currently challenged with supporting active duty deaths during Operations Enduring and Iraqi Freedom.

(5) Ready Reserve is composed of the Selective Reserve (AGR, TPU, and IMA) and IRR. Reserve Component Soldiers are made up of Soldiers serving on active duty status and Soldiers not in an active duty status.

(a) AGR is an active duty status and the Family is assigned a CAO.

(b) TPU Soldiers on active duty status are assigned a CAO. TPU Soldiers

(c) In an inactive duty status have their full time unit administrator to assist them.

(d) IMA Soldiers on active duty status are assigned a CAO. IMA Soldiers in an inactive duty status, the active duty Army unit where the Soldier is assigned can assist the Family.

(e) IRR is an inactive duty status is not be entitled to Army benefits, and there no requirement for Family to notify the Army of Soldier's death.

(6) Soldiers on inactive duty status are not reportable Army casualties and Casualty and Mortuary Affairs Operations Center would not know they are deceased unless the Family notifies the Army which may be days, weeks, or months after the death. To illustrate the point, Family members of Soldiers assigned to the IRR who die in an inactive duty status sometimes take months, if ever, before they notify the Army of the Soldier's death. Moreover, the Families of these Soldiers in the IRR are not entitled to any Army benefits.

(7) Primary Family concern for assistance is with the TPU and IMA Soldiers. These Families are entitled to limited military benefits such as Servicemembers Group Life Insurance (SGLI) for Soldiers who die in an inactive duty status. Individual Ready Reserve do not qualify for SGLI benefits. Full-time unit administrators at TPU currently assist Families with death benefits such as SGLI processing. Families of deceased IMA Soldiers can get death benefits assistance through the Soldiers assigned unit.

(8) Besides using unit administrator or assigned unit personnel, for deceased TPU Soldiers or IMA Soldiers, to assist the Family, USARC and ARNG created a fact sheet on deceased inactive duty benefits and entitlements to be posted on their web sites.

(9) Resolution. The January 2009 HQDA AFAP GOSC declared the issue complete as the assistance provided by unit administrators meets the spirit of the requirement.

g. Lead agency. AHRC-PEC

h. Support agency. NGB and USARC

Issue 586: Chiropractic Services for All TRICARE Beneficiaries

a. Status. Unattainable

b. Entered. AFAP XXII, Jan 06

c. Final action. AFAP XXVI, Jun 10

d. Scope. Chiropractic services are not available to all TRICARE beneficiaries, which include retirees, service members and their Families. The National Defense Authorization Act of FY01 directed the Secretary of Defense to provide permanent chiropractic services at designated Military Treatment Facilities only for active duty members. Chiropractic service provides non-pharmaceutical and non-surgical treatment options to decrease pain and increase function. This benefit ensures equitable access to chiropractic treatment options for all beneficiaries.

e. AFAP recommendation. Authorize chiropractic services for all TRICARE beneficiaries.

f. Progress.

(1) In the FY95 NDAA, Congress directed the Secretary of Defense (SECDEF) to evaluate the feasibility and advisability of offering chiropractic services at MTFs. As a result, the Department of Defense (DoD) conducted a Chiropractic Health Care Demonstration Program from Aug 95 to Sep 99. During the demonstration, chiropractic services were available to non-pregnant military beneficiaries over the age of 17 at thirteen MTFs. The Army supported five demonstration sites: Forts Benning, Carson, Jackson, Sill, and Walter Reed Army Medical Center.

(2) In 1999, the Army Family Action Plan raised Issue #468, TRICARE Chiropractic Services, which recommended chiropractic services as a TRICARE benefit to cover all categories of beneficiaries.

(3) The Final Report to Congress on the Chiropractic Health Care Demonstration Program (10 Feb 01) stated that although implementing chiropractic services within the DoD was feasible, it would be cost prohibitive to offer the benefit to all beneficiaries. Full implementation of chiropractic services for military beneficiaries would "most likely require reducing or eliminating existing medical programs that are already competing for limited DHP dollars." Although there is no study that validates a medical need for chiropractic services, the DoD Chiropractic Health Care Demonstration Program also concluded that chiropractic services appeared "to have complemented and augmented traditional medical care."

(4) In the FY01 NDAA, Congress directed the SECDEF to provide chiropractic services at designated MTFs for ADSMs. These DoD sites included 49 MTFs, 17 of which were Army (Forts Benning, Carson, Jackson, Sill, Drum, Meade, Bragg, Campbell, Stewart, Gordon, Knox, Leonard Wood, Hood, Bliss, and Lewis; Walter Reed Army Medical Center; and Schofield Barracks).

(5) In 2002, Army Family Action Plan Issue #468 was completed following the passage of the FY01 NDAA which authorized chiropractic service for ADSMs only.

(6) This is an issue of choice for beneficiaries. Research shows that approximately 7% - 10% of Americans seek chiropractic services. Approximately 3.8% of AD Service members with access to chiropractic services at Army MTFs actually seek chiropractic services.

(7) Congress proposed bills in 2003, 2005, 2007 and 2009 to expand the chiropractic benefit to all TRICARE beneficiaries, not just ADSMs. Each year the expanded benefit was not included in the NDAA.

(8) TMA coordinated a DoD Chiropractic Working Group to fulfill the requirements of NDAA FY07. The Working Group began work in the 2nd Qtr FY07 and continues to function today. On 26 March 2008, TMA submitted a report that showed chiropractic care delays an ADSM's return to duty and costs more money as compared to other specialties (Doctors of Physical Therapy, Osteopaths or occupational therapists) that can provide similar manipulative treatment for the same condition. It took an average of 63.8 days longer for a period of treatment for the "non-chiro" group compared to the "chiro" group. Final conclusion– "A comprehensive implementation of chiropractic services and benefits as outlined in the provision would not be feasible given the budgetary requirements and the findings relative to medical readiness. In the absence of chiropractic, various comparative treatment options are available to ADSMs, their Families, and other beneficiaries of the MHS." In addition, the report revealed that expanding chiropractic care to all beneficiaries is cost prohibitive.

(9) The NDAA 09 required completion of a survey on workload and satisfaction with chiropractic services. TMA submitted the report to Congress on 22 Sep 09. The NDAA 09 also directed the SECDEF to identify an additional 11 sites to offer chiropractic care to ADSMs. As mandated by NDAA 09, the DoD now provides chiropractic services at 60 MTF's (23 Army). The six additional Army sites added recently include Riley, Rucker, Polk, Wainwright, Baumholder/ERMC, and Vilseck.

(10) The NDAA 2010 Conference Report does not mandate chiropractic services as a TRICARE benefit, but does require the Secretary of Defense "to provide for and report on clinical trials to assess the efficacy of chiropractic treatment for active-duty service members." The Office of the Congressionally Directed Medical Research Programs (CDMRP) has issued a request for research proposals with a submission deadline of 3 Aug 2010.

(11) In Jan 2010, the Army began insourcing the chiropractors and technicians at all 23 Army sites IAW new guidance from Health Affairs; the conversion to Federal employees was completed 31 May 2010.

(12) A study does not exist that correlates chiropractic care with a decrease in pain medication. The Pain Task Force is addressing complementary and alternative medicine approaches to decrease pain. Collaboration with the Pain TF is ongoing. Pain management was identified by the CDMRP as an approved topic for clinical research.

(13) Since the inception of the Chiropractic program, DoD has increased the number of sites several times. To date, Chiropractic services are offered in multiple places throughout the Army, Air Force and Navy to active duty personnel only. However, only active duty personnel at these designated sites receive the benefit. It is currently not a TRICARE benefit for active duty family members or other beneficiaries.

(14) In a letter dated 30 Mar 10, RADM C. S. Hunter indicates TMA is not pursuing any legislative initiatives to expand the benefit beyond providing chiropractic care to Active Duty Service Members at 60 Military Treatment Facilities worldwide.

(15) Resolution. The Jun 10 GOSC declared the issue unattainable. Congress mandated expansion of chiropractic services to active duty service members, but SECDEF reports to Congress state that further expansion to all TRICARE beneficiaries is cost prohibitive (approximately $188M).

g. Lead agency. DASG-HSZ, OTSG

h. Support agency. TMA

Issue 587: Employment Opportunities for Military Affiliated Teens

a. Status. Unattainable

b. Entered. AFAP XXII, Jan 06

c. Final action. AFAP XXIV; Jun 08

d. Scope. A significant number of military affiliated teens are unable to secure employment within installations and surrounding communities. Employment opportunities

such as MWR summer positions, Commissary baggers, Student Temporary Employment Program (STEP), and AAFES food vendors, which are eligible to be filled by teens are filled by other demographics. Employment Preference for teens would initiate a work history/experience and allow for exploration of career options and future employment; making teens competitive with their civilian counterparts.

e. AFAP recommendation. Establish a Military Teen Employment Preference Program.

f. Progress.

(1) Validation.

(a) DoD affords teen Family member preference for employment overseas to include an overseas Summer Employment Program for youths 14-23 years of age.

(b) Legislation would be required to afford Family members the same preference as military spouses. Any changes must remain consistent with basic merit principles of 5 U.S.C. and comply with veteran's preference requirements, affirmative action principles and diversity objectives.

(2) Progress.

(a) Federal employment opportunities exist for military affiliated teens: volunteer opportunities; Overseas Commands have Summer Employment Programs; and expanded posting of student job opportunities on the Military Teen Website.

(b) Since employment preference for teens would require new legislation, Army coordinated the proposal with the other services. It was not supported by the other services because they feel it would give an advantage to military affiliated teens over veterans and military spouses.

(3) Resolution. The issue received no support from other components because of their concerns about giving greater opportunities to military affiliated teens than to Veterans and military spouses. The VCSA noted that internships and summer employment could pave a career path for Federal employment in the future. He agreed that this issue is unattainable because a 'preference' is not necessary. The bigger issue is funding for the recruitment of these appointments. He indicated that this issue should be reviewed again in two years as a resource issue.

g. Lead agency. DAPE-CPZ

h. Support agency. IMWR-FP

Issue 588: Family Servicemembers' Group Life Insurance Premiums for Dual Military

a. Status. Completed

b. Entered. AFAP XXII, Jan 06

c. Final action. AFAP XXV, Jul 09

d. Scope. Service members' spouses are automatically enrolled in Family Service Member's Group Life Insurance (FSGLI). Some members who are not enrolled as a spouse in DEERS, like dual military, are not automatically charged monthly premiums by the Defense Finance and Accounting Service (DFAS). When the error is detected, these service members are retroactively charged premiums from the date of eligibility. Families incur a large, unexpected debt through no fault of their own.

e. AFAP recommendation.

(1) Identify service members affected by FSGLI automatic enrollment and initiate automatic deduction of premiums.

(2) Approve blanket reimbursement of back premiums paid by the service member or waiver of retroactive FSGLI premiums for affected service members

(3) Mandate a continuous educational process which addresses FSGLI automatic enrollment.

f. Progress.

(1) Validation. This issue must be addressed because it is not only an Army issue, but an issue across DOD.

(2) Identification of Soldiers owing back premiums. Through coordination with USD Reserve Affairs and the Defense Manpower Data Center (DMDC), Soldiers who potentially owe back premiums have been identified. DMDC created a data base that identified Soldiers whose marital status in DEERS does not match their marital status in the total Army Personnel Data Base (TAPDB). Army G-1 refers to this data base as the mismatch data base. On 6 Mar 07, Army G-1 gained approval from Army Leadership to use the data base to assist subordinate organizations in ensuring all Soldiers listed have their spouses properly enrolled in DEERS. Similarly, Army G-1 developed a leader/commander/1SG checklist that all Army organizations are currently using as a guide to ensure Soldiers have properly enrolled their spouses' in DEERS. Enrollment in DEERS triggers FSGLI premium deduction unless the Soldier affirmatively declines FSGLI coverage in writing.

(3) Blanket reimbursement. Per legal opinions rendered by Department of Defense Office of General Counsel (OGC), Army OGC, and Army OTJAG, the Army has no authority to issue a blanket waiver to forgive the debt of unpaid premiums for Soldiers. Therefore each Soldier must pay the back premiums they owe and Army needs to take steps to ensure the premiums are paid. OTJAG also indicated Soldiers owing back premiums are allowed to individually file for waiver of debt for back premiums. Filing is no guarantee that the debt will be forgiven.

(4) FSGLI notification and collection plan.

(a) National Guard Bureau (NGB), Office of the Chief of the Army Reserve (OCAR), and each Army Command, Army Service Component Command (ASCC), and all Direct Reporting Units (DRU) have appointed an action officer (AO) in Mar 07 to work with HQDA action officer.

(b) In Mar 07, all action officers were provided a copy of the mismatch data base, broken down by component (active duty, National Guard, and Army Reserves), all of which identify Soldiers that are probable candidates for owing past due premiums.

(c) Each AO is responsible for ensuring all Soldiers within their command are contacted and advised to ensure all dependents to include Soldiers' spouses are enrolled in DEERS. The leader/commander/1SG checklist will assist in this effort.

(d) Each AO reports completion to the HQDA AO when all of their Soldiers have properly updated their dependent data in DEERS and all Soldiers' marital status in DEERS matches their marital status in TAPDB.

(5) DAPE-PRC devised a plan for automatically deducting premiums from dual military Soldiers that owe them using data pulled from DOD and Army personnel

data bases. The VCSA approved FSGLI notification, and a collection plan was released in Mar 07. Premium deductions must be made on 4600 Soldiers.

(6) Army has no authority to issue a blanket waiver to forgive past due premiums.

(7) Resolution. The July 09 GOSC declared the issue completed based on identification of Soldiers affected by FSGLI automatic enrollment and continued education on FSGLI enrollment rules.

g. Lead agency. DAPE-PRC

Issue 589: Funding for Barracks Sustainment, Restoration, and Modernization

a. Status. Completed

b. Entered. AFAP XXII, Jan 06

c. Final action. AFAP XXVI, Jun 10

d. Scope. There is no committed funding under Sustainment, Restoration and Modernization (SRM) for Barracks. Once HQDA apportions the funds to IMA/MACOMS, Garrison Commanders prioritize facilities maintenance sustainment based on the current condition of the entire garrison's real property inventory against the amount of funds approved for the installation. This leads to a percentage of barracks receiving a lower allocation of SRM funding. Due to insufficient SRM funding levels, Soldiers are forced to live in barracks that are not meeting basic living conditions.

e. AFAP recommendation. Track and target the appropriated SRM funding for barracks.

f. Progress.

(1) Permanent Party Barracks Modernization Program is scheduled for buyout in FY13 with occupancy in FY15. Barracks Upgrade Program has been completed. Buyout will be finalized through the MCA program.

(2) Training Barracks Modernization Program is scheduled for buyout in FY15 with occupancy in FY17. Training Barracks Upgrade Program (TBUP) modernizes existing facilities, where economical, with SRM funding. Replacement, where uneconomical to modernize, and facility shortfall are accomplished through the MCA program.

(3) Pre-decisional MILCON IPT results have programmed for projects necessary to complete both Permanent Party and Training Barracks buyouts by their scheduled FY.

(4) SRM funding will be programmed to accomplish remaining modernization projects to complete the TBUP.

(5) GOSC review.

(a) Jun 08. The GOSC, the ACSIM said the Army has created Departments of Public Works (DPW) teams focused on barracks and the Sergeant Major of the Army has assigned 16 Sergeants Major (SGM) to DPW to oversee those activities. The VCSA said that his expectation for Commanders and Command Sergeants Major is for monthly clarity on the condition of each barracks. The VCSA also emphasized the value of SGMs at the 16 DPWs, saying they would provide an operational sense as the Army relocates Soldiers over the next three years.

(b) Jul 09. The VCSA directed OACSIM to rewrite the title and develop a new recommendation to track the funding of SRM and MILCON for all barracks (to include T-BUP). Issue remains active and will be refocused to track funding for all barracks.

(6) Resolution. The Army programs 90% of SRM funding through the standard budget process. Full funding of Permanent Party Barracks Modernization Program is programmed by 2013 with completion by 2015; the Training Barracks Upgrade Program will be funded by 2015 and completed by 2017.

g. Lead agency. DAIM-ISH

h. Support agency. IMCOM

Issue 590: Health Processing of Demobilizing Army Reserve Component Soldiers

a. Status. Completed

b. Entered. AFAP XXII, Jan 06

c. Final action. AFAP XXVI, Jan 10

d. Scope. Army Reserve Component (RC) Soldiers demobilizing through a Power Projection Platform (PPP) are not required to have a comprehensive physical or psychological examination. The RC Soldier only completes a screening questionnaire of physical and psychological health, followed by an interview and assessment by a medical professional; therefore, physical and psychological problems are missed at the PPP. Military resources available after release from active duty are often inaccessible, limited, and may not address symptoms missed at the PPP, which unfairly places the burden of care on the Soldier and Family, and negatively impacts a Soldier and Family's reintegration.

e. AFAP recommendation. Mandate comprehensive physical and psychological examination of demobilizing RC Soldiers at the PPP accompanied by appropriate follow-up care.

f. Progress.

(1) The Army developed and implemented a series of sequenced, standardized screening tests that are conducted pre-deployment, immediately post-deployment, and three to six months post deployment. Compliance has grown consistently.

(2) The Periodic Health Assessment replaced the standard five-year physical with an assessment that is gender and age-specific and is tagged to the risks of the particular Soldier and their state of health. The Transitional Assistance Management Program (TAMP) program provides 180 days of TRICARE health care to service members separating from active duty. Additionally, the TRICARE Reserve Select (TRS) health plan gives RC Soldiers an affordable option for health care while in Select Reserve status.

(3) GOSC review.

(a) Jun 06. GOSC requested the issue remain open. VCSA stressed value of having behavioral science and combat stress teams downrange and the necessity for leaders to look for signs so we can fix them.

(b) May 07. VCSA tasked OTSG to address compliance with Soldier mental health assessments in the Army Medical Action Plan. The issue remains active.

(4) Resolution. The January 2010 GOSC declared the issue completed based on implementation of standardized screening tests that are conducted pre-deployment, immediately post-deployment, and three to six months

post deployment and the medical benefits available to Soldier after demobilization. The CAR asked about medical care to reservists with an condition that occurs or reoccurs after transitional benefits expire. The Surgeon General responded that his staff is working that in conjunction with the Army National Guard and Army Reserve.
g. Lead agency. DASG-HSZ
h. Support agency. USAR, ARNG, MEDCOM

Issue 591: Military Spouse Preference Across All Federal Agencies
a. Status. Completed
b. Entered. AFAP XXII, Jan 06
c. Final action. AFAP XXVI, Jan 10
d. Scope. The Department of Defense is the only Federal agency required to utilize Military Spouse Preference (MSP) in their hiring practices. Title 5, United States Code, Chapter 33, Subchapter I- Examination, Certification, and Appointment does not restrict Federal agencies from using Military Spouse Preference in their hiring practices. Expanding the use of MSP to other Federal agencies increases employment opportunities for military spouses. Employment throughout the Federal agencies would enable military spouses to maintain a career and promote Family and financial stability.
e. AFAP recommendation. Require all Federal agencies to utilize Military Spouse Preference in their hiring practices.
f. Progress.
(1) In 2007, Army submitted a legislative proposal requiring all Federal agencies utilize MSP in their hiring practices. In 2008, the proposal was returned based on the Office of Management and Budget and Office of Personnel Management's position that the proposal is unattainable across all Federal agencies. In 2009, Executive Order 13473 established a new non-competitive hiring authority for spouses of active duty members authorized a permanent change of station move. This Executive Order establishes a non-competitive hiring authority for qualifying spouses.
(2) The AFAP issue was refocused in 2008, when the original recommendation was unsuccessful. The FY09 National Defense Authorization Act mandated that DoD provide financial assistance to help military spouses pursue education, training, licenses, certificates and degrees leading to employment in portable career fields. Military Spouse Career Advancement Accounts (MyCAA) provide military spouses up to $6,000 for training and education for portable careers. Since March 2009, over 81,000 spouses have built their profiles into MyCAA and more than $20M has been paid in tuition/financial assistance.
(3) Spouses of DoD Active Duty members and activated members of the Reserve Components who are on Title 10 orders are eligible to receive MyCAA financial assistance.
(4) GOSC review. The Jun 06 GOSC requested the issue remain active.
(5) Resolution. The January 2010 GOSC declared the issue complete based on employment opportunities authorized by Executive Order 13473 and financial assistance provided through MyCAA.
g. Lead agency. DAPE-CPZ

Issue 592: Post Secondary Visitation for OCONUS Students
a. Status. Unattainable
b. Entered. AFAP XXII, Jan 06
c. Final action. AFAP XXVII, Aug 11
d. Scope. OCONUS high school students incur greater travel expenses to visit post secondary schools than CONUS based students. Although many informational resources are available, on-site visits afford students the opportunity to make the most informed decision. Upon arrival at the CONUS point of entry, OCONUS Families will assume comparable travel expenses to those of CONUS Families. Minimizing the disparity in travel expenses will decrease the financial burden to OCONUS Families.
e. AFAP recommendation. Authorize a one-time round trip airfare to a CONUS point of entry for OCONUS students, who have been accepted to a post secondary school, and one guardian.
f. Progress.
(1) Army proposed a change to the JFTR and US Code to the military advisory panel (MAP) members of the Per Diem, Travel and Transportation Allowance Committee (PDTATAC). The other Services have no strong position for or against this issue.
(2) This initiative requires a change in law after gaining the support from the other Services, OSD and Congress.
(3) During the fourth QTR of FY 08, the Army ULB COC did not support the FY 11 ULB and advised pursuing a policy change for increasing the Space A travel priority for High School Seniors. We discussed the COC decision with USAREUR, and they advised DAPE-PRC to pursue a post secondary education travel program that mirrors the current dependent student travel program. The current dependent student travel program allows round trip dependent transportation at Government expense from the permanent duty station (PDS) to the school and return. Changing the Space A travel rules for High School students falls short of achieving what USAREUR proposed in this AFAP submission. As such, DAPE-PRC will re-submit a ULB for FY 12 while simultaneously eliciting support from EUCOM thru USAREUR for the ULB to allow round trip transportation at Government expense from the PDS to the prospective school and return.
(4) On September 2009, Army submitted a revised ULB for FY 12 along with updated cost estimates based on the number of high school seniors enrolled in OCONUS DoDDS schools for each Service, and estimates from the National Center for Higher Education Management Systems of High School graduates going directly to college.
(5) On September 2009, Army informed the JFTR Military Advisory Panel (MAP) of the Army's intent to convene a Principal's meeting (senior roundtable) and gain consensus on this issue. During the Principal's meeting, DAPE-PRC will also propose a revised and less ambiguous AFAP recommendation for approval that reads, "Au-

thorize one annual round-trip for one parent to accompany their dependent senior student at any time within a fiscal year (1 Oct - 30 Sep) between the member's OCONUS PDS and the dependent student's school in the U.S. The service member senior student must demonstrate guaranteed acceptance at a post secondary institution. The purpose is to allow similar transportation allowances that are currently authorized for dependent student transportation in the Joint Federal Travel Regulations (U5260 Dependent Student Transportation) for one accompanying parent."

(6) On December 2009 OSD convened a ULB Summit. DAPE-PRC briefed this AFAP issue during this ULB Summit in preparation for the FY 12A ULB final vote.

(7) On January 2010 OSD released the results of the FY 12A ULB final vote. The voting members deferred this AFAP issue for the FY 13 ULB cycle. DAPE-PRC requested from USAREUR G-1 an updated business case and their current position on this AFAP issue. We will evaluate the comments received on February 2010 from the voting members of the FY 12A ULB Summit, integrate USAREUR input, and prepare a revised ULB for submission during the FY 13A ULB cycle.

(8) Revised FY 13A ULB to include doable recommendations from the Council of Colonels for resubmission in the next ULB cycle while adhering to the scope of the issue. Recommendation from Council of Colonels includes providing a better business case to include DOD civilians and address the inequity between CONUS and OCONUS students. G-1 did not refer the ULB to OSD because no empirical data existed to support the issue.

(9) Data received from USAREUR in response to Director, PR request was insufficient to warrant resubmission of a ULB for the 14A cycle (effective Jul 11) as a priority. Adopting such an issue provides no inherent benefit to the Army and is perceived as an entitlement for senior Soldiers.

(10) Resolution. The Aug 11 GOSC declared the issue unattainable. The recommendation provides no inherent benefit to the Army and is perceived as an entitlement for senior Soldiers. HQDA DCS, G-1 was unable to demonstrate the compelling business case that would get the other Services and OSD to support the issue and advance a legislative proposal in the Unified Legislation and Budget (ULB) process.

g. Lead agency. DAPE-PRC

Issue 593: Relocation of Pets from OCONUS

a. Status. Unattainable

b. Entered. AFAP XXII; Jan 06

c. Final action. AFAP XXIII; Jun 07

d. Scope. The cost of transporting a pet from OCONUS is often a factor in the decision to ship the pet during a Permanent Change of Station (PCS). As a result of Base Realignment and Closure (BRAC) and the restationing of Soldiers and families from OCONUS, there are a significant number of Soldiers and families with pets returning from OCONUS. Pets are often a vital part of military families and being put in the position of having to make the decision to keep a pet because of a PCS impacts quality of life. Abandoning pets in an OCONUS location reflects poorly on the American military.

e. AFAP recommendation. Authorize a one-time reimbursement to ship one pet from OCONUS as a result of BRAC or restationing of Soldiers.

f. Progress.

(1) Authority. The Comptroller General of the United States opined that there is no authority to ship animal pets under the authority/statute for transportation of household goods. The OTJAG opined that there is no authority in statute to classify pets on PCS orders.

(2) Support for reimbursement. Discussions with Service representatives to the Per Diem Travel and Transportation Allowance Committee (PDTATAC) on pet shipment reimbursement garnered no support. A Unified Legislative Budget (ULB) proposal for a change in law to permit pet shipment reimbursement was not supported.

(2) Exception. The PDTATAC, military advisory panel (MAP) members and OSD do not support a one-time pet shipment reimbursement from OCONUS as a result of BRAC or restationing.

(3) Dislocation Allowance (DLA). Payment of DLA is intended to help reimburse a Soldier, with or without dependents, for expenses incurred in relocating the member's household (to include pets) on a PCS or housing move ordered for the Government's convenience.

(4) Resolution. The Jun 07 GOSC declared this issue unattainable because the lack of support for this initiative. DLA provides reimbursement for relocation expenses.

g. Lead agency. DAPE-PRC

h. Support agency. G-4, OCLL, OTJAG, ASA (M&RA)

Issue 594: TRICARE Dental Program (TDP) Enrollment Requirements for the RC

a. Status. Unattainable.

b. Entered. AFAP XXII, Jan 06

c. Final action. AFAP XXIV, Dec 07

d. Scope. Reserve Components called to Active Duty in support of military contingency operations who enroll their family in the TRICARE Dental Program (TDP) after thirty days of the Active Duty start date, cannot terminate coverage until they meet the twelve-month enrollment period. In accordance with 32 CFR 199.13, upon the service member's release from active duty, the Department of Defense stops their 60% contribution, which obligates the service member to pay the full premium. The change in status results in an unplanned financial burden to the service member and the family for the remainder of the twelve-month enrollment period.

e. AFAP recommendation. Eliminate the 30-day window for enrollment and allow the option to disenroll or pay the Reserve rate upon release from active duty.

f. Progress.

(1) Enrollment rules.

(a) The current enrollment requirement is set by regulation, 32 CFR 199.13. Enrollment in the TDP is voluntary. Members of the SELRES IRR are not required to enroll in the TDP nor are they required to enroll their family members.

(b) RC Members must enroll their Families in the TDP within their first 30 days of activation or they are contractually obligated to keep the policy for at least 12 months. If the Sponsor enrolls his family in the TDP with-

in the first 30 days of activation, the 12 month minimum enrollment may be waived once released from AD. If the sponsor enrolls in the TDP after the first 30 days, the sponsor makes a 12 month commitment to the TDP regardless of status (Active/Reserve) and is responsible for the payment of the monthly fees. After completing the 12-month minimum enrollment period, enrollment may be continued on a month-to-month basis until a cancellation request is received from the sponsor.

(c) If a Sponsor and his family are enrolled in the TDP prior to his being called or ordered to Active Duty, the Sponsor will be disenrolled and the family will convert to the Active Duty family rates until the completion of the Active Duty service. Once released from Active Duty, the Sponsor will be re-enrolled in TDP and will revert back to paying the Reserve member fees for the Sponsor and the family members.

(d) When on reserve status, RC Soldiers and their family members enrolled in the TDP are responsible for the full premium. When the RC sponsor is on AD for more than 30 days, the FMs' share of the premium cost is reduced to 40% and the government pays 60%.

(e) TMA considers changing the enrollment requirements unrealistic as it would cause the premiums to increase dramatically, thus does not support a legislative change. TMA recommends that commands fully inform beneficiaires of the requirements in the enrollment section of the TDP booklet and website.

(2) Assistance and Information.

(a) The TDP provides benefit advisors that will travel to various locations and provide briefings and written information on the current benefits to eligible beneficiaries. Staffs can contact the regional office of the TDP contractor) to arrange sessions to educate unit liaisons to provide necessary and adequate information to Soldiers to ensure awareness of benefits to which they and their families are entitled.

(b) OTSG forwarded a memorandum to the Reserve Commands in 2nd Qtr FY07 reiterating the requirement for RC Unit Commanders to educate their Soldiers on current TDP enrollment requirements.

(3) Disposition. At the Dec 07 GOSC, the CAR noted that giving reservists alert notices a year out from mobilization will provide a wider period of time to enroll in TDP. The issue was declared unattainable. Current policy prevents activated Soldiers from waiting until the end of their activation time to enroll in TDP, receive all necessary dental care, and then disenroll when they are deactivated.

g. Lead agency. DASG-DC, Army OTSG

h. Support agency. TMA, ARNG,USARC

Issue 595: Wounded Soldier Updates

a. Status. Completed

b. Entered. AFAP XXII; Jan 06

c. Final action. AFAP XXIII; Jun 07

d. Scope. Army families are experiencing difficulty obtaining timely and accurate updates on their wounded Soldiers. Communication breakdowns and information delays occur between the time of injury and arrival in CONUS. Rear Detachments have limited involvement in the current system. The lack of timely and accurate information causes undue stress on both family members and Soldiers.

e. AFAP recommendation. Appoint a trained rear detachment person as a local point of contact for families of wounded Soldiers, and create a staffed toll-free number for tracking and updating information on the Soldiers' status from war zone to CONUS.

f. Progress.

(1) Procedural improvements.

(a) Casualty and Mortuary Affairs Branch (CMAB) maintains visibility over each reported Soldier patient's movement and status in order to make notification to next of kin, provide updates, and to move and maintain family at bed side. Casualty Operations Division (COD) commences over watch and monitoring of Soldier patients at point of reporting and ends when the Soldier becomes an outpatient is transferred to a Veterans Affairs or specialty medical center (for long term care) or passes. In order to accomplish this mission, COD has embedded liaison officers at the major Army Medical Centers to provide visibility of patient Soldiers and their families.

(b) Movement is tracked through reports from the medical treatment facilities using the Joint Patient Tracking Application (JPTA) and TRANSCOM Regulating and Command and Control Evacuation System (TRAC2ES).

(c) After CMAB completes notification and prior to family movement to Soldiers bedside, CMAB contacts rear detachment, provides latest update on their Soldier and the latest information regarding family movement. CMAB provides the rear detachment with a phone number so they can receive Soldier and family updates.

(2) Toll Free Number. A wounded in action toll-free number (800-626-3317) is provided to families and calls are made to the next-of-kin to provide medical updates and movement plans.

(3) GOSC review.

(a) Jun 06. The GOSC requested the issue remain active to identify the system that tracks wounded Soldiers and how information about their condition and location is passed to family members.

(b) Nov 06. The issue was recommended for completed status, but the Director of the Army Staff (DAS) directed that it remain active to focus on how to best inform the rear detachment of what is being told to the family.

(4) Resolution. Issue was declared completed by the Jun 07 AFAP GOSC based on improved Soldier tracking and contact with the family and rear detachment.

g. Lead agency. AHRC-PEC

Issue 597: Co-Pay for Replacement Parts of Durable Medical Equipment (DME) and Prosthetics

a. Status. Unattainable

b. Entered. AFAP XXIII, Nov 06

c. Final action. AFAP XXVII, Feb 11

d. Scope. TRICARE beneficiaries pay up to 25 percent co-pay for replacement parts for DME and prosthetics. DME is necessary equipment (e.g., hospital bed, respirator, and wheel chair), purchased or rented for use in the treatment of an injury or illness. Examples of replacement parts would include custom-made equipment such as a wheel chair seating system or a socket for a prosthetic limb. These items can run in the

thousands of dollars and the required co-pay is creating a financial hardship for TRICARE beneficiaries.

e. AFAP Recommendation. Eliminate Co-Pay for replacement parts of DME and prosthetics.

f. Progress.

(1) DME is purchased or rented medical equipment used for the treatment of an injury or illness which is also medically necessary. DME may include wheelchairs, hospital beds/attachments, oxygen equipment, respirators, and other non-expendable items.
Prosthetics are replacement devices necessary due to significant conditions resulting from trauma, congenital anomalies, or diseases. Prosthetics may include substitute devices for limbs, digits, hearing aids, etc.

(2) Per the TMA, about 533,229 military beneficiaries used TRICARE to obtain DME in 2005. Most were retirees/family members/survivors, who totaled about 426,456 users. Of this number, about 114,489 were non-TRICARE for Life (TFL) retiree/dependent users. Non-TFL Active Duty family member (ADFM) users totaled about 58,041 persons. TMA states TRICARE data on DME replacement parts is not readily identifiable within TRICARE claims data. In any case, many re-deployed young Service Members processed through the Army Medical Evaluation Board/Physical Evaluation Board (MEB/PEB) process are subsequently placed on the Temporary Disability Retirement or the Permanent Disability Retirement Lists. These young retirees, most of whom are eligible for Department of Veterans Affairs (DVA) services, also have the option to obtain DME, prosthetics, and replacement parts under TRICARE, with the associated retiree co-payment requirements.

(3) ADFMs enrolled in TRICARE Prime and TFL users do not have co-payments under TRICARE. In 2005, 315,302 ADFMs and retirees/dependents used DME as TFL users (3,335 and 311,967 respectively) at a government cost of about $66M. Under TFL, Medicare is first payer (for DME, 80%) and TRICARE, as second payer, reimburses the 20% Medicare DME co-payment. Retiree DME and prostheses co-payments are: Prime and Extra, 20% of negotiated fees and Standard, 25% of the allowable charge. ADFM DME/prostheses co-payments are: TRICARE Extra, 15% of negotiated fees and Standard, 20% of the allowable charge. Beneficiaries needing DME are given authorizations for specialty referrals, except for DME costing less than $500, which does not require an authorization. There is no co-pay for MTF issued DME, which, if available, is issued on loan with a hand receipt.

(4) According to a DVA representative, most veterans are eligible to receive DME, prosthetics and replacement parts through DVA without incurring a co-payment. Such users may receive the required product at either a DVA hospital or outpatient facility. A provider/supplier can also submit a bill/claim for the DME, prosthetic or associated replacement parts directly to DVA for payment. Beneficiaries would only be liable for co-payments associated with the visit. This benefit, implemented through venders and suppliers under contract with DVA, is not available to family members.

(5) In response to Army, Acting TSG's request, TMA has agreed to enhance the TRICARE Web site content to reflect additional benefit information on DME and prosthetics. TMA has also agreed to:

a. Develop a DME/prosthetics Fact Sheet for use of Beneficiary Counseling and Assistance Coordinators (BCACs), providers and beneficiaries, including information on replacement parts;

b. Create a news release for distribution to the general public and the military media on DME and prosthetics; and

c. Update all marketing and education products with enhanced TRICARE information on prosthetics and DME, including replacement parts.

(6) In March 08, TMA responded with a summary of how their website was updated which includes the following: FACT SHEETS: The DME Fact sheet on the tricare.mil Web site was updated to reflect current policy; NEWS RELEASE: Newsletter Issue 5 (May 2007) - Orthotics: "What's Covered by TRICARE?" & West Region Provider Bulletin Issue 3 (March 2007); MARKETING AND EDUCATION PRODUCTS: Provider Handbooks, v.4 (Section 5, Medical Coverage), May 2007; Provider Quick Reference Charts, v.2 (TRICARE Coverage Benefits and Services chart), June 2007; TRICARE Summary of Beneficiary Cost Brochure (updated October 2007); Provider "Certificate of Medical Necessity Required for some "DME" - North Region TRICARE Reserve Select Handbook, v.4 (Section 2, Covered Services, Limitations & Exclusions),October 2007. All of our program handbooks (Prime, Extra, Standard and TRS) contain DME information in the "Covered Services, Limitations & Exclusions" section.

(7) The TMA response to TSG's request for pursuit of a legislative change to eliminate co-payments for DME and prosthetic replacement parts referred to a pending report from the Task Force on the Future of Military Healthcare. The Task Force issued their report in December 07 and did not recommend eliminating DME co-payments. TMA, in their evaluation of the final Task Force report, did not propose elimination of co-pays.

(8) Research within OTSG information systems demonstrated there is no current Army system for tracking utilization of DME repair parts. In addition, coordination with TMA confirmed that the co-pay is a statutory requirement and cannot be eliminated by a TMA policy change. TMA recommended OTSG request in writing that TMA consider proposing the co-payment elimination. In response, on 12 Sep 08 OTSG submitted a letter to TMA requesting assistance in proposing a legislative change to eliminate co-pays. In addition, we asked for assistance in isolating utilization data that can be used in the preparation of a Unified Legislative Benefit (ULB) proposal. In Nov 08, we received a response from TMA. They offered to work with us in order to build a reliable cost estimate as part of a ULB.

(9) During the 2Q FY 09, TMA investigated to see if they could isolate utilization and cost data. TMA can report DME and prosthetic procedure codes by fiscal year, however, their ability to determine whether or not specific equipment and supplies were replacement parts is still problematic. Currently, the use of specific codes for replacement DME or prosthetic items is inconsistent. TMA does not require that replacement modifier codes be

used for replacement DME and Prosthetic items For example; a recent query indicated that only $500,000 was paid by TRICARE beneficiaries in FY07 for DME or Prosthetic replacement parts. This estimate is considered to be considerably lower than earlier estimates. TMA believes they can require the contractors to identify replacements on claims based on any new benefit structure that is enacted but we cannot accurately determine which DME or prosthetic claims in the past were procured as replacement parts.

(10) TMA reviewed their internal procedures to determine how their contractors are currently coding replacement modifiers on DME and prosthetics. Since the use of replacement modifier coding is standard practice with Medicare, they suspect that the solution would be to determine what direction Medicare has given to their providers on claim coding for replacement DME and prosthetic devices and provide the same direction in their TMA manuals. During 4Q FY10, the new TMA manual language requiring contractors to code replacement modifiers for DME and prosthetics was completed.

(11) During a 29 September 2010 OTSG/TMA review session of various OTSG AFAP issues, TMA stated they would not support eliminating the co-pay for DME and prosthetic replacement parts. TMA believes the fiscal year catastrophic cap ($1,000 for ADFMs and $3,000 for Retirees and Family Members) is sufficient to hold down out of pocket costs for these beneficiaries. In addition, TMA reiterated the range of services the VA offers for rehabilitative services. We received TMA's final 16 December 2010 memo on our request reiterating their position and we consider this issue unattainable.

(12) Resolution. Issue was closed as unattainable because the TRICARE Management Agency (TMA) does not support elimination of co-payment fees for DME and prosthetic replacement parts. TMA does not support eliminating the co-pay for DME and prosthetic replacement parts. TMA believes the fiscal year catastrophic cap ($1,000 for ADFMs and $3,000 for Retirees and Family Members) is sufficient to hold down out of pocket costs for these beneficiaries. TMA implemented an enhanced marketing focus on DME and prosthetics, to include replacement parts, fact sheets, web updates, and news releases for public and other media entities. The TRICARE Management Agency (TMA) attendee clarified that if a DME or prosthetic replacement part is needed for a medically retired service member, then it's covered a VA benefit, maintenance of the equipment.

g. Lead agency. DASG-HSZ

h. Support agency. TRICARE Management Activity

Issue 598: Education Regarding Living Wills and Healthcare Powers of Attorney (HPOA)

a. Status. Completed

b. Entered. AFAP XXIII, Nov 06

c. Final action. AFAP XXV, Jul 09

d. Scope. Due to the nature of injuries or medications, not all wounded Soldiers are able to make medical decisions and those decisions fall to Family members. Frequently there is confusion regarding wishes of the Soldier and identification of the agent for healthcare decisions if there is no Living Will or HPOA. There is no standardized training that provides information to the Soldier regarding the Living Will and HPOA. Education is needed to adequately inform and prepare the Soldier and their Families for the potential importance of Living Wills and HPOA. The well informed Family member will be better prepared to make decisions regarding medical treatment of the Soldier.

e. AFAP Recommendations.

(1) Develop a multi-language, multi-media Family education program in layman's terms on Living Wills and HPOAs, to be widely available to all Soldier's Families in places such as, but not limited to: Military One Source, Better Opportunities for Single Soldiers (BOSS), My Army Life Too.com, Family Readiness Groups and Army Community Service (ACS).

(2) Use Soldiers and Family members as spokespersons in all prepared media.

(3) Require a standardized training, separate from the predeployment briefing, to inform Soldiers of the importance, effect, and impact of a Living Will and HPOA.

f. Progress.

(1) Validation. Historically, Soldiers have been reluctant to prepare wills and HPOAs. More efforts can be made to educate Soldiers and Family members as to the importance of these documents and to encourage them to obtain those documents at a time when spouses can be involved in the decisions.

(2) OTJAG coordinated with Human Resource Command's Casualty Memorial Affairs office and, through a contractor, developed "Taking Care of Business: A Personal Readiness Video and Checklist for Soldiers and Families." The video and checklist are being incorporated into the Deployment Cycle Support Directive and DA Form 7631 per ALARACT MSG 26/2009.

(3) The video, which will be shown to Soldiers and their Families throughout the Deployment Cycle Support process, includes a section on living wills and healthcare powers of attorney. The Personal Readiness Action Plan checklist, which is distributed after the video viewing, includes referral to a legal assistance attorney to discuss preparation of legal documents, including living wills and HPOAs.

(4) The video and checklist are posted on Army G1, Army Legal Services, HRC-CMOAC, and Military One Source websites and will be available to Family Readiness Groups.

(5) Resolution. The July 09 GOSC declared the issue completed based on the development and distribution of the personal readiness video and checklist.

g. Lead agency. DAJA-LA

Issue 599: Enlisted Promotion Points Submission

a. Status. Complete

b. Entered. AFAP XXIII, Nov 06

c. Final action. AFAP XXIV; Jun 08

d. Scope. Army policy (AR 600-8-19, paragraph 3-23) prevents Soldiers from updating their promotion points as they are accumulated. Current rules on point submission potentially disadvantage the best qualified Soldiers from promotion. With the implementation of the Defense Integrated Military Human Resources System (DIMHRS),

Soldiers will have a real time promotion score thus eliminating this as an issue. However, DIMHRS is not scheduled for implementation until FY08. By reducing the point submission requirement as an interim measure, Soldiers will have an avenue to increase their promotion score in order to be more competitive for selection.

e. AFAP Recommendation. Lower the administrative reevaluation submission requirements to 10 points.

f. Progress.

(1) Validation. Soldiers have expressed frustration with the inability to update their promotion points until they have at least 20 points. Soldiers often have smaller point values to add and these small values can make a difference in meeting the cut-off score for promotion.

(2) Prior to the AFAP recommendation, the G-1 was researching the feasibility of an automated bridge to DIMHRS. This bridge will make the automated DA Form 3355 (Promotions Worksheet) a self-service module. The individual Soldier will update his/her promotion points through his/her Army Knowledge Online (AKO) account and there will no longer be a minimum number of points for re-computation.

(3) Resolution. The G-1 approved the "self-service" DA Form 3355 concept on 16 Jan 07. After comprehensive development and subsequent testing, it has been approved for implementation, Army-wide, effective 11 Oct 07.

g. Lead agency. DAPE-MPE-PD

h. Support agency. TAPC-PDZ-A

Issue 600: Family Care Plan (FCP) Travel and Transportation Allowances

a. Status. Unattainable

b. Entered. AFAP XXIII, Nov 06

c. Final action. AFAP XXVII, Aug 11

d. Scope. Soldiers requiring activation of Family Care Plans (FCP) are not compensated for the travel of dependents and shipment of the dependent's household goods. Selected household goods; such as infant equipment, computers and personal comfort items, are necessary for the emotional and physical well being of the DEERS dependent(s) in their new environment during an already stressful time. Implementation of Soldier's FCP should not create additional financial hardship and emotional stress on the Soldier and Family.

e. AFAP Recommendations.

(1) Authorize funded travel for DEERS dependent(s) to FCP designated location for deployments greater than 179 days.

(2) Authorize funded shipment of household goods limited to 350 pounds weight allowance per DEERS dependent to FCP location for deployments greater than 179 days.

f. Progress.

(1) In February 2007, Army MAP member of the Army G-1 proposed a change to the JFTR to establish this authorization. The MAP members of the other Services were not supportive of this proposal. Additionally, Per Diem Committee Director advised Army MAP member that there currently is no legislative basis to add this authorization to the JFTR.

(2) A legislative change is required to establish the basis for this authorization in the JFTR and our mechanism for transacting such a change is the Unified Legislative Budget (ULB) process. Army G-1 submitted this item as a ULB for FY 10. With all the other competing priorities in the ULB process and the relatively high cost of this proposal, Army did not support sending it to the Department of Defense (DOD) for consideration.

(3) DAPE-PRC submitted this item again as a ULB for consideration in FY 11. USD P&R deferred it to FY 12. The support for the proposal was mixed in FY 11. Army, J1, SOLIC, RA, and HA supported the ULB. Air Force, US Coast Guard (USCG), and OSD PA&E voted to defer the proposal to FY 12. Air Force advised voting organizations to consider a 120 day TDY or greater and consider targeting the proposal by grade. USCG advised the proposal needs further analysis. PA&E advised voting organizations to consider targeting the proposal by grade. Navy and COMPT did not support the proposal. Navy advised this is a policy issue not statutory, and statutory authority already exists under 37 USC 406(e), therefore a ULB is unnecessary. COMPT advised if the member decides to move their dependents back and forth between the designated location and their duty station, they have basic pay and FSA to pay for doing so, and it is the individual's responsibility to take care of his/her Family. COMPT also indicated the proposal needs further analysis.

(4) The JFTR outlines a variety of options that authorize travel and transportation allowances for members to relocate dependents with secretarial waiver to CONUS or OCONUS designated location. These options are incident to a member receiving indeterminate TCS order or a PCS move to/from an OCONUS unaccompanied tour. There is no authorization for travel and transportation allowances when a service member deploys greater than 179 days with a unit on TCS orders.

(5) On September 2009, Army informed the JFTR Military Advisory Panel (MAP) of its intent to convene a Principal's meeting (senior roundtable) and gain consensus on this issue.

(6) On January 2010, DAPE-PRC briefed the Deputy G-1 and the VCSA during the AFAP General Officer Steering Committee (GOSC). The VCSA concurred with the Deputy G-1's recommendation to refocus Army Strategy since the preponderance of the affected population is Army (approximately 67%) to include Sunset clause provision with Army as the "Pilot Program" or Service discretion (for deployments greater than 179 days).

(7) On January 2010, DAPE-PRC resubmitted an updated ULB with revised cost estimates after carefully evaluating data from 2003-2009 on Army losses due to parenthood, which averaged 2003 uniformed members. The ULB was deferred to the FY 13A ULB Cycle.

(8) During the 2nd quarter of FY 2010, DAPE-PRC participated in a ULB peer review with Army and Sister Service. DAPE-PRC will include ULB peer review recommendations from Sister Service to strengthen Army's business case. Revised FY 13A ULB and incorporated ULB Council of Colonels recommendations. G-1 did not refer the ULB to OSD because no empirical data existed to support the issue.

(9) Director, PR second request to USAREUR on 13

May 2011for empirical data, was insufficient (in addition of G-1 assumptions) to garner support of sister Services. Moreover, nothing new was evident to support a ULB resubmission for the 14A cycle (effective Jul 11) as a priority during this fiscal constraint amidst dwindling resources. Additionally, our research did not uncover any evidence to show that Soldiers are experiencing financial hardships when required to execute their Family care plan.

(10) Resolution. The Aug 11 declared the issue unattainable. G-1 research did not uncover any evidence to show that Soldiers are experiencing financial hardships when required to execute their FCP. HQDA DCS, G-1 was unsuccessful in demonstrating a compelling business case to garner support of the sister Services in the Unified Legislation and Budget (ULB) process.

g. Lead agency. DAPE-PRC

Issue 601: Full Compensation for Uniform Changes

a. Status. Unattainable

b. Entered. AFAP XXIII, Nov 06

c. Final action. AFAP XXV, Jan 09

d. Scope. The current Office of the Secretary of Defense policy does not fully compensate Enlisted and Officers for purchase of newly mandated clothing bag items. Over the past six years, the Army has changed the Physical Fitness Uniform, the Battle Dress Uniform, and the Army Service Uniform. Enlisted Soldiers Clothing Replacement Allowance (CRA) does not fully cover the transition cost of clothing bag items. Officers do not receive any compensation for newly mandated uniforms. For example, Soldiers are required to have four Army Combat Uniform (ACU) by the mandatory possession date (1 May 08). Only enlisted Soldiers are funded for two per year. The estimated six month wear out date of the ACU prevents Soldiers from acquiring and maintaining four serviceable uniforms without incurring an out of pocket expense. Each newly mandated uniform change causes additional expenses for Soldiers and Families.

e. AFAP Recommendation. Create a supplement, in addition to the existing CRA and the one time Officer entitlement, which will provide full compensation to all Enlisted and Officers in the procurement of newly mandated clothing bag items.

f. Progress.

(1) Validation.

(a) The CRA computation is controlled by Office of the Secretary of Defense (OSD). The CRA is not intended to totally fund a Soldier's uniforms or clothing bag purchases. The Army must provide OSD and the other Services specific examples of why the CRA is inadequate. The Army must develop a method that would allow/justify an increase in the CRA. OSD mandates that the method applied be the same for all Services' CRA.

(b) The CRA is computed using the most current required Clothing Bag items quantities and is adjusted annually based on changes in standard price. CRA provides 100% of the replacement cost of required clothing bag items prorated over each item's expected useful life. Useful life is also recomputed annually and considers actual annual sales and service population. OSD/Services must determine the merit of increasing the CRA based on required items. The initial observation is that the CRA is paid annually - and the wear life of most clothing bag items is 6 months or more.

(c) On 9 Feb 07, HQDA G-4 provided this issue to OSD and all supporting Agencies for coordination with all Services.

(d) On 13 Feb 07, HQDA G-1 determined that the requirement for an additional monetary allowance for officers will require legislation approval.

(2) On 20 Feb 08, HQDA G-4 met with OSD (P&R) and determined that this issue would be formally presented to the Other Services in 3rd QTR FY08.

(3) On 8 May 08 G-4 coordinated recommendation with OSD and all Services. All Services and OSD non-concurred because for funding constraints and they do not want to increase the allowance for officers.

(4) Resolution. The January 2009 HQDA AFAP GOSC declared the issue unattainable as Army G-4 presented the AFAP recommendation to OSD and the Services, and all non-concurred. Additionally, the CRA provides 100 percent of replacement costs of required clothing bag items prorated over each item's expected useful life, and mandatory possession dates are set far enough into the future to enable the CRA to fund newly mandated clothing items.

g. Lead agency. G-4, DALO-SUT

h. Support agency. ABO, G-1, G-3, G-8, ACTIVE ARMY, USAR, NGB, HQTRADOC, PEO SOLDIER, OSD, and OTJAG

Issue 602: Medical Malpractice Compensation for Service Members

a. Status. Unattainable

b. Entered. AFAP XXIII; Nov 06

c. Final action. AFAP XXIII; Jun 07

d. Scope. The interpretation of the Feres Doctrine prohibits active duty service members from seeking additional financial restitution from the federal government in cases of medical malpractice. Service Members on active duty receive free medical care and a comprehensive disability retirement plan, but the compensation for medical malpractice does not include payment for pain and suffering, loss of consortium, or punitive damages. Injuries resulting from medical negligence cause severe physical and financial hardship to the service member which impacts the service member's quality of life.

e. AFAP Recommendation. Create a malpractice claim process for service members which provides financial compensation in addition to, not in lieu of, benefits and entitlements, similar to the process available to family members.

f. Progress.

(1) Feres Doctrine. The Feres doctrine originated in a 1950 United States Supreme Court decision, which held that members of the Uniformed Services cannot sue the federal government, other service members, or civilian government employees in tort for injuries which arise out of, or are incurred in the course of, activity incident to military service. The Court recognized the distinctly federal relationship between the government and members of its armed services and the corresponding unfairness of permitting service-connected claims to be determined by

non-uniform local law. This decision has been broadly and persuasively applied by the courts and has stood for 56 years without either legislative or judicial alteration.

(2) The Offices of the General Counsel (TRICARE Management Agency and the Office of the Secretary of Defense) non-concurred with the recommendation for reasons outlined above and because the recommendation for a separate process issue is addressed in DoD 6025.13-R, Medical Quality Assurance in the Military Health System.

(b) Claim process. The review process for a Feres-barred case is comparable to, but distinct from, the path taken by a paid medical malpractice claim. In either case, negligence is documented and reported to the appropriate licensing authorities and national professional data banks. Allowing service members to claim damages for injuries incident to service would adversely affect good order and discipline, reduce recruitment of medical professionals, and result in greater litigation against the DoD. Providing service members with monetary compensation for injuries sustained from medical malpractice would result in inequity to service members injured elsewhere.

(3) Resolution. The issue was declared unattainable by the Jun 07 AFAP GOSC. Adverse medical incidents involving service members are subject to the same reporting requirements as incidents involving family members, and the recommendation would allow service members to collect money in addition to other existing benefits and entitlements associated with medical malpractice claims.

g. Lead agency. USAMEDCOM Judge Advocate

h. Support agency. OTJAG

Issue 603: Reserve Component (RC) Combat Stress Related Reintegration Training

a. Status. Completed

b. Entered. AFAP XXIII, Nov 06

c. Final action. AFAP XXVI, Jun 10

d. Scope. RC service members (SM), Families and communities do not receive a consistent standardized method of reintegration training dealing with combat related stress. RC SM, their Families and communities are not aware of the symptoms and severity of Post Traumatic Stress Disorder (PTSD) or Combat Stress Disorder (CSD) and therefore do not seek access to care. Adequate funding is not earmarked to provide standardized combat stress related reintegration training in a timely manner upon returning from a deployment. Untreated PTSD or CSD is devastating to the Soldier, the Family and the community.

e. AFAP Recommendations.

(1) Earmark funds to provide standardized combat stress related reintegration training for the RC.

(2) Standardize combat stress related reintegration training for RC SM, Families and communities throughout the reintegration process to ensure Family participation.

(3) Mandate and document combat stress related reintegration training for all RC SM returning from deployment.

f. Progress.

(1) The Congressional mandate to implement a Yellow Ribbon Reintegration Program (YRRP) into the Army Reserve provided the Army Reserve the resources to integrate combat stress into reintegration training. The Army Reserve YRRP has matured since its initial inception in 2008 and will remain the vehicle by which combat stress education is provided to Army Reserve Soldiers, Families, and Civilians. Combat stress training is also available upon demand. Combat stress education is now a mainstay within the Army Reserve and will continue to evolve as new scientific evidence emerges.

(2) Yellow Ribbon Reintegration Program funded for FY2010 and is in the POM for FY2011-20017. HQDA allocated approximately $23M for FY2011-2015 for additional enduring authorization. Concept plan currently under review and approval at DA G3. Funding requirements/adjustments ($34M) are being included in the POM 2012-2017.

(3) Training is disseminated through the Army Reserve Yellow Ribbon Reintegration Program and the utilization of DoD and VA assets (i.e. Military Family Life Consultants). Since the last IPR, Battlemind Program was incorporated into the Comprehensive Soldier Fitness Program. Due to this change, the Army Reserve did not pursue a RC specific Battlemind module. Battlemind continues to be conducted at Yellow Ribbon Reintegration Program events.

(4) The Army Reserve published OPERATION ORDER 08-102 (Yellow Ribbon Reintegration Program), 30 July 2008. OPERATION ORDER 08-102 requires USARC subordinate commands to implement the 30-60-90 day post-deployment Yellow Ribbon Reintegration Program activities for Soldiers returning o/a 1 August 2008 and their Family members, at an offsite location contracted by the respective Regional Readiness Commands (RRC) and/or Regional Support Commands (RSC). Effective 1 October 2008, all USARC subordinate commands will fully implement the Yellow Ribbon Reintegration Program for mobilizing, mobilized, and redeploying Soldiers and their Families at centralized locations to mitigate the stressors of extended mobilization and reintegrate Soldiers with their Families, communities, and employers.

(5) ANNEX L to OPERATION ORDER 08-102 (Yellow Ribbon Reintegration Program). Army Reserve Soldiers and Family members are placed on duty/invitational travel orders to attend Yellow Ribbon events. Army Reserve Soldiers and Family members register upon arrival at a Yellow Ribbon event. There may be additional tracking/accountability requirements implemented at each event.

(6) The Army Reserve has four behavioral health officers working full-time as Regional Directors of Psychological Health. Together with the Deputy Surgeon for Behavioral Health, combat stress-related and resiliency training is offered on demand to Army Reserve leaders, Soldiers, Families, and Civilians. A concept plan is currently under review at HQDA which includes turning these five behavioral health positions into full-time enduring civilian authorizations.

(7) The Army Reserve, under the directives established in the VCSA's Campaign Plan for Health Promotion, Risk Reduction, and Suicide Prevention Campaign Plan, received additional funding starting FY2011 to augment staff at the Regional Support and other Major/Direct

Reporting Commands with Suicide Prevention Program Managers, Family Advocacy Program staff, and Army Substance Abuse Program staff. All these positions will be clinical in nature and will have the expertise to assist Reserve Soldiers and Family members with reintegration training, education, support and assistance. AR 600-63 is the governing regulation for these new requirements.

(8) The Army Reserve Family Programs hired a licensed clinical social worker in the position of Deputy Director and in the position of Director of the Warrior & Family Assistance Center. Plans are being developed to hire additional behavioral health professionals for man the Army Reserve call-in center. The addition of these behavioral health professionals will ensure the appropriate training is maintained for Soldiers and Family members.

(9) Another source of training will be provided by the Comprehensive Soldier Fitness Program. Implementation of this program is under development; however, the Army Reserve is allotted five training seats for each iteration of the Master Resiliency Training Program.

(10) On 28 Sep 2009 the Deputy Surgeon, Behavior Health, Office of the Chief, Army Reserve met with OTSG to discuss the transfer of issue #603 to the Army Reserve. Both concurred with the transfer. The Deputy Surgeon, Behavior Health, Army Reserves will act as the lead action officer with OTSG in support. With this change, the Surgeon's Behavioral Health Officer (anticipated to be a civilian in the near future) will provide direct oversight in the evolution of combat stress related training within the Army Reserve.

(11) Disseminating combat stress related and resiliency training, information and materials is an ongoing and evolving Army Reserve mission. What is constant is the Congressional mandate to use the Yellow Ribbon Reintegration Program as the training vehicle. The program is out of its infancy stage and will continue to strengthen as a result of event programming.

(12) Resolution. Training is documented and is disseminated through the Army Reserve Yellow Ribbon Reintegration Program and utilization of DOD and VA assets. Funding is in the FY12-17 POM.

g. Lead agency. Army Reserve, DAAR-MD

h. Support agency. Army National Guard Bureau, G-1, G-3, G-7, and G-2/G-6

Issue 604: Retroactive Traumatic Service Members Group Life Insurance (TSGLI) Compensation

a. Status. Completed

b. Entered. AFAP XXIII, Nov 06

c. Final action. AFAP XXVI, Jun 10

d. Scope. Soldiers with qualifying injuries in non-combat related accidents occurring between 7 Oct 2001 – 30 Nov 2005 do not receive retroactive TSGLI compensation. Soldiers injured in Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) during the same time period have been retroactively compensated. Public Law 109-13, 1 Dec 2005, authorizes all Soldiers to receive the same TSGLI compensation regardless of the location of the accident. This is an inequity for injured Soldiers and their Families.

e. AFAP Recommendation. Provide retroactive TSGLI compensation to Soldiers with qualifying injuries occurring between 7 Oct 2001 – 30 Nov 2005 consistent with Soldiers injured in OIF and OEF.

f. Progress.

(1) After conferring with the OSD POC officer responsible for the TSGLI program the official stance for OSD is that there is no support for initiative from OSD. They do not support expansion of the TSGLI program to provide retroactive TSGLI benefits to Soldiers with qualifying non-combat injuries occurring between 7 October 2001 – 30 November 2005 consistent with Soldiers injured in OIF and OEF.

(2) The Army submitted an FY11A ULB for combining of both the retroactive and prospective periods of TSGLI in order to provide compensation benefits to those Soldiers that sustained a non-combat related injury prior to 1 December 2005. Because of the OSD position on this particular initiative there would be no sponsorship and thus the ULB was withdrawn from FY11A ULB cycle.

(3) The Senate Veterans Affairs Committee proposed an amendment to the omnibus benefits bill, S. 1315, the Veterans' Benefits Enhancement Act of 2007. While in the House of Representatives, all language relating to the combining of the two periods of coverage under TSGLI and the removal of the requirement limiting the retroactive TSGLI payments to those who served in the OIF or OEF theaters of operations was removed from the bill. Review of conference report for the National Defense Authorization Bill for FY 2010, does not contain any provision or authorization for retroactive TSGLI payments.

(4) Discussions with OSD on retroactive SGLI reimbursement indicate that there is no support at OSD or action pending within OSD to provide retroactive TSGLI payments for injuries occurring between 7 October 2001 – 30 November 2005 consistent with Soldiers injured in OIF and OEF.

(5) Resolution. Retroactive TSGLI compensation to Soldiers injured outside OEF and OIF theaters of operation between 7 Oct 01 and 30 Nov 05 was declared unattainable. Language in the FY10 NDAA authorizing retroactive TSGLI was removed from the final House bill. OSD does not support this issue.

g. Lead agency. AHRC-PDZ-CRSC

Issue 605: Table of Distribution and Allowance (TDA) Position for Garrison Better Opportunities for Single Soldiers (BOSS) Program

a. Status. Completed

b. Entered. AFAP XXIII, Nov 06

c. Final action. AFAP XXVI, Jun 10

d. Scope. There is no Table of Distribution and Allowance (TDA) position for the Better Opportunities for Single Soldiers (BOSS) president at the Garrison level. Department of the Army Circular 608-06-1 does not standardize requirements for filling a BOSS president position. Without a fulltime BOSS president on the TDA, the total quality, success, and participation of this program are diminished.

e. AFAP Recommendations.

(1) Establish a requirement for a full time BOSS president position on the TDA for each Garrison as a two year tour.

(2) Require the senior mission Commander to assign the selected Soldier to the authorized TDA position.

f. Progress.

(1) Years of part time BOSS Presidents have caused a lack of credibility and instability in the program. Duties and responsibilities of the BOSS President have increased over the years, and part time Presidents cannot commit the time needed to effectively execute the program. It has remained a major Army-wide issue compounded by the high operational tempo. In Jan 07, IMWR-CR-B researched potential courses of action.

(2) HQDA Memorandum, DAMO-FMP, subject: Concept Plan to Establish Military Requirements for the Better Opportunities for Single Soldiers (BOSS) Program, dated 24 Jan 09, approved 47 military requirements without authorizations, with an effective date of 1 Oct 09. Authorizations were not available due to the current constrained resource environment. G-3/5/7 provided two options: realign authorizations or work with Senior Commander's to fill.

(3) FMWRC is preparing subsequent concept plan for approval to expand the military requirements to a total of 78 BOSS President positions. After approval of military requirements, FMWRC will pursue 50 BOSS President authorizations. BOSS President positions are PMOS immaterial.

(4) FMWRC worked with Human Resource Command (HRC) to obtain four (4) military over-strength Directed Military Over-strength (DMO) positions. FMWRC is pursuing DMO positions for the remaining approved BOSS President requirements.

(5) The RAR to AR 215-1 supersedes the DA Circular 608-06-1; requires full time BOSS Presidents. AR 215-1 was published 28 Mar 10.

(6) Draft DA Pamphlet 215-XX, Paragraph 2-7a, currently being staffed at FMWRC, addresses the requirement "to perform sole duties as the BOSS President, for a minimum of two years".

(7) At the Apr 10 AFAP issue review with LTG Lynch, a recommendation was made to close the issue since the Senior Commander has operational responsibility for the BOSS President. Once released, the DA PAM 215 XX will address the BOSS President responsibilities for a two year minimum.

(8) Resolution. The G-3/7 approved the concept plan for 47 military requirements for BOSS president positions. It is already a Senior Commander requirement to ensure BOSS president positions are filled, but a new DA Pam will address the requirement to perform sole duties as the BOSS President for a minimum of two years.

g. Lead agency. DAIM-ISS

h. Support agency. IMWR-CR

Issue 606: Temporary Lodging for Single Service Members with Partial Custody/ Visitation

a. Status. Complete

b. Entered. AFAP XXIII, Nov 06

c. Final action. AFAP XXIV; Jun 08

d. Scope. Single Service Members who have partial custody/visitation of their children for less than 181 days per year are not authorized Family (alternative) housing. In accordance with DoDI 4165.63M, single Service Members are not authorized to obtain a confirmed reservation at military lodging. Overnight visits are not allowed in the barracks nor is the environment conducive to Service Member's visitation periods with their children. Providing a Family friendly environment may increase parent/child interaction, decrease expenses, increase flexibility of visitation, and improve Family unit cohesion.

e. AFAP Recommendation. Authorize Service Members who have partial custody/visitation of their children to be included on a Confirmed Reservation Basis priority listing for military lodging.

f. Progress.

(1) Validation. Under current DoD policy, Soldiers making space available reservations have no reservation priority. Travelers in this status may make reservation requests up to 30 days in advance of arrival in accordance with local policy/procedures.

(2) The Office of the Under Secretary of Defense for Personnel and Readiness (OUSD) has decided to staff this as a policy change as opposed to an exception for the Army. This has been coordinated with the Assistant Secretary of the Army (Manpower and Reserve Affairs), Assistant Secretary of the Navy (Manpower and Reserve Affairs) and Assistant Secretary of the Air Force (Manpower and Reserve Affairs).

(3) The Assistant Secretary of the Air Force came back with proposal to accept reservation for single military members for the purpose of visitation with children be accepted only up to 10 days prior to stay and that installation/lodging managers may limit duration of stay dependent upon projected occupancy. The Assistant Secretary of the Navy concurred with the recommendation of the Air Force.

(4) On 17 Jan 08, the request for policy change was forwarded for signature to the Principal Deputy Under Secretary of Defense of Personnel and Readiness. The Office of the Under Secretary of Defense approved the policy change. This policy change will be incorporated into the next revision of Department of Defense Instruction (DoDI) 1015.11, "Lodging Policy".

(5) NETCALL informing Army Lodging activities of the policy change was submitted for approval on 15 Apr 08 with release date no later than 25 Apr 08.

(6) Resolution. The Office of the Under Secretary of Defense (OUSD) for Personnel and Readiness approved the policy change, which will be incorporated into DoDI 1015.11 (Lodging Policy). On 1 June 2008, the IMCOM Deputy, Commanding General NETCALL disseminated policy change information to Army Lodging activities.

g. Lead agency. IMWR-HP

Issue 607: Terminal Leave Restrictions for Soldiers in the Physical Disability Evaluation System (PDES)

a. Status. Completed

b. Entered. AFAP XXIII, Nov 06

c. Final action. AFAP XXIV, Dec 07

d. Scope. Soldiers being separated through the PDES are not allowed to take terminal leave and instead are

forced to sell remaining leave days. Soldiers ordinarily transitioning out of the military are allowed to take terminal leave. The affected Soldiers are not given the options to take leave with full entitlements. Current regulations create an inequity for Soldiers in the PDES process.

e. AFAP Recommendation. Remove terminal leave restrictions preventing Soldiers from using leave after completing the PDES process.

f. Progress.

(1) Validation. Soldiers are able to utilize accrued leave during the PDES process as long as leave periods do no conflict with medical treatment or scheduled PDES boards.

(2) AR 635-40, Physical Evaluation for Retention, Retirement, or Separation, Appendix E, par. E-8a and E-8d, state that discharge will be effected within 20 days from the date of secretarial approval of the determination of physical unfitness advanced by the number of days accrued leave which can not be sold back to the Government. AR 600-8-10, Leaves and Passes, par. 4-21g also indicates that Soldiers are only authorized terminal leave after PDES determination if they are unable to sell or cash in leave to the Government.

(3) Independent action by the Army Medical Action Plan (AMAP) working group resulted in a change to the terminal leave procedures for active and RC Wounded Warriors in transition, or processing through or who have completed the Physical Disability Evaluation System. ALARACT 172/2007, Aug 07, authorizes these Soldiers to take transition leave (formerly called terminal leave).

(4) Resolution. The Dec 07 GOSC declared the issue completed because Soldiers are authorized to utilize accrued leave during the PDES process as long as leave periods do not conflict with medical treatment or scheduled PDES boards.

g. Lead agency. DAPE-PRC

Issue 608: Timeliness of TRICARE Referral Authorizations

a. Status. Completed

b. Entered. AFAP XXIII, Nov 06

c. Final action. AFAP XXVI, Jun 10

d. Scope. The Primary Care Managers (PCMs) and the Managed Care Support Contractors (MCSCs) are not adhering to the required TRICARE guidelines and standards for processing specialty care referrals. The PCM standard is one business day for referral request. The MCSCs are required to process referrals for authorization within three workdays. Medical care authorization is being delayed which precludes timely medical care and increases recovery time.

e. AFAP Recommendations.

(1) Require monitoring and reporting of processing times for specialty care referrals to ensure stricter compliance.

(2) Develop a brochure explaining the process and requirements for TRICARE specialty referrals and require PCMs provide the brochure to all patients receiving referrals.

f. Progress.

(1) The actual monitoring and compliance with the administrative actions surrounding the Managed Care Support Contractors (MCSC) acceptance and recording of referrals has been shown to not be a significant execution issue. As of Jan 09, the 3 MCSCs consistently report over 99% compliance with referral processing/ authorization within the required 3 day standard. It must be noted that this execution is just for those military treatment facility (MTF) "defer to network" referral requests that the MCSCs currently accept as needing an "authorization." This comprises the bulk of civilian specialist referrals, but does not account for ancillary referrals such as laboratory, radiological, or durable medical equipment (DME) requests from the MTF.

(2) The MCSCs' administrative processing of referral requests is different from the MTFs' internal referral management process.

(a) For referrals generated within the MTF for a specialty appointment for which the MTF does not have capacity/capability, the standard for sending that "defer to network" specialty referral request to the MCSC is within 1 business day.

(b) For MTF generated specialty referrals in which the MTF has potential for capacity and/or capability, the process for determining whether or not the beneficiary can be seen within the MTF within prescribed access to care (ATC) standards requires more steps and decisions by both the MTF and the beneficiary. Under the current MHS design, these are considered normal and acceptable, but in some cases an actual appointment may not be "booked" with the beneficiary within 1 business day of the referral being generated and inputted into the system.

(c) When the MTF determines that they have capacity/capability and offers the beneficiary an appointment, or appointments, within ATC standards, the appointment's date and time might not be acceptable to the beneficiary. The OPORD 09-36 (see para c) instructs our MTFs to work toward improving processes which supports having several appointments available within the ATC standard window. Even with all the process improvements underway, the MEDCOM MTFs have found that many MTF enrolled beneficiaries will accept another MTF appointment that is outside the ATC standard if other available appointments are not convenient to them.

(d) The processes outlined in section b has been solidified by the OTSG/MEDCOM OPORD 09-36 release, Access to Care Campaign, dated 30 Mar 09. Performance metrics to support the beneficiary receiving specialty appointments is standardized across the MEDCOM and will be tracked at the MTF, Regional Medical Command (RMC), and MEDCOM level.

(3) MEDCOM initiated Data Calls and Regional Medical Command forums with our MTFs produced evidence showing some business process disconnects between the MTFs and the MCSCs for the MTF "defer to network" referrals regarding the categories of beneficiaries supported and financed by the Supplemental Health Care Program (SHCP), (ADSM, RC with LOD, and TDRL).

(4) The MEDCOM MTFs are meeting in-house ATC standards for specialty referrals at >93%. For those MTFs that have limited specialty providers, they must rely on the civilian network for their MTF "defer to network" specialty healthcare encounters. Civilian network ade-

quacy is an on-going concern at the highest level and is being addressed at those levels.

(5) The lack of standardized business design concepts between the 3 TRICARE regions continues to slow sweeping changes to TMA's MCSC guidance and thus hinders MEDCOM-wide MTF standardize policy guidance for "defer to network" referral requests.

(6) Guidance to the MCSCs via TRICARE Manuals; concrete changes to clarify problematic TRICARE Manual language has been slowed during this procurement period for TRICARE 3rd Generation (T-3). Discussions with TMA and sister Services is continual and on-going to better clarify key chapters and passages that need attention. Changes could not take place during the early stages of this T-3 procurement process.

(7) Communications with MEDCOM MTFs is continual and on-going to gauge recent progress and identify additional regional differences of the 3 MCSC's business processes.

(8) All efforts continue and OTSG/MEDCOM is ensuring that TMA is aware of linkages between this AFAP issue and other MHS initiatives/changes so that all are synchronized to prevent stove-pipe changes that ultimately create additional fragmented business designs and processes. Recent protests of T-3 award continue to hinder any sweeping changes to TRICARE manuals. Army Regional Medical Commands back-brief The Surgeon General in Aug/Sep 09 on their status and way ahead.

(9) OPORD 09-36, Access to Care Campaign continues to be the core document for which the MEDCOM improves on the multi-faceted business processes that support both access to care and patient continuity. FRAGO 1 to OPORD 09-36 was released on 5 Feb 10 which added additional initiatives and fine-tuned existing business requirements. Regional Medical Command back-briefs to the Surgeon General have been completed for 1st and 2nd Quarter FY10, and will be recurring on a quarterly basis.

(10) Work on improvements to Enterprise Wide solutions and sweeping changes to the TRICARE Manuals that will support the MTFs' need for "defer to network" to civilian providers is still on-going via an Enterprise Tiger Team. However, the work has continued to be slowed due to the upheld T-3 Award protests and the uncertain fate of the CONUS T-3 contracts.

(11) The beneficiary focused Quad-fold handouts have been distributed to all our MEDCOM MTFs. It provides standardized information on access to care and referral guidance. From an Enterprise level execution, the TRICARE Management Activity has beneficiary information changes built into their normal budget cycle and execution design.

(12) On-going efforts to refine and standardize the referral management processes of our external partners (i.e. regional TRICARE contractors (a.k.a MCSC)) will continue, but remain slow due to the continued uncertainty of the new T-3 contract awards and start of healthcare delivery. The new Overseas TRICARE Contract is in full transition for a start of healthcare delivery of 1 Sep 10. All efforts for improvements in CONUS are being worked/applied to OCONUS.

(13) Resolution. The Jun 10 GOSC declared the issue complete. TRICARE contractors report 99% compliance with referral processing and authorization within the 3-work day standard. A MEDCOM brochure (Quad-Fold) was developed and distributed to all Army MTFs. The quad-fold complements other TRICARE educational products in support of specialty referrals.

g. Lead agency. MCHO-CL-M

h. Support agency. TMA

Issue 610: Traumatic Brain Injury (TBI) Rehabilitation Program at Military Medical Centers of Excellence

a. Status. Completed

b. Entered. AFAP XXIII, Nov 06

c. Final action. AFAP XXVII, Feb 11

d. Scope. While there is a range of rehabilitative services available at military Medical Centers of Excellence, there is not a comprehensive, integrated system of TBI-focused rehabilitative services. The military healthcare system is referring the service member to Department of Veterans' Affairs and civilian TBI rehabilitation centers. This disallows simultaneous treatment for service members with multiple injuries which jeopardizes the window of opportunity to regain lost capacity. Additionally, studies show recovery from a life altering event requires a holistic approach to medicine to include consistent support networks, comrades, and a team of health care providers.

e. AFAP Recommendation. Establish a comprehensive integrated rehabilitative program for TBI patients at military Medical Centers of Excellence.

f. Progress.

(1) To date, various DoD agencies have taken steps to address TBI and have made recommendations to the Assistant Secretary of Defense for Health Affairs. The Army recognizes TBI as a significant health and operational concern, is taking the lead in addressing these recommendations, and is committed to ensuring all Soldiers receive the evaluation, treatment, management, and rehabilitation services they need. DoD opened the Defense Centers of Excellence (DCoE) in November 2007 and that organization continues to expand. The role of the DCoE is to coordinate and assess prevention, best practices, quality care, and research across the DoD for TBI and psychological health. In January 2009, DCoE established a 24/7 call center to answer questions related to TBI and psychological health. The Defense and Veteran Brain Injury Center (DVBIC) was established in 1992 as collaboration between DoD and Veterans Affairs to serve as a focal point for TBI, specifically clinical care and standards, research, and education. OTSG collaborates regularly with the DCoE and DVBIC on TBI matters.

(2) In July 2007, the Army TBI Task Force Report was finalized and submitted to the Acting TSG for approval of follow-on actions. The TBI Task Force made 47 recommendations. These recommendations translated into an Action Plan and one action was added regarding funding for the TBI program. The development of TBI programs was a component of the Action Plan that relates to this AFAP issue.

(3) The Acting TSG established the Proponency Office for Rehabilitation and Reintegration (PR&R) in May 2007.

The purpose is to serve as the single Army source for all rehabilitation and reintegration healthcare issues, specifically the oversight, coordination, and synchronization of rehabilitation and reintegration care and related activities for Soldiers with TBI, amputations, polytrauma, vision and hearing impairments, burns, and chronic and acute musculoskeletal injuries. Specific to TBI, the PR&R is responsible for executing the TBI Action Plan.

(4) MEDCOM is working to ensure that comprehensive integrated TBI screening; identification, treatment, and rehabilitation are in place at each Army Military Treatment Facility (MTF) proportionate to the TBI patient population and MTF mission. The Army TBI program established a standardized, comprehensive program that provides a continuum of integrated care and services for Soldiers and patients with TBI from point-of-injury to return to duty or transition from active duty and/or return to highest functional level. The TBI program supports the most severely injured patients who require the most intense inpatient rehabilitation programs by providing initial acute treatment and then transferring care to a Department of Veterans Administration (DVA) Polytrauma Rehabilitation Center (PRC). The program also supports mild TBI detection, evaluation, and treatment efforts for all Soldiers. The program also includes a full range of specialty and subspecialty care at a limited number of Army high patient density sites. Planning for Family support systems at each facility is ongoing.

a. AMEDD continues to utilize the DVA Polytrauma Rehabilitation centers and Soldiers are evaluation and treatment at DVA polytrauma network sites (PNS) to enhance access, ensure lifelong care coordination, provide specialized clinical care/case management, and serve as resources to other facilities continues to increase.

b. The Army Medical Department (AMEDD) utilizes comprehensive TBI services provided through the DVBIC. The DVBIC provides strong evidence of a working tri-service, comprehensive, interagency systems model for TBI. Currently, the Army has one center at WRAMC, one at Brooke Army Medical Center (combined with Wilford Hall Medical Center), and one satellite clinic at Fort Bragg. Additionally, DVBIC personnel are now working at Carl R. Darnall Army Medical Center, Landsthul Regional Medical Center, and Evans Army Community Hospital.

c. The Army has adopted the DVBIC model and amended it to meet Army needs. OTSG PR&R is validating TBI programs throughout the AMEDD.

d. Each Army MTF has an identified TBI Program Manager.

e. The MEDCOM published a TBI Operation Order on 9 April 2008 and FRAGO 1 on 25 November 2009. Seven standardized patient education tools have been developed and distributed. Development of the first seven computer based educational tools and training products is complete with intent to post them to MHS Learn in the spring of 2010. These education tools, along with over 300 Army personnel attending the DVBIC TBI training conference each year, and routine communication between OTSG and the RMCs/MTFs facilitate information sharing and dissemination of best practices.

(5) A DoD level Directive Type Memorandum (DTM) in development establishes policy, assigns responsibilities, and provides procedures on the revised management of mild traumatic brain injury/concussion for all deployed personnel. This directive will apply to all leaders within the DoD, Service members, and medical personnel engaged in ongoing DoD missions, and it will standardize terminology, procedures, leadership actions, and medical management to provide maximum protection of Service members. The DTM contains events that mandate medical evaluation, directs leader assessment after specified events, establishes minimum required data fields for monthly reports, establishes revised clinical algorithms for management of concussion in the deployed setting, and provides guidance on the management of recurrent concussions. The Services, in collaboration with the Defense Center of Excellence drafted the DTM; pending final signature. Although this is not yet policy, some organizations are aware of the pending directive and are operationalizing it ahead of its release. Army has drafted a Campaign Plan for Warrior Mild Traumatic Brain Injury Management to operationalizing the DTM and an "Educate, Train, Treat and Track" campaign plan to facilitate line leader and medical effort collaboration to improve acute concussion identification and management. The goal is a cultural change in fighter management after concussive events to include identification and treatment close to point of injury, documentation of the incident, and expectation of recovery with early treatment.

(6) At the January 2010 AFAP General Officer Steering Committee, 10 of our facilities had achieved full validation and 21 had achieved initial validation. The Vice Chief of Staff, Army directed that this issue remain open until more of the initially validated programs receive full validation. He also directed that we ‘take care of’ the Reserve components. Based on this guidance, to date, 40 facilities have achieved full validation. 10 facilities have achieved initial validation. The remaining facilities have completed their validation tasker and will receive their full validation memo in March 2011. We have validated TBI programs at four Reserve/National Guard projection platforms (Camp Shelby, Fort McCoy, and Fort Dix Camp Atterbury).

(7) Resolution. Comprehensive integrated TBI screening, identification, treatment, and rehabilitation services are in place at each Army MTF, proportionate to TBI patient population. TBI programs are validated to ensure comprehensive, consistent programs focused on improving detection, documentation, evaluation, treatment, rehabilitation, restoration, follow-up, family support, education and training for patients with TBI, specifically mild TBI. 40 facilities have achieved full validation; 10 have initial validation. All non-fully validated programs completed their validation tasker in Jan 11 and will receive memos granting full validation by Mar 11. Following a question from the VCSA about TRICARE coverage of cognitive therapy for TBI, the TRICARE Management Agency (TMA) representative clarified that stand-alone cognitive rehabilitation therapy for Active Duty service members is covered. TRICARE does not cover cognitive rehabilitation therapy as a stand-alone therapy for other beneficiaries, but if cognitive

rehabilitation techniques are integrated as part of a total program of rehabilitation, TRICARE pays for that total program.

g. Lead agency. DASG-HS-CN

h. Support agency. US Army Medical Research & Material Command (Defense and Veterans Brain Injury Center) and VA

Issue 611: Traumatic Service Members' Group Life Insurance (TSGLI) Annual Supplement

a. Status. Completed

b. Entered. AFAP XXIII, Nov 06

c. Final action. AFAP XXVI, Jun 10

d. Scope. Severely injured/ill Service Members (SM) care providers are not afforded financial support from the date SM's transition from inpatient status, throughout rehabilitation and are retained or retired from active military service. TSGLI is a one-time payment that offsets initial expenses of injured/ill SM, however these funds do not cover the additional caregiver expenses of continued outpatient needs and rehabilitation. This often causes extreme financial hardship on the SM and their Family.

e. AFAP Recommendation. Amend TSGLI to authorize an annual re-qualification for an additional lump sum payment to offset caregiver expense of SM due to the severity of wounds.

f. Progress.

(1) FY 2010 NDAA authorizes special compensation to Soldiers with catastrophic injuries or illnesses that require assistance in everyday living when, in the absence of that assistance, the service member would require hospitalization or institutional care.

(2) The House of Representatives and the Senate voted unanimously to approve compromise legislation (S. 1963) authorizing two levels of caregiver support - one for Iraq and Afghanistan vets and one for veterans of all other periods. Caregivers for both groups of seriously disabled veterans would be eligible for education and training help, counseling and mental health services and respite care.

(3) Caregivers for Iraq and Afghanistan vets also would be entitled to VA health coverage, a monthly stipend based on the cost of providing in-home care by locality, and lodging and subsistence payments when accompanying patients on medical visits to distant locations.

(4) The DA Surgeon General and M&RA are working this issue with OSD and the sister services to determine the appropriate rate of special pay for a caregiver.

(5) GOSC review.

(a) May 07. The G-1 briefer said that the problem appears to be that there is not enough money to cover certain types of care or other requirements, but an annual TSGLI supplement may not be the best solution. The Army needs to work on this and consider it in the Army Medical Action Plan.

g. Lead agency. DAPE-PRC

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

a. Status. Complete

b. Entered. Nov 06 AFAP GOSC

c. Final action. 27 Aug 12 AFAP GOSC

d. Scope. Current and future budget cuts seriously threaten the effectiveness of ACAP. The program assists Service Members (SMs) and their Families to be successful in their transition from federal service to civilian life. Approximately 11,000 SMs were retained on active duty in 2005 from briefings provided by ACAP. Loss of ACAP's employment assistance and support for job searches will result in higher unemployment rates, increased unemployment compensation and reimbursement costs paid by the Department of Army.

e. AFAP Recommendations.

(1) Eliminate future ACAP budget reduction.

(2) Expand the ACAP operating budget to maintain a viable program to serve SMs and their Families.

(3) Maintain professional staff to provide personalized services currently available.

f. Progress.

(1) In June 2007, the Lean Six Sigma study conducted by the Assistant Secretary of the Army (Manpower and Reserve Affairs) [ASA(M&RA)] recommended improving ACAP by expanding accessibility for Soldiers to ACAP utilizing web services. Implemented as ACAP Express, it allows Soldiers to access the menu of available ACAP services and schedule appointments for themselves from any location via the internet 24/7 and was launched 28 February 2008. Eligible Soldiers utilize tools such as resume writer from the world-wide web in the same manner they would at an ACAP Center. If they begin ACAP early on in the transition process, Soldiers and Family members are more able to utilize individual transition counseling and employment assistance offered by ACAP, and subsequently are more prepared for their transition.

(2) ACAP Express was evaluated in February 2009 and found to be successful. In the first year, over 10,000 Soldiers registered and utilized ACAP Express. In FY 11, over 30,000 users utilized ACAP Express. Soldier feedback critiques are supportive of ACAP Express, and request additional tools be placed on-line. Although ACAP Express eases the burden on the ACAP staff by allowing some self-service, the mission continues to increase with support to the Warrior Transition Units (WTUs) and Army Wounded Warrior (AW2) populations, and supporting the G-1's Continuum of Service concept with additional emphasis on transition to National Guard and Army Reserve, as well as Army Civilian Employment. For example, the Department of Army Civilian Human Resource Agency, AW2 Operations Division and ACAP have developed a process to bypass the resumix system for all AW2 Soldiers. 334 AW2 Soldiers were hired during FY 10. These focused efforts will continue and expand.

(3) Issue was considered by the AFAP General Officer Steering Committee (GOSC) July 2009. Several attendees emphasized the value of ACAP services, in particular to OCONUS Soldiers, demobilizing National Guard and Reserve Soldiers and Wounded Warriors. Other discussion addressed a secondary issue of updating ACAP service delivery and consideration of strategies utilized by online civilian employment services. The Vice Chief of Staff of the Army (VCSA) said that ACAP is a viable program that the Army needs to fund and said he would take

this issue into budget discussions, and the issue remains active.

(4) A meeting with the Assistant Chief of Staff for Installation Management, Resource Directorate (ACSIM-RD) on 28 July 2009 between the Director ACAP and Deputy Chief, Resource Integration Division subsequently supported AFAP Issue 612 and a commitment was made to restore an additional $1M if II PEG Total Obligation Authority (TOA) level permits. The Army provided an additional $800K in FY 11 in support of AFAP Issue 612. An update will be provided to the VCSA during the next AFAP GOSC. This issue went before the II PEG for POM FY 12-17 in an effort to restore an appropriate level of funding, and was favorably received.

(5) In support of AFAP Issue 612, the Army recently increased the ACAP funding by $1M annually through FYs 12-16; resulting in a funded level of $5.8M per year.

(6) On 1 April 2010, the VCSA directed a bottoms-up review of ACAP and commissioned the United States Military Academy to independently review and determine whether ACAP meets the needs of the Soldiers of the 21st century. The VCSA received the formal report in October, which included 16 Determinative Wins.

(7) Issue was considered by the AFAP GOSC 3 February 2011. The Chief of the Army Reserve said they may be able to assist by deploying full-time personnel into ACAP to help enhance it. The draft ACAP Regulation is including Reserve Components (RC) to assist Army Reserve/National Guard with defined Roles and Responsibilities. It is scheduled to be sent to Office of the Chief of Army Reserve (OCAR) and National Guard Bureau (NGB) for their input 1st quarter FY 12. This will be a tremendous boost to reaching Reserve component Soldiers who often do not reside within commuting distance of an ACAP center and therefore miss out on critical services to assist in their transition.

(8) In order to reach the Reserve Component (RC) force, the Army will begin the process of fielding Forward Transition Support Teams and Mobile Transition Teams beginning July 12. The teams will comprise of transition assistance counselors, geographically dispersed throughout the 54 States and territories. The 54 Forward and three Mobile teams will be full mission capable beginning 21 Nov 12.

(9) During AFAP GOSC 3 February 2011, the VCSA indicated that Commanders should allow their Soldiers the time to utilize ACAP services. He stated that “we owe our Soldiers the opportunity to take advantage of ACAP, because it really gives them a great opportunity to make the transition into civilian life as painless as possible.” He followed up with a “VCSA Sends” memo stating “As leaders, it is paramount to ensure every transitioning Soldier visits an ACAP center not later than 12 months prior to their departure from the Army.”

(10) ACAP will not be able to maintain its current level of support to Soldiers and their Families, implement all the recommended 16 Determinative Wins, or provide service to the additional 50,000 Soldiers identified to leave the Army under the proposed Army end strength without additional funding. Any decrement in funding and lack of additional resources will result in a failure to meet the VSCA’s intent of caring for Soldiers and Families as a critical leader task.

(11) During AFAP GOSC 4 August 2011, the VSCA stated “we're getting ready to ramp the Army down to 520K and cut $1.3 million out of ACAP. And we know we're going to have Soldiers who are going to be looking for jobs. That's what I can't stand, the PEGs when they do those kinds of things. That just doesn't make any sense”. HRC requested an additional $27.4M via IIPEG February 2012 to support AC and RC Soldiers during their transition. This request is in support of the legislative requirements of the VOW (Veterans Opportunity to Work) to Hire Heroes Act passed Nov 2011, The Office of Secretary of Defense transition requirements, and Army EXORD 054-12.

(12) ACAP will touch transitioning Soldiers from the time they conduct their Pre separation counseling through their exit. New Army policy requiring Soldiers to begin their transition not later than 12 months from separation will enable them to best prepare themselves for their follow-on plans. Supporting their preparation, new initiatives to be piloted by the AC and RC, beginning July12, will be connecting those Soldiers who are seeking employment, a connection mechanism to jobs.

(13) ACAP budget reductions have been eliminated. Current and out year budgets have been doubled, well in excess of the AFAP recommended increase of $1.3M. Professional staff to provide personalized services has also been increased in order to meet Service Members needs.

g. Resolution. 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.

h. Lead agency. AHRC-PDP-T

Issue 613: Academic Tutoring for Active Duty School Age Children

a. Status. Completed

b. Entered. AFAP XXIV, Dec 07

c. Final action. AFAP XXVI, Jun 10

d. Scope. Some Military children struggle academically and need supplemental tutoring services to address the wide and varying educational requirements and quality of education in their local areas. Military students experience undue stress from high Operational Tempo (OPTEMPO), multiple deployments, as well as continuous Permanent Change of Station (PCS) moves. Children and parents often bear the burden of trying to adjust to different education systems whose requirements can vary drastically from location to location. Although Child and Youth Services Programs exist, e.g. Homework Helper and Schools of Knowledge, Inspiration, Education and Skills (SKIES), they are not meant as individualized tutoring programs. In addition, these programs are not available to geographically dispersed areas. Without a “bridge” to address this education gap, parents have few options to assist children with tutoring for their specific needs.

e. AFAP Recommendation. Develop and implement a fully funded comprehensive academic tutoring services program accessible by all children of Active Duty personnel that does not exclude students based on Grade Point Average (GPA).

f. Progress.

(1) Effective Jan 2010, DoD implemented service-wide enterprise contracts that give access to Tutor.com to all eligible Families. Incorporates Army pilot information and requirements. Does not exclude students based on grade point average. Includes a strategic communication plan to reach military students in all Components based on access requirements and demographic analysis. Monthly usage and demographic reports are available. STRATCOM for Tutoring Services is being coordinated with DoD strategy as well as overall Army School Support Strategy.

(2) Resolution. The Jun 10 GOSC declared the issue complete. DoD funded an enterprise contract with Tutor.com in January 2010 to provide live, 24/7, worldwide, one-on-one online tutoring for military connected students. Tutoring is available for students in grades K-12 and college introductory-level assistance in multiple subjects including math, science, language, and term papers. Services may be accessed through Army OneSource; no software download is necessary.

g. Lead agency. OACSIM-ISS

h. Support agency. FMWRC-CY

Issue 615: Donation of Leave for Department of Defense (DoD) Civilian Employees

a. Status. Complete

b. Entered. AFAP XXIV, Dec 07

c. Final action. 4 Aug 11 AFAP GOSC

d. Scope. Voluntary Leave Transfer Program (VLTP)-eligible DoD Civilian employees on leave without pay face avoidable financial hardships. VLTP does not have a common leave bank to which all DoD employees can donate. Additionally, lost annual leave at the end of the year (use or lose) is not automatically deposited into a leave bank. The resultant loss of income only increases the stress and burden already experienced by employees and their Families.

e. AFAP Recommendation. Create a DoD-wide leave donation bank within VLTP for DoD Civilian employees funded through both donation and automatic collection of unused use or lose annual leave.

f. Progress.

(1) In FY09, in response to HQDA's inquiry concerning the establishment of a DoD-wide Leave Bank, DoD advised there was insufficient need to support a DoD-wide Leave Bank. In 2009, based on command feedback, HQDA determined there was no support to establish an Army-wide Leave Bank either. A follow up query with CPAC Employee Relations Advisors revealed an interest in establishing local Leave Banks. As a result, HQDA drafted an Army Leave Donation Policy in coordination with DFAS, which includes guidance on the VLTP, Leave Banks, and the voluntary donation of annual leave (to include use or lose). The draft was coordinated with the Civilian Human Resources Agency (CHRA). In February 2011, the Office of the Judge Advocate General (OTJAG) recommended changes to the draft policy, which have been incorporated.

(2) HQDA has worked with CHRA, DFAS, and other Federal Agencies on details of local leave banks, to include administration, payroll issues, the creation of an automated database, and levels of control. HQDA worked with DFAS to determine the process for adding and/ or updating the list of organizations/levels that may establish leave banks. The policy is being formally staffed for ASA (M&RA) signature.

(3) Army briefs the topic of leave donations during the annual Defense Employee and Labor Relations Symposium, during training courses for HR Specialists, and will continue to provide guidance on improving the existing leave donation methods. At a minimum, reminders are distributed yearly to encourage donations, especially toward the end of the leave year when annual leave might otherwise be subject to forfeiture.

g. Resolution. DoD did not support establishing a DoD-wide leave donation bank, however, HQDA decided to establish policy of leave banks within Army. On 30 Nov 11, the ASA(M&RA) signed a memorandum establishing an Army Voluntary Leave Bank Program. The policy authorizes Army organizations to establish leave banks and leave bank boards at the major claimant levels. The policy memo does not address the donation or automatic collection of unused "use or lose" annual leave.

h. Lead agency. DAPE-CPZ

i. Support Agency: DFAS, CHRA

Issue 616: Enhanced Survivor Family Dental Benefits

a. Status. Completed

b. Entered. AFAP XXIV, Dec 07

c. Final action. AFAP XXVI, Jun 10

d. Scope. Surviving dependents are only authorized to remain enrolled in the TRICARE Dental Plan (TDP) for three years. While enrolled in TDP, the government pays 100% of their premiums. After three years of coverage under TDP, surviving dependants may enroll in TRICARE Retiree Dental Plan (TRDP) but must pay 100% of the premiums. TRDP premiums can cost up to three times as much as the premiums under TDP. This situation could cause a financial hardship for these Families. Extending the TDP coverage would assist with ongoing financial and lifestyle adjustments of surviving Family Members. Not enhancing the Survival Family Dental Benefit would leave the Army short on its promise to honor the surviving Families as stated in the Army Family Covenant.

e. AFAP Recommendations.

(1) Extend surviving Family dental benefits under the current TDP policy from three to five years.

(2) Allow Families to remain enrolled in TDP with spouse paying the active duty premium rate after five years.

f. Progress.

(1) The current dental benefit for surviving family members of a TDP enrollee is three years beyond the date of the service member's passing. The government pays 100% of the premium, but the Families continue to pay any associated cost shares during the three year pe-

riod. After the three years have elapsed, the family has the option of enrolling in the TRDP for continued dental coverage. The premiums for the TRDP are regionally determined, based on zip code, but may be considered a financial hardship for some.

(2) The TDRP, like the TDP, is a prevention oriented dental insurance program that is a good value for Families that proactively manage their dental health. The Army has asked that TMA consider extending the survivor benefit. Since the TDP is a Department of Defense Program applying to all military services, the Army can only recommend that the benefit be changed.

(3) On 1 April 2008 Deputy Director, TMA sent a response back to the Surgeon General. In the letter he expressed support for the idea, but stated that at this time TMA would only consider changing the dental benefit to mirror the medical benefit.

(4) TMA began the process to change the benefit with a ULB. Before the ULB process was completed through TMA, other political avenues submitted the change to the TDP Survivor Benefit into NDAA 10. These changes did not adjust the benefit for the spouse, but did mirror the medical survivor benefit changing coverage for children. Children will be covered until 21 or 23 if a full-time student. At the end of 3 years spouses have the option of joining TRDP.

(5) NDAA 10 was signed into law on 29 OCT 2009. With the enhanced benefit being approved in NDAA 10, TMA did not pursue the ULB.

(6) NDAA 10 was passed and included the language to change the survivor benefit. TMA is currently working to implement the enhanced benefit. The benefit will be available once the final rule is published in the CFR. The dental benefit now mirrors the medical survivor benefit.

(7) At this time there is no plan by TMA to allow Families to remain enrolled in TDP at the active duty family rate beyond 3 years.

(8) Resolution. The Jun 10 GOSC declared the issue complete. Issue recommendation was partially achieved. The FY10 NDAA expanded the dental benefit for surviving children to age 21 or 23 if a full time student. This dental benefit now mirrors the medical survivor benefit. The dental benefit for surviving spouses was not changed.

g. Lead agency. OTSG, DASG-DC

h. Support agency. TMA

Issue 617: Federal Hiring Process for Wounded Warriors

a. Status. Completed

b. Entered. AFAP XXIV, Dec 07

c. Final action. AFAP XXVII, Feb 11

d. Scope. The Federal hiring process fails to connect Federal hiring officials with qualified Wounded Warrior applicants. Information flow and the complexity of hiring systems limit access to noncompetitive government career opportunities. Federal hiring officials are often unaware of noncompetitive direct hire authority for Wounded Warriors in addition to Veterans preference for competitive hiring actions. Wounded Warriors often become frustrated or overwhelmed and abandon their search for government positions, resulting in the loss of already-trained and fully-qualified personnel assets.

e. AFAP Recommendations.

(1) Create a category within the Priority Placement Program to provide a searchable applicant pool of qualified Wounded Warriors for consideration by Federal hiring officials.

(2) Develop an automated, comprehensive, integrated system compatible with the Federal hiring systems where Wounded Warriors and governmental hiring officials can go to query job and applicant availability.

(3) Establish an education and training program for Federal hiring officials and Wounded Warriors on noncompetitive governmental employment opportunities.

f. Progress.

(1) CHRA proposed using the Automated Stopper and Referral System (ASARS), the Priority Placement Program (PPP) tool, to give all Wounded Warrior resumes maximum exposure across DOD. While the Deputy Under Secretary of Defense (DUSD) and DOD's CARE Division supported the proposal, other components did not reach a consensus to approve it.

(2) As a result of the denial to implement the proposal, CHRA proposed alternative solutions, to include Army piloting the proposed program or creating an Army-only program similar to the Army Family Member Placement Program. CARE and the DOD components did not reach a consensus to approve the alternative proposals.

(3) CHRA and the Assistant G-1 for Civilian Personnel (AG1 CP) reevaluated the PPP proposals submitted and determined that they no longer support them. Army needs to fill Base Realignment and Closure (BRAC), Insourcing and Mission-Critical positions quickly. The PPP proposals, if implemented, could potentially increase the amount of time it takes to fill these and other vacancies.

(4) As an alternative to the PPP proposal, CHRA partnered with the Department of Veteran Affairs to integrate the use of their Veteran Resume Inventory (VetSuccess.gov) into Army recruitment business processes. Veterans may upload their resume to the website which is searched by hiring managers in the public and private sector. In November 2009, CHRA recommended the addition of functionality to the website that would allow federal agencies to search by the duty location preferences and job interests of the registered Veterans, sort resumes by Veterans' Preference, and track Veteran Race and National Origin data. The redesigned website was launched in July 2010. CHRA will market the website to Veterans while supporting ACAP transition assistance briefings and to hiring managers during strategic recruitment discussions.

(5) CHRA proposed an "Individuals with Disabilities" support memorandum for the Secretary of the Army's signature and distribution, instead of a Wounded Warrior support memorandum. The memo will directly link hiring efforts to the Presidential Directive to increase the number of Persons with Disabilities in the Federal workforce. According to the Equal Employment Opportunity and Civil Rights (EEOCR) office, only 1.05% of the Army's workforce consists of individuals with targeted disabilities.

(6) In response to CHRA's proposal, the Secretary of the Army has tasked AG1CP & CHRA to assist the Staff

Assistant to the Secretary of the Army in developing a "SECARMY Send Note" to be distributed to senior leaders throughout the Army re-emphasizing the importance of hiring Wounded Warriors. CHRA provide input for the note on 29 October 2010.

(7) CHRA has included a drop down box, on the Civilian Personnel On-line Employment page directing Wounded Warriors to the Army Wounded Warrior (AW2) Program and the Army Career and Alumni Program (ACAP).

(8) In July 2008, CHRA created a networking and non-competitive placement process that starts with Army Wounded Warriors contacting their AW2 advocate if they are interested in DA civilian employment. AW2 advocates, Army Career Alumni Program (ACAP) and Department of Labor representatives assist Army Wounded Warriors in determining their employment preferences (e.g. job interests, location preferences, tour of duty preferences, etc) and in creating a resume for distribution to CHRA HQ. CHRA HQ posts the resume on an online resume inventory and sends it to all Civilian Personnel Advisory Center (CPAC) representatives and Equal Employment Opportunity representatives. CPAC and EEO representatives share the resumes with the hiring managers they service, and try to find placement opportunities. The networking process gets the resumes to hiring managers in the specific locations AW2s indicate they want to work, as well as leverages the current non-competitive hiring authorities for veterans. While there are 6582 service members and veterans registered with the Army Wounded Warrior program, CHRA has received only 295 AW2 resumes from the AW2 Program Office. The AW2 Program office has stated that there are a variety of reasons why only 6287 AW2s have not been entered into the process. Some reasons for not entering the career referral process include that the AW2 is still in rehabilitation, has returned to duty, or is pursuing a degree. Of the 295 AW2 resumes received since July 2008, CHRA has coordinated the placement of 56. Overall, Army has hired 259 AW2s.

(9) CHRA has implemented a searchable AW2 resume inventory for AW2 at http://www.chra.army.mil. The URL for the inventory is sent to command HR directors, EEO, and the AW2 Program office.

(10) CHRA has added the Wounded Warrior consideration option to the automated work order forms that are filled out when requests to recruit fill are submitted (i.e. the Recruitment Information Package (RIP) and Gatekeeper Checklist.)

(11) The Mandatory New Supervisor's Training now includes a briefing on non-competitive hiring practices. This briefing will educate new supervisors on how they may hire wounded warriors directly instead of using the competitive hiring process.

(12) CHRA created a web-based Veteran employment education tool that explains the federal hiring process, Veterans' Preference, Veterans' Hiring Authorities and avenues to federal employment for different Veteran categories, e.g. Disabled Veterans, hospitalized Veterans, Veterans seeking degrees, Veterans seeking marketable job skills, etc. The tool has been reviewed by ACAP and implemented. CHRA and ACAP are marketing the tools to Veterans during career events and transition assistance briefings.

(13) CHRA designated HR Specialists as Veteran Employment Coordinators (VECs) who will attract, recruit, and advise Veterans regarding continuing service with Army as a civilian; educate Veterans on how to pursue Army civilian career opportunities; ensure Department of Army managers and supervisors are thoroughly familiar with Veteran hiring authorities and Veterans' preference; implement a Veterans' recruitment support plan with special emphasis on disabled Veterans; and report statistics to leadership on Veteran recruitment support, use of Veteran hiring authorities and number of Disabled Veterans hired. The program was created using existing resources. The VECs duties are collateral duties, i.e. make up less than 25% of the HR Specialist's major duties.

(14) Resolution. A new priority placement category for Wounded Warriors was not supported. Initiatives implemented by the Civilian Human Resources Agency (CHRA), Department of Veterans Affairs (VA) and the Army Career and Alumni Program (ACAP) have improved Federal hiring of Wounded Warriors and education of hiring officials. VA's Veteran Resume Inventory (VetSuccess.gov) was integrated into Army recruitment process. CHRA developed a Wounded Warrior Webpage on Civilian Personnel Online (CPOL), a Wounded Warrior referral process, and Wounded Warrior and spouse web-based Resume Inventory. Web-based Veteran employment education tools are marketed by CHRA and ACAP. The Wounded Warrior referral process was integrated into New Supervisor's training. HR Specialists have been designated at Veteran Employment Coordinators (collateral duty). CHRA provided input for a "SA Sends Note" to Senior Army Leaders, re-emphasizing the importance of hiring disabled Veterans.

g. Lead agency. DAPE-CHP

Issue 618: Army Wellness Centers (AWC)

a. Status. Complete

b. Entered. AFAP XXIV, Dec 07

c. Final action. 19 Feb 14 AFAP GOSC

d. Scope. Installations Army wide do not have standardized/consolidated wellness centers that promote preventable health conditions and improve the mental and physical well being of Army Families. According to Army Training Requirements & Resources System from 2003 to 2005, the US Army discharged 2,323 Soldiers due to overweight issues at a direct recruitment and training cost to the US Army of $61 million which could have been preventable. Due to positive lifestyle changes, Family members utilizing the health and wellness centers have been taken off hypertensive medications. Modeling centers after the United States Army Center for Health Promotion and Preventive Medicine Europe would positively impact the health and welfare of Soldiers and Families throughout the Army.

e. AFAP Recommendation. Create an integrated center at each installation (separate from the hospital) modeled after the Europe HAWC.

f. Progress.

(1) The standardized AWC model was developed as a result of an unmet need for a far-reaching, standardized, and evidence-based approach to health promotion and primary prevention services in the Army's Health System. Standardized AWCs offer a core set of services to address beneficiaries' behaviors most closely linked with preventable disease including physical inactivity, poor nutrition, stress, and tobacco use.

(2) USAPHCR-E completed the setup of five AWCs. These are located at: Heidelberg (personnel and equipment funded by USAPHCR-E); Stuttgart (personnel and equipment funded by USAPHCR-E); Vicenza (personnel funded by Office of the Assistant Secretary of Defense for Health Affairs [OASD(HA)] equipment funded by garrison); Landstuhl (personnel and equipment funded by USAPHCR-E); Grafenwoehr (funded by USPHC's Health Promotion and Prevention Initiatives (HPPI) program).

(3) On 7 Jan 10, The Surgeon General (TSG) was briefed on the USAPHC plans to deliver integrated health promotion through facilitation of Health Promotion Councils with Health Promotion Coordinators and standardizing AWCs throughout Army communities. TSG gave approval of current plans. On 12 Jan 10, TSG provided an update to the AFAP General Officer Steering Committee (GOSC) and received further endorsement of the plan from the Vice Chief of Staff of the Army (VCSA), and Assistant Chief of Staff for Installation Management.

(4) An overarching MOA between MEDCOM, FORSCOM, IMCOM, US Army Materiel Command, and TRADOC regarding the implementation of the USAPHC Health Promotion Initiatives on Army Installations that includes each organization's responsibilities implementing AWCs on military locations is being forwarded to MEDCOM for staffing after being approved by the CG of USAPHC.

(5) In response to recommendations from a Rapid Improvement Event (RIE), the USAPHC's Public Health Assessment Program (PHAP) conducted a retrospective evaluation to assess existing AWCs' effectiveness in FY11. Results of this analysis showed preliminary evidence of effectiveness and recommended prospective evaluation.

(6) USAPHC has a representative who regularly participates on the Comprehensive Soldier and Family Fitness (CSF2) Program workgroup. CSF2 has also been in contact with Heidelberg's Wellness Director in order to obtain information on the metrics they are using to measure physical fitness for the CSF's Global Assessment Tool (GAT).

(7) In Aug 11, the MOA to support the replication of the AWC initiative was signed. The implementation guide is also complete.

(8) In Nov 11, AWC received positive findings from an Army Audit Agency (AAA) draft report, Preventive Healthcare Initiatives Weight Management and Tobacco Cessation, which recommended expansion of the 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. AAA results recommended MEDCOM/OTSG submit POM for Defense Health Program (DHP) funding. MEDCOM OPORD 12-17 "Implementation of Army Wellness Centers" was signed Feb 12.

(9) AWCs are participating in an Army G-1 Health Promotion Risk Reduction Portfolio Capabilities Assessment to apprise Army Senior leadership of AWCs' impact on Soldiers, Family members, retirees, and DA civilians. PHC is supporting this integrated and holistic review of health and wellness programs to ensure potential duplication of efforts are identified, as well as improve efficacy of AWC programs and increase collaboration among various Army stakeholders.

(10) Resource requirements for AWCs were submitted for the 14-18 POM under the umbrella of the Army Health and Wellness Campaign Plan. Three courses of action (tiers) were submitted: Tier 1 - minimal enhancements; Tier 2 - Tier 1 + fitness and metabolic testing capability; Tier 3 - optimal health promotion and wellness package. USAPHC has provided additional information as requested within the funding decision process. This initiative requires identification of funding source.

(11) Based on recommendations for prospective, AWC staff developed an information management system that will systematically collect data to monitor AWCs' performance and impact on clients' health behaviors and health outcomes. The results of these evaluations will be submitted annually to the Army G-1's Health Promotion Risk Reduction Portfolio Capabilities Assessment to apprise Army senior leadership of AWCs' impact on Soldiers, Family members, retirees, and DA civilians.

(12) USPHC coordinated with the ACSIM regarding projected facilities for all planned AWCs. Data was used for FY18 to project population size to calculate facility requirements. Recommended AWC facility size requirements provided to the ACISM to coordinate with MEDCOM in defining facilities for implementation of initiative. Subsequent discussions are required to solidify a formal plan for a phased implementation of AWCs.

(13) AWC has completed Army G-1 Health Promotion Risk Reduction Portfolio Capabilities Assessment and was classified as Category 1 – Evaluation Ready. Category 1 refers to programs that are based on evidence and operate with an evaluative mechanism in place that supports a comprehensive review.

(14) AWC staffing model is population based and supports providing programs and services to active duty, Family members, retirees, and DA civilians.

(15) The AWC model has been presented to the White House health clinic for potential implementation of a satellite location.

(16) USAPHC has developed a marketing plan as part of a communication initiative to socialize the AWC goal and mission. This strategy will improve the understanding of AWC operations as well as reduce perception of redundancy. AWC Operations Program Manager has met with CSF2 senior leadership to work towards marketing both initiatives that will focus on integration and synchronization of efforts.

(17) Limitations/concerns of co-locating two distinct programs with different standards in one facility:

(a) CSF2 and its programs are geared toward the performance side of psychological conditioning.

(b) AWCs are a community-based wellness platform (servicing active duty, Family member, DA civilians, and retirees) that is integrated with Patient Centered Medical Home to provide comprehensive health education (lifestyle behavior change) and physiological side of conditioning.

(c) AWCs are managed through MEDCOM, which requires compliance on multiple levels to ensure safety, staff competency, privacy, and coordination with credentialed providers. This higher level of oversight requires strict control of processes in accordance with Joint Commission, National Committee for Quality Assurance *(*NCQA*)*, American College of Sports Medicine (ACSM), and Health Insurance Portability and Accountability Act (HIPAA). CSF2 operates without MEDCOM standards and oversight.

(d) If co-located, CSF2 with AWC must meet three conditions:

1. Installations must provide resources and maintain sufficient additional space (non-CAT 500 space).

2. The CSF2 personnel must meet the same higher level standards of privacy, safety, and competency as the AWC staff such as six sided folders (the six-sided folder has six sides with each side devoted to a different aspect of the Joint Commission on Accreditation of Health Care Organizations competency review), facility standards, HIPAA, infection control, patient safety, etc.

3. CSF2 space/personnel requirements do not jeopardize Joint Commission accreditation, functional AWC operations, or other established standards for credentialing/certifications.

g. Resolution. Funding was secured through FY18.
h. Lead agency. MHCB-HP
i. Support agency. MCHB-TS-H

Issue 619: Medical Care Access for Non-Dependent Caregivers of Severely Wounded Soldiers
a. Status. Completed
b. Entered. AFAP XXIV, Dec 07
c. Final action. AFAP XXV, Jul 09
d. Scope. Non-dependent primary caregivers of severely wounded Soldiers currently cannot receive urgent/emergent medical and dental care or direct care prescription services at Military Treatment Facilities. When these caregivers, such as parents, siblings, or others, are displaced from their own medical providers, they may have a need for access to urgent/emergent medical, dental and prescription services. These caregivers provide a valuable role in the recovery of their Soldier. Having access to these services at Military Treatment Facilities decreases the time spent away from the care of their Soldier. Not medically supporting these caregivers jeopardizes both the caregiver's health and the recovery of their Soldier.
e. AFAP Recommendation. Authorize non-dependent primary caregivers of severely wounded Soldiers access, at no cost to the government, to urgent/emergent medical and dental care and direct care prescription services at the Military Treatment Facility while they attend to their Soldier.
f. Progress.

(1) Validation. 2007 Army Family Action Plan General Officer Steering Committee Report; The National Defense Authorization Act of 2008 prescribes a provision authorizing medical care to a Family member of a recovering service member who is not otherwise eligible for medical care at a military Medical Treatment Facility (MTF).

(2) The FY08 NDAA authorized medical care in MTFs for non-eligible Family member caregivers of severely wounded Soldiers if the individual is on invitational travel orders while caring for the member, is receiving per-diem payments from DOD while caring for the member, or is a non-medical attendee caring for the member. Program implementing guidance was provided to the Services by the Under Secretary of Defense for Personnel & Readiness (USD P&R) on 28 Oct 08. OTSG/MEDCOM released Policy Memo 09-043, dated 24 June 09, to all Army MTFs. Provisions will be included in the Rapid Action Revision of AR40-400.

(3) The Office of the Assistant Secretary of Defense General Counsel ruled that the FY08 NDAA does not address medical care for caregivers of severely wounded DoD civilians, and therefore the policy memo only contains language in support of Soldiers and their Families. Due to the limited numbers projected in this category, MEDCOM implementation guidance, which has the support of ASA/M&RA, instructs MTFs to request Secretary of the Army designee status on a case by case basis.

(4) GOSC Review. At the Jun 08 AFAP GOSC, the Chief of Engineers asked that non-dependent primary caregivers of injured civilians being treated at military medical centers receive the same benefits.

(5) Resolution. Issue was declared completed because the FY08 NDAA authorizes medical care in MTFs for specific Family member caregivers of severely wounded Soldiers.

g. Lead agency. MEDCOM
h. Support agency. TMA

Issue 620: Medical Entitlements for College Age Family Members
a. Status. Completed
b. Entered. AFAP XXIV, Dec 07
c. Final action. AFAP XXVII, Feb 11
d. Scope. Military Families must make a decision to purchase private insurance for their dependent children who are full time students beyond the age of 23, or leave them uninsured. Military Family members enrolled full time in an accredited institution of higher learning lose their dependent entitlements on their 23rd birthday. Frequent mobilization and relocation challenges of the military Family often require the dependent student to interrupt their education, thus extending the time it takes to achieve their academic goal. Some employer-sponsored health insurance plans provide for full medical coverage for dependents up to their 25th birthday. Adjustment of the Department of Defense policy to include full-time students up to the age of 25 will provide relief from the out of pocket medical expenses or the purchase of private health insurance coverage.
e. AFAP Recommendation. Increase dependent entitlement eligibility for full time students to age 25 years.
f. Progress.

(1) Approval of this action is not within the Department's authority and will require change to legislation (Title 10). This proposal would affect members of all Military Services and all Services' medical facilities.

(2) In 2008, the Defense Enrollment Eligibility Reporting System (DEERS) reported a DoD total of 6,447 dependent children of active duty sponsors and 39,768 dependent children of non-active duty sponsors ages 21 and 22 enrolled as full-time students.

(3) OTSG cannot affect this change without OSD because it requires legislative change:

a. Implementation would add significant costs to both direct and private sector areas without commensurate funding. In FY10 alone, the cost is estimated at $43.8 M for the Army, with a total of cost of $258.3 M through FY14 as calculated by TMA for the Army.

b. The Business Case estimates are based on "observed age-related trends in the currently eligible population of college-age children with Uniformed Services sponsors," and not actual data on children who would become eligible if enacted. Disparities between the two could result in significant funding short-falls, making agreement risky.

c. This expansion of benefits runs contrary to other departmental and Office of the Secretary of Defense (OSD) efforts to control costs such as the current Quadrennial Defense Review (QDR) effort.

(4) TRICARE and Service coordination was postponed pending HR 4923 and Senate 3021 which alter TRICARE to cover dependent children to age 26.

(5) January 7, 2011 the President signed the FY 2011 Defense Authorization Act. Title VII, Section 702 authorizes TRICARE to cover dependent children up to age 26 if they do not have their own coverage. Section 702 authorizes both TRICARE Standard and Prime. TRICARE Management Activity will implement in a phased approach, starting with TRICARE Standard in phase 1. The legislation requires program changes to the healthcare delivery system and DEERS/RAPIDS, with earliest implementation in April 2011. Sponsors may be able to enroll effective the date they enroll or January 1, 2011 (retroactive premium payments). ID card re-issuance will be required once enrolled.

(6) Resolution. Issue was declared completed because the FY11 NDAA, Title VII, Section 702 authorizes TRICARE Standard and Prime to dependent children up to age 26 if they do not have their own coverage. TMA will likely implement in a phased approach, starting with TRICARE Standard. Earliest anticipated implementation is Apr 11. Premium payments will be applicable. Sponsors may have the chance to retroactively enroll to the 1 Jan 11 effective date. Legislation does NOT authorize Dental, Commissary, or Exchange privileges. ID card re-issuance will be required once enrolled.

g. Lead agency. AHRC-PDP-P

h. Support agency. OTSG, DASG-RM

Issue 621: Minimum Disability Retirement Pay for Medically Retired Wounded Warriors

a. Status. Unattainable

b. Entered. AFAP XXIV, Dec 07

c. Final action. AFAP XXVII, Aug 11

d. Scope. Wounded Warriors involuntarily separated from the military often encounter financial hardships due to the current disability retirement pay rates. Wounded Warriors with a disability rating of 30% or higher receive a disability retirement. The amount is based on years of service, rank, and the rating percentage (10 USC, Sec.1401), which may be below the national poverty level. Insufficient financial support causes undue additional strain on both Servicemembers and Families already coping with their medical conditions.

e. AFAP Recommendation. Award medical retirement pay for all Servicemembers with a 30% or higher disability rating to at least the minimum equivalent retirement pay of an E-6 with 10 years' service or current entitlements, whichever is higher.

f. Progress.

(1) Dec 19, 2008, OSD augmented the Departments capability to sustain enhanced oversight and management of Wounded Warrior matters by establishing the Wounded Warrior Care and Transition Policy Office (WWCTP). The SOC, Co-chaired by the DepSecDef and the DepSecVA provides comprehensive management and systematic coordination to ensure seamless and transparent transition of Services members between the DoD and DVA. The Secretary of the Army and the Vice Chief of Staff, Army are the Army's representation to the SOC.

(2) On July 2, 2008, Chief of Staff, Army asked General (retired) Franks Jr. to lead an effort to review the medical evaluation board (MEB) and physical evaluation board (PEB) processes, recommend process adjustments and develop short and long range recommendations for specific action and resource. With the support of the DCS, G-1 and OTSG, GEN (Ret) Franks assembled a number of experts from across the Army to include Wounded Warriors who have been through the Physical Disability Evaluation System (PDES) process. This included surveys of Soldiers and Families in order to be as inclusive as possible, listening to new ideas and initiatives while retaining the core mission focus. Based on the Task Force's work, three strategic recommendations were made:

a. In 2007, the WWCTP initiated the DES Pilot to eliminate the dual adjudication of disability ratings now done independently by the Service Departments and US Department of VA. The Department of Veterans Affairs is the responsible agency for administering disability ratings.

b. Begin a National Dialogue regarding the duty to our volunteer force that become wounded, ill or injured as a result of doing their duty in the era of persistent conflict.

c. Transformation of the current PDES.

(3) Coordinated with Line of Action 8 POC and this issue is tentative scheduled to be included in the SOC agenda for October 2010.

(4) The issue did not make the SOC agenda. The ASA (M&RA) LOA 8 POC will coordinate with the other military departments to determine a way forward for this initiative.

(5) Coordinated with LOA 8 POC and was advised that prior to SOC agenda inclusion, the Army must first develop a comprehensive business case and acquire Services position. Based on the complexity and fiscal

impact of disability ratings, an in-depth study would be necessary to collect reliable data to build a business case.

(6) Resolution. The Aug 11 GOSC declared the issue unattainable. The scope and the focus of this issue is junior enlisted Soldiers who are medically separated with severe PTSD or TBI. Based on the formula for a junior enlisted Soldier, their medical retirement pay was below the national poverty level. However, additional research revealed that a Soldier is rarely medically discharged for only one condition like PTSD or TBI. The FY08 NDAA included a provision (10 USC 1216a) that requires the Services to not deviate from the Veteran's Affairs Schedule for Rating Disabilities (VASRD) rating guidance. Soldiers in this category are placed on the TRDL at 50% disability and are reevaluated within 6 months after discharge. Although it may be possible for some of these Soldiers to receive a lower rating at reevaluation, data showed that an E-4 with two children would receive medical compensation of approximately $3,000 a month, which is close to the base salary of an E-6 with 10 years of service.

g. Lead agency. DAPE-PRC

Issue 622: Operations Security (OPSEC) Training for Family Members

a. Status. Completed

b. Entered. AFAP XXIV, Dec 07

c. Final action. AFAP XXVI, Jun 10

d. Scope. Many Family members are unaware of proper OPSEC procedures. The threat of terrorism and criminal activity has expanded to include the manipulation and utilization of unsecured data gleaned from open sources. Sensitive information such as manifests, operations in theater and personal information, have been compromised as a result of Family members using Web Logs (BLOGs), unsecured phones and community conversations. Failure to practice OPSEC puts the country, military personnel, and Army Families at risk.

e. AFAP Recommendation. Develop and implement a recurring OPSEC Awareness Training Program targeted for Family members.

f. Progress.

(1) The Army OPSEC Support Element (OSE), 1st Information Operations Command (1st IO CMD) met with FMWRC and requested assistance with the development of age-appropriate OPSEC awareness materials for children. For the purpose of reporting on this required action, this tasker is completed. However, due to the ongoing awareness initiative, this collaboration will continue as the need to update printed materials and training aides occurs.

(2) The OSE has developed several informative brochures and web-based training briefings. The website includes games, printable brochures, and links to additional .mil and .gov sites with similar Family oriented concepts.

(3) The Army Knowledge Online (AKO) website was opened to all Army personnel on 11 March 2010. The AKO site includes a myriad of training and awareness materials as well as an OPSEC Officer's Toolkit which provides templates for command or mission specific briefing modification. All Army OPSEC Program Managers were notified of the launch date. A public facing .mil replica of the website is being developed by the Defense Media Activity and is scheduled to be launched in late August to early September 2010. Additionally, DAMO-ODI is coordinating efforts with the Office of the Chief of Public Affairs to promote an Army- wide announcement of the OPSEC Family Awareness public website. Maintenance and upkeep of both the AKO and public-facing site will be the responsibility of the OSE, 1st IO CMD. This action will be an ongoing initiative as the OSE will conduct a quarterly review of all items on the site to ensure continued relevance of posted information.

(4) The OSE completed development of the OPSEC Family Awareness Program of Instruction and it has been incorporated into the ACOM, ASCC, and DRU OPSEC Program Managers training guide. All Program Managers have been trained and newly appointed OPSEC Officers receive training as part of the current OPSEC Officer Certification Course which is required in accordance with AR 530-1, Operations Security. ACOMs, ASCCs, and DRUs are required to report the status of training offered and provided to Family members to the DCS G-3/5/7 as part of the annual OPSEC reporting process.

(5) Resolution. Issue recommendation was achieved with the development of a robust OPSEC Training Program for Families. An AKO-based OPSEC Family Awareness website launched in Mar 10; the public Family OPSEC website is projected to launch in September 10. OPSEC training is being provided to Family Readiness Group Leaders and Family Readiness Support Assistants.

g. Lead agency. DAMO-ODI

h. Support agency. OSE, 1st IO CMD

Issue 623: Staffing to Support the Physical Disability Evaluation System (PDES)

a. Status. Completed

b. Entered. AFAP XXIV, Dec 07

c. Final action. AFAP XXIV; Jun 08

d. Scope. Inadequate staffing of Warrior Transition Units (WTU) and Physical Evaluation Board Liaison Officers (PEBLO) results in poor distribution of information and limited support to the Soldier. The staffing requirements in the Army Medical Action Plan (AMAP) have not been fully implemented. The WTUs have not yet reached Full Operational Capability (FOC). The Army PEBLO case load is currently 8,023 Soldiers with 175 PEBLOs, resulting in a 1 to 46 ratio which exceeds the AMAP standard of 1 to 30. Soldiers and Families have made life-altering decisions without fully understanding all options and incorrect decisions have resulted in negative, irrevocable consequences.

e. AFAP Recommendation.

(1) Meet and maintain the staffing of WTUs and PEBLOs as outlined in the AMAP.

(2) Develop and require commands to conduct a PDES chain teaching program until staffing requirements are met.

f. Progress.

(1) Validation. The following sources were used to validate the requirement: RAND Institute Study "Methods &

Actions for Improving Performance of the Department of Defense Disability Evaluation System", published 2002; GAO Report 06-0362, "Military Disability System: Improved Oversight Needed to Ensure Consistent and Timely Outcomes for Reserve and Active Duty Service Members" published Mar 06; GAO Testimony 06-561T, Military Disability Evaluation: Ensuring Consistent and Timely Outcomes for Reserve and Active Duty Service Members: published Apr 06; and as a result of inquires from the field, to include the Oct 06 AW2 Symposium, the Nov 06 Army Family Action Plan Symposium; Identified as a Phase I Task of the Army Medical Action Plan (AMAP).

(2) MTF Commanders have given WTU and PEBLO hiring actions priority. Over 90% of hiring actions are filled. The increase in the number of Physical Evaluation Board Liaison Officers (PEBLO) has lowered the PEBLO to patient ratio from 1:45 to 1:30.

(3) To improve the overall administrative processes, the PEBLOs will be aligned with the WTUs to enhance communication. PEBLOs are continuing to utilize training materials and a standardized MEB/PEB information brief to educate WTU Commanders and their staff on the MEB/ PEB process. Soldiers and their Families are counseled and educated on the MEB/PEB process throughout the entire process by their assigned PEBLO.

(4) More than 200 PEBLOs, physicians, administrators, and other stakeholders from military installations around the world received PDES training during the first Worldwide PEBLO Training Conference on 6-11 May 07, in San Antonio, Texas.

(5) OTSG/MEDCOM Policy Memorandum 07-029, Physical Evaluation Board Liaison Officer (PEBLO) Training and Certification dated 24 Jul 07, requires all administrative personnel (i.e., PEBLO and PEBLO Support Clerks) to become certified by successfully completing the PEBLO Distance Learning Course or attending the 40-hour resident PEBLO Course offered by the AMEDD Center & School, within 180 days after accepting the position. The AMEDD Center and School held a resident PEBLO Certification Course in Oct 07, where 20 PEBLOs throughout the AMEDD successfully completed the course. The next resident PEBLO Certification Course will be conducted on 3-7 Mar 08.

(6) The AMEDD Center and School has produced an improved distributed learning course for PEBLOs, MEB Physicians, Commanders, Case Managers, and Cadre.

(7) MEDCOM has created the MyMEB Web Site on the Army Knowledge Online Web page, allowing Warriors and their Families to go online and access the status and progress of their MEB.

(8) Staffing requirements are briefed weekly to the Army Medical Action Plan leaders.

(9) Resolution. The Surgeon General stated that this issue is being worked in the AMAP and asked that AFAP transfer this and similar issues to the Office of Warrior Care and Transition. The VCSA agreed and said that AFAP issues that match AMAP initiatives should transfer to AMAP, with possible report outs to the AFAP GOSC. The issue is considered completed for AFAP tracking purposes because it is being worked in the AMAP.

g. Lead agency. DASG-HSZ

Issue 624: Standardized Army Wounded Warrior Information Packet

a. Status. Complete

b. Entered. AFAP XXIV, Dec 07

c. Final action. AFAP XXV, Jan 09

d. Scope. Many Soldiers identified as Army Wounded Warriors (AW2) are unaware of their status and the resources available to them and their Families. AW2 does not currently have an "AW2 Information Packet". Some Soldiers have indicated they did not know when or if they were identified as an AW2. Awareness of status and accurate information on AW2 resources would reduce stress and help in the healing process.

e. AFAP Recommendation.

(1) Develop a standardized Army information packet to inform Soldiers and Families of the Soldier's status and resources available in the AW2 Program.

(2) Implement accountability checks that require information packets to reach Soldiers and their Families in person by an AW2 representative.

f. Progress.

(1) Validation. Recent surveys of key AW2 stakeholders indicated there is not a uniformed understanding of the AW2 Program and services it provides.

(2) Standardized Army information packet to inform Soldiers and Families of the Soldier's status and resources available in the AW2 Program is being incorporated into the Army Wounded Warrior Program's rebranding, marketing outreach efforts.

(3) Resolution. The January 2009 HQDA AFAP GOSC declared the issue complete as on 1 Oct 08, AW2 began mass marketing a standardized AW2 Information Kit to current AW2 Soldiers; incoming AW2 Soldiers will receive kits from their AW2 Advocate during the intake process. The kit contains a resource book, program fact sheets on a variety of topics (COAD/COAR, employment/ education, benefits and resources, and an AW2 fact sheet in Spanish), program brochure and magnet, contact information card, and a 10 minute AW2 video). Accountability is achieved through uploading a signed memo verifying receipt of the kit into the Wounded Warrior Accountability System (WWAS).

g. Lead agency. AHRC-PDW

Issue 625: Transitional Compensation (TC) Benefits for Pre-existing Pregnancies of Abused Family Members

a. Status. Complete

b. Entered. HQDA AFAP Conference, 4 Dec 07

c. Final action. 21 Sep 15 AFAP GOSC

d. Scope. Transitional Compensation (TC) does not account for pre-existing pregnancies when determining TC benefits. The benefit is intended to reduce victim disincentives to reporting abuse by providing transitional compensation to abused Family Members of military personnel who were separated and discharged due to the abuse. Extending TC benefits to unborn children upon birth will increase financial support for abused Families and may encourage reporting of abuse.

e. AFAP Recommendation. Extend TC benefits to the unborn children of pre-existing pregnancies upon birth.

f. Progress.

(1) In Jan 08, IMCOM G-9 Family Programs consulted with ASM Research, the contractor that developed the TC database, to determine whether the database tracks pre-existing pregnancies to establish a baseline or scope of the problem. The system does not track this information.

(2) In Feb 08, IMCOM G-9 FP consulted with IMCOM CJA. IMCOM CJA did not recommend supporting the recommendation because it would require a change in the definition of "dependent," which does not include unborn children.

(3) In Feb 08, IMCOM G-9 FP consulted with the Department of Health and Human Services Children's Bureau, who indicated that services are not made available to unborn children.

(4) In Feb 08, IMCOM G-9 FP consulted with OUSD(P&R) regarding unborn children and the definition of "dependent." Changing the definition would require legislation and OUSD(P&R) approval.

(5) In Mar 08, IMCOM G-9 FP consulted with the Air Force, Navy, and Marine Corps regarding the extension of TC benefits to unborn children. Navy and Marine Corps do not recognize unborn children as dependents; Air Force did not respond.

(6) In Oct 08, IMCOM CJA stated that a legal definition of "dependent" does not exist that is applicable for all situations. The term "dependent" is outlined in the TC statute.

(7) In Sep 08, at the AFAP In Progress Review it was determined that this issue should be closed as unattainable. However, subsequent to this decision, the Veterans' Benefits Improvement Act of 2008 was passed in Oct 08. This act extends coverage to an insured member's stillborn child under SGLI.

(8) In Sep 09, a VA official informed IMCOM G-9 FP that, although the Veteran's Benefit Improvement Act was signed into law, the regulation that provides for the definition of stillborn had not been finalized.

(9) In Sep 09, IMCOM G-9 FP consulted with IMCOM CJA regarding the feasibility of VA definition/legislation being applied for TC. IMCOM CJA opined that the VA's decision to include stillborn as an insurable dependent under FSGLI alone does not set a precedent for TC. However, IMCOM CJA indicated that the military justice system has the ability to charge a Soldier for two separate offenses if a Soldier causes injury to a child in utero − one for injury to the mother and one for injury to the unborn child. As a result, IMCOM CJA considered that this recent trend within military justice and the passage of UCMJ articles to cover unborn children in certain circumstances, combined with the VA's recent decision, may be justification to support the request of legislative action to change the TC definition of "dependent."

(10) In Nov 09, regulations implementing section 402 of the Veteran's Improvement Act of 2008 were published in the Federal Register and immediately went into effect. The regulation defines the term "member's stillborn child" and applies to deaths occurring on or after 10 Oct 08, the date of enactment of the Veteran's Benefits Improvement Act.

(11) In Mar 10, OACSIM-ISS consulted with IMCOM CJA to reconfirm support to request a legislative change to the definition of "dependent" in the TC statute. IMCOM CJA supports this change as it is consistent with the intent of the TC Statute.

(12) In Jul 10, OACSIM-ISS submitted a legislative proposal under the FY13A ULB cycle. In Sep 10, Office of the Secretary of Defense (OSD) sponsored the proposal.

(13) In Mar 11, the Principal Deputy OUSD (P&R) approved the TC proposal.

(14) In Nov 11, TC proposal became an Omnibus 2013 proposal and was sent to Office of Management Budget (OMB) for review and interagency coordination.

(15) In Mar 12, TC proposal was approved by OMB awaited final approval in the FY13 NDAA.

(16) In May 12, OACSIM-ISS learned TC proposal is included in both the Senate and the House versions of the FY13 NDAA.

(17) In May 12, OACSIM-ISS sent 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.

(18) In Jan 13, the FY13 NDAA was approved by the President. The Services are awaiting formal OSD guidance which will allow the Services the authority to implement the changes as set forth in the FY13 NDAA.

(19) In Feb 15, the DoD Financial Management Regulation (FMR, DoD 7000.14-R) updated the definition of dependent to include children carried during pregnancy at the time of the dependent abuse and subsequently born alive. OSD stated the FMR is an official DoD policy instrument that the services can use to execute the NDAA language.

(20) A SecArmy memo was drafted for Army-wide distribution that authorizes TC for children carried during pregnancy who were subsequently born alive. The memo was coordinated with the Army Staff, approved by the ACSIM, and is pending SecArmy signature.

g. Resolution. The Secretary of the Army signed an Army-wide memo on 28 Aug 15 authorizing TC benefits for unborn children. The memo has been distributed Army-wide and implementation is underway.

h. Lead agency. DAIM-ISS

i. Support agency. IMCOM G9

Issue 626: Traumatic Servicemembers' Group Life Insurance (TSGLI) for Post Traumatic Stress Disorder (PTSD)

a. Status. Unattainable

b. Entered. AFAP XXIV, Dec 07

c. Final action. 20 Jun 13 AFAP GOSC

d. Scope. Servicemembers and Veterans diagnosed with PTSD receive no immediate Traumatic Servicemembers' Group Life Insurance (TSGLI) payment under current regulatory and compensatory guidelines. PTSD can and often does lead to financial hardship for the Servicemembers, Veterans, and Families. Servicemembers and Veterans who are diagnosed with the condition may receive monetary compensation from the Physical Disability Evaluation System (PDES) in the future, but receive noth-

ing upon initial diagnoses. PTSD is not under consideration at this time for payment of TSGLI. Servicemembers and Veterans are forced to make life altering decisions based on the provision of their care, maintaining a viable household, and the potential loss of short and/or long term employment.

e. AFAP Recommendation. Add PTSD as a schedule of loss under Traumatic Servicemembers' Group Life Insurance (TSGLI).

f. Progress.

(1) The FY10 NDAA requires the Secretary of Defense, in consultation with Secretary of Veterans Affairs, to provide a study on treatment of PTSD to be conducted by Institute of Medicine of National Academy of Sciences or other independent study.

(2) Coordinated with the DoD Line of Action 2 Chair, who is tracking this (Sec 726 of the NDAA FY10) requirement. The contract has been awarded and the contract kickoff was held on 2 Dec 10. At that time, the contract office representative (COR) and the action officer met with the IOM project manager. IOM finalized the committee membership and conducted the first meeting from 28 Feb through 1 Mar 11. A new COR was identified on 21 Apr 11, and attended the open session at the Institute of Medicine on that day. At this meeting, the committee received briefings from: the National Center for PTSD; Veterans Affairs, Evaluation Division; the Chief Readjustment Counseling Officer, Veterans Health Administration; the Associate Director, VISN 6, Mental Illness Research; the National Military Family Association; and the Director of the Army's RESPECT- Mil (The acronym stands for "Re-engineering Systems of the Primary Care Treatment (of depression and PTSD) in the Military.") program in the Department of Defense. The committee received a presentation from an enlisted Marine with PTSD. Finally, the committee allowed opportunity for public comment. On 25 Apr 11, the IOM Program Officer and the new COR conducted a follow-up meeting. The first site visit to Fort Hood was held on 14 Sep 12, and, according to the contractor, went very well. There are no additional site visits scheduled at the current time.

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

(4) On 5 Oct 12, Office of the Surgeon General (OTSG) confirmed and their Behavior Health (BH) office researched the issue to determine whether there was an IOM Study that had a specific research question or element that addresses military benefits related to PTSD. The BH office is aware of the current IOM PTSD study but could not determine any analysis of any benefit related questions to be addressed in this study.

(5) On 19 Nov 12, continued coordination with OTSG determined that there is no direct analysis of the TSGLI issue or any other benefit related issue in the current IOM review. All efforts were exhausted to articulate a recommendation to move the issue forward. Compensating Soldiers identified with PTSD is not attainable at this time until the medical community, DoD and the Department of Veterans Affairs determines a PTSD rating.

g. Resolution. Compensating Soldiers identified with PTSD is unattainable at this time until the medical community, DoD, and the VA determines a PTSD rating.

h. Lead agency. DAPE-PRC

i. Support agency. VA

Issue 627: TRICARE Network Provider Access to Military Medical Records

a. Status. Completed

b. Entered. AFAP XXIV, Dec 07

c. Final action. AFAP XXVI, Jun 10

d. Scope. There is no ability to share medical records between the Department of Defense/Veteran's Affairs community and TRICARE network providers. TRICARE network providers have no access to the existing AHLTA and VistA systems which contain all military electronic medical records. The onus is on the Soldier to paint an accurate picture of the medical problem to their providers. A joint electronic inpatient-outpatient records system that goes beyond current read-only capabilities is being contracted. This system and future enhancements would provide sharing of records via Bi-Directional Health Information Exchange (BHIE). BHIE is implemented but not currently deployed. With access to complete records, the TRICARE Network providers would have an accurate picture of the Soldier's medical history.

e. AFAP Recommendation.

(1) Authorize full deployment of BHIE.

(2) Create and implement an enhanced electronic medical information share system for TRICARE network providers.

f. Progress.

(1) Subject Matter Experts (SMEs) from the DoD and VA reviewed the Personal Health Record (PHR) functionality of both the My HealtheVet and TRICARE online web portals. The SMEs identified opportunities for alignment and sharing between the two departments in order to reduce duplication of efforts.

(2) In December 2007 the MHS deployed a limited Personalized Health Record thru the TOL website. This initial PHR provides the ability to view demographic data, allergy, medication profile information, perform prescription refill and make appointments online.

(3) During the 1st quarter of FY08, subject matter experts from the DoD and VA reviewed options for data sharing designs and identified additional requirements for the portal creating the gold standards for a joint PHR. The plan for a joint DoD/VA eBenefits portal was completed in December 2007. A Joint Incentive Fund (JIF) proposal for the eBenefits portal was submitted on 10 March 2008 to support objectives identified by the President's Commission on Care for America's Returning Wounded Warriors (Dole-Shalala) which recommends that "DoD and VA must develop a plan for a user-friendly, tailored, and specific services and benefits portal for service members, veterans, and family members".

(4) Congress allocated funds to develop interfaces to afford civilian providers at Pensacola, Florida the ability to access DoD electronic medical records using the BHIE infrastructure. This project required a significant level of planning and coordination in order to address the securi-

ty, policy, privacy, and technical challenges. TATRC is the project manager for this effort.

(5) In 2009, MHS explored commercially available PHRs and completed a pilot project at Madigan Army Medical Center and demonstrated its technical feasibility and value of providing patients access to their records.

(6) In 2010, MHS established a revised strategy for PHR that will be developed and fielded on Tricare Online. The MHS is now working to accelerate the ability to provide patient's electronic health information to include medications, laboratory results, and radiology results using Tricare On Line (TOL). In addition, MHS is working to deliver a secure messaging capability to allow patients to have enhanced online access to the healthcare system.

(7) The Secretaries of Defense and Veteran's Affairs approved the way ahead for the Virtual Lifetime Electronic Record (VLER) on 24 March 2009. VLER will leverage the NHIN to share information with other civilian healthcare organizations. Leveraging NHIN, which is emerging, will provide DoD the ability to share information with network civilian providers. On 9 April 2009, citing the need to define and build a seamless information system that will improve care and services provided to transitioning Veterans, President Obama announced the DoD/VA plan to create a joint VLER.

(8) The VLER phase 1a pilot project was completed. This phase included using test data to exchange a subset of a standard data set with VA/ DOD/ and Kaiser Permanente in San Diego. The VLER phase 1b will broaden the scope to include expanded data sets, use of actual patient data and additional production sites around Hampton Roads, VA. Additional sites being considered include Fort Bragg/Fort Lewis.

(9) Based on recent studies, less than 20% of civilian hospitals in the United States have electronic medical records and capable to effectively exchange healthcare data. AMEDD OTSG CIO/CMIO is actively working with MHS staff to support the VLER, beacon community project and National Health Information Network. This are considered MHS level long term actions; not expected to be accomplished within the scope of the Army Family Action Plan. The AMEDD will continue to support activities to enhance data sharing between DOD, VA and TRICARE Network providers.

(10) Resolution. Issue intent was partially achieved. The Bi-directional Health information Exchange (BHIE) has improved medical records sharing between DOD and VA. The second recommendation requires national level support to achieve standardized transfer of healthcare data and improve availability of electronic medical records. Based on recent studies, less than 20% of civilian hospitals and clinics in the Nation have electronic medical records and are capable to effectively exchange healthcare data. In 2009, the Secretaries of Defense and Veteran's Affairs approved the way ahead for a joint Virtual Lifetime Electronic Record (VLER). VLER will provide DoD the ability to share information with network civilian providers.

g. Lead agency. DASG-IMD

h. Support agency. TMA

Issue 628: Bereavement Permissive TDY (TDY)

a. Status. Unattainable

b. Entered. AFAP XXV, Jan 09

c. Final action. AFAP XXVI, Jun 10

d. Scope. A military leave category for bereavement does not exist. Multiple permissive TDY categories exist but none authorizes non-chargeable bereavement leave. Soldiers take chargeable leave or a pass in the event of the death of an immediate Family member. Responsibilities associated with the death of a Family member may require more time than accrued leave or a pass. Insufficient time for grieving the loss of a Family member and administering responsibilities impacts the Soldier/Family's ability to mourn and recover from a traumatic loss.

e. Conference Recommendation. Establish a permissive TDY category for bereavement.

f. Progress.

(1) DCS, G-1 request to OSD for bereavement PTDY was disapproved. OSD indicated that there are multiple options presently available in the DODI 1327.06 to assist Soldiers in obtaining time off to grieve and attend to family responsibilities. DFAS leave balance data indicates that the average leave balance for an E1 is 5 days. Average leave balance for an E4 to E9 is 21 to 55 days. Average leave balance for an O1 is 15 days. Average leave balance for an O2 is 20 days up to 75 days for an O10.

(2) General industry standards on the number of paid days granted for breavement is 3-5 days. The Agreement between the United Auto Workers and Ford Motor Company indicates the breavement for a spouse, mother, father, child and stepchild is 5 days. All other family members qualify the member for 3 days breavement leave. Industry leave policy is generally based on year's employment. Paid leave for employees with less than a year of service range from 9-14 day. Paid leave for employees with greater than 15 years service range from 21-27 days. On enlistment Soldiers begin to receive 30 paid leave days per year.

(3) While there are 13 categories of PTDY, the assessment indicates that there is no need for an additional category of PTDY for bereavement, since commanders have the ability to grant Soldiers chargeable leave and non-chargeable passes for breavement.

(4) Resolution. The Jun 10 GOSC declared the issue unattainable. OSD disapproved the Army's request for another category of leave, stating that there are multiple options presently available in DODI 1327.06 (Leave and Liberty Policy and Procedures) to assist Soldiers obtain time off to grieve and manage related responsibilities. General industry standards on paid days granted for bereavement is 3 to 5 days. Commanders have numerous alternatives and combinations of "absence from duty" options to assist Soldiers in obtaining time off to grieve and attend to responsibilities.

g. Lead agency. DAPE-PRC

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

a. Status. Complete

b. Entered. AFAP XXV, Jan 09

c. Final action. 20 Jun 13 AFAP GOSC

d. Scope. TRICARE Prime beneficiaries are unable to obtain 24/7 out of area authorizations and referral assistance for urgent healthcare services. Beneficiaries are required to obtain authorizations from their enrollment sites in order to receive urgent care when traveling outside of their area. TRICARE beneficiaries do not have a streamline one call/one resolution process when urgent care needs are required. Out of area referral/ authorization process is confusing, untimely, does not help beneficiaries find needed care and imposes an unnecessary demand while traveling.

e. Conference Recommendation. Establish a 24/7centralized toll free process for TRICARE beneficiaries to request and acquire out of area urgent care authorization and referral assistance.

f. Progress.

(1) The Army Surgeon General made a personal request to the TMA Deputy Director regarding this issue and requesting the highest attention by TMA. A TMA POC was identified and was provided the AFAP Issue and supporting documentation on its value added to the MHS and how this effort ties into other MHS business design improvements.

(2) The DoD/MHS IIP was already undertaking a study of NAL usage to support TRICARE Prime beneficiaries and the Medical Home model of healthcare delivery.

(3) On 3 Apr 09, TMA released an official tasking to their three TROs and all three Services, that requested input into implementation alternatives to execute this AFAP issue's recommendation to provide for a 24/7 centralized HOTLINE to support out-of-area urgent healthcare requests and facility/ provider locator functions. The MEDCOM coordinated with its sister Services to encourage a unified recommendation to TMA.

(4) Aug 09 Update: On 9 Jun 09, an official memo from TMA informed the Services of TMA's decision regarding the 24/7 centralized, toll-free process tasking. TMA did not accept the Army Medical Department (AMEDD) proposed solution or any of its components. TMA endorsed a different process for single out-of-area encounter authorization by the TRICARE regional contractors. However, on or about 18 Aug 09, the Services were informed in two separate Enterprise Working Groups that this TMA memo was to be rescinded. Exact reasons for rescinding the memo are unknown; however, the ability of the TRICARE regional contractors to execute without a current contract modification was cited.

(5) Aug 09 to Apr 10 Update:

(a) On 12 Dec 09, another official TMA tasking to the Services for comments regarding the same issue identified in their 9 Jun 09 tasking. The AMEDD sent forward a 14 Jan 10 DSG Memo informing TMA that the AMEDD was again requesting the re-establishment of Title 32 Code of Federal Regulations requirements for an active Health Care Finder (HCF) program, managed by the regional TRICARE contractors; plus the AMEDD informed TMA of the potential disconnected efforts to reinstate the HCF under the current TRICARE contracts while at the same time working the IIP effort to provide another contract to support a CONUS-wide HCF functions along with the NAL. As part of our official reply the AMEDD also provided our original 15 May 09 reply after the original recommendations were verified as still appropriate.

(b) On Feb 10, the IIP Board of Directors approved a call for Service representatives to assist in the review the Request for Information (RFI) from industry, and to begin the work of drafting a Request for Proposal (RFP) to solicit a vendor that would provide a CONUS-wide centralized NAL and referral assistance service. Once procured, this new contracted functionality would meet the needs of the AFAP recommendations, but only in CONUS.

(c) Timelines for implementation of IIP NAL cannot be finalized until the Enterprise working group has been officially called together; however, projected timelines based on scope of program is as follows: (1) RFI review by 30 Jun 10; (2) RFP crafting by 31 Oct 10; (3) solicitation and selection by 30 Jan 11; and (4) start of work 30 Jun 11. These timelines are the action officers' best guess determined from past experience of contract movement of this scope and size.

(6) Apr 10 to Oct 10 Update: The timelines defined in 5.c above slipped to the right:

(a) RFI review completed on 14 Oct 10.

(b) RFP 1st DRAFT anticipated by 31 Nov 10.

(c) Solicitation and selection by 30 Jun 11.

(d) Start of work 30 Dec 11.

(7) Oct 10 to May 11 Update:

(a) The timelines for completion of key deliverables continues to slip to the right. There has been no change in DoD, TMA, or Service support for the NAL, but crafting of the RFP to completion has slowed to ensure the RFP is accurate and appropriate.

(b) The current projected timelines for the RFP and source selection are now under procurement sensitive realm, thus projected timelines can only be given in quarters: (1) RFP completion by mid 3rd quarter FY11; (2) solicitation and selection in 4th quarter FY11; and (3) implementation of NAL services by end of 3rd quarter FY12.

(8) Based on the Feb 11 HQDA AFAP GOSC's recommendations, MEDCOM requests that this issue remain Active until the selection of a vendor has been completed. The movement of the Enterprise WG is on target to meet the intent of this AFAP issue and has strong backing of ASD(HA)/TMA and the Services. There is one caveat to this working NAL proposal; it is a centralized NAL for CONUS only at this time. Discussions within the WG show strong intent to move toward global application once the CONUS contract has been established. Currently our Europe-based beneficiaries have a centralized NAL for at home use, and when all our OCONUS enrollees travel, they have the use of the current TRICARE Overseas Program contractor's 24/7 Hot-Line for urgent/emergent medical assistance.

(9) May 11 to Aug 11 Update: All of the Service involvement requirements for the RFP are completed. Unfortunately, the timelines for RFP release to the public for vendor bids continues to slip to the right. The commitment of DoD, TMA, or Service support for the NAL has been revalidated and this is not the issue causing the RFP release date slippage. Additional RFP release requirements by HA and TMA has slowed the release.

(10) Aug 11 to June 13 Update:

(a) Additional RFP deliverables and release requirements by HA and TMA continue to slow the release of the request for proposal. Because details are procurement sensitive, we cannot detail exact contract requirements however we still expect contract award of the NAL will allow beneficiaries to request and acquire out of area urgent care authorization and referral assistance meeting the intent of this issue.

(b) The new projected timelines for the RFP and source selection are still under procurement sensitive realm, thus projected timelines can only be given in quarters:

1. RFP completed in mid 3rd quarter FY11.
2. Solicitation in 2nd quarter FY12.
3. Re-solicitation in 4th quarter FY12.
4. Selection expected in 3rd quarter FY13.
5. Implementation of NAL services by end of 4th quarter FY13.

g. Resolution. TMA awarded a contract for a 24 hour NAL and estimated implementation of NAL services is 4th Qtr FY13.

h. Lead agency. MEDCOM

i. Support agency. DHA

Issue 630: Availability of Standardized Respite Care for Wounded Warrior Caregivers

a. Status. Completed

b. Entered. AFAP XXV, Jan 09

c. Final action. AFAP XXVII, Feb 11

d. Scope. Standardized respite care is not available to all Wounded Warrior dependent and non-dependent caregivers. While all Wounded Warrior caregivers are eligible for respite care, the lack of availability still exists due to inconsistencies in areas such as: information, reimbursement, policy, personnel, and location. Caregivers of Wounded Warriors commonly suffer burnout and compassion fatigue. In many cases, the Soldier's ability to sustain activities of daily living is directly associated with the well being of the caregiver. The lack of availability of standardized respite care for these caregivers can jeopardize the caregiver's stability and negatively affect the recovery of his/her Soldier.

e. Conference Recommendation. Provide uniform availability of standardized respite care to all caregivers of Wounded Warriors.

f. Progress.

(1) Respite Care is now authorized and provided to members of the Uniformed Services on active duty (regular Army, Army Reserve and National Guard) and veterans per the provisions of The National Defense Authorization Act (NDAA) for FY 2008, Section 1633 (Respite Care and Other Extended Care Benefits for Members of the Uniformed Services Who Incur a Serious Injury or Illness on Active Duty). Respite care benefits were made effective as of 1 January 2008. Service members or their legal representatives/beneficiaries can submit receipts for reimbursement of respite services provided after 1 January 2008 by a TRICARE-authorized Home Health Agency (HHA).

(2) The TRICARE Policy Manual 6010.54-M, 18 September 2008, under the authority of Public Law 110-181 outlines the "Definitions, Terms & Limitations as Applied to the Respite Benefit." The provisions of the TRICARE Operations Manual, Chapter 18, Section 3 and the TRICARE Systems Manual, Chapter 2, Sections 2.8 and 6.4 regarding respite care are applicable in locations in and outside the United States, its territories and the District of Columbia through TRICARE-authorized HHAs. Service members can qualify for respite care regardless of their TRICARE enrollment status (Military Treatment Facility, TRICARE Prime, TRICARE Prime Remote, TRICARE Overseas Program, TRICARE Global Remote Overseas contract and the TRICARE Puerto Rico Contract). The service members' case manager (or other approving authority) can approve respite care as a part of the medical plan of care.

(3) The Department of Veterans Affairs (VA) has expanded its array of respite services to include care in VA Community Living Centers, community nursing homes and non-VA, non-institutional settings such an adult day health care and in-home respite services. This increases the availability of services to Veterans and their Families by eliminating the need to wait for open medical center beds. These expanded services are outlined in the new VHA Handbook 1140.02 dated 10 November 2008.

(4) Advocates, case managers and counselors continue to inform WII Soldiers and their caregivers of respite benefits. The Compensation & Benefits Handbook for Seriously Ill and Injured Members of the Armed Forces, the newly published Department of Veterans Affairs Handbook and the TRICARE Management Agency continually update their Soldier, Veteran and Family/caregiver beneficiary handbooks and web sites to alert and inform beneficiaries of the extensions of new respite care benefits and locations.

(5) Congressional support for respite care to Veterans and their Families/caregivers is ongoing. Public law 111-163, Caregivers and Veterans Omnibus Health Services Act of 1010 (5 May 2010) addresses the frequency of care to Veterans (Sec. 101, para 3(A) (ii) (III)), the availability of respite care to those in geographically dispersed areas and a monetary supplement, in the form of a caregiver stipend, to employ a respite care provider outside of the local area (Sec. 101, para 3(C) (iii)). This law also makes provisions for the additional care that may be needed while the Family member/caregiver attends instruction, preparation and training to care for their individual Veteran (Sec. 101, para 6(D)).

(6) Respite care services are available on a large scale and can be requested through the case manager, medical treatment facility, Military Medical Support Office, TRICARE Area Office or Department of Veterans Affairs. The Army, Congress and the Department of Veterans Affairs recognize the importance of providing some form of reprieve or palliation to Families and caregivers of WII Soldiers and Veterans. Although respite care is still limited in some geographical locations, locale availability is beyond the scope of the US Army as it is based on the economy and the immediate need within the community. Combined efforts to make respite services more available and accessible are succeeding.

(7) Resolution. Service members who incur a serious injury or illness on active duty are authorized respite care per FY08 NDAA. Respite services may be provided by a

TRICARE-authorized Home Health Agency. The VA expanded respite services to include care in VA Community Living Centers, community nursing homes and non-VA/non-institutional settings such as adult day health care and in-home respite services. On 1 Feb 11, the VA stood up CONUS-wide support lines to connect survivors to the multiple services throughout the United States that support caregivers.

g. Lead agency. MCWT-OPT-O

h. Support agency. Army Warrior Transition Command (MEDCOM), TRICARE Management Agency, Department of Veterans Affairs

Issue 631: Career Coordinators for Army Wounded Warrior Soldiers, Family Members and Caregivers

a. Status. Completed

b. Entered. AFAP XXV, Jan 09

c. Final action. AFAP XXVII, Aug 11

d. Scope. The Army Wounded Warriors (AW2) Program does not have a sufficient number of AW2 Career Coordinators to assist both AW2 Soldiers and their Families/Care Givers with the transition process. The AW2 Career Cell consists of four Career Coordinators that serves 3,814 Soldiers, their Families/Care Givers, and supports 120 Advocates. Last year, the number of AW2 Soldiers increased by 1,315, adding an average of 108 per month. AW2 Career Cell projections indicate a significant increase of AW2 Soldiers in the coming years. The industry standard for career management is 1:30; the ratio of Career Coordinators to Soldiers is 1:953. The insufficient number of AW2 Career Coordinators does not allow effective career coordination, employer network development or long term management for the complex employment and education issues affecting AW2 Soldiers and their Families/Caregivers.

e. Conference Recommendation. Increase authorizations and funding for AW2 Career Coordinators assigned to AW2 Soldiers and their Families/Caregivers to reach the industry standard for career management of 1:30.

f. Progress.

(1) The WTC, including AW2, is undergoing a formal manpower study to "right size" the organization. The position justifications and man hour work study are complete. The interview phase is in process. During the right-sizing process, we are working with Human Resources Command (HRC) to assign eight Reserve component Soldiers in "Sanctuary" status as Regional Career Coordinators.

a. Sanctuary Soldiers are under the provisions of 10 USC 12686; sanctuary provides that a Reserve Soldier on active duty (except for training), including a member of the Retired Reserve recalled to active duty, who upon attaining 18 years, but less than 20 years of active service, may not be involuntarily released from active duty before the Soldier attains 20 years of active service unless the Secretary of the Army or his designee approves the release.

b. Two Soldiers will be assigned to each AW2 region: Pittsburgh, PA; Cincinnati, OH; Kansas City, KA; Carson City, NV; Austin, TX; Huntsville, AL; Jacksonville, FL; Greensboro, NC. Wounded Warriors benefit from experienced Soldiers assisting them with career and education related transition in, or close to, their communities. The Army's cost avoidance is approximately $600,000 annually.

(2) WTC, along with the Air Force, Navy and Marine Corps Wounded Warrior Programs, hosted the "2011 Wounded Warrior Federal Hiring Conference" on 23-24 Feb 11 to educate potential employers on the Wounded Warrior population and the ways to expeditiously hire this population. Two hundred senior HR and EEO specialists plus Veteran Employment Program Managers, from over fifty federal agencies, participated. We have also developed a reciprocal referral process with the sister services for Wounded Warriors seeking federal employment.

(3) The Wounded Warrior Hiring Rate Improvement Team is one of the outcomes of the "2011 Wounded Warrior Federal Hiring Conference". The team is comprised of members from the four service Wounded Warrior Programs, HR and EEO Specialists from federal agencies, private industry and nonprofit organizations, OPM, VA, DOL and Wounded Warriors. The target date for phase one of the project, "Determining Barriers" is Aug 11. Phase two; "Corrective Action Plan" has a target completion date of Oct 11. Phase three; "Implementation of Corrective Action Plan" will start 1st Qtr FY 12.

(4) AW2 is a member of the "Veterans Employment Transition Initiative" team. This team is tasked with overhauling the entire Army transition process. Currently the team is preparing to start an "Employment and Education" pilot program for transitioning Soldiers and Family Members which includes the AW2 population.

(5) DoD Office of Wounded Warrior Care and Transition Policy (WWCTP) and the other Wounded Warrior Programs to create an initiative, known as E2I, to improve the education and employment opportunities for our wounded, ill and injured Soldiers/Veterans through early engagement with Recovering Service Members (RSMs) while leveraging all Federal, State, Non-profit and private sector resources. Their basic charge is to integrate career programs and services and augment where gaps exist.

(6) WTC and AW2 have partnered with the HQDA G-1 Veterans' Employment and Transition Initiative (VETI) and DOD's Task Force on the Care, Management and Transition of Recovering Wounded, Ill and Injured Members of the Armed Forces to conduct a comprehensive review of the federal and non-governmental education, employment assistance and services currently provided to transitioning Wounded Warriors. This review will identify the gaps in products and services.

(7) AW2 Advocates received training in career and education readiness assessment techniques and opportunities during the 2011 AW2 Annual Training Conference. The WTC Transition Coordinators will be trained at the 9-13 Aug 11 WTC Annual Conference. Advocates and Transition Coordinators are also provided additional information and professional development throughout the year.

(8) The WTC CERB and AW2 Career cell works collaboratively with the following government and non-profit organizations: Army Career and Alumni Program (ACAP), Army Civilian Human Resources Agency

(CHRA), Vocational Rehabilitation and Employment (VRE), Veterans Employment Coordination Services (VECS), and Department of Labor (DOL) REALife Lines to meet the career, educational and employment needs of AW2 Soldiers/Veterans and their Families. Each partner provides the AW2 population a wide range of transition and career preparation services including civilian and federal resume preparation. Below are brief descriptions of the services offered by these organizations?

a. ACAP provides pre-separation counseling, transition, civilian and federal resume preparation, job search information and referral services for Soldiers, Veterans, retirees, DA civilians and Family members both online and at ACAP Centers.

b. The CHRA Wounded Warrior Program allows AW2 Soldiers and Veterans to apply for Army civilian employment through CHRA's expedited application process. CHRA also provides information and referral to Soldiers, Veterans or spouses looking for employment as an Army civilian.

c. VRE provides vocational and educational counseling, work programs, self-employment programs and independent living programs to Soldiers still on active duty, as well as Veterans and Family members who are eligible for one of VA's educational benefit programs.

d. VECS provides a variety services to Veterans and their spouses such as veteran employment advocacy, hands-on employment assistance, resume review and federal application assistance, skills and qualifications assessment, placement assistance, case management, training and development counseling and one-on-one peer counseling. VECS also recruits and hires disabled veterans, create employment opportunities, and ensures that managers and supervisors are familiar with the use of special hiring authorities to hire veterans.

e. DOL REALifelines: The program provides one-stop career counseling and education assistance to transitioning veterans who are wounded or injured in combat. The program supports veterans and spouses within the 50 states as well as Puerto Rico, Guam and the District of Columbia.

(9) Warrior Transition Units (WTUs) now have Military Career Counselors and Transition Coordinators to assist Warriors in Transition (WTs) in developing Comprehensive Transition Plans (CTP) which include career and education goals. The CTP is developed for and in coordination with each WT and their Triad of Care. The automated version (aCTP) is being fielded to all Warriors in Transition with employment and education integrated support completely integrated.

(10) The Federal Recovery Coordination Program, a joint DOD and VA program, began serving Wounded Warriors in early 2010. It helps coordinate and access federal, state and local programs, benefits and services for seriously wounded, ill, and injured Soldiers and their Families. Federal Recovery Coordinators (FRCs) have the delegated authority for oversight and coordination of the clinical and non-clinical care identified in each client's Federal Individual Recovery Plan (FIRP). Working with a variety of case managers, FRCs assist their clients in reaching their FIRP goals. FRCs remain with their clients as long as they are needed regardless of the client's location, duty or health status. In doing so, they often serve as the central point of contact and provide transition support for their clients.

(11) Resolution. The Aug 11 GOSC declared the issue complete. "Sanctuary Soldiers" will be assigned to serve as Regional Career Coordinators (two per AW2 region). WTC and AW2 work collaboratively with the Army Career and Alumni Program, Army Civilian Human Resources Agency, Vocational Rehabilitation and Employment, Veterans Employment Coordination Services, and Department of Labor REALife Lines to meet the career, educational and employment needs of AW2 Soldiers, Veterans and their Families.

g. Lead agency. Army Wounded Warrior Program (AW2) and Warrior Transition Command (WTC)

h. Support agency. Army Career and Alumni Program, Army Civilian Human Resources Agency, Department of Veterans Affairs, Department of Labor, National Organization on Disabilities

Issue 632: Community Support of Severely Wounded, Injured and Ill Soldiers and Their Families

a. Status. Completed

b. Entered. AFAP XXV, Jan 09

c. Final action. AFAP XXVII, Feb 11

d. Scope. Many communities are not aware of how they can support Severely Wounded, Injured and Ill Soldiers and their Families. A robust support network between the Severely Wounded, Injured and Ill Soldier and the community aids in a smooth transition into the civilian community. The support network between the community resources, (i.e., veteran service organizations, schools, local governments, non-governmental organizations, etc.) and these Soldiers and their Families is inconsistent, depending upon community awareness of how best to support them. This collaborative network is essential to the long term recovery of Severely Wounded, Injured and Ill Soldiers, and their Families for reintegration for life.

e. Conference Recommendation.

(1) Implement and communicate a collaborative network support program that connects community resources to the Severely Wounded, Injured and Ill Soldiers, and their Families.

(2) Implement an aggressive management plan that will evaluate the effectiveness of the collaborative network support program.

f. Progress.

(1) The Community Support Network is an AW2-sponsored initiative to connect severely wounded, ill, and injured veterans with local organizations in their hometown that provide free or covered services/ products to Wounded Warriors and their Families. As of 1October 2010, over 161 organizations are part of the Community Support Network and all are indexed; an additional 652 organizations have been contacted about joining the Network. As a result, severely wounded, ill and injured Wounded Warriors and their Families have an online resource of organizations that have actively expressed willingness to support them locally. The AW2 website displays a brief summary of each organization and the resources it provides, allowing Wounded Warriors and

their Families to view the information and reach out to organizations directly to foster their long-term independence. Information on these organizations is provided to the more than 160 AW2 Advocates who interface directly with AW2 Soldiers, Veterans, and Families throughout the country so they may inform the Wounded Warriors and Families they serve.

(2) AW2 distributed a Community Support feature story on the AW2 Community Support Network through North American Press Syndicate (NAPS), reaching more than 5 million readers. The story focused on a Veteran with PTSD and his service dog, which he received from an AW2 Community Support Network organization. The release generated 132 articles in 14 states with a readership of 5,295,344, and was posted on 8 websites with a combined total of 58,847,258 unique visitors per month.

(3) AW2 hosted an AW2 Community Support Exhibit Hall at the June 2010 AW2 Symposium. Twenty-three organizations exhibited and shared information with the 65 AW2 Soldiers, Veterans, Families and Caregivers attending the Symposium, as well as, the 185 staff, Subject Matter Experts and VIP's in attendance. The Exhibit Hall was positively mentioned in two local television broadcasts that covered the Symposium.

(4) AW2 posted 19 blogs about, or written by, AW2 Community Supporters to raise AW2 Soldiers, Veterans, and Families' awareness of the wide range of services available. These blogs shared upcoming opportunities with the AW2 population and success stories of individual AW2 Community Support Network organizations connecting with AW2 Soldiers, Veterans, and Families.

(5) AW2 facilitated three quarterly conference calls, allowing Community Support Network organizations to connect directly with WTC/AW2 leadership and learn more about key initiatives and ways to support AW2 Soldiers, Veterans, and Families. The calls educated participants on the realities of life with injuries commonly experienced by Wounded Warriors and their Families, decreasing stigma and enabling the organizations to work more comfortably with Wounded Warriors. The calls, also, allowed for collaboration between Network members located throughout the United States, which will lead to stronger programs for Wounded Warriors.

a. Thirty-two Community Support organizations participated in the first conference call on 22 January 2010. The discussion topics were Post-traumatic stress disorder and traumatic brain injuries.

b. Eighteen Community Support organizations participated in the second conference call on 6 May 2010. The topics were Adaptive sports and recreation, including a facilitated discussion on best practices in adaptive sports programs.

c. The last conference call was conducted on 23 September 2010. The topic was severe burns, including a facilitated discussion among organizations on best practices in supporting burn survivors.

(6) AW2 distributed six electronic newsletters to community organizations in November 2009, January 2010, March 2010, May 2010, July 2010 and September 2010. These newsletters inform AW2 Community Support Network organizations of the program's events and key initiatives. By informing these organizations, AW2 is able to inform community leaders around the country about the Army's warrior care efforts.

(7) AW2 launched a Speakers Bureau pilot program in the National Capitol Region. Seven wounded warriors and Family members were approved to participate, and six have given speeches. The Warrior Transition Command (WTC) is reviewing a recommendation to expand the AW2 Speakers Bureau pilot program nationwide.

(8) AW2 launched a social media presence through the AW2 Blog in January 2008, which has been well-received by AW2 Soldiers, Veterans, and Families. WTC is expanding AW2's social media presence through sites such as Facebook and Twitter. The launch is planned by 2nd QTR FY 11.

(9) AW2 established a collaborative relationship with the Army Community Covenant in FY2010 and will continue this collaboration to maximize opportunities.

(10) AW2 developed and implemented an aggressive management plan to evaluate the effectiveness of the AW2 Community Support Network. This program is managed by a government civilian who tabulates metrics and periodic evaluations, including the number of organizations contacted and registered the participation rate in the quarterly conference call, and the number of blogs submitted by participating organizations.

(11) AW2 established a formal Standard Operating Procedure manual for this initiative, which requires periodic evaluations.

(12) Resolution. Issue was completed based on the establishment of the AW2 Community Support Network that connects community resources to Severely Wounded, Injured and Ill Soldiers and their Families. The AW2 Program implemented a management plan and standard operating procedure to expand, inform and periodically evaluate the effectiveness of the AW2 Community Support Network. During quarterly conference calls, AW2 and Community Support Network organizations discuss topics such as PTSD/TBI, adaptive sports and severe burns. Blogs by AW2 Community Support Network organizations raise awareness of their services among AW2 Soldiers, Veterans and Families. In response to a question about how the Army tracks/identifies community results, the OTSG representative responded that the AW2 Community Support Network has 185 active organizations; AW2 has a 5,000 member newsletter; and there have been 650 Community Covenant signings. The Army, Department of Labor and the Veterans Administration do not have a tracking mechanism that is sufficient to quantify how many of the target population have been reached.

g. Lead agency. Army Wounded Warrior Program (AW2) and Warrior Transition Command (WTC)

h. Support agency. DAIM-ISS

Issue 633: Cost of Living Allowance (COLA) Dependents Cap

a. Status. Unattainable

b. Entered. AFAP XXV, Jan 09

c. Final action. AFAP XXVII, Aug 11

d. Scope. Soldiers do not receive COLA entitlements for more than five dependents. The Defense Finance Accounting System (DFAS) caps the maximum dependent COLA calculation at five dependents. The COLA calculation cap negatively impacts Families with more than five dependents.

e. Conference Recommendation. Eliminate the five dependent cap on COLA.

f. Progress.

(1) This AFAP proposal to base entitlements on the number of dependents applies only to OCONUS COLA. CONUS COLA is paid at a "with" dependent rate and a "without" dependent rate, regardless of the number of dependents. OCONUS COLA considers the number of dependents in the calculation.

(2) DAPE-PRC consulted again with the Per Diem Travel Transportation and Allowance Committee (PDTATAC) [http://www.defensetravel.dod.mil/perdiem/trvlregs.html] to gain a better understanding of the OCONUS COLA calculation methodology and the impact on a member having five or more dependents. The PDTATAC Economics and Statistics Branch Chief explained again that the rationale the Army Family Action Plan group is advancing is based on a false premise - that as the number of dependents increase, so does the member's disposable income. In reality, the member's disposable income is essentially static.

(3) All the COLA spendable income table does is look at how members allocate their income across all possible expenditures. The major expenditures are housing and COLA types of goods and services. As family size increases, more income is devoted to housing (greater number of rooms/bedrooms), and so there is less disposable income left over to spend on COLA type items. This result in some pay grades with more than five dependents actually spending less on COLA types of goods and services - more of the set disposable income is spent on housing.

(4) It is right at the five dependent levels that the member is maxing out the percentage of income they can devote to spending on their dependents. In other words, if we expanded the table, with a very few exceptions, the amount of dollars for members with more than five dependents would not vary significantly from that at five dependents, and in some grades and years of service, be less than for the same member with less dependents and years of service. Additionally, in computing the Spendable Income table, the Economics and Statistics Branch use data furnished by the Bureau of Labor Statistics. The data they provide only goes to family size six - which translates into member plus five dependents. There is no reliable data to project COLA beyond that number.

(5) The issue was discussed at length with the other Services representatives during the 28 September 2010 PDTATAC meeting and again briefly in March 2011. The Service's representatives to the PDTATAC again expressed no support for lifting the dependent OCONUS COLA cap due the comments expressed by the Chief, Economics and Statistics (E&S), which he made to the January 2011 GOSC.

(6) On 13 May 2011, the Deputy Assistant Secretary (Military Personnel Policy) responded to ASA M&RA 26 April 2011 memo that request for a principals meeting. Since the issue impacts all the services, she recommended that the Army formally open a MAP item that will allow time for Service Representatives to gather costing data and ensure their respective principals are fully briefed.

(7) On 17 May 2011, the Services experts engaged and openly discussed the issue and the rationale behind the propose change to include possible financial impact. The committee is not in favor of changing the current system for calculating OCONUS COLA because the Army cannot demonstrate that Soldiers with more than 5 dependents are at a disadvantage in comparison with their CONUS counterparts. When applying the principles of OCONUS COLA, the MAP reminded us that the intent of OCONUS COLA is "to compensate members for differences in the cost of living between the continental United States (CONUS) and their assigned location outside of the continental United States (OCONUS)."

(8) Resolution. The Aug 11 GOSC declared the issue unattainable. CONUS COLA is paid at a "with" and "without" dependent rate, regardless of the number of dependents; the OCONUS COLA calculation considers the number of dependents. Service reps at the May 11 Military Advisory Panel (MAP) meeting discussed the rationale behind eliminating the five dependent OCONUS COLA cap and an alternate methodology in which OCONUS COLA would mirror the CONUS COLA computation (with/without dependents). The MAP explained that the intent of OCONUS COLA is to compensate members for differences in the cost of living between CONUS and their assigned location OCONUS. The committee did not support changing the current OCONUS COLA calculation system because OCONUS Soldiers are not disadvantaged in comparison to CONUS-based Soldiers who have more than five dependents.

g. Lead agency. DAPE-PRC

Issue 634: Death Gratuity for Beneficiaries of Department of the Army (DA) Civilians

a. Status. Completed

b. Entered. AFAP XXV, Jan 09

c. Final action. AFAP XXVIII, Feb 12

d. Scope. The preferred beneficiary of a Department of the Army (DA) Civilian killed in a military contingency operation is not always allowed to receive 100% of the Death Gratuity. The law permits those DA Civilians' eligible survivors (spouse, children, and parents, siblings) to receive up to 100% of the Death Gratuity. Other survivor beneficiaries (foster child, fiancée, grandparent, uncle, etc), are only authorized up to 50% of the Death Gratuity; the remaining amount is paid to an eligible survivor or remains with the government. Soldiers' beneficiaries are authorized to receive 100% of their Death Gratuity regardless of their relationship to the Soldier. By differentiating between DA Civilian beneficiaries, the government fails to fully recognize the significance of all survivors' loss.

e. Conference Recommendation. Authorize 100% of the Death Gratuity to be paid to any person(s) designated by the DA Civilian regardless of their relationship.

f. Progress.

(1) DAPE-CP researched similar modification of Public Law 110-181 (10 U.S.C. Section 1477) pertaining to Armed Forces Service Members dated 1 Jul 08 to designate 100% to any person as the beneficiary of the $100,000 Death Gratuity benefit.

(2) Change in legislation to modify Public Law 110-181 (5 U.S.C. Section 8102a) to reflect the same law for DA Civilian beneficiaries has been uploaded into the ULB database on 1 Mar 10 with submission to OSD and is on track for FY12 ULB Cycle.

(3) Issue has been reviewed and approved by OSD and Other Services to move forward through the Omnibus process on 24 Sep 10.

(4) In Dec 11, the death gratuity legislative proposal was included in the House and Senate Conference Report Summary (H.R. 1540) for the FY12 NDAA submission.

(5) On 31 Dec 11, President Obama signed FY12 NDAA thereby enacting the death gratuity legislative proposal into law. Therefore, under this law, the implementation of the designation of any beneficiary named to receive the death gratuity benefit is effective immediately.

(6) Resolution. The FY12 NDAA (signed 31 Dec 11) authorizes civilian employees to designate anyone they choose to receive the entire death gratuity if the employee dies of injuries incurred in connection with service with an armed force in a contingency operation.

g. Lead agency. DAPE-CPZ

Issue 635: Dedicated Special Needs Space Within Child, Youth, and School Services (CYSS)

a. Status. Completed

b. Entered. AFAP XXV, Jan 09

c. Final action. AFAP XXVI, Jun 10

d. Scope. Child, Youth, and School Services spaces across the Army are often not dedicated to support special needs children and youth. While AR 608-10, Child Development Services, authorizes each garrison commander to set aside a percentage of spaces, no Army level uniformity exists. Failure to provide these dedicated spaces for special needs children could negatively impact the Family financially, denies the child opportunities to participate in CYS Services, and denies quality consistent care afforded to Army Families.

e. Conference Recommendation. Dedicate child and youth spaces within Army Child, Youth, and School Services in order to accommodate special needs children.

f. Progress.

(1) Initiate a Special Needs Process Action Team (PAT) to analyze operational capability, and special needs transition procedures/demographics to determine impact on individual garrison CYS Services programs. PAT will recommend appropriate numbers of set aside special needs child care spaces for each type of program offered, e.g., full day care, hourly care, after school care, youth outreach services.

(2) Provide operational procedures for set aside special needs spaces for inclusion to revised child care placement and waiting list guidance. Planned implementation date NLT 3rd Qtr FY 10.

(3) The SNAP operational procedures must support set aside special needs child care spaces. A multidisciplinary working group team is revising the SNAP procedures to reduce the time for special needs records review and placement in CYS Services or community programs. Pilot training completed at six installations in 2009.

(4) Resolution. The Jun 10 GOSC declared the issue complete. Garrison Commanders have authority to set aside child care spaces within their community to include hourly care and full day care. This process is more effective than a mandated percentage which may result in too many or too few spaces.

g. Lead agency. OACSIM-ISS

h. Support agency. FMWRC-FP and FMWRC-CY

Issue 636: Funding for Better Opportunities for Single Soldiers (BOSS)

a. Status. Completed

b. Entered. AFAP XXV, Jan 09

c. Final action. AFAP XXVI, Jun 10

d. Scope. The BOSS program is the only Army program that exclusively supports single Soldiers and single parents, yet there is no consistent funding. Army statistics indicate 47 percent of the active duty population falls into this category, not including National Guard, Reserve and geographically separated Soldiers. Failure to provide dedicated funding puts the future of BOSS at risk, impacting one of the Army's largest demographics.

e. Conference Recommendation. Mandate funding for BOSS in POM 12-16.

f. Progress.

(1) After receiving the historical BOSS funding from the Family and MWR Command (FMWRC), OACSIM Soldier and Family Readiness Division (OACSIM-ISS) determined that a new methodology was needed to clearly identify BOSS requirements and track execution. The OACSIM-ISS requested that FMWRC create a unique Program Code to allow for the breakdown of the BOSS requirements.

(2) At the Department of Army BOSS Forum in August 2009, FMWRC briefed BOSS advisors and representatives on how to capture the BOSS APF authorized requirements using the new Program Code, QD.

(3) The BOSS personnel used the new Program Code to submit their FY10 program requirements to FMWRC through the Financial Management Budget System (FMBS). The total amount requested, for appropriated funding, was $790K.

(4) The BOSS program requirements are included in the Management Decision Package (MDEP) QDPC (Community Activities), an MDEP within the Installation Program Evaluation Group (II PEG). On 10 March 2010, the QDPC Program Objective Memorandum (POM) 12-17 requirements were presented to the II PEG for validation.

(5) IMCOM G-8 agreed to separately identify the BOSS APF requirements in the FY11 IMCOM annual funding letter.

(6) Resolution. The Jun 10 GOSC declared the issue complete. BOSS funding requirements were included in the POM 12-16 validated and critical requirements. To ensure FY11 funding, IMCOM G-8 will separately identify the BOSS appropriated fund (APF) requirements in the IMCOM annual funding letter.

g. Lead agency. OACSIM-ISS

h. Support agency. IMWR-CR

Issue 637: Homeowners Assistance Program (HAP) Expansion

a. Status. Completed

b. Entered. AFAP XXV, Jan 09

c. Final action. AFAP XXVI, Jun 10

d. Scope. The HAP does not address the needs of service member homeowners with permanent change of station (PCS) orders, non-covered BRAC organizations, wounded warriors, nor surviving spouses. This program can provide some financial relief to specified military, civilian and Non-Appropriated Fund Instrumentality employee homeowners when a base closure or reduction announcement causes a downturn in the real estate market and homes cannot be sold under reasonable terms or conditions. The HAP has only been approved for Naval Air Station Brunswick, Maine as part of the Base Realignment and Closure (BRAC) 2005. Large numbers of homeowners have upside down mortgages due to declining real estate markets, making it nearly impossible to either sell or rent the homes for enough to eliminate or offset mortgage payments when required to relocate. Further, homeowners will not qualify for other congressionally approved relief because they cannot remain in their homes. This leaves service member homeowners required to PCS (to include non-covered BRAC organizations), wounded warriors and surviving spouses susceptible to catastrophic financial loss or foreclosure affecting their professional and personal lives.

e. Conference Recommendation. Expand HAP to provide financial support for service member homeowners required to PCS, non-covered BRAC organizations, wounded warriors, and surviving spouses.

f. Progress.

(1) The American Recovery and Reinvestment Act of 2009 included this issue and funded it at $555 Mil in February 2009. The Congress appropriated an additional $300 Mil as part of the FY 2010 budget to assist additional PCSing service members.

(2) DOD guidance was approved by the Office of Management and Budget as an interim rule on 30 September 2009.

(3) USACE has been conducting command and installation briefings and town halls since 30 July 2009.

(4) Application processing and benefit payments are ongoing since 1 October 2009; over 897 applicants have been paid over $96.3 Mil in benefits by 23 Mar 2010.

(5) Resolution. The Jun 10 GOSC declared the issue complete. Application processing and benefit payments for the Homeowners Assistance Program are ongoing. $855 million was appropriated for HAP, with end dates of FY10 for PCS, FY12 for BRAC, and no end date for Wounded Warriors or surviving Spouses. To date, there have been over 9400 applicants, of which 95 percent are PCS and 2.9 percent are BRAC. Approximately $262M has been expended on the program. The average benefit is $132,000.

g. Lead agency. CEMP-CR

h. Support agency. ODASA(I&H)

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

a. Status. Unattainable

b. Entered. AFAP XXV, Jan 09

c. Final action. 20 Jun 13 AFAP GOSC

d. Scope. Medical Nutrition Therapy (MNT) is not a TRICARE benefit. MNT is the assessment and appropriate use of Nutrition therapy for a patient. It is provided at Military Treatment Facilities (MTF) that have dietitians on staff, but is not always available due to deployments, duty station, and appointment availability. Research shows MNT plays a vital role in wellness and disease management. A study done by the Lewin Group, Inc. in 1998, found that cost savings generated from a reduction in both inpatient and outpatient utilization of health care services over time as a direct result of MNT. They estimated $6.2 M in potential TRICARE cost avoidance savings annually once MNT benefits are achieved. Providing this TRICARE benefit will reduce out of pocket expenses for beneficiaries and reduce overall healthcare costs for TRICARE.

e. Conference Recommendation. Establish MNT as a TRICARE Benefit for all TRICARE beneficiaries.

f. Progress.

(1) In Jan 97, Army and Air Force dietitians briefed the Assistant Secretary of Defense (ASD) for Health Affairs (HA), on the issue of including MNT as a uniform and authorized benefit across TRICARE. The ASD (HA) supported the importance of MNT. He felt that MNT was under-utilized within the Military Health System (MHS), and established HA policy (97-055) to establish MNT as an intrinsic element of clinical practice, through inclusion as part of demand management, disease management (e.g., practice guidelines), and discharge planning.

(2) The Lewin Group, Inc. was awarded an OSD (HA) contract in 1998 to study the cost of covering MNT services under TRICARE. As noted earlier, they estimated a cost savings in excess of $3M annually. We submitted a tri-service proposal for outpatient MNT as a TRICARE benefit in Jul 99. On 10 Jan 01, TMA submitted this proposal for internal review as a potential new benefit; it was not approved due to funding limitations.

(3) In Dec 00, Congress passed and the President signed a Medicare Part B, Medical Nutrition Therapy provision as part of Benefits Improvement and Protection Act, P.L. 106-554. This benefit became effective in Jan 02, and was limited to patients diagnosed with diabetes and/or renal disease based upon cost projections by the Congressional Budget Office. The benefit was contingent on a referral from a physician, and would be covered only if performed by a registered licensed dietitian.

(4) In Dec 03, the Medicare Prescription Drug Improvement and Modernization Act (H.R. 1) was passed

into law. It contained two major new benefits which increased utilization of the Medicare MNT benefit including the Medicare Health Support Program and the Initial Preventive Physical Exam. The Medicare Medical Nutrition Therapy Act of 2005 (H.R. 1582 and S. 604), a bill that gives the authority to expand the MNT benefits to include any disease, disorder, or condition deemed medically reasonable and necessary, was introduced in Congress, however was not passed. In the Medicare Physician Fee Schedule Final Rule for 2005, CMS expanded the list of Medicare tele-health services to include individual MNT.

(5) Medicare has historically set the pace for other third party payers, and this is especially true for MNT services for disease management. Today, many civilian health care plans through Cigna, Aetna, Blue Cross/Blue Shield, and Humana, among others, cover MNT for various diagnosis including hypertension, hyperlipidemia, obesity, cancer, and eating disorders.

(6) In Jul 08, the Medicare Improvements for Patients and Providers Act was passed which establishes a procedure by which Medicare may expand coverage of preventive services, including MNT. As evident in research, diet plays an essential role in sustaining human health, maintaining, and enhancing mental performance, and improving physical capabilities. Today, this concept is strongly supported and advocated today by the U.S. Army Public Health Command and the Comprehensive Soldier Fitness Program, part of the U.S. Army Posture Statement (2009). Both entities promote and link the five domains of health for Soldiers and their Families.

(7) TRICARE authorizes some inpatient and outpatient nutrition therapies and specifically excludes others, like obesity and weight management. Recently, TRICARE completed a Weight Management Demonstration Project, and based on evidence from this study, may change the coverage for this particular diagnosis.

(8) In Sep 09, the MEDCOM JAG provided a preliminary review of the problem and has determined two specific issues that need addressing: (1) is MNT a necessary medical treatment as required by 10 USC 1079, and (2) are registered dietitians an authorized TRICARE provider? A statutory change (10 USC 1079 and 32 CFR, 199.6) will likely be required for both issues. The first one depending on how expansive the MNT coverage will be (disease management and/or prevention and wellness e.g., obesity), and the second issue to add registered dietitians to the approved provider list.

(9) The value of MNT as a TRICARE benefit has many advantages: it resolves the current lack of a uniform benefit for this clinical service; it benefits the patient by improving their quality of life and encourages active participation in managing their medical condition; and it supports the 2007 DoD Task Force on the Future of Military Health Care's recommendations to promote wellness thereby optimize readiness and beneficiary health. The current national debate on health care reform has led health care providers and payers to develop new approaches to meet the challenges of cost containment and quality care. Dietetics professionals are key members of the health care team and are uniquely qualified to provide medical nutrition therapy as an essential reimbursable component of comprehensive health care services.

(10) In Jul 10, a formal request to TMA was prepared and staffed within OTSG for final revision. This memo asked TMA to consider adding MNT as a TRICARE benefit for all TRICARE beneficiaries. In Oct 10, OSTG received a response from the Office of the Assistant Secretary of Defense Health Affairs [OSD(HA)] stating that their Medical Benefits & Reimbursement Branch (MB&RB) would conduct an analysis of the requested change and a literature review on MNT to determine if it is a safe and effective medical treatment and what conditions it treats. If the decision is made to cover MNT under TRICARE, OSD(HA) will pursue the regulatory change necessary to allow registered dietitians to render MNT to TRICARE beneficiaries.

(11) In Apr 11, TMA reported an analysis was completed on the issue of TRICARE coverage of MNT for diabetes, renal disease, hypertension, and hyperlipidemia. A decision paper will be submitted to TMA leadership for consideration. This decision paper will provide options for TRICARE coverage of outpatient MNT for the conditions listed above. If approved, coverage of MNT for any, some, or all of these conditions and the required regulatory changes will be initiated. Additionally, the Office of the Chief Medical Officer in Falls Church VA is working the specific issue of TRICARE coverage of the treatment of obesity (including MNT as a treatment for obesity). However, it must be noted that treatment of obesity, when it is the sole or major condition being treated, is currently excluded by statute.

(12) On 9 Jun 11, TMA indicated that the decision paper would shortly go into coordination. If approved by the TMA Director, the process of drafting the regulatory language required to implement the benefit would begin soon thereafter. The rule making process averages 18-24 months from drafting the proposed rule to publication of the final rule in the Federal Register.

(13) In Nov 11, TMA indicated that they no longer support TRICARE coverage of MNT for diabetes, renal disease, hypertension, and hyperlipidemia, and would provide an official response stating such. Given this unprecedented new federal support for obesity treatment funding, we requested on 14 Dec 11 that TMA reconsider their previous position to provide TRICARE coverage of MNT for diabetes, renal disease, hypertension, and hyperlipidemia.

(14) On 5 Jan 12, Commanding General (CG), Installation Management Command (IMCOM) recommended that this issue be forwarded to the Department of Defense (DoD) Nutrition Committee for consideration. As requested, this issue was added to the agenda of the Feb 12 meeting of the DoD Food and Nutrition Committee, an interdisciplinary group chartered to improve clinical nutrition operations. Being aware that TMA is working this issue, they recommended follow up with TMA to determine the status of the action. In Mar 12, OTSG requested an update. TMA responded that the issue was in staffing at the Office of the General Council and is pre-decisional due to its legal and regulatory complexity. In May 12, this action officer requested an update; TMA responded that is it being re-staffed and still remains pre-decisional.

(15) In Jun 12, TMA reported that adding nutrition therapy would take a statutory change. The Deputy Director,

TMA still wants staff to get a cost estimate and his OCMO is working on a possible benefit for the co-morbidities associated with obesity. This does not conclusively mean TMA is on board with submitting a legislative change. However, the results of the cost estimate and OCMO's analysis should better define their position.

(16) In Oct 12, we received word that TMA does not support submitting a statutory change making MNT a standalone, separately reimbursable service per our request based on this AFAP issue. As an alternative, OCMO is exploring the potential of changing policy within existing statute to permit coverage for obesity treatment using intensive behavioral therapy (currently, statute only permits treatment of morbid obesity.

(17) In addition TMA is exploring the idea of creating a link on the TRICARE Web site that provides the beneficiary with nutritional information including live links to other sites such as the American Diabetes Association, the American Heart Association, and the Centers for Disease Control and Prevention, etc., as well as a link to the TRICARE Facebook page.

(18) MEDCOM recommends requesting a formal response from TMA regarding their decision and keeping this issue open to see if AMEDD with the assistance of TMA can re-scope this initiative to eliminate the statutory prohibition on obesity treatment.

(19) In Dec 12, we confirmed that the TRICARE website provides nutrition information and links to sites such as the Academy of Nutrition and Dietetics. Some links provide "customized" health assessments based on individual traits and anthropometric measures (height/weight/labs) which provide general information only and clearly state they are not intended for treatment. Please see following sites: www.tricare.mil/getfit and www.tricare.mil/healthyliving.

(20) TRICARE Management Activity Deputy Director provided a formal response. TMA does not support making medical nutrition therapy (MNT) a standalone, separately reimbursable service. Although they did submit a legislative proposal to permit treatment of obesity as a sole medical condition for spouses and children; the proposal does not include MNT.

g. Resolution. TMA did not support making MNT a standalone, separately reimbursable service.

h. Lead agency. MCHO-CL

i. Support agency. TRICARE Management Activity

Issue 640: Official and Semi-Official Photographs for All Soldiers

a. Status. Completed

b. Entered. AFAP XXV, Jan 09

c. Final action. AFAP XXVI, Jun 10

d. Scope. Official photographs are not required for all Soldiers. The Army requires an official DA photograph at certain grade levels. There is no official photograph available to the media for all Soldiers that provides a professional head and shoulder view of a Soldier with individual achievements. As a result, personal photos have been used in the media to identify Soldiers that are inappropriate or grainy and may not accurately reflect the professionalism of the Army or the Soldier. Frequently, unofficial photographs taken during initial entry training are used by the media. Having an official photograph of this type on file would ensure Soldiers are portrayed in a dignified and respectful manner.

e. Conference Recommendation. Require a professional quality official or semi-official head and shoulder photograph for all Soldiers.

f. Progress.

(1) Background.

(a) Army Regulation 640-30, Photographs for Military Human Resources Records, does not require official photographs for all Soldiers. Enlisted Soldiers are not required to take an official photograph until promotion to SSG, Warrant Officers upon promotion to CW2, and officers upon promotion to 1LT. Additionally, official photographs only have to be updated every five years.

(b) When determining which photo to release to the media, CMOC PAO confirmed that family members are involved in the process and are the ultimate approval authority. Although the Army can recommend an official photo, there is no obligation for the family to accept that photo.

(c) On 12 March 2009, based on input from all supporting agencies, three initial COAs were developed to resolve this issue: COA 1 = Use official DA Photo, COA 2 = Use CAC Photo, and COA 3 = Use IET/AIT Photo.

(d) During the last GOSC on 1 Jul 09, the VCSA directed the elimination of options involving IET and to pursue a “unit solution”. COAs 1 and 2 were eliminated as being cost prohibitive and difficult to keep current.

(2) Based on guidance received from the VCSA, all 3 previous COAs were eliminated. The refined COA – Revise policy and regulation to include photo requirement as a part of the Annual Soldier Readiness Program (SRP).

(3) This COA focuses ownership on the installation AG / G-1 to implement as a part of the SRP and ensures consistency in implementation / execution throughout the installation, the tenant units and the Army (all three components).

(4) Advantages may include, but are not limited to: higher compliance rates (due to formal process), current photos (yearly basis), single solution for all components, and minimal costs (common resources).

(5) Disadvantages may include, but are not limited to: lengthening the SRP process time for Soldiers/units (one more station to the SRP process).

(6) Resolution. Jun 10 GOSC declared the issue complete. Issue recommendation will be achieved with the publication of AR 600-8-101 revision which will require photographs of Soldiers during the annual Soldier Readiness Program (SRP) process.

g. Lead agency. DAPE-MP

h. Support agency. IMCOM, FORSCOM, HRC, G3/5/7

Issue 642: Secure Accessible Storage for Soldiers Residing in Barracks

a. Status. Completed

b. Entered. AFAP XXV, Jan 09

c. Final action. AFAP XXVI, Jun 10

d. Scope. A significant number of Soldiers residing in barracks lack sufficient secure accessible storage for their Organizational Clothing and Individual Equipment (OCIE) and personal items. The quantity and size of

required issue items have increased dramatically due to deployments. Despite the fact that newly constructed billets include accessible storage cages/areas, the vast majority of existing barracks still lack this essential capability. Lack of sufficient secure accessible storage outside the Soldiers' authorized living space negatively affects their quality of life by forcing them to live in overcrowded conditions.

e. Conference Recommendation. Provide secure accessible storage space for Soldiers' OCIE in a location separate from living space.

f. Progress.

(1) DAIM-ISH has validated policy for storage of BII, OCIE, & personal items for Unaccompanied Enlisted Soldiers.

(a) Per the Army Standard for Permanent Party Barracks, storage for BII and personal items are authorized within Permanent Party Barracks. Per this Army Standard, storage per private bedroom shall be a closet of 24 square feet (sf) w/ separate bulk storage, or a closet of 32sf with bulk storage as part of closet. The BII storage closet is acknowledged as oversized to accommodate some personal items. No validated change to BII storage requirements identified since 2002 approval of the UEPH Army Standard.

(b) Per the Army Standard for COFs, storage for Soldier OCIE (or TA-50), is provided in each COF Readiness Module. OCIE storage space, oversized individual caged lockers, increased in the 2004 revision to the COF Army Standard and is reflected in the COF Standard Design.

(2) IMCOM HQ discussions with other Commands have revealed that this issue is one of several issues regarding COFs shared across the Army. Various installations, including Fort Carson, have prepared DD1391 programming documents to replace these legacy COFs.

(a) In the case of Fort Carson, the installation has identified the phased replacement of three COFs as priority 10, 15 and 21 compared to all other facility needs requiring MILCON funding at Fort Carson through the FY15 program. Due to more pressing mission needs across IMCOM and other Commands, these projects had yet to make their way into the previous versions of the FYDP.

(b) As the MILCON IPT begins their effort to develop the POM 12-17, the modernization of legacy facilities, which addresses COFs, is one of five MILCON initiatives in linking the FY12-17 MILCON Program with the Army Campaign Plan and with AFORGEN synchronization. The thought is that MILCON projects to replace legacy COFs will fit into the FYDP beginning with the FY16 or FY17 program. In the meantime, IMCOM has indicated that each installation has the authority to plan and program for installation-funded OMA projects of up to $750K to construct Readiness Modules for the existing COFs. IMCOM has indicated that they are willing to issue guidance to the installations acknowledging the issues of the functional inadequacy of legacy COFs, when measured against the Army approved standard, and asking installation Master Planners to consider developing OMA projects to help alleviate the shortfall.

(3) Legacy barracks and legacy COFs have forced Soldiers to store their OCIE in their barracks rooms because they have no Readiness Module as part of their COFs. Although new barracks construction alleviates adequate storage needs for BII and personal items, and new COF construction alleviates storage needs for OCIE, the effect of this is only to the level of the unit occupying those facilities. Installations have not been able to compensate for the increased functionality called for in the updates of the Army Standard for Barracks or COFs. To gain better control of the requirements shortfall at installations, IMCOM is conducting a requirements analysis study at various installations across the Army, including Fort Carson. Although led to believe that the study was nearing completion at the time of the last AFAP GOSC in July, IMCOM indicates that the effort is started but is nowhere near completion. Continued contact with IMCOM will provide updates to the status of this effort.

(4) MILCON IPT, beginning the development of the FY12-17 FYDP, will work to ensure that the replacement of COFs are given appropriate consideration when measured against the remaining facilities needs across the Army. IMCOM will issue guidance to the installations asking installation Master Planners to consider developing OMA projects to help alleviate the identified shortfalls of legacy COFs.

(5) Resolution. The Jun 10 GOSC declared the issue complete. The Army standard is that Company Operations Facilities (COFs) provide storage for OCIE in the Readiness Module. The IMCOM commander has provided guidance for all garrison commanders to do an individual survey of their legacy barracks and leverage their available SRM funds until their COFs come on line. In areas where there is not going to be a separate COF (i.e., the upgrade of the VOLAR Barracks) separate storage facilities for OCIE are being built into the modernization.

g. Lead agency. DAIM-ISH

h. Support agency. IMCOM

Issue 643: Service Members Group Life Insurance (SGLI) Cap

a. Status. Unattainable

b. Entered. AFAP XXV, Jan 09

c. Final action. AFAP XXVII, Feb 11

d. Scope. The SGLI cap of $400,000 is insufficient for many Families. The SGLI cap may be inadequate to secure the surviving Families' financial stability when considering the cost of living and accrued debt at time of death. Consequently, many Soldiers purchase supplemental insurance at significantly higher rates in addition to SGLI. Enabling Soldiers to purchase additional benefits through the SGLI ensures their insurability and offers affordable financial security in the event of death.

e. Conference Recommendation. Increase SGLI cap incrementally to $1,000,000.

f. Progress.

(1) Determine OSD support of the initiative due to extra hazards" costs. Section 1969 of Title 38, United States Code, provides that there will be an annual assessment for the costs of the extra hazards of duty when actual mortality exceeds peacetime mortality. The "extra hazards" payment is defined as the reimbursement the

DoD pays to VA to cover the costs of SGLI claims that are in excess of the peacetime mortality level.

(2) Soldiers killed on active duty are automatically eligible for the Survivor Benefit Plan (SBP) payments as well as various VA and State family assistance/compensation programs. All are in addition to the 400K SGLI and 100K death gratuity payments.

(3) Previous action to increase maximum Service members' Group Life Insurance (SGLI) Coverage from $250,000 to $1,000,000 was opposed by the VA's Insurance Service. They indicated that:

a. The SGLI program would no longer be self-supporting. Significant appropriated funds would be required to support it.

b. Extra hazards provision may require revision to reflect the monetary amounts paid as claims versus the number of claims, resulting in much higher reimbursement costs

c. Reinsurers may request an increase in their reinsurance premiums to compensate them for the increased risk they would assume.

d. Additional SGLI may be regarded as infringing upon a commercial insurance market that already offers supplementary coverage to military personnel;

(4) During the AFAP update on 1 Sep 2010 LTG Lynch requested information what is the appropriate level of life insurance coverage is calculated, and the cost of supplemental insurance. The following is provided in response to LTG Lynch's questions:

a. As a rule of thumb individuals should carry life insurance at a level equal to 5 – 8 times their annual income. The Insurance Institute further advises that consideration should be given to such issues as current debt, mortgage costs, number or family members, post secondary education costs, and the desire or ability of the surviving spouse to enter or remain in the work force.

b. Costs for life insurance are based on a number of variables to include smoking, current health status and in some case life style. For a 25-30 year old male in good health, average costs for a $250,000 policy range between 25.00 to 60.00 dollars per quarter. (Note: Inquiries on average rates were obtained from companies normally insuring military members. The policies quoted have no exclusions for death related to combat. However, rates are somewhat higher for those involved in such occupations as EOD. Rates are also higher if purchased within 30 days of deploying)

(5) Expected peacetime deaths changes annually. For policy year 2010 (July 2009 – June 2010) the expected peacetime deaths were 1541 and the actual deaths were 2079. With a difference of 538 and an average claim size of $383,663, DOD "extra hazards" payment for 2010 policy year is (383,663 X 538) $206 million. Additionally, there is no imperial data provided to indicate that 400K is an insufficient SGLI amount.

(6) Resolution. Issue was declared unattainable because the VA's Insurance Service opposed increasing the maximum SGLI coverage to $1M. "Extra hazards" payment is the reimbursement DoD pays to VA to cover the costs of SGLI claims in excess of the peacetime mortality level. FY10 extra hazards cost to DOD was $200M, 40% was the Army's portion. Increasing SGLI coverage to $1M at current mortality levels, would result in an extra hazards payment of $500M by DOD, 40% ($200M) would be the Army's cost.

g. Lead agency. DAPE-PRC

h. Support agency. OSD

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

a. Status. Complete

b. Entered. AFAP XXV, Jan 09

c. Final action. 20 Jun 13 AFAP GOSC

d. Scope. Demand for healthcare exceeds provider availability in MTFs. The Army's projected growth will further increase this demand. Statutes limit salaries, incentives and contracts which exacerbate recruiting and retaining adequate numbers of medical providers. The lack of providers affects timeliness of medical services, impacts Soldier medical readiness and the health of Family members and Retirees.

e. Conference Recommendations.

(1) Expedite staffing of military, civilian, and contracted medical providers to support prioritized needs as identified by the MTF Commander.

(2) Implement new strategies for recruiting and retaining medical providers for MTFs.

f. Progress.

(1) Military Human Capital. The Medical Command (MEDCOM) HCDP continues to be a coordinated effort between US Army Human Resources Command (HRC) and MEDCOM to properly distribute military human capital assets across the MEDCOM and other Army organizations. All Human Capital resources (Military, Civilian, and Contractor) are taken into account during development of the plan. The HRC managers coordinate and balance the needs of the Army with the Soldier's needs to distribute personnel according to the HCDP. Each Fall HCDP Conference develops the HCDP for the upcoming Fiscal Year. During the Spring HCDP Conference, the previous HCDP is validated and adjusted to insure maximum effective use of the available inventory in meeting the Army, MEDCOM, and MTF Commanders' requirements. Due to budget challenges, this spring's HCDP conference was conducted via telecom. Only two behavioral health reclamas were brought forward for adjudication at the MEDCOM level. Both are expected to be resourced.

(2) Civilian Human Capital. The initial package to implement and delegate use of the Expedited Hiring Authority (EHA) submitted to the Surgeon General for signature during November 2012 was edited and resubmitted for approval during late April 2013. MEDCOM expects to implement EHA for selected occupations on a pilot basis to analyze and document its effectiveness. Our analysis concludes EHA does not effectively replace Direct Hiring Authority (DHA) as it does not provide the ability to hire on the spot. The only relief EHA provides is the approval process to bypass veterans within MEDCOM when a management official can demonstrate the veteran is not equally qualified, instead of obtaining OPM approval. Focus on the implementation of EHA was overtaken by the urgent implementation of the Army Hiring Freeze, planning for furlough implementation and the results of the Army Living Quarters Allowance. EHA was delegated to

the Surgeon General (TSG) on 18 Sep 12 by the Assistant Secretary of the Army (Manpower & Reserve Affairs) [ASA (M&RA)] memo dated 11 Sep 12, which covers 38 healthcare occupations. Upon TSG approval, CHRD and CHRA must develop implementing instructions, which will also require we educate our selecting officials.

(3) Contract Human Capital. Despite the best efforts of contractors, contracting offices, and MTFs to provide robust incentives, certain provider positions at remote and other hard-to-fill locations remain difficult to fill. In order to improve contract administration and reduce the lead time for awarding contracts, Health Care Advisors Association (HCAA) is working with the Deputy Assistant Secretary of the Army – Procurement [DASA (P)] to document staffing shortfalls. Additionally, HCAA submitted a manpower concept plan to Army 3/5/7 and Assistant Secretary of the Army, Acquisition, Technology and Logistics [ASA (ALT)] that identified a shortfall in contracting administration and recommended an increase of 142 additional contracting manpower requirements to improve all phases of contracting and in FY13 MEDCOM received word of FY15 authorizations for 69 civilian contracting professionals. However, the contracting workforce in MEDCOM as well as across the Army still remains significantly understaffed.

(4) The MEDCOM supports the United States Army Recruiting Command (USAREC) Medical Recruiting Brigade (MRB) with military providers to leverage peer-to-peer recruitment. USAREC has developed a concept of Medical Enterprise Recruiting Zones which will enhance the synergy between them, OTSG and Office of the Chief Army Reserves (OCAR). In FY11, the Brigade continued to achieve success by directly commissioning 282 fully qualified officers. In addition to filling our student programs, these commissioned officers provide an additional capability. The continued utilization of the Critical Wartime Skills Accession Bonus (CWSAB) and the Health Professional Loan Repayment Program (HPLRP) provide incentives to assist in the recruitment of highly skilled medical professionals.

(5) The Military Accessions Vital to the National Interest was established in Feb 09. Under this program, the Army recruits legal aliens who are Health Care Professionals in specific areas of concentrations necessary for present and future military operations. This program has recently been reopened and will provide USAREC with an additional toll to accomplish the established direct accession mission.

(6) With the implementation of the Army's hiring freeze and release of term and temporary employees as by the ASA (M&RA) memorandum of 22 Jan 13, due to fiscal uncertainty, MEDCOM's growth in civilian strength to support demand for healthcare service has significantly diminished. Even with the Army-wide exemptions for Integrated Disability Evaluation System, Behavioral Health, Wounded Warrior programs, the budgetary pressures demand management officials manage and prioritize hiring actions within tight budgets and within assigned on-board civilian FY13 end strength numbers. MEDCOM's reduced its on-board civilian personnel from 43,554 to 42,531 (net loss of 1023) between 28 Feb 13 through 2 May 13 through normal attrition losses. Conversely, MEDCOM has approved only 922 recruitment actions (vice actions and new positions) during the same period in comparison to approximately 3500 open recruitment at any time in the past. The decisions regarding how the Army will reduce the fighting force will affect the demand for health care services. If the force is reduced primarily through selective early retirements, 15 year retirements, and reduced accessions, as was done in the drawdown of the 1990s to avoid creating a hollow force, minimal impact on the demand for healthcare will be observed. Those who are retired will continue to exercise their healthcare benefits, and the reductions in accessions are targeted at the youngest and healthiest of our beneficiaries, who tend to not use as many health services as older beneficiaries.

(7) The MEDCOM civilian workforce grew through January 2013, when the hiring freeze took effect. The total civilian work force of 29,552 as of end of Jul 06 grew by 48% to 43,742 at end of Dec 12. At his time, the civilian workforce is shrinking at the rate of about 500 per month, and is expected to fall below the DoD on-board civilian target of 41,273 by the end of FY13, with further reductions planned for the POM years. From a clinical perspective MEDCOM is hopeful that the staffing gains achieved during the past years to provide timely medical services at the MTF level, which impact the readiness of our Soldier and the health of Family Members and Retirees are not drawn down too quickly. DoD has directed TMA and the Services to identify alternatives for reducing Department of Health Professions (DHP) civilian manpower by 3/5/7% from FY12 levels over the POM. The MEDCOM will focus on minimizing the potential adverse impact upon our beneficiaries: Soldiers, retirees, and their Families. Uncertainty prevails regarding whether proposed reductions will actually take place.

(8) Contract Human Capital. The Center for Health Care Contracting (CHCC) is recompeting the ADCMS contracts. When completed these sets of contracts will provide a strategic source for Physicians, Nurses and Ancillary support. CHCC also has active Blanket Purchase Agreements (BPA) to support short-term surge requests such as locum tenens, and dental support. These BPAs are primarily CONUS based and have an expensive cost associated with hiring temporary clinical providers.

g. Resolution. OTSG added 1500 additional physicians and dentists. Behavioral health, wounded warriors, Integrated Disability Evaluation System and other high risk medical programs are protected from hiring freeze and furlough.

h. Lead agency. MCHR-C

Issue 645: Temporary Lodging Expense (TLE) Duration

a. Status. Completed

b. Entered. AFAP XXV, Jan 09

c. Final action. AFAP XXVI, Jun 10

d. Scope. The 10 day limitation on TLE is insufficient to allow Soldiers and Families to familiarize themselves with the local area and secure adequate/affordable housing. TLE duration has not been increased since 1 Apr 94. Under FY94 National Defense Authorization Act (NDAA),

TLE duration was increased from 4 to 10 days. Increasing TLE will provide adequate time to complete military in-processing requirements, obtain affordable housing, enroll Family members in schools/childcare, and support quality of life.

e. Conference Recommendation. Increase duration of TLE to 20 days.

f. Progress.

(1) Joint Federal Travel Regulations (JFTR) paragraph U5710 stipulates the number of TLE days to 10 for a member occupying temporary quarters in CONUS due to PCS. In order to authorize 20 days TLE for a member on a PCS to CONUS move requires a change to Title 37 section 404a. The process to effect this change is by way of the ULB.

(2) Currently, the JFTR outlines a variety of options that help offset lodging and meal expenses when a member and/or dependents need to occupy temporary lodging in CONUS ICW a PCS. These options are TLE and Dislocation Allowance (DLA). The intent of both allowances is to partially reimburse relocation expenses not otherwise reimbursed. These allowances are not intended to reimburse all relocation expenses of the servicemember. Additionally, servicemembers are authorized 10 days of permissive TDY (non-chargeable leave) when relocating from old PDS to new PDS.

(3) The Secretaries Concerned could collectively prescribe a temporary increase up to 60 days for a PCS to a CONUS PDS due to major disaster; or when the PDS is experiencing a sudden increase in number of members assigned. The conditions in the preceding sentence are based on empirical data provided by the installation in conjunction with the installation housing office. Historically, a similar request from Fort Drum, NY and recently Fort Bliss, TX met the statutory criteria for increased TLE days and were approved 60 days TLE by the Secretaries Concerned after carefully reviewing housing vacancy rates and housing shortfalls in both installations.

(4) The JFTR via Sister Service already provides the flexibility and means to increase TLE days due to major disaster; or when the PDS is experiencing a sudden increase in number of members assigned. When an installation (Army or Joint Base with other Sister Service) requires increased TLE beyond 10 days, DoD has prescribed guidelines in evaluating housing requirements. The Army Housing conducts an independent Housing Market Analysis (HMA) survey that evaluates housing availability and housing vacancy rates in an installation. This is a proven process that recently authorized increased TLE beyond 10 days for Fort Drum (renewal) and Fort Bliss (new approval).

(5) Resolution. The Jun 10 GOSC declared the issue complete. Issue's recommendation was partially achieved. Current statutory authority in the Joint Federal Travel Regulations (JFTR) provides the Service Secretaries flexibility to increase TLE from 10 to 60 days in the event of a major disaster or if the installation is experiencing a sudden increase in members assigned to a Permanent Duty Station in the continental United States. For example, extended TLE was approved for Forts Drum and Bliss because housing surveys validated insufficient housing availability.

g. Lead agency. DAPE-PRC

Issue 646: Active Duty Family Members Prescription Cost Share Inequitability

a. Status. Completed

b. Entered. AFAP XXVI, Jan 10

c. Final action. AFAP XXVII, Aug 11

d. Scope. There is an inequality of prescription cost share benefits for Active Duty (AD) Family Members not enrolled in a Military Treatment Facility (MTF). Prescriptions filled at a MTF are provided at no cost. AD Family Members who are not enrolled at an MTF and utilize retail or mail order pharmacies for their prescriptions are required to make cost share payments. These Family Members incur cost share fees, ($3 generic, $9 brand, $22 non-formulary, per prescription, per Family member), which will quickly add up for Families with multiple prescription requirements (i.e., AW2, EFMP, Catastrophic events, etc.). These additional expenses are inequitable and create a financial burden above those who acquire their prescriptions from the MTF.

e. Conference Recommendation. Eliminate prescription cost shares for Active Duty Family Members not enrolled at a Military Treatment Facility.

f. Progress:

(1) Congress enhanced the pharmacy benefit to include the use of a mail order pharmacy and retail pharmacies with the first round of BRAC closures; providing military beneficiaries with three options for medications: the MTF pharmacy, mail order or retail. These options are not tied to a certain plan or enrollment but can be used at the discretion of the beneficiary. MTF enrollment is not a requirement for using the MTF pharmacy as all pharmacies accept prescriptions from civilian doctors, whether TRICARE providers or not. MTF pharmacies purchase medications through the Federal Supply Schedule (FSS) or DoD contracts, most at large discounts as compared to civilian pharmacies.

(2) To offset the costs of using more expensive options, Congress implemented a cost share program that requires beneficiaries to pay $3/prescription for generic medications and $9/prescription for brand name products. With the activation of the DoD Pharmacy and Therapeutics Committee, a 3-tier system of medications was established with the 3rd tier being non-formulary medications. Medications identified in this tier have a $22/prescription cost-share.

(3) Active Duty personnel are exempt from this cost-share and pay nothing if using mail order or retail pharmacies. As with the three tiers of cost-share, there are essentially three tiers of preference for obtaining medications: MTF has no cost-share; mail order can be dispensed with up to a 90-day supply for the $3/$9/$22 co-pay; retail can be dispensed with up to a 30-day supply for $3/$9/$22.

(4) OTSG will determine level of support from TMA with a request to remove co-pays for prescriptions. A Presidential Task Force recommended increasing co-pays with the DoD Senior Executive Council making their own recommendations in a final report to Congress.

(5) Eliminate prescription cost shares for Active Duty Family Members not enrolled at a Military Treatment Facility requires legislative entitlement changes at the DoD level as the change would affect all Services.

(6) The Army Surgeon General (TSG) sent a formal request asking TMA to assess the feasibility of eliminating prescription cost shares for Active Duty Family Members not enrolled at a Military Treatment Facility. TMA responded requesting a delay in any action while waiting for results from proposed legislation for FY12 budget. The Task Force on the Future of Military Health Care proposed to eliminate the copay for generic medications at the Mail Order Pharmacy (MOP) only and awaits congressional action. A second challenge is identifying individuals through the Defense Enrollment Eligibility Reporting System (DEERS), requiring a modification to include identifiers regarding patient choice not to enroll in MTF versus patient forced to use purchased care with an additional change if patient later became enrolled at MTF.

(7) The House Financial Bill did not add language barring TMA from increasing (changing) prescription co-pays. If the Senate does not add language to bar an increase, TMA will increase prescription co-pays 1 Oct 2011. The exception to this increase will be no co-pay for generic prescriptions through Mail Order for all beneficiaries.

(8) Resolution. The Aug 11 GOSC declared the issue completed. The Army Surgeon General sent a formal request asking TMA to assess the feasibility of eliminating prescription cost shares for ADFMs not enrolled at a MTF. TMA requested a delay pending results of FY12 NDAA legislation. The Task Force on the Future of Military Health Care recommended elimination of copay for generic medications at the mail order pharmacy (MOP) only. The House version of FY12 NDAA did not add language barring TMA from changing prescription co-pays. If the Senate does not add language to bar co-pay adjustments, TMA will increase prescription co-pays 1 Oct 11 and eliminate co-pay for generic prescriptions through the MOP.

g. Lead Agency: DASG-HSZ

h. Support Agency: TRICARE Management Activity

Issue 647: Availability of 24/7 Child Care with Child, Youth, and School Services Delivery Systems

a. Status. Completed

b. Entered. AFAP XXVI, Jan 10

c. Final action. AFAP XXVI, Jun 10

d. Scope. Many Garrisons' CYSS do not provide 24/7 child care. These CYSS do not account for non-traditional work schedules or additional responsibilities and duties such as increased training, shift work, extended duty hours and strain caused during deployments. Although CYSS has programs including but not limited to "We've Got You Covered" and other multiple delivery systems, these have not been implemented Army Wide and are not available for use by all CYSS patrons. Numerous caregiver arrangements financially burden Families, strain morale, and are not in the "best interest" of the child. Multiple Delivery Systems are needed to account for all age groups during these non-traditional hours.

e. Conference Recommendation. Require the availability of 24/7 child care for all age groups through Child, Youth and School Services (CYSS) Delivery Systems at all United States Army Garrisons.

f. Progress.

(1) Criteria for receiving 24/7 facility includes: Mission (e.g., Medical center or large hospital; large shift work), Repeated Deployments, large populations of single or dual military, survey and/or market analysis.

(2) 24/7 child care facilities have been funded ($28M) at 11 installations based on installation mission and projected demand.

(3) Funding was provided by DoD.

(4) Construction is authorized by NDAA.

(5) Execution will be through the Non-Appropriated Fund construction process.

(6) Associated $4.2M for furnishings and equipment has not been identified.

(7) Most 24/7 child care is being provided in Army Family Child Care Homes.

(8) Metrics to ensure affordable fees for care provided beyond the normal duty day are being addressed as part of SFAP 2.4.31.

(9) Fee assistance will be effective for SY 10 - 11 effective NLT 30 Sept 2010.

(10) DoD has funded memberships for military Families to locate individuals who can provide 24/7 child care in Families' homes through SitterCity.com, a national clearing house for in-home babysitters.

(11) Families pay the full cost of care in their own homes. Care in Family homes is not subsidized by DoD or the Army.

(12) Engaged ACSIM STRATCOM cell and FMWRC Marketing Division.

(13) GOSC review. The Jun 10 GOSC declared the issue complete. DoD provided $28 million for construction of eleven 24/7 Child Development Centers at highly impacted installations. Centers will be operational in 2010-2011. Family Child Care (FCC) Homes are also available to meet this need. Fee assistance will be available for SY10-11 for 24/7 FCC homes. Families can also access, free of charge, the DoD funded services SitterCity.com to locate non-subsidized in-home babysitters in their areas.

g. Lead agency. OACSIM-ISS

Issue 648: Behavioral Health Services Shortages

a. Status. Complete

b. Entered. AFAP XXVI, Jan 10

c. Final action. 20 Jun 13 AFAP GOSC

d. Scope. Soldiers, retirees, Family Members, and previously deployed DA Civilians are not able to access timely behavioral health services needed for their treatment and recovery because of the shortage of behavioral health providers. A 16 November 2009 Office of The Surgeon General (OTSG) Information Paper states from June thru October of 2009, the Army lost 72 Psychiatrists and 50 Psychologists and reports an unmet requirement of 923 behavioral health providers for the Active Component alone. The shortage of behavioral health services impacts the health of Soldiers, retirees, Family Members, previ-

ously deployed DA Civilians and ultimately contributes to the rising suicide rates, drugs, and alcohol abuse.

e. Conference Recommendations.

(1) Increase the number of readily available behavioral health providers and services for Soldiers, retirees, Family Members, and previously deployed DA Civilians.

(2) Increase the use of alternative methods of delivery; such as tele-medicine.

f. Progress.

(1) Significant progress has been achieved during the last ten years to provide timely behavioral health services to Soldiers, Family Members and other beneficiaries. Comprehensive Behavioral Health is a Surgeon General's Top Ten Priority and focal point of future manpower projections due to an evolving understanding of the nature of behavioral health care and a shrinking but still serious shortage of behavioral health providers. MEDCOM uses three methods to determine requirements; studies for unique functions, concept plans for new missions, and application of the Automated Staffing Assessment Model (ASAM). The ASAM was used to determine the 3QFY12 requirements of 5691, noted below. The Vice Chief of Staff of the Army (VCSA), General Peter W. Chiarelli was briefed on and approved the use of the ASAM for use to determine manpower requirements in the MEDCOM. Meanwhile we continue to refine ASAM to accurately predict future requirements for BH providers and services for Soldiers, Retirees, Family Members, and previously deployed DA Civilians. Also, the VCSA has recognized the criticality of behavioral health capabilities and supported an increase in behavioral health providers throughout the Military Health Service.

(2) A total requirement of 5721.62 mental health providers was recognized for the Military Health System as of 31 Mar 13 which has been met in aggregate with 5,730.73 (100%) on- board military, civilian and contract personnel. However, shortages still remain for Psychiatrists (85%), other Licensed MH providers (17%) and Technicians (86%).

(3) Military Human Capital (Active Duty Component Only). The Army Medical Department (AMEDD) continues to support and promote incentives to maintain and recruit quality BH professionals. Our partnership with Fayetteville State University, MEDCOM has produced graduates with a Masters of Social Work. From 15 graduates in the first year, it is now producing 25 to 30 entry level social work officers per year. The number of Health Professions Scholarship Allocations dedicated to Clinical Psychology and the number of seats available in the Clinical Psychology Internship Program (CPIP) continues at a historic level. Additionally, in FY 12, we initiated a pilot program to recruit individuals that are completing a civilian CPIP, allowing them to enter directly into the supervisory phase of licensure requirements. The success of these programs will further reduce shortages of licensed Clinical Psychologists.

(4) Civilian Human Capital. The current MEDCOM civilian behavioral health workforce consists of a total of 2,466 employees; 156 psychiatrists, 996 social workers, 606 psychologists, 130 psychiatric RNs plus 53 Psychiatric Nurse Practitioners, and 525 technicians. From end of month July 2006 to end of September 2012 our combined clinical psychiatrists and clinical social workers grew from 668 to 1602, a growth of 934 or 240% in 6 years. During FY12 MEDCOM granted this group $9.8M in recruitment, relocation, and retention incentives. Behavioral Health Services is expected to continue increasing for the duration of current combat operations and will likely decrease upon cessation, but stabilize at a higher baseline demand rate than experienced pre-war.

(5) The US Army Medical Command Behavioral Health Service Line, with its focus on preventive care and proactive identification of Soldier and Family distress, will generate increased Behavioral Health workload within a system designed to monitor and address demands. This effort to standardize behavioral healthcare across the Army is expected to disseminate best practices, and ensure quality care, optimization of limited resources, and support the best clinical outcomes for Soldiers in treatment. Increased demand for behavioral health services will be addressed through expansion of evidence based programs, which will generate additional resource and personnel requirements above current funding and staffing levels.

(6) Additionally, the current Congressional funds programmed for Behavioral Health access to care are not sufficient to support expansion of Behavioral Health Service Line programs. The Behavioral Health Service Line supports 6 core components and 26 additional programs (32 total core enterprise programs). Unmet resourcing needs can be alleviated though over hires and additional resourcing.

(7) Contracting. MEDCOM continues to use contracting to add Behavioral Health providers in a number of facilities. The contracting community continues to employ the following to meet the BH contract requirements: (a) The use of relocation and incentive fees (paid to for filling within a specified timeframe) sign-on and retention bonuses were also used, (b) Speeding the credentialing process for candidates, (c) Expanding marketing to all BH communities to access a larger pool of potential candidates, (d) Implementing the Army Direct Care Medical Services (ADCMS), Blanket Purchase Agreements (BPAs) and General Services Administration (GSA) schedules to as tools to award both sustained and contingency BH requirements.

g. Resolution. MEDCOM met 100% of aggregate requirements and maintains BH as a protected program from hiring freezes and furlough.

h. Lead Agency: MCHR-C

Issue 649: Compensatory Time for Department of the Army Civilians

a. Status. Unattainable

b. Entered. AFAP XXVI, Jan 10

c. Final action. AFAP XXVII, Aug 11

d. Scope. DA Civilians who work irregular or occasional overtime receive compensatory time at a disproportionate rate than overtime pay. Compensatory time is granted at one hour off for each hour of overtime worked. Overtime pay is usually paid at one and one-half times the hourly rate. Receiving one compensatory hour for each overtime hour neither acknowledges nor compensates

the employee for the impact of lost evenings or weekends.

e. Conference Recommendation. Increase compensatory time for DA Civilians to 1.5 hours off for each hour of overtime worked.

f. Progress.

(1) Costs associated with increasing compensatory time off for employees to 1.5 hours for each hour of overtime worked will vary depending upon the total number of hours of compensatory time worked and the employee's salary. Compensatory time earned is paid at the overtime rate after 26 pay periods if not used. The increased hours of compensatory time earned can result in more time off from work, an additional loss of productivity.

(2) OASA (M&RA) submitted request to OSD regarding level of support for this recommendation. On 20 January 2011, OSD responded that the recommendation is not supportable as implementation would be costly and would not solely impact Army, but the Federal sector as a whole. Also, increasing compensatory time to 1.5 hours off for each hour of overtime worked is an added complexity, since actual overtime pay is capped at one and a half times the GS-10, step 1 rate, which for many employees is the hourly rate of pay.

(3) When DFAS provided requested data in raw form in late April 2010, HQDA conducted a cost analysis to determine Army-wide implications and potential costs. The cost associated with implementing the AFAP recommendation could be significant just within Army alone. The AFAP recommendation would impact all Federal agencies and would require a legislative change to implement. Current media reports of Federal workers being paid at higher levels than private sector workers would draw even more negative attention to the Federal salary schedule.

(4) Resolution. OSD does not support this issue because of cost and impact on the Federal sector as a whole. DFAS analysis projects the cost would be over $10.5 million annually, not including locality pay.

g. Lead agency. DAPE-CPZ

h. Support agency. AARP-RM and DFAS

Issue 651: Extended Transitional Survivor Spouses' TRICARE Medical Coverage

a. Status. Unattainable

b. Entered. AFAP XXVI, Jan 10

c. Final action. AFAP XXVII, Feb 11

d. Scope. Transitional Survivor Spouses maintain enrollment in the TRICARE Prime medical health plan at the active duty Family Member status for only three years. At the end of three years, the spouse's status is changed in DEERS to survivor status at the retiree payment rate. In FY01, legislation changed the survivor spouse transition period from one to three years. In FY06, Congress extended the eligibility of survivor dependent children coverage to be the greater of three years or until they lose Title 10 eligibility. The transition period after a death is stressful and challenging for surviving Family Members. The extension of Transitional Survivor Spouses' TRICARE Prime medical coverage will provide additional time for rebuilding after the death of the active duty service member.

e. Conference Recommendation. Extend Transitional Survivor Spouses' TRICARE Prime medical coverage at the active duty Family Member status from three to five years.

f. Progress.

(1) Families/spouses of Soldiers who die on Active Duty are entitled to the same medical/TRICARE benefits as they received as an Active Duty Family Member (ADFM). This continued ADFM status is retained for a 3-year period and is classified as "transitional survivor". The FY06 National Defense Authorization Act provided the entitlement change to Title 10 United States Code (U.S.C.) and allows the Soldier's family/spouse to receive uninterrupted TRICARE enrollment and medical care.

(2) After the 3-year transitional period, the spouse's beneficiary status changes from ADFM to retiree family member. Similar to all other new retirees, this retiree status affects both TRICARE payment rates (cost sharing and enrollment fees) and TRICARE Prime enrollment options (MTF or civilian network). The re-enrollment process is one of the factors that allow military treatment facilities (MTF) the ability to maintain capacity for the Active Duty population. If the MTF does not have capacity, new retirees are afforded enrollment in the civilian network. All minor and unmarried dependent children will remain eligible as "transitional survivor" from date of sponsor's death and until the longer of 3 years, they reach the eligibility age limit (age 21 or age 23, if full-time college student), marry, or otherwise become ineligible for Title 10 medical entitlements.

(3) The OTSG recognizes that the transition period after a death is stressful and challenging for surviving family members. The Army Medical Command (MEDCOM) has worked with the Survivor Outreach Services (SOS) Advisory Panel which is tasked to expand and standardize the survivor outreach program. Recent efforts included educating beneficiaries about the existing TRICARE survivor benefit program, as well as identify opportunities to strengthen the survivor program through the SOS Advisory Panel.

(4) Extending transitional healthcare beyond three years requires legislative entitlement changes at the DoD level as the change would affect all Services. It is not clear if the TRICARE Management Activity would support this change. A similar effort to extent dental benefits to five years under AFAP Issue 616 was worked by OTSG and has resulted in some survivor dental benefit enhancements. Dental benefits for surviving children will mirror the medical survivor benefit. Children will be covered until 21 or 23 if a full-time student. Efforts to extend dental benefits up to five years under AFAP Issue 616 were not been supported by TMA.

(5) The Army Surgeon General (TSG) sent a formal request, asking TMA to assess the feasibility of enhancing the TRICARE Survivor Medical Benefit from three to five years. In their response, TMA stated beneficiaries revert to survivor status when their healthcare costs are cost shared at the retiree payment rate of $230 per year enrollment fee and modest co-pays for civilian healthcare. TMA considers these fees to be fair and reasonable and will not support a legislative

change to extend survivor benefits to five years. We consider this issue to be unattainable.

(6) Resolution. Issue was declared unattainable based on lack of TMA support for legislative change. The Surgeon General of the Army sent a formal request to TMA to assess the feasibility of legislation to enhance the TRICARE Survivor Medical Benefit from 3 to 5 years. TMA's cost estimate for the extended benefit was $6.6M for FY 11-16. TMA stated they would not support a legislative change to extend the benefit. They consider the $230 annual Prime enrollment fee and modest co-pays to be fair.

g. Lead agency. DASG-HSZ

Issue 652: Family Readiness Group External Fundraising Restrictions

a. Status. Complete

b. Entered. AFAP XXVI, Jan 10

c. Final action. 27 Aug 12 AFAP GOSC

d. Scope. Family Readiness Group (FRG) informal funds can only be obtained through unsolicited donations and fundraising efforts on a military installation or through the Unit membership. Department of Defense 5500.7-R (Joint Ethics Regulation) (JER), Section 2, 3-210a (6) (Fundraising and Membership Drives) and Army Regulation 608-1 (Army Community Service), Appendix J (FRG Operations) restrict external fundraising. Without external fundraising capabilities, the majority of the funds raised come from within the FRG membership. External fundraising will ease the financial burden placed on Soldiers and Family Members.

e. Conference Recommendation. Authorize Family Readiness Groups (FRGs) to fundraise in public places external to Reserve Centers, National Guard Armories and military installations.

f. Progress.

(1) Mar 10, IMCOM Staff Judge Advocate (SJA) indicated this issue must be worked by OTJAG.

(2) Mar 10, OTJAG concluded that resolving this issue would require change to OPM and/or Federal Ethics Regulation and potentially have legislative impacts. OTJAG suggested FRGs may fundraise on installations; however, Reserve Component FRGs would be limited to Army Reserve Family Centers (ARFCs) or Armories. OTJAG indicated that Private Organization status and then fundraise externally.

(3) Mar 10, IMCOM G-9 Family Programs reiterated similar recommendations.

(4) Mar 10, reviewed issue with IMCOM G-9 SJA. IMCOM G-9 SJA coordinated with OTJAG and provided an opinion on issue resolution and suggested language.

(5) Apr 10, consulted with IMCOM G-9 SJA to review way ahead. IMCOM G-9 SJA contacted OTJAG to review legal opinion and assisted with preparing change to regulation and/or legislation. Requested IMCOM G-9 SJA to opine as to whether legislative change is attainable.

(6) At the Apr 10 AFAP issue review with Assistant Chief of Staff for Installation Management (ACSIM), recommendation was made to close the issue as Unattainable as this issue will require legislative change. Change to legislation may not be supported by Office of Personnel Management.

(7) Jun 10, issue was briefed at the June 2010 AFAP GOSC. The VCSA directed a holistic review of FRG funding and donations to review strategies to fund FRGs without the requirement to fundraise.

(8) Aug 10, ACSIM established a working group to develop strategies to holistically fund FRGs. The recommended course of action was to curtail FRG fundraising and explore options for funding FRGs. Recommendations included:

(a) $500 cap for “Cup and Flower Fund” (not lower than company/battery level).

(b) Commanders have a brigade level mechanism and an standard operating procedure (SOP) to accept donations.

(c) Examine option to fund FRGs based on a Dollar to Soldier Ratio.

(d) FRGs have the option to establish a 501-3-c, Private Organization, if they desire to fundraise.

(9) Sep 10, above recommendations were coordinated with IMCOM G-9, US Army Reserve (USAR) and Army National Guard (ARNG) Family Points of Contact.

(10) Oct 10, explored the option to streamline funding to appropriated fund (APF), non-appropriated funds (NAF) and to establish separate accounting codes within the NAF for fundraising/ donations or Morale, Welfare and Recreation (MWR) funds. This option was not viable as funds must be separated for tracking/accounting systems for donations, etc.

(11) Oct 10, ACSIM coordinated a teleconference with, IMCOM G-9 and Reserve Component Family Programs Points of Contact to further review and revise FRG Holistic Funding strategies. Revised recommendations include:

(a) Examine option to develop dollar ratio for FRGs (similar to unit MWR funds) to fund non mission essential activities.

(b) Recommend a $1000 cap on Informal Funds.

(c) Recommend Informal Funds to be established not lower than the company/battery level.

(d) Develop an FRG survey tool/questionnaire to ascertain what FRG tasks are not currently being met via funding options (APF, Informal, and Supplemental.

(e) Develop a standard budget template for Commanders for FRG mission essential tasks.

(f) Reinforce training for Commanders and FRG members on FRG mission essential tasks.

(12) Dec 10, recommendations forwarded to OTJAG. In Feb 11 and Mar 11 received no legal objections to recommendations from OTJAG.

(13) IMCOM G-9-FP briefed their leadership on the “Dollar to Soldier Ratio” Concept on 30 Mar 11. IMCOM G-9 Leadership non-concurred with concept.

(14) Aug 11, reviewed at AFAP GOSC. VCSA guidance was to revisit courses of action to allow external fundraising.

(15) Aug 11, OTJAG opined that “FRGs are command-sponsored programs which are generally prohibited from fundraising by both federal law and DoD policy. Thus, the Army has no authority to authorize FRGs to fundraise in public places, so it cannot, for example, authorize Reserve Component (RC) FRGs to fundraise outside of Reserve Centers. However, individuals acting in their per-

sonal capacities may establish private organizations (POs) that share the goals and objectives of FRGs. Because such POs are not part of an established FRG, they have significantly greater flexibility in fundraising, i.e., they may fundraise in the general community. Thus, an RC PO would be able to fundraise outside of Reserve Centers."

(16) Aug-Sept 11, Working Group members reviewed OTJAG Information Paper and briefed leadership on OTJAG Information Paper to determine best course of action for external fundraising.

(17) Dec 11, developed and coordinated FRG External Fundraising Decision Tree Matrix with working group members to determine most effective course of action to meeting intent of issue. Additionally, ACSIM-ISS began the initial coordination of a Unified Legislative and Budget (ULB) to authorize external fundraising.

(18) Dec 11, reviewed AR 600-29, dated 7 Jun 10, para 1-7c(1-4) which stipulates "commanders of Army Commands and the heads of Army organizations may designate areas that are outside the Federal workplace, may support or authorize the support of such fundraising, and may provide limited logistical support.

(19) Received response from OTJAG review of AR 600-29 as it pertains to external fundraising for Family Readiness Groups. OTJAG response stated that "external fundraising by FRGs is not allowed" and "external fundraising may be accomplished by non-FRG private organizations."

(20) Feb 12, AFAP GOSC. The VCSA directed ACSIM to conduct a holistic review of Family Readiness Groups.

(21) Mar 12, OACSIM consulted with OTJAG regarding the ULB. After review, no ULB is required to complete this action; however, regulatory changes will need to be issued by the US Office of Government Ethics and the US Office of Personnel Management to authorize a change in policies/guidance to allow external fundraising.

(22) Mar-May 12, OACSIM coordinated a working group to develop strategies to review the recommendation to holistically review FRGs. The working group has met twice. Areas for review as prioritized by the group are: FRG mission, funding, fundraising, training and communication. The group will expand to include Army Commands (ACOMs) at the next meeting, tentatively scheduled Jul 12.

(23) Apr-May 12, OACSIM is in the initial stages of conducting a Lean Six Sigma (LSS) Project as part of the FRG Holistic Review directed task from the Feb 12 AFAP GOSC. Thus far, ACSIM has drafted the LSS Charter and mapping process; conducted a cursory gap analysis for FRG funding and fundraising; and developed two forms which will assist with streamlining, clarifying and providing an audit trail for FRG Funding Request Form and FRG Fundraising Request Form. All documents are in draft and will be coordinated with working group members for feedback, changes, and recommendation prior to formal staffing and approval.

(24) May-Jul 12, ACSIM working with OTJAG and DoD General Counsel Standards of Conduct Office (SOCO) to submit changes for consideration to the US Office of Personnel Management and US Office of Government of Ethics to allow external fundraising.

(25) Jun-Jul 12, OACSIM is coordinating a review of draft FRG Funding Request Form and FRG Fund Raising Request Form with working group members and OTJAG. OTJAG has reviewed draft forms as part of the FRG LSS/Holist Review.

(26) Jul 12, LSS Project for FRG Holistic Review has been entered into Power Steering.

(27) Jul 12, OACSIM hosted the LSS FRG Holistic Review working group meeting, 31 Jul. Working Group members represent the AC, RC and ACOM Family Programs.

(28) Jul 12, Action has been informally coordinated through OTJAG, Army OGC and OSD SOCO. Regulatory change will likely not be supported by OSD SOCO in light of alternative resolutions, and because it is believed highly unlikely that OPM and the US Office of Government Ethics will support a change. (OPM and OGE are the proponents of the regulations at issue). A best case alternative to external fundraising is available through a private organization that shares the goals and mission of a Family Readiness Group.

g. Resolution. Alternative solution exists to authorize external fundraising
when utilizing Private Organizations to raise funds.

h. Lead agency. DAIM-ISS

i. Support agency. IMWR G-9, OTJAG, USAR and ARNG

Issue 653: Funding Service Dogs for Wounded Warriors

a. Status. Complete

b. Entered. AFAP XXVI, Jan 10

c. Final action. 20 Jun 13 AFAP GOSC

d. Scope. The Department of Defense does not offer a formal program that funds service dogs for Wounded Warriors. There is significant anecdotal evidence that animal assistance programs help patients of all types recover and heal from wounds, injuries and illnesses, both physical and psychological. Service dogs may assist Wounded Warriors in attaining a higher level of independence and self-reliance which allows them to function more successfully in their community and jobs.

e. Conference Recommendation. Fund a formal program to provide service dogs for Wounded Warriors.

f. Progress.

(1) Office of the Surgeon General (OTSG) has engaged in several efforts to determine the need, cost, required policies, and potential impact of supporting a program that provides service dogs to wounded warriors.

(2) In Nov 10 assisted Veterinary Command (VETCOM) with the revision of Technical Bulletin (TB) MED-4 Department of Defense Human-Animal Bond Principles and Guidelines. TB MED-4 promotes and supports Human Animal Bond programs by providing guidance on care, maintenance and disease prevention of animals to include dogs.

(3) On 9 Nov 10 we published Medical Command (MEDCOM) Policy Memo 10-077 on the Use of Canines and Other Service Animals in Army Medicine. Policy Memo 10-077 provides guidance on the authorized use, ownership, and accompaniment by service dogs at

Military Treatment Facilities (MTF) and Warrior Transition Units (WTUs).

(4) On 3 Dec 10 we held a teleconference with the Walter Reed Army Medical Center subject matter experts (SME) on Animal Assisted Activities. The recommendation from the teleconference was to use components of the Functional Independence Measure (FIM) and Functional Assessment Measure (FAM) that are tools currently used at WRAMC to assist with determining cognitive and physical disabilities of Wounded Warriors and the appropriateness of referral to a non government organization (NGO) that donates service dogs to Service members and Veterans.

(5) On 12 Apr 11 held a teleconference with the Rehabilitation and Reintegration Division (R2D) to discuss using the FIM/FAM to identify how many Wounded Warriors (WWs) may need or benefit from having a service dog. R2D recommended a general survey as an alternative to the FIM/FAM since these are not tools widely used by Army Occupational Therapists. Other options presented during this meeting included obtaining data for the past three years from Army programs that support Animal Assisted Activities (AAA), the Veterans Administration's funded dog program, and non government organizations (NGO) that match Service members and Veterans with service dogs.

(6) In May 11 we developed a survey to determine the trend of service dog matching and placements with WWs and Service members over the past three years. We sent out this survey to the Veterans Administration (VA), Regional Medical Centers (RMCs), and two NGOs who primarily provide service dogs to Army Service members and Veterans. The data was received and 16 Soldiers were referred between 2009 and 2011 [Southern Regional Medical Command (SRMC)-1, Pacific Regional Medical Command (PRMC)-5, WRMC-10]. All Soldiers received a service or therapy dog.

(7) Preliminary results indicate the VA does not purchase or obtain dogs for Veterans. At this time the VA only supports benefits for trained service and guide dogs that Veterans obtain for vision, hearing, and mobility disabilities. Per survey results, the VA Guide Dog program received $5 million in congressional funding. Two million is earmarked to support Veterans who have a trained service/guide dog. VA support for Service members who have a service dog includes:

(a) Provision of equipment (harnesses, leashes etc)

(b) Veterinarian care

(c) Medications and other supplies/support that are covered under the Veteran's benefits program. The remaining three million is earmarked for research regarding the use of dogs and other animals in animal assisted therapies.

(8) Survey results from America's VetDogs indicate that since 2008 there have been over 200 service dogs to include guide dogs placed with active duty Service members and Veterans. In 2008 NEADS, Dogs for Deaf and Disabled Americans placed 42 dogs with Veterans and active duty Service members. Both organizations continue to provide assistance to Soldiers and Veterans. There are over 20 nonprofit organizations providing service, animal assisted and therapies dogs for Soldiers and Veterans.

(9) The MEDCOM Chief of Staff has signed an overarching animal policy providing guidance for the eligibility, suitability, procurement of dogs. This policy will standardize the prescription of dogs across the AMEDD and will assist in determining the demand for service or therapy dogs. Then we will be able to determine if the nonprofit organizations can meet the demand.

(10) The K-9 Companion Act (H. R. 943) has been introduced in the 112th Congress for the Secretaries of Defense and Veterans Affairs to award competitive grants to non-profit organizations that provide dogs for Soldiers and Veterans.

(11) A House Bill requiring for the Secretary of Veterans Affairs to establish a three year pilot program to study the effects of using service dogs for therapies has passed the House and is awaiting Senate Action.

(12) In May 12, we briefed both the Chief of Staff of the Army and the Army Surgeon General on this program. Both directed that MEDCOM continue to gather data regarding the efficacy of service dogs in the support of Soldiers with Post Traumatic Stress Disorder (PTSD) and other behavioral health (BH) conditions.

(13) A draft DA Service Dog policy is with SECARMY, and it is expected that he will sign this shortly. We recommend keeping this issue as active until this policy is signed.

(14) Army Directive 2013-01 was promulgated on 28 Jan 13. This document provides extensive guidance for the provision of service dogs to Soldiers and directs that such service dogs be obtained from a VA-approved source. Thus far, to our knowledge, these philanthropic VA-approved sources have been able to meet the demand for service dogs at no cost to the Soldier or taxpayer.

g. Resolution. Army Directive 2013-01 provides guidance on the provision of Service Dogs to Soldiers.

h. Lead agency. DASG-HCZ

i. Support agency. DoD Veterinary Service Activity, Warrior Transition Command, Veterinary Command, Walter Reed Army Medical Center, U.S. Army Public Health Command, Rehabilitation and Reintegration Division

Issue 654: Monthly Stipend to Ill/Injured Soldiers for Non-Medical Caregivers

a. Status. Completed

b. Entered. AFAP XXVI, Jan 10

c. Final action. AFAP XXVIII, Feb 12

d. Scope. The Army does not offer a monthly stipend to injured/ill Soldiers who do not qualify for Traumatic Servicemembers' Group Life Insurance (TSGLI) and are certified by a medical provider to be in need of a non-medical caregiver's assistance. Although travel and transportation compensation is provided through the NDAA FY10, there may be additional costs incurred by the non-medical caregiver while caring for the Soldier. Expenses can include child care and the loss of ability to generate income. In the absence of the monthly stipend for non-medical caregivers, the Soldiers that do not qualify for TSGLI could require hospitalization, nursing home care or residential institutional care.

e. Conference Recommendations.

(1) Provide a monthly stipend to Soldiers that do not qualify for TSGI and are certified to be in need of assistance from a non-medical caregiver.

(2) Authorize an annual re-qualification for an additional lump sum payment to offset caregiver expense of SM due to the severity of wounds.

f. Progress.

(1) On 31 Aug 11, the Under Secretary of Defense for Personnel and Readiness issued Department of Defense Instruction (DoDI) 1341.12, Special Compensation for Assistance with Activities of Daily Living (SCAADL). The Fiscal Year 2010 National Defense Authorization Act authorized SCAADL; the SCAADL stipend is a special monthly compensation for service members who incur a permanent, catastrophic injury or illness. The SCAADL stipend helps offset the loss of income by a primary caregiver who provides non-medical care, support and assistance for the service member.

(2) On 21 Nov 11, the Secretary of the Army issued Army Directive 2011-22, Special Compensation for Assistance with the Activities of Daily Living to implement the SCAADL program in the Army.

(3) As of 17 Jan 12, 217 Soldiers are receiving SCAADL benefits.

(4) Soldiers qualifying for SCAADL have catastrophic injuries or illnesses incurred or aggravated in the line of duty and have been certified by a DoD or VA physician to be in need of assistance from another person to perform personal functions required in daily living or require constant supervision. The absence of this provision would require some form of residential institutional care. Participating Soldiers are not currently in an inpatient status in a medical facility. The SCAADL compensation is based on the Department of Labor's Bureau of Labor Statistics wage rates for home health aides and is adjusted according to geographic area of residence, complexity of care and a clinical evaluation score. To ensure payment accuracy, recertification is required every 180 days or when a medical or geographic condition changes. The SCAADL is taxable income and is paid directly to the Soldier vice the designated caregiver. All Soldiers who receive SCAADL receive counseling from WTU/CBWTU cadre regarding their potential eligibility for the VA Caregiver Stipend. Additionally, we refer Soldiers to the VA Liaisons in the WTU/CBWTU to ensure there is a seamless handoff between the DoD SCAADL stipend and the VA Caregiver Stipend for those Soldiers eligible for the latter benefit.

(5) Resolution. The FY10 NDAA authorizes Special Compensation for Assistance with Activities of Daily Living (SCAADL), a special monthly compensation for service members who incur a permanent, catastrophic injury or illness to offset the loss of income by a primary caregiver who provides non-medical care, support and assistance for the service member. On 31 Aug 11, the Under Secretary of Defense for Personnel and Readiness issued Department of Defense Instruction (DoDI) 1341.12, Special Compensation for Assistance with Activities of Daily Living. On 21 Nov 11, the Secretary of the Army issued Army Directive 2011-22, Special Compensation for Assistance with the Activities of Daily Living, to implement the program in the Army.

g. Lead Agency: WTC

h. Support Agency: DA G-1, MCWT-STR

Issue 655: Reduced Eligibility Age for Retirement of Reserve Component Soldiers Mobilized in Support of Overseas Contingency Operations

a. Status. Unattainable

b. Entered. AFAP XXVI, Jan 10

c. Final action. AFAP XXVII, Feb 11

d. Scope. RC Soldiers with OCO eligible active duty service between 11 September 2001 and 28 January 2008 do not receive credit for active service towards reduced retirement age. RC Soldiers mobilized in support of OCO after 28 January 2008 will have their retirement date reduced by 3 months for each cumulative total of 90 eligible days of active duty, according to the National Defense Authorization Act (NDAA) for 2008, section 647. RC Soldiers who served between 11 September 2001 and 28 January 2008 have their service unfairly excluded by denying them the same benefits as RC Soldiers who served after 28 January 2008. RC Soldiers mobilized in support of OCO incur the same sacrifices, and warrant the same credit of service toward reduced retirement eligibility age regardless of when they served.

e. Conference Recommendation. Credit OCO eligible active duty service prior to 29 January 2008 towards reduced eligibility age for retirement of RC Soldiers.

f. Progress.

(1) Proposals were made for the bills (HR 208, S. 644 and S. 831) in the first session of the 111th Congress, but they never became law. Although referred to the respective Armed Services committees, no movement occurred on these bills for the past two years and they have been cleared from Congress' books. Congress members may reintroduce the bills that did not come up for debate under a new number in the next session.

(2) OASD (RA)'s official position opposed S. 0831. On May 5, 2009, OASD (RA) drafted a Department's View Letter outlining that this bill would inadvertently allow members to retire early and cause manpower shortages in senior officer and staff non-commissioned officer ranks; it would also substantially increase manpower costs for the Department and place an administrative burden on the Services to determine eligibility for non-retirement eligibility; the bill does not provide any new usable force management tools or support any ongoing force shaping efforts; and the Bill will create a non-POM fiscal burden on the Department by requiring monies debited from one manpower account to pay for the proposed increased non-regular retirement payout.

(3) OSD (RA) opposed the legislation, the 111th Congress did not refer the bills supporting this issue (HR 208 and S 644/831) to the full committees for the past two years, and the bills have been cleared from Congress' books.

(4) Resolution. Issue was declared unattainable based on inability to pass necessary legislation. HR 208 and S 644/831 met resistance in the Armed Services Committees for the past two years (111th Congress) because im-

plementation would cost $2.1B over the next 10 years. The Office of the Secretary of Defense (Reserve Affairs) opposes legislation due to cost, administrative burden and potential adverse manpower impact. The Chief, Army Reserve noted that this is an important issue for RC Soldiers, but that despite support for the issue, because the benefits would be retroactive, Congress has to pay for it. He agreed that the issue could close from the AFAP, but commented that the issue would still get support from the Reserve Officers Association, Military Officers Association, etc.

g. Lead agency. DAPE-HRP-RSO

h. Support agency. HQs USARC, OCAR, and NGB

Issue 656: Reserve Component Government Employees' and their Family Members' Access to TRICARE Reserve Select

a. Status. Unattainable

b. Entered. AFAP XXVI, Jan 10

c. Final action. AFAP XXVII, Feb 11

d. Scope. Individuals eligible for health insurance under the Federal Employees Health Benefits (FEHB) program and their Family members who serve as RC Personnel are excluded from TRS under Public Law 109-364, the 2007 John Warner National Defense Authorization Act. In contrast, a military retiree who becomes a federal employee can choose to enroll in TRICARE in lieu of one of the FEHB programs; however, RC Personnel who become eligible for FEHB by employment or marriage do not have this option. Providing RC Personnel the option of their health care benefit program would positively impact job satisfaction and allow them to take full advantage of their benefits.

e. Conference Recommendation. Provide all Government employees and their Family members who serve in the RC with the option of selecting either FEHB Program or TRS.

f. Progress.

(1) TRICARE Reserve Select (TRS) is authorized under Title 10 U.S.C §1076d for qualified RC Soldiers and their Family Members. TRS is the premium-based health plan available for purchase by qualified members of the Selected Reserve. Developed by the Department of Defense to implement a provision in the NDAA for FY 2005, TRS has undergone major revisions in response to subsequent statutory requirements. Since 1 October 2007, a member may qualify to purchase and maintain coverage if the service member (SM) is a member of the Selected Reserve; and the SM not eligible for or enrolled in the FEHB. The monthly TRS premiums for CY 2010 were $49.62 for single coverage and $197.56 for family coverage.

(2) TRS coverage is similar to TRICARE Standard and TRICARE Extra. Covered members and family members under TRS may access care from any TRICARE-authorized provider, hospital or pharmacy, whether in the TRICARE network or not. TRS-covered members may also access care at military treatment facilities (MTF) on a space-available basis. TRS members and their covered family members pay the same TRICARE cost share and deductibles as active duty family members.

(3) Since October 2007, the RC has experienced a steady increase of 1,000 to 1,500 enrollees per month into TRS. From October 2007 to present TRS total plans has increased from 11,960 to 64,800. This increase is five times higher than it was in October 2007 since the last major TRS program revision by Congress went into effect.

(4) This entitlement would require a legislative change at the Department of Defense level to amend the Public Law 109-364, the 2007 John Warner National Defense Authorization Act. Earlier this year, a Unified Legislative Budgetary (ULB) proposal requesting this entitlement enhancement was submitted separately by the National Guard Bureau. On 10 December 2010, this ULB proposal was not recommended for approval by the ASA (M&RA).

(5) OTSG sent a formal request, asking TMA to support this initiative of having RC service members (SM) and their Family members who are eligible for health insurance under the FEHB program to have the option to enroll in the TRS health plan. In their reply, TMA did not support this request because of concerns that it would shift costs from the government employee's Title 5 healthcare costs to the Title 10 Defense Health Program costs. We therefore consider this issue unattainable.

(6) Resolution. Issue was closed as unattainable because TMA does not support a legislative change to authorize TRS to Government employees who serve in the RC. OTSG sent a formal request to TMA to allow RC Soldiers and their Family members who serve as RC Personnel to have the option to enroll into TRS. TMA did not support this request because of concerns that it would shift costs from the government employee's Title 5 healthcare costs to the Title 10 Defense Health Program costs.

g. Lead Agency: DASG-HSZ

h. Support Agency: TRICARE Management Activity

Issue 657: Reserve Component Inactive Duty for Training Travel and Transportation Allowances

a. Status. Complete

b. Entered. AFAP XXVI, Jan 10

c. Final action. 20 Jun 13 AFAP GOSC

d. Scope. There is no legal authority for travel and transportation allowances for RC Soldiers conducting Inactive Duty for Training (IDT) when the training duty station, drill site or assigned unit location is over 50 miles from home of record. Soldiers often travel significant distances from home of record to duty locations due to unit relocation, individual assignments and other factors. Traveling these distances imposes safety risks such as accidents caused by sleep deprivation and decreased levels of alertness. Soldiers can incur out-of-pocket expenses that exceed the actual pay received. Providing travel and transportation allowances for RC Soldiers will alleviate financial burdens and mitigate risks associated with traveling to and from the training duty station.

e. Conference Recommendation. Authorize travel and transportation allowances for RC Soldiers traveling over 50 miles for IDT.

f. Progress.

(1) Certain housing benefits are authorized to RC

members. USC Title 37 “Pay and Allowances of the Uniformed Services” states that the individual service may provide the RC member “lodging in kind” during the performance of duties if transient Government housing is unavailable.

(2) Title 37 USC 452, dated 31 Dec 11 provides permanent authority for reimbursement of travel expenses (up to $300 per drill) for certain RC Soldiers who are: (1) qualified in a skill designated as critical; (2) assigned to a unit or in a Reserve pay grade with a critical manpower shortage; or (3) assigned to a unit or position that is disestablished or relocated due to Defense Base Realignment and Closure, and the member is required to commute outside the local commuting distance.

(3) All Army Activities (ALARACT) 249/2008 provides implementation guidance and limits the program to Soldiers who travel more than 150 miles (one-way) to their unit.

(4) Army Reserve has $25M in the FY14-18 Program Objective Memorandum (POM) as a “command emerging requirement.”

(5) On 19 Apr 12 the Chief of the Army Reserve (CAR) initiated an IDT Travel Reimbursement Pilot Program from 1 May 12 until 31 Dec 12. Because of limited available funding and the need to control and test this important authority, the program was only offered to approximately 775 Soldiers in Hard-to-Fill Units or with critical skill shortages. It’s expected that this program will be one of several used to increase AR end strength. Soldiers enrolled in the program are expected to fill vacant positions and remain in the unit longer, enhancing collective training and operational readiness.

(6) On 27 Aug 12 USAR representative briefed Army Vice Chief of Staff (VCSA) at the AFAP GOSC. USAR recommended continued monitoring and examination of the pilot program while the Army Reserve determines how to best expand the program beyond 31 Dec 12. VCSA concurred with the recommendation.

(7) The CAR extended the IDT Travel (Reimbursement) Program for critical skills and hard-to-fill units on 1 Jan 13. The program is still in its early stage of expansion after the CY12 pilot and continues to achieve positive results. The current CY13 program has goals that include enrolling 2,600 Soldiers by 31 Dec 13, and retaining 1,300 due to their enrollment. To date, 932 Soldiers (35.8% of goal) are participating in the program and 542 Soldiers (41.7% of goal) have been retained.

g. Resolution. Funding is available in the POM for 14-18 to allow for the continuation of this reimbursement.

h. Lead agency. DAAR-RM

Issue 658: Standard Level of Security Measures in Barracks

a. Status. Completed

b. Entered. AFAP XXVI, Jan 10

c. Final action. AFAP XXVI, Jun 10

d. Scope. Security measures in the barracks are not standardized Army-wide. The Office of the Assistant Chief of Staff for Installation Management (ACSIM) has authorized security standards in its Installation Design Standard. Keyless entry and peep holes are requirements in all new construction and major renovations. However, not all existing barracks are being upgraded to the same level of security, and additional measures are needed. Without standard security measures, Soldiers’ welfare and protection of their personal belongings are at risk of being compromised.

e. Conference Recommendations.

(1) Require the installation of visual monitoring systems for surveillance of hallways, common areas and parking lots for barracks Army-wide.

(2) Require keyless entry and peep holes in barracks Army-wide.

f. Progress:

(1) Visual Monitoring Systems. MILCON funding does not provide the security camera equipment. Construction funding can, however, be used to provide for the electrical conduit, mounting brackets and structural supports for the system. The actual security system equipment is funded through other sources. Currently working to identify the impact of this requirement with the proponent for security systems.

(2) Keyless Entry.

(a) The Installation Design Standard for keyless entry was applied to FY09 new building construction projects and FY08 major renovation projects on all Army installations and for provision in permanent party Unaccompanied Enlisted Personnel Housing, Transient Lodging, and Bachelor Officers Quarters.

(b) For new construction, keyless entries are installed by the construction contractor. USACE provides the Installation's compatibility requirements and needs for the system in the construction contract.

(c) For all renovation projects, initial startup costs associated with implementation of First Sergeant’s Barracks Program (FSBP) include retrofitting existing barracks modules with keyless entry. With full deployment of FSBP by the end of FY11, keyless entry will have been fully funded across the Army for permanent party barracks.

(3) Peep Holes.

(a) The main door entering into the soldier's two-bedroom module has a door "peep" hole. This is a standard construction contract requirement and is installed by the contractor. The "peep" hole is a standard off-the-shelf item commonly used throughout the industry.

(b) There is no current Army-wide effort to retrofit entry doors into permanent party barracks modules with peep holes.

(4) Resolution. The Jun 10 GOSC declared the issue complete. New barracks have peep holes, keyless entry systems, and conduits for close circuit cameras. The First Sergeant Barracks Program includes retrofitting existing barracks with keyless entry. Garrisons have the authority to fund security cameras and install peep holes in barracks.

g. Lead agency. DAIM-ISH

h. Support agency. DAIM-ODC, DAIM-MPD, IMCOM, USACE

Issue 659: Standardization of Privatized Housing Application Process

a. Status. Completed

b. Entered. AFAP XXVI, Jan 10

c. Final action. AFAP XXVII, Jun 10
d. Scope. The privatized housing application process is not standardized across installations. Multiple partners manage privatized housing at CONUS installations and each utilizes their own application process. The lack of a uniform standard allows for inconsistencies in the application process requirements such as: applying online, faxing orders upon receipt or submitting in-processing paperwork upon arrival at the gaining installation. The stress of relocation is intensified by a lack of predictability in the application process.
e. Conference Recommendation. Standardize the housing application process across privatized installations.
f. Progress.
(1) A Tiger Team was developed consisting of membership from all partners and DAIM-ISP and DASA-I&H.
(2) Three Tiger Team meetings took place in February and March 2010. The focus of the efforts revolve around how to apply for privatized housing, what documents are required and when can application actually occur. A draft policy has been sent to all partners for their review and comment.
(3) Resolution. The Jun 10 GOSC declared the issue complete. The Army is working with their partners on a wide variety of property management issues to create a level of consistency relative to property management practices. One of the first areas of agreement was standardization of the application process, to include required documentation and timeline for when housing application can occur. The standardized application process will be published at the end of July.
g. Lead agency. DAIM-ISP
h. Support Agency. DASA-I&H

Issue 660: Supplemental Mission Funds for Reserve Component Family Readiness Groups
a. Status. Completed
b. Entered. AFAP XXVI, Jan 10
c. Final action. AFAP XXVI, Jun 10
d. Scope. Reserve Component Family Readiness Groups (FRGs) are not authorized Supplemental Mission Funds. Reserve Component FRGs are expected to perform the same functions as Active Component FRGs with less funding. Supplemental Mission Funds will permit the Reserve Component to accept and manage donations from outside sources. Supplemental Mission Funds augment FRG Informal Funds, reducing the stress of additional fundraising. Supplemental Mission Funds will allow Reserve Component FRGs to further connect Families and focus on their Mission.
e. Conference Recommendation. Authorize Supplemental Mission Funds for Reserve Component Family Readiness Groups (FRGs).
f. Progress:
(1) In April 2010, coordinated a meeting with FMWRC, Operations Directorate to review AR 215-1. The following questions were posed for consideration for USAR: Do you want to establish a formal NAFI or do you want to establish an account.
(2) In April 2010, ACSIM POC indicated that Commander, FMWRC has the authority to approve change to AR 215-1 and approval authority for the establishment of a formal NAFI.
(3) On 15 April 2010, memorandum forwarded to USAR POC regarding clarifications on the establishment of a formal NAFI or an NAFI Account. Awaiting response from USAR POC.
(4) At the Apr 10 AFAP issue review with ACSIM, a recommendation was made to close the issue. In communication with USAR, it was determined that the issue is not about the ability to establish a NAFI rather to establish a process in which to accept donations.
(5) Resolution. The Jun 10 GOSC declared the issue complete. Guidance was provided to the Army Reserve Command on how to establish accounts that allow Army Reserve Family Readiness Groups to receive donations.
g. Lead agency. OACSIM-IS
h. Support agency. FMWRC-FP

Issue 661: TRICARE Allowable Charge Reimbursement of Upgraded/Deluxe Durable Medical Equipment
a. Status. Complete
b. Entered. AFAP XXVI, Jan 10
c. Final action. 20 Jun 13 AFAP GOSC
d. Scope. When the TRICARE beneficiary chooses an upgraded/deluxe DME, the beneficiary must pay full cost out-of-pocket with no reimbursement for the TRICARE allowable charge. DME providers are limited to accepting the TRICARE allowable charge as payment in full for the medically necessary standard DME. Purchasing the upgraded/deluxe DME could improve patient compliance, quality of life, comfort, or function. Reimbursement of the TRICARE allowable charge offsets the increased cost of the upgraded/deluxe DME incurred by the TRICARE beneficiary.
e. Conference Recommendation. Authorize reimbursement of the TRICARE allowable charge for the standard DME when a patient chooses an upgraded/deluxe DME.
f. Progress.
(1) DME is purchased or rented medical equipment used for the treatment of an injury or illness which is also medically necessary. DME may include wheelchairs, hospital beds/ attachments, oxygen equipment, respirators, and other non-expendable items.
(2) TRICARE covers DME when prescribed by a physician and if the DME:
(a) Improves, restores, or maintains the function of a malformed, diseased, or injured body part, or can otherwise minimize or prevent the deterioration of the patient's function or condition.
(b) Maximizes the patient's function consistent with the patient's physiological or medical needs.
(c) Provides the medically appropriate level of performance and quality for the medical condition present.
(d) Is not otherwise excluded by the regulation and policy.
(3) Active Duty Family Members (ADFM) enrolled in TRICARE Prime and TRICARE for Life (TFL) users do not have co-payments under TRICARE. Under TFL, Medicare is first payer (for DME, 80%) and TRICARE, as

second payer, reimburses the 20% Medicare DME co-payment. Retiree DME co-payments are: TRICARE Prime and Extra, 20% of negotiated fees and Standard, 25% of the allowable charge. ADFM DME/ co-payments are: TRICARE Extra, 15% of negotiated fees and Standard, 20% of the allowable charge. Beneficiaries needing DME are given authorizations for specialty referrals, except for DME costing less than $500, which does not require an authorization. There is no co-pay for military treatment facility (MTF) issued DME, which, if available, is issued on loan with a hand receipt.

(4) TRICARE in general uses the reimbursement rates established by the Centers for Medicare and Medicaid Services (CMS) for certain items of DME, Prosthetics, Orthotics, and Supplies. CMS updates these rates twice a year in January and July. Inclusion or exclusion of a reimbursement rate does not imply TRICARE coverage.

(5) TRICARE cannot pay when a preferred DME item is unproven or deemed experimental. TRICARE also does not cover unauthorized DME which may be excessive in features which increases the cost when compared to a more similar item without the extra features. There is no reimbursement when the beneficiary who chooses a same class enhanced DME that will provide convenience, size, or function.

(6) OTSG coordinated with TMA to see if beneficiaries can be authorized reimbursement of the TRICARE allowable charge for the standard DME when a patient chooses an upgraded/deluxe DME at their own expense. OTSG sent a formal request, asking TMA to assess the feasibility of this option to meet the intent of this AFAP recommendation. In their response, TMA agreed that having an option to offset the cost would improve patient quality of life, comfort and function. TMA stated they would support our submission of a Unified Legislation and Budgeting (ULB) proposal to modify Title 10. TMA has provided a cost estimate. Submission of ULB for FY14 was completed in 4th QTR, FY12.

(7) In 1st QTR FY13, the office of the Assistant Secretary of Defense for Health Affairs ASD (HA) reviewed the ULB and stated a statutory change may not be needed. Subsequently, the ULB was disapproved. In 2nd QTR FY13, a memo was signed by the ASD (HA) approving a new policy that we believe meets the intent of this issue paper. TMA is preparing the necessary manual change to clarify that beneficiaries may pay the difference between a "base" model of DME and a luxury or deluxe item. The policy revisions to the manual are being drafted, and will be sent out for coordination and comment as is the normal process prior to implementation. At this point, TMA anticipates publication of the final policy and implementation in 4th QTR FY 13.

g. Resolution. Patient is authorized reimbursement for basic medical equipment and has the option of personally paying for requested upgrades.

h. Lead agency. DASG-HSZ

i. Support agency. TMA

Issue 662: Comprehensive and Standardized Structured Weight Control Program

a. Status. Complete

b. Entered. AFAP XXVII, Feb 11

c. Final action. 20 Jun 13 AFAP GOSC

d. Scope. Army Regulation (AR) 600-9, The Army Weight Control Program, requires Soldiers who are entered into the program be referred for nutritional counseling, but they are not required to complete any type of comprehensive and standardized medical or nutritional program. The Weight Control Program outlines the administrative requirements and details the Commander's responsibility with regard to the Army Weight Control Program. A Service Member's inability to lose weight under the current regulatory program causes the Service Member to face disciplinary action and possible separation. The value of having a comprehensive and standardized weight control program will increase a Service Member's long-term physical and emotional health.

e. Conference 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 leaders to monitor their progression throughout the program.

f. Progress.

(1) In previous AFAP issue paper responses, U.S Army Medical Command (MEDCOM) and U. S. Army Public Health Command (USAPHC) determined that the 2009 Army *MOVE!* Program met the intent of a comprehensive weight loss program, if implemented to fidelity. The concept of the 2009 program incorporated the combination of diet, physical activity guidance, behavior therapy, and follow up as needed. However, due to numerous challenges and resource shortcomings, the 2009 Army *MOVE!* Program has not been implemented as intended and is not available to all Soldiers across all Army components. The face-to-face version is only available at Army MTFs with assigned dietitians on staff, and is not accessible for Soldiers stationed at austere/remote duty locations without an MTF or located at joint bases with sister service medical facilities. Reserve Component Soldiers, who are not entitled to care through an MTF unless on orders, are limited to using the online Army *MOVE!* program. The online version of the program, which requires voluntary support/management by Reservist dietitians to be successful, experienced low enrollment and few program completions in recent years, and is currently not active. Overall, based on our analysis, the 2009 version of the Army *MOVE!* Program did not meet the intent of this AFAP issue.

(2) In 2012, USAPHC released a newly revised Army *MOVE!* program that provides more precise program guidance, tighter oversight, and fewer modules to complete. During 1st QTR FY13, three MTFs (Landstuhl, Fort Jackson, and Fort Rucker) implemented the newly revised Army *MOVE!* pilot program, and an additional four sites (Fort Stewart, West Point, Tripler, and Fort Irwin) are set to start May 2013. While it is too early to draw conclusions as to the revised program's effectiveness, the improved structure and content assures a more standardized approach across the Army, making it a consistent and accessible resource for Regular Army Soldiers seeking weight loss support. As for the Army Reserve and Army National Guard, USAPHC has plans to

design an Army *MOVE!* online program using a Black-Board platform to provide accessible weight management support to the Reserve Component and those Soldiers located in austere environments. In addition to the Army MOVE! program, USAPHC continues to investigate innovative weight loss tools and initiatives for implementation across the Army.

(3) While AR 600-9, Army Body Composition Program (ABCP), was undergoing revision, several studies were released reinforcing the importance of self-motivation, readiness to change and ownership when it comes to successful weight loss efforts. The revised AR 600-9 factors in the importance of Soldier motivation, enabling commanders to execute the program and enforce standards while allowing the Soldier to choose the weight reduction plan that best fits their motivation level and amount of support they need. Additionally, the new regulation is aligned with recommendations the AWCP Working Group presented last year to the Sergeant Major of the Army (SMA) for the Chief of Staff of the Army (CSA), and includes critical AFAP Issue 662 recommendations, such as nutrition education, fitness training, and the requirement of leaders to monitor their Soldiers' progression.

(4) The revised draft of AR 600-9 contains the following standards for execution:

(a) Commander counsels Soldiers on their enrollment into the Army Body Composition Program and flag status.

(b) Within two weeks of enrollment, Soldiers must read USAPHC Technical Guide (TG) 358: Army Weight Management Guide and schedule an appointment with the dietitian, if available, or qualified health care provider (nurse practitioner, physician assistant or medical doctor) for nutrition and weight loss counseling. Additional appointments for assistance in behavior modification, if indicated, will be prescribed to assist Soldier in attaining the Army body fat requirements.

(c) Soldiers are weighed/taped monthly by unit Commander or designee and must show satisfactory progress (3lb weight loss or 1% body fat).

(d) Soldiers are prescribed proper exercise and fitness techniques in accordance with FM 7-22 Army Physical Readiness Training by a Master Fitness Trainer, if available, or designated unit fitness trainer.

(e) Commanders may direct a medical exam, if warranted, for specific reasons outlined in AR-600-9.

(f) Soldiers must complete a Soldier Action Plan within 14 days of enrollment in the program and indicate what approach he or she intends to use to work towards meeting the body fat standard. Soldiers possess the ability to modify their plan while enrolled in the AWCP. For example, a Soldier may initially opt to follow a dietitian approved commercial weight loss program, such as Weight Watchers, but then 2 months later decide to enroll in the MTF Army *MOVE!* program or follow a self-directed program. Commanders will provide additional support, guidance, and resources to enhance Soldier success. This includes allowing Soldiers adequate time to participate in ongoing nutrition counseling or weight loss programs as recommended by the dietitian or health care provider. Helpful tips for commanders are located in appendix C and TG 358: Army Weight Management Guide.

(5) The new version of AR 600-9 meets the intent of the recommendations listed for AFAP Issue 662. Staffing of the regulation is in progress and we project final approval and publishing in 4th QTR of FY13.

g. Resolution. Revised AR 600-9 provides specific guidance and structure to commanders and Soldiers. Soldiers entering the program will have to complete a Soldier action plan within two weeks of being enrolled and commander will have to approve the plan. Publication of AR 600-9 is in the final authentication process at Army Publishing Directorate.

h. Lead agency. DAPE-HR

i. Support Agency. MCHB-IP-HHE

Issue 663: Eligibility Benefits for the Unremarried Former Spouses of Temporary Early Retirement Authority (TERA) Soldiers

a. Status. Unattainable

b. Entered. AFAP XXVII, Feb 11

c. Final action. AFAP XXVIII, Feb 12

d. Scope. The unremarried former spouses of Soldiers who retired under Temporary Early Retirement Authority (TERA) are not entitled to benefits under the 1982 Uniformed Services Former Spouses' Protection Act (USFSPA). The TERA allowed Servicemembers (SM) to receive retirement benefits at fewer than 20 years however it did not protect unremarried former spouses. Minimum eligibility requirements for full benefits currently include 20 years of marriage, 20 years of credible service and 20 years of overlap. The minimum eligibility requirements under the USFSPA were not updated to reflect the TERA. For example, a SM and spouse who were married for 18 years while SM served18 years of credible service and the SM retired with full benefits at 18 years. When they divorced, the SM retains full benefits but the spouse does not. Unremarried former spouses of a SM who retired under TERA deserve full retention of benefits.

e. Conference Recommendation. Authorize unremarried former spouses of SMs who retire under TERA to receive benefits.

f. Progress.

(1) These benefits are NOT related to what is called the Uniformed Services Former Spouses' Protection Act (USFSPA), which enables state court to divide military retired pay as a matter of property settlement.

(2) Public Law 102-484 granted temporary authority for the military services to offer early retirements to members with more than 15 but less than 20 years of service.

(3) Military benefits such as exchange, commissary, and medical care-commonly referred to as, "20/20/20" benefits are codified in Federal law. The law affords these benefits to an un-remarried former spouse who was married to a member or former member for at least 20 years of credible service (10 U.S.C. Section 1072(2) (F) (i) (2010)). Accordingly, a former spouse must satisfy three elements in order to qualify for benefits: (1) 20 years of marriage, (2) the member or former member must have 20 years of creditable service, and (3) 20 years of marriage that overlaps with the member's service-the "20/20/20" rule.

(4) Consequently, you could have a situation where a former spouse could have been married to the member for 20 years and the member serve 20 years but the overlap falls short by one month. Under the bright line definition of the statute, the former spouse would not be entitled to continued benefits.

(5) No legal authority exists to authorize such benefits. As TERA did not change the law defining former spouse, by definition, a former spouse who had been married to a TERA retiree would never be able satisfy the 20/20/20/ requirement. Even if the law was changed to 15/15/15 in concurrence with a 15 year TERA retirement, there would still be the issue of those who fall short. There is no inherent benefit to the Army.

(6) Resolution. Military benefits such as exchange, commissary, and medical care are commonly referred to as "20/20/20" benefits and are codified in Federal law. No legal authority exists to authorize unremarried former spouses of SMs who retire under TERA to receive benefits. This issue provides no inherent benefit to the Army and is not attainable given the current fiscal constraint environment.

g. Lead agency. DAPE-PRC

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

a. Status. Unattainable

b. Entered. AFAP XXVII, Feb 11

c. Final action. 20 Jun 13 AFAP GOSC

d. Scope. The Department of Defense does not offer FSA options for Service Members. The Internal Revenue Code allows employers to offer FSAs to employees to cover out-of-pocket expenses such as medical and/or dependent care. FSAs allow employees to make voluntary, pre-tax contributions up to the dollar limit allowable in the Internal Revenue Code. A FSA would allow Service Members to pay authorized expenses with pre-tax dollars, thus reducing the impact of medical and/or dependent care costs.

e. Conference Recommendation. Establish Flexible Spending Accounts for Service Members.

f. Progress.

(1) Congress gave the Secretary of Defense the authority to establish Flexible Spending Accounts in the FY10 National Defense Authorization Act (NDAA).

(2) TRICARE Management Activity (TMA) conducted a web-based survey in April 2010 of active duty military personnel about their interest in an FSA if one were offered by the DOD. Nineteen percent (19%) of the respondents indicated that they would participate in both HCFSA and DCFSA if DOD offered the plans.

(3) DOD has chosen not to pursue FSAs and has remained generally neutral or oppose to their implementation although Assistant Secretary of Defense, Health Affairs (ASD, HA) has expressed support for HCFSA. The benefit to a member is limited. Actual saving depends on many factors and differs according to an individual situation. In general, service members at the higher end of the scale and/or in two income Family situations may find the tax advantages of an HCFSA/DCFSA attractive.

(4) Bills S. 387 and H.R.791 were referred to the Committee on Armed Services on 17 February 2011 to amend title 37, United States Code, to provide flexible spending arrangements for members of the uniformed services, and for other purposes. The proposed language was: "(a) Flexible Spending Arrangements for the Uniformed Services - (1) not later than 180 days after enactment of this section, each Secretary concern shall establish procedures to implement flexible spending arrangements…"

(5) The FSA language was introduced as an amendment (#1141) by Senator Barbara Boxer (D-CA) during Senate floor consideration of the FY12 NDAA. The amendment was introduced, but never voted on, and therefore was not included in the Senate's version of the NDAA, nor the final bill.

(6) In coordination with the Director, Military Compensation, Office of the Deputy Assistant Secretary of Defense for Military Personnel Policy stated that "…the cost to the department to set up and administer FSA accounts is significant ($106 per Health Care FSA and $39 per Dependent Care FSA). Bottom line, the cost to the services for the accounts outweighs the benefit to members (except perhaps our senior members)." Without a mandate, OSD is not supportive of implementing FSA accounts.

(7) The exploration of an administrative fee that Soldiers would pay for an FSA would be an inequity with DOD civilians since the respective agencies pay such fees for civilians with FSAs. OSD P&R does not support charging Soldiers a fee.

(8) On 27 June 2012, forwarded Assistant Secretary of the Army for Manpower and Reserve Affairs (ASA M&RA) written request to OSD for their official position on establishing FSAs. No response to date. Army G-1 will continue to follow up.

(9) On 9 November 2012, the Principal Deputy Assistant Secretary of Defense (Readiness and Force Management) provided a formal response to ASA M&RA request stating that the Department does not support establishing FSAs due to the administrative cost of the programs and the corresponding limited benefits to Service members.

g. Resolution. Neither DoD nor the sister services support the issue.

h. Lead agency. DAPE-PRC

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

a. Status. Complete

b. Entered. HQDA AFAP Conference, 4 Feb 11

c. Final action. 21 Sep 15 AFAP GOSC

d. Scope. There is no formal standardized training for Designated Caregivers of Wounded Warriors on self-care, stress reduction, burnout and prevention of abuse /neglect. A November 2010 study *Caregivers of Veterans- Serving on the Homefront* showed, "Providing care to a veteran (under the age of 65) with a service-related condition has widespread impacts on the caregiver's health." This study also reported increased stress or anxiety (88%) or sleep-deprivation (77%) among Caregivers. The Department of Veteran Affairs recognizes this issue and is developing training for Family Caregivers of Wounded Warrior Veterans. Designated Caregivers with no formal training experience stress,

anxiety, and burnout, which may lead to Wounded Warriors abuse/neglect.

e. Conference 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.

f. Progress.

(1) NCMs receive Care for the Caregiver training at the AMEDD Center and School (C&S) NCM Course. The training was based upon the VA's Care for the Caregiver Program. The course provides an overview of the concepts and was instructed in a "train-the-trainer" structure during a two-hour block of instruction. AMEDD C&S has provided this training to a total of 433 NCMs.

(2) In FY14, the WTC elevated the needs of caregivers through an analysis of external audit agency reports and several caregiver focus groups. The findings supported that the current program was outstanding but did not meet the acute needs of Families as they begin their care-giving journey. In response, the WTC developed a Care for the Caregiver Training Program focused on assisting Families as they start providing care for Soldiers and serves as a precursor to the VA's Care for the Caregiver Programs. It incorporates new Army initiatives such as the Performance Triad and the Ready and Resiliency Campaign.

(3) In order to determine the effectiveness of this training, the WTC will conduct Caregiver satisfaction surveys. To facilitate the survey, the WTC requested an update to the MODS that will enable the WTC to identify those Caregivers that have received the training. Once identified, the WTC will send a mail survey to the Caregiver requesting input on satisfaction. As of 15 Sep 14, the MODS updates were completed. Over 100 training episodes are documented in the MODS database. Participant survey release is pending. The survey will ask caregivers what the value of training was based on their experience before and after the training.

(4) External to the formalized training the WTU NCMs receive, Caregiver training within the WTUs is robust and continues to evolve. The interdisciplinary team facilitates discussions in self care, stress reduction, and burnout. Social workers, experts at identifying Family stress and burnout, are embedded in the WTU Table of Distribution and Allowances (TDAs) to help Soldiers and Families during times of crisis. Additional assets such as Soldier and Family Assistance Centers are specially designed to assist Families through numerous services, such as financial counseling, life skills development, and childcare.

(5) The WTC is also participating in the OSD Warrior Care Policy Peer to Peer Support Initiative. The initiative will use Military Family Life Counselors, located on military installations across DoD, to conduct the peer-to-peer support forums at designated installations. The initiative will roll out in five phases. As of 10 Oct 14, the installations in Phase 1 rollout are: Fort Belvoir, Walter Reed Medical Center, Fort Meade, Fort Carson, Joint Base San Antonio, Fort Hood, and Joint Base Lewis McChord. The program will begin at the following sites in 1st QTR FY15: Fort Riley, Fort Gordon, Fort Campbell, and Fort Stewart. Comments from Caregivers about the program are positive. Caregivers also reported satisfaction with the WTUs and the level of support they receive.

(6) Efforts to implement formal, standardized, face-to-face training for Designated Caregivers of Wounded Warriors also support the Soldier for Life program. This program has a healthcare component that seeks to ensure wounded warriors receive the best healthcare and training available. In addition, Soldiers will better understand how to access VA healthcare benefits and will ease their transition and reintegration into civilian society.

(7) Caregivers also have access to Army Family Team Building (AFTB) training. This training is all on line at www.myarmyonesource.com. AFTB online training is open to everyone and available 24 hours a day, seven days a week. WTUs at any installation can also request face-to-face AFTB training from Army Community Service staff for their WTU Families.

(8) Based on responses from those caring for our Wounded, Ill, or Injured Soldiers, they are satisfied with all support available to them.

g. Resolution. The DAS expressed concern regarding how an increase in cases would be handled. The OTSG representative stated the train the trainer nurse case mangers make service scalable. In order to determine the effectiveness of this training, the WTC conducts caregiver satisfaction surveys. Caregiver feedback is that they are satisfied with the support.

h. Lead agency. Warrior Transition Command

i. Support Agency. AMEDD Center and School

Issue 666: Full Time Medical Case Managers for Reserve Component (RC) Soldiers

a. Status. Completed

b. Entered. AFAP XXVII, Feb 11

c. Final action. AFAP XXVIII, Feb 12

d. Scope. The number of full time Reserve Component (RC) medical case managers is not adequate to monitor and track RC Soldiers' medical, dental, and behavioral health needs. At any given time, there are between 35,000 and 45,000 Army National Guard (ARNG) and US Army Reserve Soldiers who have been categorized as medically non-deployable during the pre-deployment period and are eligible for a case manager. The case managers assess, plan, coordinate, monitor, and evaluate options and services to meet the health care needs of the non-deployable population. According to the Army National Guard Office of the Chief Surgeon, the average workload for the ARNG is 109 cases per medical case manager, and a formal case management system does not yet exist in the Army Reserve. ARNG research has determined that the targeted ratio is 80 cases per medical case manager. In order to maintain an operational force, it is essential to increase the number of medical case managers to improve RC Soldier readiness by addressing medical, dental and behavioral health needs.

e. Conference Recommendation. Increase the number of full time medical case managers for RC Soldiers.

f. Progress.

(1) ARNG

a. ARNG research indicates that the targeted CM ratio for ARNG Personnel is 80 Soldiers per case manager. Before the current contract modification dated 12 Sept

10, the average caseload was 1CM to 212 SMs. The current estimated ratio is 1CM to 133 SMs with the intent to reduce this ratio with the personnel increase currently being developed.

b. Case Management staffing was adequate for initial ratios, but does not meet current demand and added utilization. The ARNG has secured funding to allow for a 50% increase in the number of administrative care coordinators within the case management contract. The ARNG Office of the Chief Surgeon recommends that this issue be considered closed as the additional funding for case management personnel has been secured.

(2) USAR

a. As of 30 Nov 11, there were 11,038 AR Soldiers that potentially require administrative or medical board determinations who have been categorized as medically non-deployable due to unresolved health conditions. The MCMs assess, plan, coordinate, monitor, and evaluate options and services to meet the health care needs of the non-deployable population. Estimated workload per DoDI 1300.24 is 40 cases per case manager. There are currently 3,609 annual referrals. Lack of case management for our wounded, ill and injured RC members is negatively impacting our ability to ensure continuum of care and resolution of health care issues.

b. The OCAR Surgeon's Office prepared and submitted projected AR MCM funding requirements into the 12-17 POM in Dec 09, which was validated Feb 10.

c. The National Defense Authorization Act (NDAA) 2008 requires the development and implementation of a comprehensive policy on improvements to the care, management, and transition of Recovering Service Members and their families. Implementation of NDAA Care Coordination Requirements includes the creation of the Recovery Coordination Program (RCP) for Recovering Service Members (RSM) and their families; Developing uniform program for assignment, training, placement, supervision of Recovery Care Coordinators (RCCs) and Non Medical Care Managers (NMCMs); Developing content and uniform standards for the Comprehensive Recovery Plan (CRP) including uniform policies, procedures, and criteria for referrals; and, Developing uniform guidelines to provide support for family members of RSMs.

d. Title 10, U.S.C., Section 1074a established that all AR Soldiers serving on active duty for a period of 30 days or less, inactive-duty training (IDT); or while serving on funeral honors duty under section 12503 of this title or section 115 of title 32 are entitled to the medical and dental care appropriate for the treatment of the injury, illness, or disease of that person until the resulting disability cannot be materially improved by further hospitalization or treatment.

e. AR 40-501, paragraph 8-20.b.4.and Part 3 of the Periodic Health Assessment (PHA) process requires the physician, nurse practitioner or physician assistant to review the Soldier's statement of health, completed tests and reports, PULHES, and readiness screening information and make referrals as indicated. Paragraph 8-20.b.4.e requires referrals to be submitted and orders entered for any required preventative or readiness related medical services not immediately available during the PHA process.

f. AR 40-501, paragraph 8-20.c – Follow-up. Soldiers in the AR who are not on active duty will be scheduled for follow-up appointment and consultations at Government expense when authorized. Treatment or correction of conditions or remediable defects as a result of examination will be scheduled if authorized. If individuals are not authorized treatment, they will be advised to consult a private physician of their own choice at their own expense.

g. Fifteen nurses were mobilized as case managers to support a bridging strategy.

h. Projected start date for contracted case managers is 2nd Qtr FY 12.

i. Placement of Case Managers: Case Managers will initially be located at the Medical Management Activity in Pinellas Park, Florida, and at the four Regional Support Commands; 99th RSC, Fort Dix, NJ; 88th RSC, Fort McCoy, WI; 63rd RSC, Moffitt Field, CA, and 81st RSC, Fort Jackson MI.

(3) Resolution. The ARNG secured funding to increase the number of contracted CMs and administrative care coordinators within the states to meet the outstanding need. Before the current contract modification (12 Sep 10), the average caseload was 1 CM to 212 cases. Current estimated ratio is 1 CM to 133 cases with intent to further reduce the ratio with the personnel increase being developed. Fifteen nurses were mobilized as CMs to support a bridging strategy until 30 CMs were hired. The CMs will be located at the Medical Management Activity in Pinellas Park, FL and four Regional Support Commands (RSCs); 99th RSC, Fort Dix, NJ; 88th RSC, Fort McCoy, WI; 63rd RSC, Moffitt Field, CA, and 81st RSC, Fort Jackson MI.

g. Lead agency. ARNG and USAR

Issue 667: Identification (ID) Cards for Surviving Children with Active Duty Sponsor

a. Status. Completed

b. Entered. AFAP XXVII, Feb 11

c. Final action. AFAP XXVIII, Feb 12

d. Scope. There is no way to annotate dependent survivor status (DB, DEC) and active duty status (AD) on a survivor children dependent ID cards. As a result, surviving dependents must present their active duty dependent ID and additional documentation to be given Army Family Covenant (AFC) survivor-specific services. Without a visible dual identifier, surviving active duty status Families are caused undue emotional stress when they must justify their survivor status.

e. Conference Recommendation. Annotate both dependent survivor status and AD status on survivor children dependent ID cards.

f. Progress.

(1) The 2011 HQDA AFAO Conference delegates voted this issue the Number one conference issue. There is no annotation of survivor dependent children status DoD Beneficiary (DB), Deceased, (DEC) and active duty status (AD) on dependent ID card for surviving children. In Europe, the Status of Forces Agreement (SOFA) requires dependents to carry the dependent ID card from their active duty stepparent sponsor. To receive Army Family Covenant (AFC) survivor-specific services, survivor dependent children of deceased service members

who have become the stepchildren of another serving Army member (by the current member's marriage to the deceased service members widow or widower) must present an active duty status ID card and the Report of Casualty which contains graphic detail of how their loved one perished.

(2) The benefits for surviving children are to receive priority levels and fee reductions for child care and reduced fees for SKIES (School of Knowledge, Inspiration, Exploration, and Skills) Unlimited, with "Unlimited" representing the unlimited possibilities this program can offer Army children and youth. SKIES Unlimited encompasses instructional programs for children and youth ranging from four weeks old to adolescence. Through SKIES Unlimited, children and youth in Child Development Services (CDS), School Age Services (SAS), Middle School, Teens, and Outreach Services (OS) Programs, as well as Home Schooled Children all have equal access to opportunities that expand their knowledge, inspire them, allow them to explore, and acquire new skills. SKIES Unlimited has a four-school system. The four schools are: School of Sports, School of Arts, School of Life Skills and School of Academic Skills. All eligible children may use this benefit but the pricing is discounted or eliminated for the surviving child.

(3) During AFAP workgroup deliberations, DoD policy information provided were: a child may possess only one dependent ID card at a time; the benefits afforded the dependent child through DEERS via a dependent ID Card are identical whether they are carrying an ID card as the child of the deceased service member or as the child of the active duty stepparent; and based on information provided, the "valuable" benefits being lost are services of higher priorities being afforded these children as the dependent of a deceased service member and fee reduction or elimination; and finally a Command Memorandum was proposed to be issued for these children in lieu of presenting "casualty documents" or modifying DoD ID Cards.

(4) Approval of this action is not within the Department's authority. It requires review, coordination, and approval of the services and OSD. Of note, this proposal would potentially affect members of all Military Services and all Services' facilities.

(5) Army DEERS RAPIDS Project Officer presented the request verbally to the Joint Uniformed Services Personnel Advisory Committee (JUSPAC) representatives, and to the OSD (PR) Identification Card proponent. Response was that there is no loss of benefits, that they do not see a valid requirement, and that there is an unfunded cost to modify DEERS RAPIDS programs.

(6) Army DEERS RAPIDS Project Office prepared a Memorandum for The Adjutant General to the Director, Defense Human Resources Activity for consideration of DoD Policy change which was signed 13 Apr and sent on 18 Apr 11.

(7) DHRA responded with a memorandum dated 23 May 2011 authorizing a "DUAL- STATUS" over-stamp for ID Cards of surviving dependent child population.

(8) Briefed AFAP issue 14 Sep 11 and was tasked with the "Way Ahead" by ACSIM.

(9) DMDC completed a data pull and the over-stamp issue affected one (1) service member stationed in Germany. After some research the service member that was affected proved to be incorrectly identified in DEERS the dependent was a 23 year old dependent who was identified as a step child. The 23 year old had moved out on her own and was no longer dependent upon the sponsor. The Army SPO will monitor the issue and if need be contact the ID card facilities and installations that are affected for proper ID card issue.

(10) Army SPO completed a Change Request Proposal (CRP) to DMDC 30 Jan 12 to link the dependent child to both AD deceased sponsor and current sponsor. DMDC will assess the feasibility of the CRP and any associated costs incurred because of the change before implementation, if appropriate. Recommend AFAP revisit issue 3rd quarter FY 12 pending DMDC cost estimate.

(11) Resolution. In May 11, the Department of Defense Human Resources Activity authorized a "DUAL-STATUS" over-stamp for ID Cards of surviving dependent child population who also have an active duty military sponsor. The over-stamp will facilitate receipt of benefits afforded the dependent child through DEERS as well as survivor-specific services outlined in the Army Family Covenant. Army completed a Change Request Proposal (CRP) to Defense Manpower Data Center (DMDC) on 30 Jan 12 to link the dependent child to both AD deceased sponsor and current sponsor. DMDC will assess the feasibility of the CRP and any associated costs. The ability to over-stamp ID cards is available to eligible cardholders. There have been no requests for this over-stamp, however the installation ID office has the capability to provide the over-stamp.

g. Lead agency. AHRC-PDP-P

Issue 668: In-Vitro Fertilization (IVF) Reimbursement for Active Duty Soldiers and their Dependant Spouse

a. Status. Unattainable

b. Entered. AFAP XXVII, Feb 11

c. Final action. AFAP XXXVIII, Feb 12

d. Scope. TRICARE covers minimal infertility testing and treatment for Active Duty Soldiers and their dependant spouse, but does not cover the procedure(s) which may result in conception, i.e. IVF. While costs vary, a typical IVF cycle in a Military Treatment Facility costs the Soldier's Family approximately $6,500. The majority of couples require two IVF cycles to achieve successful conception. A reimbursement program currently exists for adoption in accordance with DODI 1341.09, DoD Adoption Reimbursement Policy, paragraph 4.1, "a Service member who adopts a child under 18 years of age may be reimbursed reasonable and necessary adoption expenses, up to $2,000 per adoptive child, but no more than $5,000 per calendar year." A similar reimbursement program to assist with the costs of IVF for Active Duty Soldiers and their dependant spouse will help ease a significant financial burden.

e. Conference Recommendation. Create a reimbursement program for Active Duty Soldiers and their dependant spouse to assist with the medical costs of up to $2,000 per In-Vitro Fertilization Cycle performed at Mili-

tary Treatment Facilities, but no more than $5,000 per calendar year.

f. Progress.

(1) TRICARE's exclusion of artificial insemination follows common practices of health insurance companies across the board. The vast majority of health insurance companies do not offer any artificial insemination coverage as part of the benefits. Only a few states have legislation mandating the coverage of artificial insemination to be offered as part of the covered benefits.

(2) In Vitro fertilization services are currently available at a shared cost from a limited number of MHS facilities with adequate resources to perform the procedures. TRICARE does cover a wide range of infertility treatments and services, including, but not limited to: hormonal treatments, Human Chorionic Gonadotropin (HCG) administration, corrective surgery, antibiotics and radiation therapy. Seven (7) Military Treatment Facilities (MTFs), Tripler, Madigan, Walter Reed and Womack, Army Medical Centers provide In-vitro fertilization Services and train providers as well. Other facilities providing IVF services are the San Antonio Military Medical Center (SAMMC), as well as Portsmouth and San Diego, Navy Medical Centers.

(3) In 3rd QTR FY11, we wrote a Deputy Surgeon General (DSG) memorandum for the Deputy Director of the TMA requesting assistance in bringing issue before Congress. The statue to allow for reimbursement analogous to that provided for adoptive parents would fall under Title 10 USC, chapter 53 § 1052.

(4) On 11 Jun 11, TMA replied to the DSG request. They do not support the recommendation of adding a partial reimbursement for in-vitro fertilization. TMA believes existing MTF IVF training programs offer affordable access to these uncovered reproductive services at a significant cost-savings when compared with those offered in the civilian community. TMA did not support a Unified Legislative and Budget Proposal that would provide partial reimbursement of these services as a medical benefit using Defense Health Program (DHP) funding.

(5) Resolution. In May 11, the Deputy Surgeon General requested TMA assistance in bringing this issue before Congress. In Jun 11, TMA replied that they do not support the recommendation. TMA believes existing MTF IVF training programs offer affordable access to these uncovered reproductive services at a significant cost-savings when compared with those offered in the civilian community.

g. Lead agency. DASG-HSZ

h. Support Agency. TMA

Issue 669: Return to Active Duty Reserve Component Medical Care (RCMC) Time Restrictions for Reserve Component (RC) Soldiers

a. Status. Complete

b. Entered. HQDA AFAP Conference, 4 Feb 11

c. Final action. 21 Sep 15 AFAP GOSC

d. Scope. RC Soldiers can only apply for RCMC within six months from their date of release from Active Duty (REFRAD). Warrior Transition Unit Consolidated Guidance (WTUCG 20 Mar 09) states the RCMC programs are designed to return Soldiers to Active Duty for the purpose of evaluation, treatment, and/or physical disability evaluation system (PDES) processing. Examples of conditions that might not manifest within six months include Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), and recurring orthopedic injuries. Extending the return to Active Duty time restriction to five years would allow RC Soldiers time to receive proper medical treatment in order to identify and resolve duty-related medical and behavioral health conditions.

e. Conference Recommendation. Extend the RCMC return to Active Duty time restriction for RC Soldiers from six months to five years of REFRAD date.

f. Progress.

(1) The issue involves authorization requests and changes to the existing medical care program. The main issue is to extend the time limit to recall RC Soldiers to Active Duty after REFRAD (mobilization) and approve the evaluation and treatment of the injury received in the line of duty (LOD) from six months to five years.

(2) When the issue first came to light, Soldier medical support processes either did not exist or were in a development phase. Lessons learned from over 12 years of war have allowed timely access to medical care for Wounded, Injured, and Ill RC Soldiers.

(3) The many important medical initiatives implemented at the demobilization sites to improve access to medical care for Soldiers and to ensure medical needs are met include:

(a) EXORD 034-14, Mobilization Command Support Relationships and Requirements Based Demobilization Process, 14 Mar 14.

1. Soldiers are given opportunities to present medical issues/concerns while in demobilization (DEMOB), have .medical retention processing-extension initiated to have medical issues evaluated, and to determine the best plan of care via their Warrior Transition Battalion (WTB) on MRP2 orders.

2. Soldiers are allowed the opportunity to complete LOD process prior to leaving the DEMOB station. In accordance with AR 600-8-4, Line of Duty Policy, Procedures, and Investigations, Table 3-1 and 3-2, all USAR and ARNG Soldiers who incurred or aggravated an injury, illness, or disease while mobilized are required to have a LOD electronically initiated in LOD Medical Electronic Data for Care History And Readiness Tracking (MEDCHART) before REFRAD.

3. Periodic Health Assessment (PHA) is conducted at the demobilization site in conjunction with the Post-Deployment Health Assessment (PDHA).

4. Behavioral health and TBI screening for all Soldiers are conducted during MOB and DEMOB.

5. The Army is partnering with the Department of Veterans Affairs (VA) and Defense Health Agency (DHA) to update Soldiers' benefits.

6. Soldiers are counseled and provided information on VA programs. Soldiers who refuse or decline care must sign a declination of care counseling statement.

(b) Medical programs were established to assist and support Soldiers with medical issues:

1. MRP2 was established to address situations after contingency operations.

2. Active Duty Medical Extension (ADME) was established to address situations after non-contingency operation orders.

3. MRP2- Mobilization/Training is approved for Army National Guard (ARNG) Soldiers whom incur low risk/low acuity injuries that can be resolved in 179 days or less.

4. Development of a streamlined MRP2 request process in the MEDCHART application, the Active Duty Ordering Processing system (ADOP). The ARNG has completed the development and has approval to utilize the ADOP electronic system.

5. WTUs provide critical support to Soldiers who are expected to require six months of rehabilitative care and complex medical management. The key to WTU success is its Triad of Care, comprised of a primary care manager (usually a physician), nurse case manger, and squad leader who create the familiar environment of a military unit and surround the Soldier and Family with comprehensive care and support, all focused on the Soldier's mission which is to heal and transition.

(4) Deputy Chief of Staff, G-1, Director of Military Personnel Management (DMPM), is not pursuing a change to the six-month restriction, but authorizing a waiver. Commanders must submit written justification asking for an exception to policy if additional time is required. The change is incorporated in the new AR 600-XX, Administrative Guidelines for the Wounded, Ill and Injured, chapter 4-2. Maintaining the six-month timeline will ensure Soldiers actively pursue assistance for care, prevent potentially aggravating injuries, and avoid complicating the LOD process.

(a) The change is incorporated in the new Army Regulation (AR 600-XX), Administrative Guidelines for the Wounded, Ill, and Injured, chapter 4-2.

(b) ALARACT 089/2015 (Return to Active Duty MRP2 Time Restrictions for RC Soldiers) was published on 9 Jun 15. ALARACT 089/2015 supports the six month time frame until publication of AR 600-XX.

g. Resolution. Waiver requests are handled in accordance with the ALARACT until the publication of the AR. AR 600-XX will be published by second quarter FY16. Eight waiver requests have been submitted and approved since the ALARACT was published.

h. Lead agency. G1, DMPM

i. Support Agency. OASA(M&RA), OTSG/MEDCOM, USAPDA, WTC, NGB, and OCAR

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

a. Status. Unattainable

b. Entered. AFAP XXVII, Feb 11

c. Final action. 20 Jun 13 AFAP GOSC

d. Scope. Medically retired service members (SM), with less than 20 years of active service, are not eligible for CRDP. In order to qualify for CRDP, the Soldier must meet the required service time and a 50% or higher Veterans Affairs (VA) disability rating. CRDP eliminates the offset between retirement pay and VA disability compensation. As of June 2010, there were more than 10,000 medically retired Soldiers (statistics were unavailable for all other military branches) with a VA disability rating of 50% or higher who are currently ineligible for CRDP. Removal of the 20 year restriction for CRDP would restore the full retirement pay and VA entitlements to the medically retired SMs.

e. Conference Recommendation. Eliminate the time in service requirement for medically retired SMs to be eligible for CRDP.

f. Progress.

(1) Legislative proposal H.R. 333 was introduced in the 113th Congress (CY 2013-2014), and will provide the relief requested. However, it includes additional provisions not related to the scope of this AFAP proposal and will cost $23.6 billion over the next 10 years (FY 2014-FY 2023), of which $10.1 billion is the cost to the Army. The bill was referred to the House Subcommittee on Disability Assistance and Memorial Affairs in February 2013 and has not been acted on since then.

(2) The Assistant Director Military Compensation, Office of the Deputy Undersecretary of Defense for Military Personnel Policy, confirmed that DOD supported extending CRDP to medical retirees with less than 20 years active service in the past at the direction of the White House. However, in the last two years, the White House has not directed DOD to support this initiative.

(3) In a 9 November 2012 letter to the Assistant Secretary of the Army for Manpower and Reserve Affairs, the Assistant Secretary of Defense for Readiness and Force Management said DOD does not object to the proposal from a policy perspective, but any initiative to expand CRDP must be accompanied by an "absolute guarantee" from the US Treasury Department that it (or another non-DOD agency) would continue to bear the full cost of the CRDP program, including the proposed expansion, before DOD would be willing to actively support such an initiative.

g. Resolution. The issue would require a very large bill to the federal government, over $23B over the next ten years. DoD and other Services do not support the recommendation, which would require US Treasury Department support and joint legislation to implement.

h. Lead agency. DAPE-HRR

Issue 671: Military Child Development Program (MCDP) Fee Cap

a. Status. Completed

b. Entered. AFAP XXVII, Feb 11

c. Final action. 28 Feb 12 AFAP GOSC

d. Scope. Some Military Families utilizing Military Child Development Programs pay greater than 25% of their monthly income for childcare. For example estimated gross monthly income (not including living expenses or taxes as of January 2011): E-5 Single Parent, 3 children under 5 years old, Pay w/allowances $3,575 Cat 3, MCDP Fees (3 children) $1,060 = 29%. 2LT with spouse w/minimum wage job 3 children under 5 years old, pay w/allowances $3,856, wife's pay $1,075, total combined income $4,931 Cat 5, MCDP Fee (3 children) $1,300 = 26%. Military Child Development Program fees are based on Total Family Income (TFI). Establishing a MCDP cap of 25% of TFI will minimize financial hardship caused by the disparity of the gross income to childcare cost ratio.

e. Conference Recommendation. Cap Military Child Development Program Fees at 25% of the Military Family's TFI.

f. Progress.

(1) The School Year 11-12 Army Child & Youth Fee Policy was issued 17 Oct 11 (ALARACT 385/2011). Implementation was 1 Dec 11. It requires that Families whose child care fees are determined to be 25% or more of their TFI at the time of registration be immediately informed of the Financial Hardship waiver process and provided the information / process to apply. Financial Hardship waivers are approved by the Garrison Commander.

(2) Before a Financial Hardship package is submitted to the Garrison Commander for approval a Family must complete a financial review with an Army Community Service Financial Counselor or other certified financial counselor. After a thorough review of the Family's financial/budget information a recommendation is presented to the Garrison Commander for approval. Approximately 300 waivers are approved annually.

(3) This situation will normally apply to Families with multiple children under the age of 5 who need full day child care or a combination of full day and part day care.

(4) IMCOM G-9 released updated marketing materials and guidance for Parent Central Services to inform parents whose child care fees exceed 25% of their total family income to apply for financial hardship.

g. Resolution. The SY11-12 Army Child & Youth Fee Policy (implemented 1 Dec 11) requires that Families whose child care fees are determined to be 25% or more of their TFI at the time of registration be immediately informed of the Financial Hardship waiver process and be provided the information and process to apply.
Before a Financial Hardship package is submitted to the Garrison Commander for approval, a Family must complete a financial review with an ACS Counselor or other certified financial counselor for a thorough review of the Family's financial/budget information.

h. Lead agency. DAIM-ISS

i. Support agency. IMCOM G9 and Child, Youth & School Services

Issue 672: Reimbursement for Public School Transportation for Active Component (AC) Army Families

a. Status. Unattainable

b. Entered. AFAP XXVII, Feb 11

c. Final action. 20 Jun 13 AFAP GOSC

d. Scope. AC Army Families residing in some public school districts are charged for transportation to and from school. According to *The American School Bus Council*, 13 states allow local school districts to charge transportation fees. The average annual fee per child for school transportation in Southern California is $500, Hawaii is $360, and Massachusetts is $520. More and more public school districts nationwide are charging parents for school transportation due to the state of the economy. Without reimbursement, school districts charging fees for school transportation may cause undue financial hardship for AC Army Families.

e. Conference Recommendation. Authorize reimbursement to AC Army Families for the cost of public school transportation.

f. Progress.

(1) Policy allows Commanders to provide school bus transportation where needed but does not provide a mechanism to reimburse Soldiers for school bus transportation.

(2) IMCOM G9 completed an inventory of Active Component School Districts and found that only Hawaii charges for bus transportation. For installation based Army Families, with the exception of Hawaii, no school transportation costs are being charged.

(3) Queried Office of the Secretary of Defense, Personnel and Family Readiness, Pay and Compensation Office for official review.

(4) Impact Aid briefing for Service Senior Non Commissioned Officer (NCO)Leaders, conducted by the Department of Education on 25 May 12.

(5) USAREC identified the locations, fee, and number of Soldiers who pay for school bus transportation. Fourteen locations, 28 Soldiers, 33 children impacted.

(6) Army HQ, Civilian Aide to the Secretary of the Army (CASA) requested that the Hawaii CASA engage the Hawaii school system to seek a waiver on transportation fees for military families.

(7) OACSIM can POM for this expense in QLOG but would need to obtain concurrence from Army Materiel Command as the provider of transportation services. Cost estimates are $3M/year for Hawaii. A conservative estimate, if expanded Army-wide to 50% of the eligible population, would be $74M/year. This would be a new bill to the Army. Earliest potential POM is FY15-19.

(8) Based on input from the various agencies involved, it is recommended that this issue not be pursued further. The upfront cost and potential growth cost if expanded is not sustainable for the Army in the current fiscal climate.

g. Resolution. New reoccurring monetary authorizations are not feasible in the current resource environment. Demand at USAREC is minimal and US Army Pacific Command did not support the issue.

h. Lead agency. DAIM-ISS

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

a. Status. Unattainable

b. Entered. AFAP XXVII, Feb 11

c. Final action. 24 Jun 13 AFAP GOSC

d. Scope. Survivors are not authorized to travel Space-A on Air Mobility Command (AMC) aircraft after the loss of their sponsor. The Space-A Program was established to support Uniformed Servicemembers as an avenue of respite from rigors of duty. Recent changes allow Family members in certain categories to travel Space-A without being accompanied by their sponsor. Extending Space-A travel to Survivors registered in DEERS maintains the travel benefit they were privileged to while their sponsor was alive.

e. Conference Recommendation. Authorize Space-A travel for Survivors registered in DEERS.

f. Progress.

(1) Army G-4 submitted this recommendation for consideration and concurrence to DASD-TP, other

Services and AMC. DASD-TP, Services and AMC non-concurred with a change to DoD 4515.13-R to allow approximately 597,958 survivors registered in DEERS the privilege to travel Space-A, citing that an expansion of the eligibility pool would negatively affect support to active duty members, retirees, and their families. Since 2008, DoD answered 26 congressional inquiries regarding Space-A privileges for additional categories. DoD has consistently non-concurred with proposed legislation and requests from other groups such as Disabled Veterans, Gray-Area retirees and widows and widowers.

(2) During the 27 Feb 12 General Officer Steering Committee meeting, the recommendation was made to explore the possibility of expanding the Space-A program to Gold Star Families registered in DEERS. According to data collected by the DMDC from Oct 01 through Jun 12, the number of Gold Star Families registered in DEERS is approximately 7,320. (represents .15% of eligible travel population).

(3) In Oct 12, Army G-4 proposed a change to DoD 4515.13-R, to include Gold Star Families registered in DEERS as an eligible category for Space-A travel.

(4) In Sep 12, the United States Government Accountability Office (GAO) completed an audit on Space-A travel on Military Aircraft to include feasibility of expanding the categories of passengers eligible. GAO's report estimates that the expansion of the Space-A travel program could lead to additional Space-A travelers not obtaining seats.

(5) In Nov 12, the Armed Services Committee requested OSD's views on Senator Begich's proposed Space-A amendment to bill S. 3254 National Defense Authorization Act FY13 to authorize Space-A travel to unremarried spouses of members and former members of the Armed Forces who hold a valid Uniformed Services Identification and Privilege card. OSD maintained their position against expanding the program.

(6) In Nov 12, Army G-4 met with ASD (L&MR), to propose an expansion of the Space-A program to include family of service members who lost their lives under hostile conditions as well as those who die while on active duty. ASD (L&MR) does not support the request citing that adding Gold Star and active duty survivors to the Space-A program, although small in number (45,000), could have a significant impact on the program by inviting legislation to expand the program to other categories seeking the benefit.

g. Resolution. VCSA directed ACSIM after the AFAP GOSC that the issue be closed as unattainable.

h. Lead agency. DALO-FPT

Issue 674: Strong Bonds Program for Deployed Department of Army Civilians (DACs) and Family Members

a. Status. Unattainable

b. Entered. AFAP XXVII, Feb 11

c. Final action. 20 Jun 13 AFAP GOSC

d. Scope. Department of Army Civilians (DACs) are not authorized to utilize the Strong Bonds program. DACs are being deployed into Overseas Contingency Operations (OCO) and combat zones. As a result, deployed DACs and their Families undergo many of the same stresses and have similar relationship issues related to long-term separations and difficult experiences as Soldiers and their Families. Permitting the use of the Strong Bonds program will allow deployed civilians and their Families the benefits of creating strong support groups, building resilient relationships, and promoting healthy Families.

e. Conference Recommendation. Authorize deployed DACs and their Families use of the Strong Bonds program during pre-deployment, deployment and/or reintegration.

f. Progress.

(1) The Office of the Judge Advocate General (OTJAG) advised action must go through the Unified Legislative and Budgetary (ULB) process to propose a change to Title 10, Section 1789, since this restricts utilization of appropriated funding to military personnel and Family members. To strengthen the case Assistant Secretary of the Army, Manpower and Reserve Affairs [ASA(M&RA)]/G-1 Congressional Affairs recommended broadening the legislative proposal to also include other services. Proposal will specify current or future programs that are similar to the Army's Strong Bonds training that are chaplain-led relationship building events to strengthen personal relationships, marriage and Family bonds for deploying Civilians and their immediate Family members prior to and following deployment. Once the legislative change is authorized the Service Chiefs will have final authority to approve use of funding for this purpose.

(2) 18 August 2011. Participation by deployed DACs and immediate Family members would be streamlined into existing Strong Bonds events based upon local commander guidance. It was determined that no cost benefit analysis (CBA) is required since no additional funding is requested, simply addition of more types of participants. Action coordinated with ASA (M&RA)/G-1 Congressional Affairs and ASA (M&RA) & Deputy Chief of Staff (DCS), G-1 Legislative Affairs.

(3) 5 January 2012. The ULB proposal was approved by the Chief of Chaplains and submitted to ASA(M&RA)/G-1 Congressional Affairs' Congressional Affairs Contact Officer (CACO) for review prior to submission announcement.

(4) 5 January 2012. The AFAP review session resulted in the issue remaining active, pending ULB approval for the FY14 NDAA. The Assistant Chief of Staff for Installation Management (ACSIM) expressed concern about funding other service program users. The ULB Business Case was revised to specify 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." The revised ULB was provided to the CACO 10 January 2012.

(5) 28 February 2012. At the AFAP GOSC Steering Committee meeting, the Secretary of the Army and the Vice Chief of Staff of the Army (VCSA) requested the Chief of Chaplains office identify attendance requirements for the Army to ensure leadership is informed about future support. Also highlighted was priority to Army Soldiers and Civilians with other service attendee costs being funded through their respective service.

(6) 1 March 2012. Chief of Chaplains' office recommended priority of attendees at Strong Bonds deployment cycle events: Active Duty Soldiers, Active Duty Soldiers' Spouses/Families, and Department of the Army Civilian Spouses/Families.

(7) 30 April 2012. Office of Chief of Chaplains (OCCH) Resource Manager concurs funds will have to come out of the Strong Bonds MDEPS (VSPV/FACB) both of which have been reduced, like all other programs. Strong Bonds dollars are based on Soldier end-strength not civilians. If this action is passed, OCCH will have to submit it to the Program Objective Memorandum (POM) as an emerging issue. Additional funding is not expected due to the fiscal environment. Civilians will be absorbed into current funding unless the Manning (MM) Program Evaluation Group (PEG) tells OCCH differently. But in an effort to save, the civilians will be paid for with current funding. Commands will have to decide who really needs the program and who does not.

(8) 27 August 2012. The Vice Chief of Staff of the Army (VCSA) accepted the recommendation from the AFAP GOSC Steering Committee to keep this proposal active. The office of the Chief of Chaplains (OCCH) will resubmit this proposal for FY15 ULB.

(9) 31 October 2012. Strong Bonds execution in FY13 is modified to provide greater flexibility to commanders and units while balancing available resources and time constraints within units. The estimated number of DACs deployed for FY13 is 2,572; FY14 is also 2,572. As the deployment decline, DACs will decrease due to the drawdown. FY13 funding level is comprised of OCCH operating funds and Suicide Prevention resources under two Military Decision Execution Programs (MDEP). With the loss of Overseas Contingency Operating Funds (OCO), Strong Bonds requirements in FY13 and beyond are not currently funded to the level of need. The Army validated the FY12 cost benefit analysis which determined the strong bonds requirement as 18% of Soldier end strength of Active component, 10% of Army National Guard force, and 5% of the United States Army Reserve. If funding decreases, DA Civilians will lack support. Again, Strong Bonds dollars are based on Soldier end-strength and does not include civilians.

(10) 14 January 2013. Re-submitted proposal for the Council of Colonels meeting on 31 January 13 for review.

(11) 6 February 2013. The Council of Colonels made the decision not to push this proposal forward to the FY15 Unitary Legislative Budgetary (ULB) process. The Office of the General Council (OGC) believes that enacting this proposal will add more costs to the program. Furthermore, Civilians have access to other military programs to improve quality of life, such as, Comprehensive Soldier and Family Fitness (CSF2). Sequestration will have a major impact on the execution of this program; therefore, the program will target a limited audience which does not include civilians. This request is unattainable.

g. Resolution. No service support for the ULB. Civilians have access to CSF2 centers for resiliency services.

h. Lead agency. OCCH-MIZ

Issue 675: TRICARE Medical Coverage for Dependent Parents and Parents-in-Law

a. Status. Unattainable

b. Entered. AFAP XXVII, Feb 11

c. Final action. AFAP XXVIII, Feb 12

d. Scope. Dependent Parents and Parents-in-Law are not entitled to purchase TRICARE medical coverage. Soldiers and their primary dependents are authorized TRICARE benefits, including TRICARE Prime, Standard, Extra, TRICARE Young Adult and TRICARE for Life. Dependent Parents and Parents-in-Law are only authorized care on a space available basis and pharmaceuticals from Military Treatment Facilities (MTF). As a result, Dependent Parents and Parents-in-Law either purchase expensive outside medical insurance, pay out of pocket without reimbursement or neglect their health.

e. Conference Recommendation. Authorize Dependent Parents and Parents-in-Law the option to purchase TRICARE medical coverage.

f. Progress.

(1) Legislative statutes, Federal regulations, and policies determine dependency and dependent eligibility for any Department of Defense (DoD) sponsored medical entitlement, i.e. TRICARE benefits. The referenced statutes, Federal regulation, and policies are: Title 10, United States Code (USC) Sections 1072, 1079, and 1086; Title 32 of the Code of Federal Regulations (CFR), Parts 199.17 and 199.3; Department of Defense Instruction (DoDI) 1000.13, subject, Identification (ID) cards for Members of the Uniformed Services, Their Dependents, and Other Eligible Individuals, and the DFAS Military Pay Secondary Dependency Guide.

(2) The Defense Enrollment Eligibility Reporting System (DEERS) maintains key data elements on active duty service member (ADSM), active duty family member (ADFM), and military retirees, to identify eligibility status as well as elective enrollments status for many authorized medical entitlements. All authorized entitlement changes to DEERS, including medical, must be done according to the DoDI 1000.13 and executed at a DEERS/RAPIDS ID Card issuance facility.

(3) Title 10 USC status authorizes medical entitlements that are reflected in DEERS based on the beneficiary's eligibility. According to the Military Pay Secondary Dependency Guide, a secondary dependent may include parents or parents-in-law, step-parents, unmarried illegitimate children under age 21, which are verified by the finance or personnel office. Dependent parents or parents-in-law are currently not entitled to TRICARE benefits, including TRICARE Prime, Standard, Extra and TRICARE for Life. Secondary dependents are only authorized medical care on a space available basis in military treatment facilities (MTFs), or TRICARE Plus, as well as the receipt of pharmaceuticals from the MTFs. On turning 65 the dependent parents/parents-in-law can utilize the TRICARE Pharmacy benefit as long as they have enrolled in Medicare B.

(4) Lessons Learned from previous statutory TRICARE plans for purchase. MEDCOM/OTSG was an active participant in the requirements building and implementation strategies for TYA. This AFAP issue's recommendation to offer a purchased (premium-based) option of TRICARE coverage will be similar to the TYA design. The dependency criteria of the TYA applicant, which is linked

to their sponsor, can also be accomplished for the parent/parent-in-law as their dependency status is already outlined in law, Federal regulations and DoD entitlement manuals. Further discovery with sister Services and TMA will be required to determine if authorizing the purchase of TRICARE Standard is the most feasible verses the more complex process of also offering the purchase of TRICARE Prime. Another current program that can be compared for similarity is the TRR plan. Both TYA and TRR have premiums designed to cover the full cost of the purchased plan.

(5) Initial Data. The US Army Medical Command (MEDCOM) requested a data pull from the Defense Eligibility Enrollment Reporting System (DEERS) that outlined the target population by Service and by COMPO. Over 18,684 people would be affected across the services.

(6) Follow-on Data. The MEDCOM requested a follow-on data pull from the DEERS that outlined the target population by Service and by COMPO, and then further filtered by only those dependent parents/parents-in-law that are over 65 years old and by age alone eligible for Medicare. The results are portrayed in the table below (see next page). The delta between the initial data pull and the follow-on is the eligible population for dependent parents/parents-in-law, <65 years of age.

a. The program complexity seen in implementing TYA to account for changes in a sponsor's status from Reserve Component to Active Duty (AD), then return, and from AD to retired, leads the action offer to recommend limiting the dependent parent healthcare coverage purchase to those dependent parents/parents-in-law of active duty sponsors only. With this consideration the estimated targeted population decreases to 7,380, with the possibility to max out at 8,462 if every RC with a dependent parent/parent-in-law was activated to AD and enrolled their secondary dependent.

b. The Army EFMP reports that in the Army alone there are approximately 1,000 dependent parents/parents-in-law that are listed as EFMP members. This awareness of potential complex medical needs by this already small population may have an adverse affect on the premium costs.

(7) On 23 Dec 11, TMA provided their official NON-SUPPORT for this AFAP Issue. TMA's response was: "Due to current efforts to control cost growth of military medical entitlements, TRICARE Management Activity does not support the creation of a new premium-based medical entitlement for parents and parents-in-law." TMA also provided some healthcare alternative solutions for dependent parents and parents-in-law; they were: "In addition to space-available access to MTFs, those who qualify by age, disability, or income can receive health care services via Medicare and Medicaid programs. They may also choose from a variety of commercial insurance plans. Finally, for those with significant pre-existing medical conditions, they may purchase medical coverage through a state or federal pre-existing condition insurance plan, as recently created by the Patient Protection and Affordable Care Act.

(8) Resolution. In Oct 11, OTSG sent TMA a formal request for their position on expanding TRICARE to dependent parents and parents-in-law. In Dec 11, TMA responded that they do not support the creation of a new premium-based medical entitlement for parents and parents-in-law due to efforts to control cost growth of military medical entitlements.

g. Lead agency. MCHO-CL-M

h. Support agency. TMA

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

a. Status. Unattainable

b. Entered. AFAP XXVII, Feb 11

c. Final action. 27 Aug 12 AFAP GOSC

d. Scope. Contracted Cadets and their dependents are not eligible for TRICARE medical entitlements. Cadets are only entitled to DoD funded line of duty medical care during training status. Since they are not covered full time, Cadets are required to obtain medical insurance, often from their university. University insurance policies could cost as much as $435 per month for a Cadet with authorized dependents. Not all university insurance policies offer dependents coverage. "TRICARE Reserve Select (TRS) is a premium-based health plan available worldwide to Selected Reserve members of the Ready Reserve (and their families) who are not eligible for or enrolled in the Federal Employee Health Benefits (FEHB) program (as defined in Chapter 89 of Title 5 U.S.C) or currently covered under FEHB, either under their own eligibility or through a family member." A contracted cadet and their dependents have many of the same health challenges as a Selected Reserve and their dependents. A medical health care entitlement, similar to TRS, for contracted Cadets and their dependents will help to ease a financial burden.

e. Conference Recommendation. Authorize contracted Cadets and their dependents enrollment in an entitlement similar to TRICARE Reserve Select.

f. Progress.

(1) Request was made to Army Cadet Command to obtain accurate numbers relating to the current contracted cadet population. Army cadet population numbers requested include the total population, number of contracted cadets, cadet ages, and number of contracted cadets with family members. Yearly commissioning mission numbers and the total percentage of mission accomplishment over the past couple of years was also requested, as well as any other pertinent information that would support this request for medical benefits to the contracted Army cadet population. Rough numbers were received and forwarded in TMA's request for feasibility assessment.

(2) No current ULBs or legislative actions with similar titles were found in the system.

(3) Telephone conversation with Army Cadet Command Surgeon's office provided overview of medical issues with the current contracted cadet ROTC population. Discussion included the generalized breakdown of medical terminations from the program by category of reasons they drop and why they are retained. From 2009-2010, approximately 1379 cadets were considered for possible medical termination drops. Of those 1379, 1098 cadets (80%) were considered for retention and 281 were medically released. Of those 281 medically released, orthope-

dic issues were the primary reason. Mental Health issues accounted for approximately 1/3 of the releases and comprised of issues not eligible for a medical waiver. These medical terminations are relevant when discussing how many cadets are possibly affected by medical issues during their college studies and must be dropped from the ROTC rolls, which may affect the ROTC commissioning mission.

(4) Per US Army Cadet Command, accession has typically only been 1-2% short of mission (50-100 officers) over the past 10 years. They made the accession commission mission in 2003-2005, 2009 and 2011.

(5) IAW AR 40-400, all ROTC members are covered under Office of Workers' Compensation Program for injuries sustained provided the condition necessitating treatment was incurred in the line of duty traveling to or from military training, camp, or exercise, or while attending conditions of military training, camp or exercise.

(6) Insurance is about protection and even healthy people need to use medical services. Individuals and their Families need to have access to care and be able to afford the required medical treatments or preventative services. Cadets currently have several ways they can obtain medical coverage for themselves and their families. Under the Affordable Care Act, passed in March 2010 and begun in September 2010, one benefit is that if individuals under the age of 26 years are eligible to be covered under their parent's healthcare policy, they can remain on that policy, no matter what the living situation. Although, until 2014, "grandfathered" group plans do not have to offer dependent coverage up to age 26 if a young adult is eligible for group coverage outside their parents' plan. This plan may prove beneficial for younger ROTC cadets who are able to continue on their parent's insurance plan. Many students obtain medical insurance for an out of pocket cost directly from their school insurance policies made available during their enrollment to the school. Another way for students to obtain healthcare insurance is to purchase it through their own or a spouse's employer.

(7) Request sent to TRICARE Management Activity (TMA) on 21 July 2011 in order to determine the feasibility of providing contracted ROTC cadets and their dependents with a program enabling enrollment in a medical entitlement similar to TRICARE Reserve Select. Response received from TMA, dated 23 September 2011, states that due to the austere funding for the Military Health System, they do not support the creation of a new TRICARE entitlement for cadets and their dependents. In addition, there is no statutory authority to provide any TRICARE coverage to contracted cadets or their dependents until they are commissioned in the Armed Forces.

(8) TRADOC expressed concern at the Spring 2012 GOSC brief. They specifically requested that this issue and scope were re-shaped to better understand the impacts/demographics of the population affected by this situation and to look at the various options available to support our ROTC students.

(9) Initiated contact with TRADOC POC on 19 March 2012 for the way ahead. Coordination included requests to identify the specific TRADOC concerns with current Cadet medical entitlements and what changes they specifically believed to be actionable to remedy this issue. TRADOC coordinated directly with US Army Cadet Command and all agree that a statutory change to USC Title 10, handled with legislative process, is required for this population to even be eligible for this additional medical entitlement. On 24 May 2012, TRADOC sent their collective official response to OTSG as concurrence that this issue is unattainable.

g. Resolution. 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.

h. Lead agency. OTSG-HR

i. Support Agency. OASD-HA, TMA, TRADOC

Issue 677: "Virtual" Locality Pay for Department of the Army Civilians (DACs) Retiring Outside the Continental United States (OCONUS)

a. Status. Unattainable

b. Entered. AFAP XXVII, Feb 11

c. Final action. AFAP XXVIII, Feb 12

d. Scope. Because DACs retiring OCONUS do not receive locality pay, their retirement annuity is less than the annuity of a DAC of comparable grade who retires from a CONUS location. When calculating "annuity pay" for a DAC employee located in CONUS, base pay plus the locality pay is used. When calculating "annuity pay" for a DAC employee located OCONUS, only base pay is used. The purpose of "Virtual" Locality Pay is to achieve equity of retirement pay of CONUS and OCONUS employees at the end of the employees' career. "Virtual" Locality Pay would enable overseas employees to have their annuity benefits calculated as if they received CONUS based locality pay in the computation for their "high three years" of average salary.

e. Conference Recommendation. Authorize "Virtual" Locality Pay to DACs for computing retirement annuities when retiring OCONUS.

f. Progress.

(1) Researched similar VLP legislative proposals since 2005. Each proposal was rejected by OMB as too costly. In addition, DACs have the option of returning CONUS to increase their average salary for retirement purposes per DoD's current 5-year OCONUS rotation policy. This policy is predicated on the view that an overseas assignment is one step in the career management process.

(2) Data obtained from FY 2009 Legislative Initiative UB Proposal (Unified Legislation and Budgeting). Due to current economic climate, Cost Analysis does not favorably support this action.

(3) 1 July 2011 – Submitted informal request to OSD with Cost Analysis data to further justify the recommendation for final solution.

(4) 11 August 2011 – AG-1 CP received OSD's concurrence in support of Army's recommendation of Unattainable due to the current fiscal climate.

(5) Resolution. Since 2005, the Office of Management and Budget (OMB) has rejected similar VLP legislative proposals as too costly. In Jul 11, an informal request with cost analysis was submitted to OSD to determine their level of support. In Aug 11, OSD non-concurred with the establishment of an OCONUS VLP due to the current

fiscal climate. DACs have the option of returning to the U.S. to increase their average salary for retirement purposes.
g. Lead agency. DAPE-CPP
h. Support Agency: OSD

Issue 678: Commissary, Armed Services Exchange and Morale, Welfare and Recreation (MWR) Privileges for Honorably Discharged Disabled Veterans with 10% or Greater Disability
a. Status. Unattainable
b. Entered. AFAP XXVIII, Feb 1
c. Final action. 27 Aug 12 AFAP GOSC
d. Scope. Honorably discharged disabled Veterans with 10% or greater disability are not authorized Commissary, Armed Services Exchange and Morale, Welfare, and Recreation (MWR) benefits. Department of Defense Instruction (DODI) 1015.10 "Military Morale, Welfare and Recreation (MWR) Programs" authorizes only individuals who are 100% disabled and involuntarily separated these privileges. DODI 1330.17 "Armed Services Commissary Operations" authorizes 100% service connected disabled veterans privileges. DODI 1330.21 "Armed Services Exchange Regulation" authorizes veterans who are 100% disabled or when hospitalized where exchange services are available. Honorably discharged disabled Veterans with 10% or greater disability should be allowed to retain Commissary, Armed Services Exchange and MWR privileges to provide them with a tangible recognition of their sacrifices.
e. Conference Recommendation. Authorize honorably discharged disabled Veterans with 10% or greater disability access to Commissary, Armed Services Exchange and MWR benefits.
f. Process.
(1) According to a report from Veteran's Affairs, as of 31 Dec 2011 there were 3.3M veterans with disability of 10% or more. Of this number, 300K was members with 100% disability. The expected patronage increase if this proposal is implemented would by an additional 3M veterans.
(2) On May 16, 2012, Military Community and Family Policy (MC&FP) recommended the Department oppose an Amendment to the House version of the FY 2013 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.
g. Resolution. Issue unattainable due to the current fiscal environment and the unwillingness of OSD to support expanded patronage to veterans with less than 100% disability.
h. Lead Agency. DASA-CQ

Issue 680: Gold Star Identification Card for Gold Star Lapel Button Recipients
a. Status. Complete
b. Entered. AFAP XXVIII, Feb 12
c. Final action. 20 Jun 13 AFAP GOSC
d. Scope. Gold Star Lapel Button Recipients who are not authorized a Department of Defense (DoD) identification card (DD Form 1173) do not have an identification card to ease access to Army installations. These Family Members, such as parents, siblings, and remarried widows/widowers, experience difficulty accessing Army installations when traveling to view memorials, utilize Survivor Outreach Services (SOS) at other installations, attend events or visit those who served with their loved one. Inability to gain convenient access causes Gold Star Lapel Button recipients to feel a sense of disconnect from the Total Army Family.
e. Conference Recommendation. Create a Gold Star Identification Card that provides access to Army installations for those authorized to receive the Gold Star Lapel Button.
f. Progress.
(1) In Mar 12, Headquarters Department of the Army Office of the Provost Marshall General (OPMG) submitted recommended changes to AR 190-13 to allow Gold Star Lapel Button recipients unescorted access onto Army installations. The revisions will document the vetting and issuance process to expedite access to Army installations for Gold Star Lapel Button recipients who obtain the identification card.
(2) Office of the Staff Judge Advocate conducted a legal review and found no legal objection in granting unescorted access to Gold Star Family members.
(3) AR 190-13 was submitted to Army Publishing Directorate (APD) on 29 Mar 12 for final editing. However, in Nov 12, the regulation was pulled from APD for additional editing and re-staffing due to recent Office of the Secretary of Defense (OSD) changes to access control requirements.
(4) With updates to AR 190-13 delayed, OPMG and Action Officers devised a solution using current regulatory guidance. AR 600-8-14 (Identification Cards for Members of the Uniformed Services, their Eligible Family Members and Other Eligible Personnel) states that the DA Form 1602 can be issued to individuals for whom there is a need for identification as determined by the issuing authority. As AR 600-8-14 does not prohibit the use of DA Form 1602 for Gold Star Family members who otherwise do not qualify for an identification card, IMCOM G9 has received written concurrence from OPMG to issue the DA Form 1602 to Gold Star Family members.
(5) OPMG will add language to AR 190-13 codifying the agreed upon vetting and issuance process. There is no projected publication date of AR 190-13 as it is still in coordination and has not been resubmitted to APD.
(6) On 12 Feb 13, IMCOM OPORD 13-084 was released directing Army installations to begin issuing DA Form 1602 as the official Gold Star Installation Access Card.
g. Resolution. Survivors can access installations through the issuance of DA form 1602. IMCOM Europe is exempt from OPORD 13-084. Europe Regulation 190-16 outlines procedures that are followed for installation access in Europe. Survivors are assisted by the Army Community Service SOS Support Coordinator or Designated SOS Liaison to obtain the appropriate level of access. For short term visits, the USAG can sponsor the Goldstar Member and they can be placed on an access roster. For longer visits, the USAG may sponsor the Goldstar

Member for an IACS installation pass in the "Official Guest" category for the duration of their visit, up to 90 days (length of the U.S. Tourist VISA). If they reside in Europe, their installation pass may be renewed every two years, depending on expiration of their passport or host nation residence certificate/VISA. If a Survivor will be visiting that States and will need access to installations, the ACS SOS Support Coordinator/Liaison will assist the Survivor with making arrangements with a Stateside SOS office to provide the Gold Star Installation Access Card. Korea is also exempt based on based on existing installation access measure
similar to Europe's outlined in US Forces Korea Regulation 190-7.

h. Lead agency. DAIM-ISS, IMWR-F

i. Support agency. DAPM-MPO-PS, IMES-P

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

a. Status. Complete

b. Entered. 2 Mar 12 HQDA AFAP Conference

c. Final action. 10 Feb 15 HQDA AFAP GOSC

d. Scope. DA Form 5893 "Soldier's Medical Evaluation Board/Physical Evaluation Board Counseling Checklist" does not warn of potential recoupment ramifications when receiving concurrent payments of Veterans Administration (VA) disability pay and Army retirement pay for medically retired Veterans. Medically retired Veterans are eligible for Concurrent Retirement and Disability Pay (CRDP) if they have 50% or higher VA rated disability and 20 or more years of service. Army Regulation 635-40 "Counseling Provided to Soldier" requires the Physical Evaluation Board Liaison Officer (PEBLO) to counsel the Soldier using DA Form 5893. Item E line 3 of DA Form 5893 does not clearly warn that overpayment of benefits will result in debt and subsequent recoupment for medically retired Veterans. For example, a 2011 Army Wounded Warrior (AW2) audit of 200 AW2 Veterans revealed 6 Veterans (3%) received overpayments. One Veteran received overpayments of over $70,000 from 2008 to 2011. DA Form 5893 allows for misinterpretation of CRDP eligibility because it does not warn that overpayment of benefits will result in recoupment for medically retired Veterans.

e. Conference 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.

f. Progress.

(1) In Mar 14, APD indicated no exception to policy was required as DA Form 5893 was already authorized by AR 635-40.

(2) In Sep 14 APD published revised DA Form 5893 with the requested change to Section III D.

(3) PEBLOs are also briefing the potential recoupment ramifications during their counseling of Soldiers per MEDCOM instruction.

(4) Under the Integrated Disability Evaluation System, overpayments should be fewer in frequency and magnitude. The time goal for Soldiers to receive their VA decision benefits decision is 30 days after their disability retirement or separation retirement date, with actual VA compensation commencing shortly thereafter.

g. Resolution. Army Publishing Directorate published revised DA Form 5893 with the requested change to Section III D in Sep 14.

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

a. Status. Unattainable

b. Entered. AFAP XXVIII, Feb 12

c. Final action. 27 Aug 12 AFAP GOSC

d. Scope. Wounded, Ill and Injured SMs are being medically retired between 18 and 20 years of active service due to physical disabilities. Under normal circumstances, once a SM reaches 18 years of service they fall within the Sanctuary Law and cannot be involuntarily separated until retirement eligibility is reached in accordance with Title 10 US Code 12686a. However, the Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB) process supersedes the Sanctuary Law. If the MEB/PEB Board deem a SM unfit for duty, the SM could be involuntarily separated between 18 and 20 years of service. Allowing Wounded, Ill and Injured SMs to remain on active duty to the 20 year minimum retirement requirement would eliminate the loss of entitlements such as Concurrent Retirement & Disability Pay (CRDP).

e. AFAP 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.

f. Process.

(1) The benefit to the unfit Soldier of being retained to 20 years until disability retirement is eligibility for concurrent receipt of military retired pay and VA compensation. The retention of these Soldiers for this benefit can be accomplished under the current policy of Army Regulation (AR) 635-40 for continuation in lieu of separation or retirement for disability. Retention is not guaranteed. However, a favored consideration for approval is the Soldier having 15 but less than 20 years.

(2) An objective of the disability evaluation system (DES) is to maintain a ready and fit force. Granting sanctuary for Soldiers determined to be unfit due to physical disability is inconsistent with this objective. It is also inconsistent with required reductions of end strength.

(3) There are several statutory, sanctuary provisions. With the exception of 10 USC 12686, which applies only to Reserve Soldiers called to active duty, the other sanctuary statutes exclude Service members determined to be unfit due to physical disability. That 10 USC 12686 does not contain this language appears to be oversight. However, the 10 USC 12686 only requires that the Service Secretary approve the release from active duty. It does not guarantee retention.

(4) Informal coordination with the other services elicited, in part, the following: The Air Force excludes members being placed on the Temporary Disability Retired

List (TDRL) from eligibility for "COAD" as TDRL means the member's condition is unstable. This results in members unfit for PTSD or other mental conditions being ineligible. The Marine Corps (and Army) do not exclude TDRLs. The Air Force requires the member to be able to function in a military environment without undue loss of duty time for medical care. The Marine Corps requires the member to be able to contribute to unit mission. The Navy did not respond.

g. Resolution. 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.

h. Lead Agency. AHRC

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

a. Status. Complete

b. Entered. AFAP XXVIII, Feb 12

c. Final action. 20 Jun 13 AFAP GOSC

d. Scope. CYSS facility based programs do not consistently accommodate one-on-one assistance or reduced adult/child ratios for children with special needs. Army Regulation 608-10: Child Development Services, paragraph 5-13 Age Composition, Ratios and Group Sizes states "if handicapped or special needs children are enrolled, the adult/child ratio may need to be more stringent so that the quality of care given to the total group is not diminished. The Special Needs Resource Team [Special Needs Accommodation Process (SNAP)] will determine the required adult/child ratio within the program setting to which such a child is assigned." However, CYSS cost per space funding does not provide for more stringent adult/child ratios. Parents of children with special needs may be unable to focus on mission readiness and accomplishment when CYSS facility based childcare needs have not been met.

e. Conference 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.

f. Progress.

(1) Installation Management Command (IMCOM) EFMP provided a SNAP pilot training conference 14-18 May 12 at Fort Campbell for EFMP, Army Public Health Nurses and CYSS staff to review pilot results and train additional installations on the revised SNAP process.

(2) Assistant Chief of Staff for Installation Management (ACSIM) EFMP and CYSS policy staff are working together to develop policy that requires EFMP staff to be proactive in locating community resources (e.g., United Cerebral Palsy, local county and state special needs resources, etc.) that may have resources to alleviate the additional costs of reduced ratio child care.

(3) ACSIM and IMCOM G9 are in the first stages of the development of a process to approve local SNAP decisions that require reduced adult/child ratios.

(4) Based on the input of this AFAP issue group and the results of the SNAP pilot ACSIM and IMCOM will work to develop a strategic communications plan to ensure that parents are aware of the process of accommodating children with special needs in CYSS programs.

(5) The Department of Defense, Child and Youth Program has a contract with a special needs non-profit organization that provides on-site training and technical to programs that provide care/education to special needs children. This group, Kids Included Together (KIT), provides training to Army CYSS staff, and is currently available to provide individual assistance by phone/internet to staff who work with children with challenging special needs. KIT will assistance in developing strategic messaging.

(6) ACSIM and IMCOM staff will evaluate the SNAP pilot results, Government Accountability Office's report on "access to appropriate facilities, services and support for military families with dependent children with special needs," Army CYSS operational statistics and other relevant information for the revision of both EFMP and CYSS policy. Policy development has begun in the first quarter of FY13.

(7) Army CYS Services is working with Office of Secretary of Defense, Military Community & Family Policy to define the parameters for one-on-one care child care requests for children with special needs. Office of the Secretary of Defense (OSD) Legal Counsel is providing initial guidance on policy development.

g. Resolution. Ninety seven percent of children with special needs were accommodated in Child Development Centers in FY12.

h. Lead Agency. DAIM-ISS

i. Support Agency. IMCOM G9

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

a. Status. Unattainable

b. Entered. HQDA AFAP Conference, 2 Mar 12

c. Final action. 21 Sep 15 AFAP GOSC

d. Scope. A Survivor receiving the Military Death Gratuity and SGLI has only 12 months to place up to the full amount received into a Roth Individual Retirement Account (IRA) or Coverdell Education Savings Account (ESA). Independent grief studies conducted by the University of Maryland and University of California Santa Cruz recommend that life altering decisions not be made within the first year after loss. One year is not sufficient time for Survivors to make an informed decision on making a contribution, resulting in the loss of a valuable investment option.

e. Conference 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.

f. Progress.

(1) On 24 May 12, Senator Richard Blumenthal (D-CT) introduced a bill (S.3234) to amend the Internal Revenue Code of 1986 to extend the time period from one to three years for contributing Military Death Gratuity and SGLI in Roth IRA and/or Coverdell ESA.

(2) On 28 Oct 13, OCLL confirmed through Senator Blumenthal's office that the issue has tax implications and cannot be introduced to the House Ways and Means Committee until they lift a moratorium on introducing all tax-related legislation.

(3) On 1 May 14, OCLL notified DCS G-1 that Representative Aaron Shock (R-IL) introduced H.R. 4559 that would resolve the issue. The legislation has three cosponsors –Representatives Earl Blumenauer (D-OR); Niki Tsongas (D-MA); and Kristi Noem (R-SD) along with support from the Military Coalition. The legislation was referred to the House Ways and Means Committee.

(4) On 15 Oct 14, in coordination with OCLL, DCS G-1 confirmed that the proposed legislation was not adopted during the 113th Congress. Representatives will have to reintroduce the legislation at the 114th Congress if they can garner support for the issue.

(5) G-1 reached out to the Office of the Surgeon General (OTSG) for assistance and OTSG was unable to locate the two grief studies cited in the original proposal.

(6) There is no data to support a Unified Legislation and Budgeting (ULB) proposal as recommended at the Feb 15 AFAP General Officer Steering Committee.

(7) The issue was presented at the Office of the Secretary of Defense Compensation Chief's meeting agenda and the Army did not garner any support from the sister services which would be needed for a ULB submission.

(8) The Army G-1 Director of Plans and Resources coordinated with the Office of the Assistant Secretary of the Army (Manpower and Reserve Affairs). Both offices concur with the issue status recommendation of unattainable.

g. Resolution. The VCSA declared the issue unattainable. The VCSA urged AFAP GOSC members to build advocacy for the issue with Congress and the sister services until the issue can be reentered into AFAP in 2018. Congress did not pass multiple proposed legislative proposals. The Office of the Surgeon General (OTSG) was unable to locate the two grief studies cited in the issue. At the OSD Compensation Chief's meeting, the Army did not garner support from the sister services for the issue. The Assistant Secretary of the Army for Manpower and Reserve Affairs (ASA M&RA) reviewed the issue and concurs with G-1 that the issue lacks Congressional and sister service support.

h. Lead Agency. DAPE-PRC

i. Support Agency. OCLL

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

a. Status. Unattainable

b. Entered. AFAP XXVIII, Feb 12

c. Final action. 19 Feb 14 AFAP GOSC

d. Scope. Transportation and per diem are not authorized for Service Member's Family who are requested to attend Family therapy sessions in a residential treatment setting for Soldiers receiving behavioral health treatments. The Joint Federal Travel Regulation states transportation and per diem is authorized to visit an active duty member who is seriously wounded, seriously ill, seriously injured (including having a serious mental disorder) who is hospitalized in a medical facility anywhere in the world. Soldiers that are not categorized as suffering serious mental disorders often require Family therapy sessions during residential treatment. The Families' transportation and per diem are not covered under the JFTR. Family members' presence is critical to the successful recovery of the Soldier. Paying out-of-pocket travel expenses to attend Family therapy sessions in a residential treatment setting places financial hardship and stress on Soldiers and Families experiencing behavioral health issues.

e. Conference 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.

f. Progress.

(1) The JFTR does not authorize any travel entitlements for Family members as non medical attendants to attend counseling therapy sessions while Active Duty service members are admitted to Residential Facilities.

(2) OTSG initiated dialog with DHA 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.

(3) A formal request was forwarded by the Deputy Surgeon General on 21 May 12.

(4) DHA's positive response was received on 24 Jul 12 and encouraged the submission of this proposal along with cost estimates through the Unified Legislative and Budgeting (ULB) legislative proposal process for consideration.

(5) Since Jul 12, the BH Consultant canvassed the BH community and inquired about requests of Family members to attend the substance abuse disorder program for counseling. Of the over 1,233 Active Duty Service Members that were admitted and discharged, and the current 170 still admitted to a resident treatment facility over the past 12 months, there were no requests for Family members to attend.

(6) The focus with the Family member attendance is in the outpatient setting once the service member returns from the inpatient stay. Family counseling during the patients stay in the residential treatment facility is not a standard of care.

(7) There is not enough definitive data to make viable recommendations to update the JFTR. Therefore, it does not warrant a ULB proposal to submit to DHA. As of this date, the lack of data suggests that there is no need to create or seek an approval for this proposed benefit or continue with the submission of the ULB proposal.

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

h. Lead Agency. DASG-HSZ

i. Support Agency. DHA

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

a. Status. Unattainable

b. Entered. 27 Aug 12 AFAP GOSC

c. Final Action. 20 Jun 13 AFAP GOSC
d. Scope. Family Readiness Groups are not authorized to use appropriated funds (APF) 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.
e. Conference Recommendation. Authorize use of appropriated funds for food at FRG events.
f. Progress.
(1) Aug-Sep 12, reviewed previous ULB proposal submissions for historical reference. Since FY13 ULB cycle, there have been three ULB proposals regarding a change in legislation to authorize a change in APF funds for foods and/or social events.
(2) Oct 12, coordinated meeting with Office, Chief Legislative Liaison (OCLL) regarding the status of the three ULB proposals regarding the authorized use of APF for food and/or social events.
(3) Oct 12, received confirmation from OCLL regarding the status of the three previous ULB proposals. The three previous submissions (FY13 and FY15 ULB cycles) have not received support to move forward in the ULB process.
g. Resolution. Issue is not supported by other services and previous ULB submissions were denied. Family Readiness Groups can continue to fundraise to pay for food at FRG events. New reoccurring monetary authorizations are not feasible in the current resource environment.
h. Lead agency. DAIM-IS

Issue 687: Active Duty Enlisted Soldier Compassionate Reassignment Stabilization
a. Status. Complete
b. Entered. 21 Apr 14 Command Focus Group
c. Final action. 10 Feb 15 AFAP GOSC
d. Scope. The length of stay for active duty enlisted Soldier's compassionate reassignment stabilization is insufficient. Compassionate actions are requests from Soldiers when personal problems exist. Army Regulation (AR) 614-200, Enlisted Assignment and Utilization Management, states that Soldiers approved for a compassionate reassignment are limited to 12 months' stabilization time from the date of receiving Human Resource Command approval. The relocation process can take between 90-120 days. The 90-120 days count against the stabilization time. As a result, active duty enlisted Soldiers on compassionate reassignment do not have the full 12 months at the new duty station to resolve their compassionate issues.
e. Conference Recommendation. Increase the active duty enlisted Soldier compassionate stabilization from 12 months to 18 months.
f. Progress.
(1) Date of compassionate approval by HRC will no longer be utilized as the start of a Soldier's stabilization period.
(2) Soldier's stabilization period will begin when the Soldier reports to their new permanent duty station (PDS). This revised start date will allow a 12 month stabilization period at the PDS and will not encompass early report authorized timeframe.
(3) Army readiness and career progression does not support changing the standard from 12 months to 18 months.
g. Resolution. HRC released a military personnel message 30 Oct 14 to clarify compassionate procedures and ensure Soldiers have the full 12 months at the PDS to resolve their compassionate issues.
h. Lead agency. AHRC-PL
i. Support Agency. AHRC-EP and AHRC-OP

Issue 688: Resilience Training for Teen Dependents
a. Status. Completed
b. Entered. Command Focus Group, 21 Apr 14
c. Final action. 21 Sep 15 AFAP GOSC
d. Scope. The Army provides Resilience Training for Soldiers, Department of the Army Civilians (DACs) and their adult Family Members, but not Army teen dependents. Army teen dependents face significant challenges growing up in the Army Family lifestyle, facing permanent change in station (PCS) moves, Soldiers' and DACs multiple deployments, and potential mental and physical injuries to their parent(s). Resilience Training could help Army teen dependents to cope with adversity, perform better in stressful situations, and thrive in the Army lifestyle.
e. Recommendation. Implement Resilience Training for Army teen dependents.
f. Progress.
(1) The SECARMY Directive dated 26 Mar 13 provides greater focus on building resilience in Soldiers, Families, and units. As such, the CSF2 Teen Curriculum was developed to meet the SECARMY Directive by taking the resilience curriculum that currently trains Soldiers and spouses, and translating it into an adolescent, age-appropriate curriculum. The training provides a common language within the Army Family for Soldiers, spouses, and Army teens.
(2) CSF2-TC pilots were conducted during the 2013-2014 academic school year, in coordination with program evaluation efforts supported by WRAIR. Seven hundred and thirty 7th-12th grade adolescents participated in CSF2-TC pilots at Fort Bliss (20 middle and high school students), Fort Knox (230 9th and 10th Graders), Fort Riley [300 Junior Reserve Officers' Training Corps (JROTC) Cadets], Fort Polk (120 high school students), and Schofield Barracks (60 middle/high school students). Three thousand six hundred 7th-12th grade adolescents will participate in pilots during the 2014-2015 academic school year (3,000 National Guard adolescents; 100 9th graders Fort Campbell; 100 9th graders Fort Knox; 300 Fort Riley; 65 Schofield Barracks; 40 Fort Bragg).
(3) CSF2 has formally staffed a CSF2-TC MOI with IMCOM, FORSCOM, TRADOC, OTJAG, and WRAIR on the Controlled Release of Version 1.0, which will incorpo-

rate AAR from pilot instructors, further refining the Teen Curriculum. The Teen Curriculum will be provided as a two hour workshop intended to provide an introduction to three resilience skills as well as a full curriculum that trains the same 14 resilience skills taught to adults in the Master Resiliency Training Course (MRT-C).

(a) Senior Commanders will establish priority and coordinate delivery of the Teen Curriculum Version 1.0 (Controlled Release) at the installation level, including MRT instructor selection. The Community Health Promotion Council (CHPC) provides an ideal coordinating function for this initiative. Key stakeholders include, CSF2 Program Managers, and local DoDEA schools.

(b) To ensure child safety in accordance with Army Directive 2014-23 (Conduct of Screening & Background Checks), instructors must have background checks, above and beyond security clearances, prior to curriculum delivery. The LOI provides a mandatory checklist for CSF2-TC instructors to complete, which assists in meeting AR 608-10, Child Development Services, requirements.

(4) WRAIR has completed final data collection to support the CSF2-TC pilot program evaluation from Fort Knox and reported significant results in reductions in depression and anxiety for females, and increases in positive to negative coping strategies and problem solving for males. Results from the program evaluation have further informed CSF2-TC Curriculum Release 1.0 for delivery to additional adolescents during the 2014-2015 academic school year. WRAIR will complete additional program evaluations at Fort Knox, Fort Campbell, and Fort Riley during the 2014-2015 academic year.

(5) 2014-2015 academic school year will focus on deliveries at Fort Knox, Fort Campbell, Fort Riley, Schofield Barracks, Fort Bragg, and the NG (19 states served by 37 trained MRTs); estimated 3,800 Army teens.

(6) Current CSF2 Teen Curriculum instructors can be MRTs who have experience engaging teens. As such, this training is, in many cases, a natural fit within existing role responsibilities to support Army adolescents.

g. Resolution. WRAIR completed final data collection to support the CSF2-TC pilot program evaluation and reported significant results in reductions in depression and anxiety for females, and increases in positive to negative coping strategies and problem solving for males. Teen resilience curriculum is available Army wide for 2015-2016 school year.

h. Lead agency. DAPE-ARR-CF

i. Support Agency. OACSIM CYSS, IMCOM CYSS, WRAIR

Issue ASB1: Increase Length of Duty Tours

a. Status. Completed.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP IX; 1991.

d. Scope. Longer tours of duty increase reenlistment intentions and reduce the stress of relocation. Longer separations and greater number of PCS moves are related to lower retention rates. The Sponsorship Program has uneven effectiveness, is least effective for lower enlisted personnel, and does not include families. Increase the length of accompanied duty tours and decrease the number and length of unaccompanied duty tours. Increase tour length to minimize relocation.

e. AFAP recommendation.

(1) Increase the length of accompanied duty tours and decrease the number and length of unaccompanied duty tours.

(2) Increase tour length to minimize relocation.

f. Progress.

(1) The Relocation Assistance Legislation, (section 661, Act of 29 Nov 89, Public Law 101-189), requires DoD to stabilize tours to the maximum extent possible.

(2) Tour length is resource driven.

(3) Soldiers have the option to move OCONUS without family members and extend in foreign tour areas.

(4) CONUS tour lengths are driven by--

(a) DoD Directive that prohibits the Army from prescribing a set tour length based solely on a passage of time.

(b) The need to maintain unit readiness across the Army.

(c) Distribution of the MOS structure across the Army.

(d) Periodic needs for soldier retraining and soldier professional development needs.

(5) FY92 time on station is 44 months. By FY 95, average time on station for the average CONUS soldier should rise to greater than 55 months because of the restructure.

(6) Resolution. The Oct 91 GOSC voted this issue completed based on a projected CONUS duty tour of 55 months by FY95.

g. Lead agency. DAPE-MPE-DR.

Issue ASB2: Increase Pinpoint Assignments

a. Status. Completed.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP XI; 1993.

d. Scope. The Sponsorship Program has uneven effectiveness, is least effective for lower enlisted personnel, and does not include families.

e. AFAP recommendation. Pinpoint assignments.

f. Progress.

(1) This issue was combined with Issue 153, "Relocation Services," as directed by the Oct 90 GOSC.

(2) USAREUR provides pinpoint assignments to soldiers with the rank of SPC through SGM. Soldiers in ranks PFC and below are normally pinpointed upon arrival at the 21st Replacement Battalion in Frankfurt, West Germany.

(3) EUSA (8th PERSCOM) provides pinpoint assignments to soldiers in ranks SGT through SGM.

(4) USARSO provides pinpoint assignments to soldiers with the rank of SGT through SGM.

(5) All enlisted soldiers, regardless of rank, who are assigned to Europe, Korea, and Panama and are enrolled in the Married Army Couples Program, EFMP program, or who are approved for family travel are given pinpoint assignments. Overseas returnees to CONUS receive pinpoint assignments.

(6) Assignment notification lead time and shifting readiness requirements inhibit pinpoint assignments for soldiers in ranks PFC and below.

(7) Resolution. This issue was completed by the Oct 93 GOSC when it completed Issue 153. Issue 153 resulted in the implementation of RAIS, increased relocation staffing and training, and changed Army regulations to require that Soldiers process through ACS centers for relocation assistance.

g. Lead agency. CFSC-FSA.

h. Support agency. TAPC-OPD/DAPE-MPH.

Issue ASB3: Increase Systemic Training of Unit Leaders on Impact on Soldiers Performance by Families

a. Status. Completed.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP XII; Oct 94.

d. Scope. The care and well-being of Army families is part of the unit leader's mission, not an adjunct responsibility or burden. Unit leaders at all levels are the key to successful implementation of family and quality of life programs. NCO unit leaders report that they typically spend over 50% of a 12- hour work day on soldier and family well-being. The overlapping roles of soldier and parent are often in conflict.

e. AFAP recommendation.

(1) Educate unit leaders at all levels as to the critical impact of families on soldier satisfaction, and hence unit performance, and make them accountable for the success of family programs in their units.

(2) Evaluate and update family awareness training based on the findings of this panel and research from WRAIR, ARI, and the Rand Arroyo Center.

(3) Expand Army curriculum for Sergeants to Sergeants Major to provide instruction on soldier and family needs and counseling techniques.

(4) Educate unit leaders to better balance and plan for time in garrison, in the field, and on TDY to allow soldiers to have planned and predictable time with their families.

f. Progress.

(1) This issue was combined with Issue 107, "Leadership Training on Sensitivity to Soldier and Family Issues", per direction of the Oct 90 GOSC.

(2) Instruction blocks on the Army family are contained in the Officer Advanced Courses (1 hour), Officer Basic Courses (1 hour), the First Sergeant Course (5 hours), the Advanced Noncommissioned Officer Courses (1 hour), Basic Noncommissioned Officer Courses (1 hour), and the Primary Leadership Development Courses (2 hours). The current amount of time devoted to training on the family is essentially the same amount as when the ASB conducted the study.

(3) Subjects covered in these courses include leadership responsibilities regarding families, community impact on readiness and retention, family entitlements, sole parenthood and family care plans, the Army Family Action Plan, the Army Family Advocacy Program, and use of community referral agencies for families.

(4) Resolution. Issue 107, and the issues combined with it, were completed by the Oct 94 GOSC based on inclusion of AFTB training in Officer, Warrant Office, and Noncommissioned Officer Education Systems. See Issue 107 for other progress in this area.

g. Lead agency. DAPE-HR.

h. Support agency. OCAR/NGB/DAMO/CFSC.

Issue ASB4: Inequitable Treatment Between Single/ Married Soldiers and Single/Nonsingle Parents

a. Status. Completed.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP XI; 1993.

d. Scope. The Family Panel heard reports of inequity in treatment between single and married soldiers and between single parents and non-single parent soldiers.

e. AFAP recommendation. Address this problem and, wherever possible, correct the inequity in order to improve mission effectiveness and unit cohesion.

f. Progress.

(1) Combined issue. This issue was combined with Issue ASB 6, "Policies that Permit Differential Treatment of Soldiers", per direction of the Oct 90 GOSC.

(2) Related issue. This issue relates to Issue 248, "Sole Parents Discriminated Against in Job Assignments."

(3) Validation. Inspector General holdings, sensing sessions and the Inspector General Action Request System do not substantiate that inequity in treatment between single and married soldiers or parents is perceived as a major problem. ODCSPER is unaware of research findings, field input, or congressional or White House inquiries addressing any Army policy which directs, fosters, or supports inequitable treatment of soldiers except as intentionally mandated by public law, military necessity, readiness, or customs and traditions of the Service. Perceived inequities may be the result of unit commander policies rather than actual inequity based on Army policy.

(4) Command policy. AR 600-20, para 5-5, directs that, "Soldiers must arrange for the care of their dependent family members so as to be available for duty when and where the needs of the Service dictate and able to perform assigned military duties without interference of family responsibilities. Commanders must stress the soldier's obligation to both the military and dependent family members. Moreover, they must ensure that soldiers understand that they will not receive special consideration in duty assignments or duty stations based on their responsibility for dependent family members unless enrolled in the Exceptional Family Member Program (EFMP)."

(5) Resolution. This issue was completed when the Oct 93 GOSC completed Issue ASB6 which resulted in a review of policies that might be perceived to foster inequities between categories of soldiers. The GOSC determined that numerous programs, to include BOSS, barracks modernization, and the AFAP, address and monitor single soldier concerns.

g. Lead agency. DAPE-HR-L.

h. Support agency. USACFSC.

Issue ASB5: Personal Skills Training for New Enlistees

a. Status. Completed.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP IX; 1991.

d. Scope. Training for new enlistees on the management of personal affairs, to include personal finances, parent-

ing skills, and meeting basic family needs, results in more mature soldiers who are better able to cope and are more self-sufficient.

e. AFAP recommendation. Continue personal skills training for new enlistees through ACS, unit, and other providers.

f. Progress.

(1) TRADOC provides new enlistees in Basic Combat Training with training on personal affairs and personal financial management. TRADOC is committed to maintaining its current level of effort; limited resources restrict expansion. TRADOC developed training for all NCO and officer courses to assist the effort of the chain of command.

(2) The chain of command involvement in the soldier's unit is the most effective method to ensure success in this program.

(3) ACS has many skills-building courses, to include in-depth training modules on financial management and consumer affairs. Additional skills training classes are available. Command consultations and community needs assessments dictate special installation needs in addition to core programs offered at each ACS center. The ACS thrust is to help soldiers and families become more self-sufficient.

g. Lead agency. CFSC-FSA.

h. Support agency. DAMO-TRO.

Issue ASB6: Policies that Permit Differential Treatment of Soldiers

a. Status. Completed.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP XI; 1993.

d. Scope. The Family Panel heard reports of inequity in treatment between single and married soldiers and between single parents and non-single parent soldiers and of policies within the Army that permit differential treatment of various categories of soldiers. Unit leaders do not understand in many cases the rationale for these inequities and, therefore, cannot explain them to their soldiers.

e. AFAP recommendation.

(1) Appoint a task force (perhaps headed by a former Sergeant Major of the Army or former The Inspector General) to examine all inequities that exist in the treatment of different categories of soldiers.

(2) Direct the task force to recommend which inequities are acceptable based on public law, military readiness, or other requirements.

(3) Explain to soldiers and unit leaders why some inequities are necessary. Eliminate inequities without rationale.

f. Progress.

(1) Combined issues. Issues ASB 4 and 6 were combined and transferred to ODCSPER in 1990.

(2) Policy review. Policies that might be deemed to foster inequitable treatment have been reviewed. Analysis substantiates that inequity in treatment of single and married soldiers is not perceived to be a major problem.

(a) Assignments. All soldiers can be deployed regardless of marital or parental status. Pregnant soldiers are not deployable overseas for medical reasons. Unaccompanied vs. married soldier tour lengths are based on an Army effort to minimize the separation of married soldiers from their families.

(b) Compensation.

1. Family Separation Allowance is provided to unaccompanied soldiers with dependents.

2. Dislocation Allowance (DLA) pays 2 months BAQ to compensate for the incidentals of setting up a household resulting from a PCS move. DLA for single soldiers, Issue 319, "Dislocation Allowance for Single Soldiers" was determined unattainable in Oct 94.

3. The 7QRMC proposed no change in pay differential for dependency. The differential is based on an institutional model which recognizes that the needs of soldiers with dependents are greater than those without.

(c) Weight allowances. FY 91 weight allowance increase reduced the disparity between unaccompanied enlisted and married soldiers.

(d) Enlistment criteria. For enlistment in the Active Service, both single and married applicants must generally meet the same enlistment criteria. Some differential treatment with regard to dependents occurs before enlistment and is a screening process and not an inequitable treatment of soldiers.

(3) Better Opportunities for Single Soldiers (BOSS). The BOSS program was created to target single soldiers with innovative programming to meet their needs at installation level. In 1990, BOSS expanded to encompass issues such as barracks utilization, medical care, transportation, and finance.

(4) Survey results. The Fall 91 Army Sample Survey of Military Personnel (SSMP) does not reflect major distinguishable differences between single and married soldiers, with the exception that single soldier quality of life issues continue to be expressed in terms of barracks life.

(5) Barracks. Single soldier issues are keyed to policies that treat soldiers (married or single) living in the barracks differently than those who live in family housing or off-post. Soldier issues extend from condition of barracks to control exercised over personal space and privacy, issues which soldiers residing off-post or in family housing are relatively immune.

(a) Barracks policy. It is Army policy that decisions affecting the management of barracks will be made by commanders at levels necessary to effect a balance between contributing to soldier quality of life and maintaining a positive living environment. Policies are impacted by the availability of installation and fiscal resources, area specific security and safety concerns, and unique operational requirements. While soldiers should enjoy the same opportunities and duty demands regardless of where they live, there is an expectation that commanders will ensure a secure, positive and equitable living environment in the barracks. Therefore, unit commanders may implement certain policies which some deem restrictive, but nonetheless serve to achieve the goal of providing a secure and stable living environment under communal living conditions.

(b) Barracks improvements. New barracks standards include: increased room area, closets (replacing wall lockers), bulk storage space, one washer/dryer per 15 soldiers, individual room temperature controls, two telephone and two cable TV jacks per room, and a consolidated core area for common use facilities (for example,

TV/day room, kitchen, and laundry facilities). Unit supply, administrative areas and mess halls will be separate from housing accommodations. Barracks standards are addressed in Issue 268, "Inadequate Housing for Unaccompanied Personnel."

(6) GOSC review.

(a) Oct 91. Issue will remain active.

(b) Oct 92. ODCSPER may explore restructuring this issue, but the basic thrust must be maintained.

(7) Resolution. The Oct 93 GOSC determined this issue completed because policies have been reviewed. Numerous programs, to include BOSS, barracks modernization, and the AFAP, address and monitor the scope of this issue.

g. Lead agency. DAPE-HR-L.

h. Support agency. PERI/SGRD/DAPE-MBB.