



AFAP ISSUE UPDATE BOOK

Active Issues

July 2008

**Active Army Family Action Plan (AFAP) Issues
Sorted by Subject Area**

#	Issue title	Status	Subject area	Entered
566	Childcare Fee Category	Active	Child Care	11/04
569	Army Sponsored Community-Based Child Care to Support the Army Integrated Family Support Network and Garrisons Impacted by Transformation	Active	Child Care	11/04
616	Enhanced Survivor Family Dental Benefits	Active	Dental	12/07
38	Family Member Employment in the Civil Service System	Active	Employment	10/88
524	Military Spouse Unemployment Compensation	Active	Employment	11/02
545	Federal Retiree Pre-Tax Health Insurance Premiums	Active	Employment	11/03
582	Windfall Elimination Provision (WEP)	Active	Employment	11/04
591	Military Spouse Preference Across All Federal Agencies	Active	Employment	01/06
615	Donation of Leave for Department of Defense (DoD) Civilian Employees	Active	Employment	12/07
512	Unique Relocation Expenses Outside the Continental United States	Active	Entitlements	03/02
553	Survivor Benefit Plan and Dependency & Indemnity Compensation Offset	Active	Entitlements	11/03
564	Calculation of Family Subsistence Supplemental Allowance	Active	Entitlements	11/04
588	Family Servicemembers' Group Life Insurance Premiums for Dual Military	Active	Entitlements	01/06
600	Family Care Plan Travel and Transportation Allowances	Active	Entitlements	11/06
604	Retroactive Traumatic Service Members Group Life Insurance Compensation	Active	Entitlements	11/06
611	Traumatic Service Members Group Life Insurance Annual Supplement	Active	Entitlements	11/06
621	Minimum Disability Retirement Pay for Medically Retired Wounded Warriors	Active	Entitlements	12/07
626	Traumatic Servicemembers' Group Life Insurance (TSGLI) for Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI) and Uniplegia	Active	Entitlements	12/07
497	Distribution of Montgomery GI Bill Benefits to Dependent(s)	Active	Family Support	03/02
515	Application Process for Citizenship/Residency for Soldiers and Families	Active	Family Support	11/02
521	In-State College Tuition	Active	Family Support	11/02
527	Army Reserve Component Mobilization Preparation and Support	Active	Family Support	11/02
544	Family Readiness Group Training	Active	Family Support	11/03
562	Army Integrated Family Support Network	Active	Family Support	11/03
574	Funding for Reserve Component Reunion and Marriage Enrichment Classes	Active	Family Support	11/04
576	Legality of the Family Care Plan (FCP)	Active	Family Support	11/04
584	Alternate Local Caregiver for the Family Care Plan	Active	Family Support	01/06
585	Casualty Assistance for Families of RC Soldiers in Inactive Status	Active	Family Support	01/06
596	Convicted Sex Offender Registry OCONUS	Active	Family Support	11/06
622	Operations Security (OPSEC) Training for Family Members	Active	Family Support	12/07
385	Montgomery G.I. Bill for Veterans Education Assistance Program Era	Active	Force Support	'94 & '01
483	Incentives for Reserve Component Military Technicians	Active	Force Support	11/00
486	Tax Credit for Employers of RC Soldiers on Extended Active Duty	Active	Force Support	11/00
525	Montgomery GI Bill Expiration Date	Active	Force Support	11/02
529	Retirement Services Officer Positions at Regional Support Commands	Active	Force Support	11/02
559	Unit Ministry Team Force Structure	Active	Force Support	11/03
567	Completion of Deployment Cycle Support Program by Individual Returnees	Active	Force Support	11/04
578	Paternity Permissive TDY	Active	Force Support	11/04
598	Education Regarding Living Wills and Healthcare Powers of Attorney	Active	Force Support	11/06
601	Full Compensation for Uniform Changes	Active	Force Support	11/06
605	Table of Distribution and Allowance Position for Garrison BOSS Program	Active	Force Support	11/06
612	Army Career and Alumni Funding	Active	Force Support	11/06
617	Federal Hiring Process for Wounded Warriors	Active	Force Support	12/07
624	Standardized Army Wounded Warrior Information Packet	Active	Force Support	12/07
589	Funding for Barracks Sustainment, Restoration, and Mobilization	Active	Housing	01/06
488	TRICARE Prime Remote for Fam Members Not Residing with Military Sponsor	Active	Medical	03/02

#	Issue title	Status	Subject area	Entered
510	TRICARE for Reserve Components	Active	Medical	03/02
532	Standardized Army-wide Pregnancy Program for Soldiers	Active	Medical	11/02
537	Availability of Authorized TRICARE Providers	Active	Medical	11/03
558	TRICARE Prime Travel Cost Reimbursement for Specialty Referrals	Active	Medical	11/03
572	Family Member Eyeglass Coverage	Active	Medical	11/04
583	Advanced Life Support Services on CONUS Army Installations	Active	Medical	01/06
586	Chiropractic Services for all TRICARE Beneficiaries	Active	Medical	01/06
597	Co-Pay for Replacement Parts of Durable Medical Equipment and Prosthetics	Active	Medical	11/06
608	Timeliness of TRICARE Referral Authorizations	Active	Medical	11/06
610	Traumatic Brain Injury Rehabilitation at Military Medical Centers of Excellence	Active	Medical	11/06
618	Health and Wellness Centers (HAWC)	Active	Medical	12/07
619	Medical Care Access for Non-Dependent Caregivers of Severely Wounded Soldiers	Active	Medical	12/07
627	TRICARE Network Provider Access to Military Medical Records	Active	Medical	12/07
465	Reserve Component Post Mobilization Counseling	Active	Medical/Command	11/99
540	Duration of Transitional Compensation for Abused Dependents	Active	Medical/Command	11/03
590	Health Processing of Demobilizing Army Reserve Component Soldiers	Active	Medical/Command	01/06
603	Reserve Component Combat Stress Related Reintegration Training	Active	Medical/Command	11/06
614	Comprehensive Behavioral Health Program for Children	Active	Medical/Command	12/07
625	Transitional Compensation (TC) Benefits for Pre-existing Pregnancies of Abused Family	Active	Medical/Command	12/07
307	Inferior Shipment of Household Goods	Active	Relocation	10/91
457	Modification of Weight Allowance Table	Active	Relocation	11/99
458	Newly Acquired Dependent Travel Entitlement	Active	Relocation	11/99
526	OCONUS Shipment of Second POV for Accompanied Tours	Active	Relocation	11/02
531	Spouse Professional Weight Allowance	Active	Relocation	11/02
609	Total Army Sponsorship Program	Active	Relocation	11/06
439	Teen Program Standardization	Active	Youth	03/97
592	Post Secondary Visitation for OCONUS Students	Active	Youth	01/06
613	Academic Tutoring for Active Duty School Age Children	Active	Youth	12/07
620	Medical Entitlements for College Age Family Members	Active	Youth	12/07

Issue 38: Family Member Employment in the Civil Service System

a. Status. Active

b. Entered. AFAP VI; 1988

c. Final action. No (Updated: 18 Apr 08)

d. Subject area. Employment

e. Scope. Jobs announced on the Office of Personnel Management (OPM) registers are typically entry-level positions. Jobs of consequence are frequently announced only internally. Since nonstatus Family members are not allowed to apply for internal vacancies, employment of Family members in these jobs is dramatically reduced or delayed. Additionally, Family members hired overseas on an Excepted Appointment to positions designated for US citizens do not have career status and time served in any Excepted Appointment overseas does not count toward the three-year requirement to attain career status.

f. AFAP recommendations. (Inferred since no recommendations were submitted in 1988)

(1) Increase Federal employment opportunities for active duty Family members who do not have prior Federal service.

(2) Allow Family members hired on Excepted Appointments to attain career-conditional/career status.

g. Required action.

(1) Market and improve accessibility of employment opportunities for military and Family members and aggressively support National Security Personnel System (NSPS) flexibilities that simplify the civilian employee appointment system.

(2) Initiate legislation to increase employment opportunities for Family members.

(3) Provide capability to allow Family members hired on Excepted Appointments to attain career-conditional/career status.

h. Progress.

(1) Issue history. This issue initially sought to increase employment opportunities in the Army for Family members who have no prior Federal service. The Excepted Appointment component was added in Jan 03 after the Nov 02 GOSC concurred with combining Issue 498 with Issue 38.

(2) Background. Family members must compete with non-Army applicants through OPM registers for initial appointment. The drawdown has reduced recruitment requirements resulting in fewer employment opportunities for non-Army applicants.

(3) Initiatives to increase employment opportunities.

(a) Since 1985, the Army has pursued a number of initiatives with OSD and OPM to pursue legislation that would reform and streamline the civil service system to include hiring processes. Several efforts stalled in Congress. In the late 1990's, OSD collaborated with the Army, the other DOD components, and the Defense Partnership Council union partners to develop an alternative civilian personnel system within 5 USC. Unfortunately, the working groups did not reach consensus on issues regarding bargaining and the rights of management.

(b) The Civilian Personnel Online (CPOL) website at <http://www.cpol.army.mil/> was totally redesigned. A main portal will provide direct access to three areas, including a new consolidated civilian employment page. In addition, RESUMIX, RESUME BUILDER, and ANSWER improvements were launched 1st Qtr, FY04.

(c) The Asst G-1/CPD partnered with the Army Spouse Employment Partnership (ASEP) and the Army Well-Being Liaison Office (AWBLO) to provide civilian employment program information to military Families. The ACS website (<http://www.myarmylifetoo.com>) contains access to the ASEP's Military Spouse Corporate Employment Opportunities page. Each partner provides a link to his or her company's employment information.

(d) Section 202(a) of the Federal Workforce Flexibility Act of 2004 (Public Law 108-411, 30 Oct 04) amended 5 U.S.C. 6303 to provide the Office of Personnel Management (OPM) with the authority to prescribe regulations under which a newly appointed or reappointed employee may receive service credit for prior experience that otherwise would not be creditable for the purpose of determining his or her annual leave accrual rate. This enables Family members to receive credit for related private sector employment for purposes of leave accrual.

(e) Direct Hire Authority (DHA) streamlines the employment process of spouses for critical needs positions. DHA was granted for Nurses, Information Technology Specialists (Information Security) and Engineers by OPM/DoD.

(4) National Security Personnel System (NSPS). Implementation of NSPS began in Apr 06 and continued with two additional phases during 2006 and 2007. Final implementation is planned to be completed by 2009. Army is continuing to market NSPS flexibilities that support Family member employment awareness and advocacy. The following flexibilities of NSPS potentially facilitate Family member employment: hiring process streamlined; career conditional status eliminated; time-in-Grade eliminated.

(5) Excepted appointments. Under the provisions of Executive Order 12721, Family members who have served on excepted service appointments under Schedule A 213.3106 (b) (6), for at least 52 weeks are eligible for non-competitive career or career-conditional appointments. The 52 week requirement may be shortened to 26 weeks to cover "emergencies" such as acts of terrorism, conflicts, or drawdown.

(6) The Assistant G-1 for Civilian Personnel (AG-1(CP)) requested, and the DoD Civilian Assistance and Re-employment (CARE) office approved on 9 Jul 07, Priority Placement Program registration for currently employed widowed spouses at the spouses' home of record or wherever they establish residence.

(7) The AG-1 (CP) initiated a Unified Legislation & Budgeting (ULB) legislative proposal for round FY10 (b) to create a Federal-wide noncompetitive appointing authority for spouses and immediate Family members of deployed civilian and military personnel who were killed or seriously injured. The ULB proposal is at ASA (M&RA) awaiting responses from the other services. A

vote on the proposal is expected to take place during the period of 30 May – 13 Jun 08.

(8) GOSC review.

(a) Oct 91. Army will continue to pursue easier ways for Family members to enter Federal employment.

(b) Oct 95. Army will continue to pursue legislation that would make it easier to appoint people.

(c) Oct 97. Issue will explore ways to give non-status employees easier access to federal employment and to track initiatives to reshape the federal workforce.

(d) May 00. Efforts to streamline application for federal employment have been thwarted by concern from special categories (Vets, handicapped) and union bargaining.

(e) Nov 03. The VCSA asked for a review of military spouse preference (MSP) for civilian employee spouses, MSP priorities, and MSP eligibility once in an assignment area.

(f) May 07. The USAREUR representative expressed the value of extending MSP to widows and widowers. The VCSA agreed to add the initiative to the AFAP. A new recommendation will be added to AFAP Issue 591 (MSP Across All Federal Agencies) to target widows and widowers.

i. Estimated cost. There are no direct costs.

j. Lead agency. DAPE-CPZ

Issue 307: Inferior Shipment of Household Goods

a. Status. Active

b. Entered. AFAP IX; 1991

c. Final action. No (Updated: 15 Apr 08)

d. Subject area. Relocation

e. Scope. Inferior shipment of household goods for the Total Army Family results in high claims, loss of duty time, and causes large out-of-pocket expenditures.

f. AFAP recommendations.

(1) Implement a policy to establish local databases by FY93 on contractor performance and claims process to determine the Best Value Movers. Award contracts to the Best Value Movers based upon their comparative costs that include low bid and claims history.

(2) The Installation Transportation Officer and Staff Judge Advocate will submit a quarterly report containing bid and claims history statistics for each carrier through the Director of Logistics to the SDDC.

(3) Provide full replacement value for lost or damaged household goods.

g. Required action.

(1) Continue to operate the current Personal Property Program.

(2) USTRANSCOM Joint Personal Property Management Office-Household Goods (JPPMO-HHG) designs and implements the replacement Personal Property Program, Families First.

(3) Implement Electronic Billing and Payment and PowerTrack.

(4) Implement interim Customer Satisfaction Survey.

(5) Qualify Transportation Service Providers (TSPs) qualified to participate in Families First.

(6) Apply Full Replacement Value (FRV) to shipments.

(7) Calculate Best Value Scores (BVS) calculated and posted for TSPs.

(8) Fund FY '08-12 Program Objective Memorandum process.

(9) Continue updates to Congress, OSD, GSA, and Military Services for "Families First" implementation.

h. Progress.

(1) Combined issue. The May 01 GOSC directed that Issue #482, "Full Replacement for Household Goods Shipments" be combined with this issue since full replacement is integral to the reengineering of the HHG program.

(2) The purpose of the Families First program is to improve service for our Service Members. To accomplish this, a Best Value Score (BVS) methodology for awarding shipments to TSPs was developed that takes into account customer satisfaction, claims history, and costs. Another goal of the program is the streamlining and expediting of the claims process. To this end, Defense Personal Property System (DPS) was developed to integrate information management and support web access that allows the Service Member to file claims directly on-line with the TSP.

(3) All available TSP data was migrated from the current Personal Property Program to DPS by 30 Nov 07. 988 TSPs validated the accuracy and completeness of the migrated data on the six required forms in Jan 08. 986 TSPs qualified to file rates in DPS by 8 Feb 08.

(4) DPS training programs started in Mar 08 for TSPs, the Military Services, and Personal Property Shipping Offices (PPSOs). 18 sites were selected for the initial roll out of DPS. Seven Army sites are included in the initial 18 locations. Training was completed for the PPSOs of the initial 18 sites in Mar 08.

(5) Counseling training continues for PPSOs, Joint Personal Property Shipping Offices (JPPSOs) and Personal Property Program Offices (PPPOs).

(6) The Personal Property Consignment Information Guide (PPCIG) information is being validated and updated in Apr 08. The Counseling Module availability is scheduled for late Apr 08. Shipment management will begin at the 18 initial sites in May 08. Automated invoicing is also planned for May 08. Customer Satisfaction Surveys (CSS) and Claims processing will be implemented in May 08. Full operating capability (FOC) for these modules for all sites is 30 Sep 08.

(7) Full Replacement Value (FRV) increases the compensation to the Service Member for damaged or lost household goods up to a \$50K maximum. FRV went into effect for international shipments picked up on or after 1 Oct 07. It went into effect for domestic shipments picked up on or after 1 Nov 07. Non-Temporary Storage (NTS) shipments awarded on or after 1 Mar 08 shall include FRV coverage. Direct Procurement Method (DPM) contracts will be amended to require the provisions of FRV effective 1 Mar 08.

(8) Continue updates to Congress, OSD, GSA and Military Services for "Families First" implementation.

(9) GOSC review.

(a) Oct 92. MTMC will establish a Best Value program that evaluates and rates HHG carriers.

(b) Oct 94. MTMC will report back to the Apr 95 GOSC a concrete plan that will provide quality HHG shipments.

(c) Apr 95. Test programs are scheduled for the summer 1996. The summer surge problems are being addressed.

(d) Apr 96. The VCSA requested a follow up report on the pilot to see how it worked.

(e) Mar 97. New contracts will give the Army the legal hammer necessary to remove substandard vendors.

(f) Nov 98. Issue remains active to track the HHG pilot.

(g) Nov 99. Pilot results were provided, and the GOSC was told that one of Secretary Cohen's quality of life initiatives is to improve the HHG moving program.

(h) Nov 00. The VCSA voiced support for including successful initiatives into the HHG program (e.g., full replacement value for lost or damaged items). Funding is the major issue impeding implementation of changes.

(i) Mar 02. The services implemented toll free numbers to track shipments and improved qualification procedures.

(j) Nov 04. The Army should factor into the cost estimate current initiatives to extend Soldiers' time on station and restationing of troops from Europe to CONUS.

(k) May 05. The DPS rollout is on track. SDDC held briefings with Services and Industry to outline functionality and process changes. Key to the challenges remaining is the funding of this program; specifically a \$105M cost increase for the Army.

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

i. Estimated cost. Families First, the future personal property program is estimated to cost the Army 13% more than the current personal property program.

j. Lead agency. DALO-TSP

k. Support agency. SDDC

Issue 385: Montgomery G.I. Bill for Veterans Education Assistance Program Era

a. Status. Active

b. Entered. AFAP XII; 1994

c. Final action. No (Updated: 9 Apr 08)

d. Subject area. Force Support

e. Scope. Many Soldiers enlisting during the existence of the Veterans Education Assistance Program (VEAP), 1 Jan 77 to 30 Jun 85, did not enroll because it was not an economically attractive package. VEAP cost the Soldier \$2700 and produced \$8100 in education benefits. As of 1 Jul 85, the Montgomery G.I. Bill (MGIB) offered \$10,800 in educational benefits for a cost to the Soldier of \$1200. VEAP era Soldiers were not offered the MGIB. All Soldiers (including VEAP era) who retire early, enroll in special separation benefit/voluntary separation incentive (SSB/VSI), or are involuntary separated can enroll in MGIB. VEAP era Soldiers, who remain on active duty and retire on length of service, are not offered this benefit. Soldiers who did not participate in VEAP are not eligible for the MGIB program.

f. AFAP recommendation. Allow all VEAP era Soldiers remaining on active duty to enroll in the MGIB. (Based

on VCSA direction at the May 01 GOSC, the recommendation was revised from, "Open a six-month window of opportunity for VEAP era Soldiers remaining on active duty to enroll in the MGIB")

g. Required action.

(1) Monitor legislative change package to amend Chapter 30, Title 38, USC to allow for VEAP era Soldiers to enroll in MGIB that is before the 108th Congress.

(2) Submit an FY09 ULB.

(3) Resubmit an FY11 ULB.

h. Progress.

(1) Issue history. This issue was closed as unattainable by the Oct 95 AFAP GOSC based on the projected cost of allowing VEAP era Soldiers to enroll in the MGIB. At the May 01 AFAP GOSC meeting, the Vice Chief of Staff, Army directed the creation of an AFAP issue to allow Soldiers to enroll in the Montgomery GI Bill who did not sign up for the Veterans' Educational Assistance Program (VEAP). Issue 385, "Montgomery G.I. Bill for Veterans Education Assistance Program Era" was re-opened and staffed in Jul 01.

(2) Legislative action.

(a) Two windows were opened by Public Law 104-275 (Oct 96-Oct 97) and Public Law 106-419 (Nov 00-Oct 01) to allow VEAP era Soldiers with money in their VEAP account to convert to the MGIB. Soldiers without money in VEAP were excluded. The cost to convert was \$1,200 during the first window and \$2,700 in the second. Of approximately 48,000 eligible Soldiers, over 15,000 converted.

(b) Legislation before the 107th Congress to allow another conversion period with no requirement to have previously participated in the VEAP was not enacted.

(c) The Coast Guard initiated a FY05 ULB action for consideration by the 108th Congress to allow MGIB eligibility without prior VEAP participation. It was deferred to the FY06 ULB but was not resubmitted due to lack of support.

(d) Also during the 108th Congress, HR879 (Feb 03) sought a one-year period to allow all VEAP era Soldiers remaining on active duty to enroll in the MGIB with a \$2,700 contribution. HR2174, submitted 20 May 03, proposed a one-year period for VEAP era members to enroll in MGIB who met specific criteria and made a \$2,700 contribution. HR879 and HR2174 were not enacted and were not reintroduced during the 109th Congress.

(e) At the Jan 06 GOSC, it was approved to have this issue incorporated with proposed legislation S. 1162 (Elimination of MGIB Expiration Date, AFAP Issue #385). However, S. 1162 was not supported.

(f) This issue was submitted in September 06 as an FY09 ULB action recommending that one final conversion window be established (Number MPP 19-09A). During the OSD review, the action received little support and was not forwarded for legislative consideration.

(4) GOSC review.

(a) Oct 95. The GOSC determined this issue would be closed following submission of a cost analysis to the VCSA. The cost analysis was provided in Nov 95 and the issue was declared unattainable.

(b) Mar 02. The VCSA asked that Army work with the other Services to get support for this issue.

(c) Jan 06. The VCSA directed the issue be kept open for the VEAP era Soldiers remaining on active duty as long as AFAP Issue 497 is active since this population will never be eligible for that benefit otherwise.

(d) Dec 07. VCSA inquired about the feasibility of including this issue with the MGIB transferability issue so the issue remains open. MGIB and VEAP are two totally separate laws. MGIB transferability to all skills is pending as an FY09 ULB action. The transferability action does not include VEAP era Soldiers. A Senate resolution to revamp the GI Bill that will include VEAP era Soldiers is currently pending. If necessary, a separate ULB will be considered for the FY11 cycle depending on the outcome of the Senate resolution. The issue remains active.

i. Estimated cost. \$29.7M is the estimated cost to support conversion of remaining 5,655 members still on active duty as of 26 February 2008. $\$29.7M = 5,655 \times \$5,257$ / taker, based on the following assumptions: interest rate of .051; CPI increase based on DoD Education Benefits Board of Actuaries assumptions; 40% of population will use the benefit and only use 40% of total benefit; separation rate = 1/2 of those remaining leave each year.

j. Lead agency. DAPE-MPA

k. Support agency. TAPC-EICB

Issue 439: Teen Program Standardization

a. Status. Active

b. Entered. AFAP XIV; Mar 97

c. Final action. No (Updated: 14 Mar 08)

d. Subject area. Youth

e. 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.

f. 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.

g. Required action.

(1) Establish program standards to include a common programmatic framework.

(2) Ensure teen programs are customer driven and include teen and parental input.

(3) Acquire and leverage personnel and financial resources.

(4) Publish policy and operational guidance.

(5) Establish accountability measures for performance outcomes.

(6) Provide training for staff, acquire and leverage financial resources. Provide training for youth staff.

(7) Acquire and leverage financial resources to support standardization

h. 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) GOSC review.

(a) Nov 00 GOSC was provided an update on youth initiatives such as baseline programming, training, accountability measures, and leveraging personnel and financial resources.

(b) Nov 02. The VCSA asked for a briefing on the entire youth program so he could determine priority funding issues.

(c) Jun 06. The GOSC determined the issue would remain active. The VCSA stated he was more interested in providing great opportunities rather than how many teens we were reaching. He also tasked the TJAG to provide teen incident rates on Army installations but this request was to be outside the AFAP process.

i. Estimated cost. Funding embedded in annual cost for acceleration of youth spaces to meet 35% of Youth Program Demand in FY 09 (PBR 09-13 and FMWRC Quick Wins initiatives) and to be sustained through FY10-13 per Army Initiative #2, Army Soldier-Family Action Plan (POM 10-15).

j. Lead agency. IMWR-CY

k. Support agency. G1; IMCOM

Issue 457: Modification of Weight Allowance Table

a. Status. Active

b. Entered. AFAP XVI; Nov 99

c. Final action. No (Updated: 10 Apr 08)

d. Subject area. Relocation

e. 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.

f. 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 O1

(2) Weight allowance of an E5 equal to O2

(3) Weight allowance of an E6 equal to O3

(4) Weight allowance of an E7 equal to O4

(5) Weight allowance of an E8 equal to O5

(6) Weight allowance of an E9 equal to O6-O10

g. Required action.

(1) Increase the administrative weight allowances

(2) Increase the authorized weight allowance for enlisted members.

(3) Monitor legislative proposal to increase allowance 8%.

(4) Include as a Chief of Staff, Army (CSA) Initiative.

(5) Request support from the other Senior Enlisted Advisors (SEAs) through the Sergeant Major of the Army (SMA).

h. Progress.

(1) Administrative weight allowance (OCONUS moves) – E-1 through E-5. The JFTR revision to increase the administrative weight allowance for grades E-1 through E-5 from 2,000 pounds to 2,500 pounds was effective 1 Oct 02.

(2) Legislative initiatives.

(a) The other Services non-concurred with changing the enlisted PCS weight allowance to mimic officer rates. However, Navy indicated they consider an increase for E1-E5s, and the Coast Guard supported some adjustment for enlisted personnel. A modification of the JFTR PCS weight allowances requires concurrence by all of the Services for a legislative change.

(b) The FY02 NDAA increased E1-E4 weight allowances, effective 1 Jan 03, to 8,000 lbs for E1-E4s with dependents and 5,000 lbs without dependents.

(c) The FY06 ULB was rejected because the proposal of a straight 8% increase across all pay grades weight allowance increase was not justified. No supporting data provided.

(d) Service data indicate that only one percent of service members exceed the PCS weight allowance. In order to re-submit the proposal, supporting data is required. The Services do not have data to support the weight allowance increase because there are no statistics to document the household goods that are sold or given away to maintain weight allowance.

(e) Three of the Service's four top enlisted leaders, to include the SMA, briefed the House Appropriations Committee's Military QOL Subcommittee on 16 Feb 05. Their concerns, in order of importance, were inadequate child care spaces, inadequate housing, inadequate PCS weight allowances, and privately-owned vehicle shipments (inconvenience while awaiting delivery).

(f) The FY06 NDAA authorized increased PCS weight allowances for senior noncommissioned officers, grades E7 through E9, effective for orders issued on or after 1 Jan 06. The SMA and equivalent in each Service is authorized a weight allowance of 17,000 pounds with dependents and 14,000 pounds without dependents for the remainder of his/her military career. Officers and enlisted members in grades E5 through E6 did not receive a weight allowance increase.

(3) JFTR Revision.

(a) The Secretary may authorize a higher weight allowance (NTE 18,000 pounds) of a member below pay grade O-6, but only on a case-by-case basis. The Secretary's decision to increase the member's weight allowance must be due to an extraordinary circumstance of if the Secretary determines that failure to increase the member's TDY weight allowance would create a significant hardship to the member.

(b) At the Jan 06 AFAP GOSC, the VCSA asked G-4 to develop a business case analysis using long term effect of force stabilization. A request to develop the business case analysis was sent to the Office of the Deputy Chief of Staff, G-4, Center for Logistics Innovation. The Assistant Secretary of the Army, Financial Management, Research Analysis and Business Practices, agreed to review the VCSA's request for a business case analysis.

(c) The Logistics Innovation Agency (LIA) explored several approaches and investigated them for feasibility and data availability. On 28 Jun 06, LIA concluded that a quantitative analysis on the adequacy of HHG weight allowances was deemed infeasible due to the lack of data.

(d) The Nov 06 AFAP GOSC noted that Soldiers will spend longer periods on installations, and they will not want to sell or dispose of accumulated possessions. G-4 offered to talk to the senior enlisted advisors of the other Services to lay out a way ahead.

(4) The Services nonconcurred with a request to support an ULB for FY07 for an overall weight allowance increase of 500 pounds for the following reasons:

(a) Lack of data to support the request. A review of data indicates excess weight is at two percent with no particular grades impacted.

(b) Request relates to Issue #307 Inferior Shipment of Household Goods for which the Services did not receive the requested funding. The Services are concerned that rate increases for FY08 and out years will impact the Military Personnel Accounts. Army requested \$85M and received \$65M.

(c) High cost for a proposal that does not impact retention and recruitment.

(5) Tax deduction. In IRS Publication 521, Moving Expenses, personal property disposed of through a yard sale or given away (donation) is not a deductible moving

expense. In the IRS Newswire, IR-2003-134, Dec 1, 2003, taxpayers may be able to use their gifts to tax-exempt charitable and religious groups to reduce their taxes. The tax benefit for charitable contributions is only available for taxpayers who itemize deductions.

(6) Issue was submitted for inclusion into the CSA Initiatives in Aug 07.

(7) A request was submitted to the SMA for support from the other SEAs in Nov 06 and Sep 07.

(8) Business case recommendations, Assistant Secretary of the Army, Financial Management, Research Analysis and Business Practices, 28 December 07:

(a) Leverage existing law and authorities to the extent they provide the Secretary of the Army greater latitude to adjust weight allowances or remit and cancel excess weight debt. Recommendation: Work with relevant players, such as Army G-1 and the Defense Finance and Accounting Service (DFAS), to explore ways to, on a case by case basis, adjust weight allowances or remit excess weight debt.

(b) Improve management reporting by modifying existing reports and/or developing new reports to provide management information that will better enable Army to monitor excess weight. Recommendation: Army G-4 work with DFAS and other interested parties (such as DFAS and the Surface Deployment and Distribution Command) to develop useful management reports.

(c) Close out the AFAP issue. The issue has been open a long time and it has evolved and changed over time. Since two previous attempts to gain DOD consensus on a legislative proposal have failed, it's doubtful another attempt would be successful. In particular, after reviewing the FY06 DFAS adjudicated case files, there is no indication that excess weight is a systemic problem. The dollar magnitude was small, about \$1.1 million annually. Recommendation: Close issue and focus on pin-point solution that are more feasible, such as using existing authority in the law to expand AR 600-4 criteria to waiver, remit or cancel debt, rather than global changes such as an increase to the weight allowance, which are difficult to obtain and expensive to implement.

(9) Office of the Secretary of Defense (Personnel and Readiness), Defense Travel Management Office, submitted the following ULB proposals for the FY10B ULB process. They will be voted on 29 May 08.

(a) Allow the Secretary of Defense to set weight allowances by grade rather than specify in law.

(b) Amend HHG cost sharing program to allow the Secretary of Defense to set the threshold for payment.

(10) Statement of The Military Coalition before the Subcommittee on Military Personnel, House Armed Services Committee, 7 Feb 08, addressed a weight allowance increase for pay grades E-7, E-8, and E-9 to coincide with weight allowances for officers in grades O-4, O-5, and O-6, respectively.

(11) In-progress review, 4 Apr 08, results and requirements:

(a) Request assistance from the ARI for inclusion of questions about the satisfaction with HHG weight allowance in the Gallup Poll initiative, Sample Survey of Military Personnel, or Survey of Army Families. Assistance

was requested on 10 Apr 08. This is the second request. In 2004, ARI did not support the use of surveys due to the probability of high error percentages.

(b) The Commander, Family and Morale, Welfare and Recreation Command, will alert the SMA and Army G-1 about the importance of this issue.

(12) GOSC review.

(a) May 00. Members questioned why there is a variance weight allowance between officers and enlisted. Army will work this issue in two stages. The first will seek an increase in the OCONUS administrative weight allowance for junior enlisted, and the second will explore the weight allowance disparity between the ranks.

(b) Nov 00. ODCSLOG will meet with the SMA to work on a strategy to get support from the other Services.

(c) Mar 02. Issue remains active to pursue weight allowance increase for E5-E9s.

(d) Nov 04. The VCSA did not accept the unattainable recommendation and kept the issue active, noting that the square footage of housing is changing under RCI and recognizing that the Army is changing in the future (size of housing, fewer PCS moves).

(e) Jan 06. The VCSA asked for a business case analysis for increased HHG weight allowance using the long term effect of force stabilization and unit stabilization. A request to develop the business case analysis was sent to the Office of the Deputy Chief of Staff, G-4, Center for Logistics Innovation.

(f) Nov 06. The GOSC requested to keep the issue active.

i. Estimated cost. \$174M

j. Lead agency. DALO-FPT

k. Support agency. FMWRC

Issue 458: Newly Acquired Dependent Travel and Transportation Entitlements

a. Status: Active

b. Entered. AFAP XVI; Nov 99

c. Final action. No (Updated: 14 Apr 08)

d. Subject area. Relocation

e. 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.

f. 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.

g. Required action:

(1) Send proposed change to the JFTR and US Code to the Military Advisory Members (MAP) of the Per Diem, Travel and Transportation Meeting Committee (PDTATAC) for review and comment.

(2) Prepare and disseminate message to the field explaining effective date of orders and impact of the date

on transportation entitlements for newly acquired dependents.

(3) Determine if change to the JFTR is possible to allow SM to use remaining HHG authorizations to move newly acquired dependents.

(4) Review DODI 1315.7 reference to acquired dependents.

(5) Review current authorizations to determine if a change to the JFTR is possible to allow SM to use remaining HHG authorizations to move newly acquired dependents HHG.

(6) DODI 1315.7 published by Principal Deputy Under Secretary of Defense (Personnel and Readiness). Travel and transportation entitlements not authorized for acquired dependents.

(7) Canvas the ADCSPER breakfast to determine if interest or support could be generated for this issue.

(8) Canvas other Service MAP members and Service Per Diem Committee Members on support for legislative change.

(9) Submit legislative change via unified legislative budget (ULB) submission process for FY09.

(10) Continue to solicit support from other Services on ULB staffing.

(11) Proposed FY09 ULB was deferred to FY10.

(12) Army re-submitted ULB for FY 10. Support from other Services mixed. Final FY10 ULB votes pending. h. Progress.

(1) Current entitlement. Current transportation entitlements allow shipment of HHG property and dependents acquired before the effective date of the orders. The effective date of the orders, for simplicity sake, is basically the date the individual signs into his or her new duty station. SM do receive BAH at the "with dependent" rate on the effective date of the marriage or adoption. Dependents receive medical, dental, PX, and commissary privileges as of the date of marriage as well.

(2) 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).

(3) 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.

(4) On 11 Jul 05, the Asst DCS, G-1, confirmed the lack of support for this initiative by the other Services as he canvassed the other Services at the quarterly ADCSPER breakfast. The other Services were not supportive.

(5) The ULB process is a mechanism to obtain authority in law to permit this allowance. In Aug 06, Army submitted a ULB for FY09. 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 FY10. OSD program and evaluation (PA&E) voted not to support this ULB. The final decision was to defer to FY10.

(6) In Aug 07, Army re-submitted this ULB for consideration for FY 10 while simultaneously attempting to garner support for this ULB from the other Services. Despite Army's best efforts, the current ULB has slipped in popularity with the other Services. The interim vote results follow: Army, Joint Staff, SOLIC, and Reserve Affairs supported the ULB, Air Force – voted to defer to FY 11 while Navy and Coast Guard did not support. If the final vote results remain consistent with interim votes, DAPE-PRC recommends categorizing this AFAP item as unattainable for the Jan 09 GOSC and closing it. If the ULB is supported, DODI 1315.18 will be changed to reflect the new authority.

(7) GOSC review.

(a) Nov 03. ASA (M&RA) indicated that they would forward this issue to the legislative process.

(b) Nov 04. The GOSC did not support an unattainable recommendation. G-1 will analyze this issue from the perspective that Soldiers will be stabilized for longer periods of time at duty stations.

(c) Jan 06. Issue will remain an active AFAP issue. This issue has had no support from the other Services or the Per Diem Committee. However, it was noted that with Soldiers remaining on station longer and with the Army bringing large numbers of Soldiers CONUS there needs to be an administrative fix so Soldiers' new dependents would qualify for travel to the Soldier's next duty station.

(d) Dec 07. The issue remains active.

i. Estimated cost. From Feb 04 thru Jan 05, 6038 Soldiers stationed OCONUS were married (Source DMDC). Using a planning factor of \$4,000 per move and assuming all of them would move their acquired dependent to their OCONUS permanent duty station (PDS) at Government expense, annual cost to Army would be \$4000 x 6038 = \$24.15M.

j. Lead agency. DAPE-PRC

Issue 465: Reserve Component (RC) Post Mobilization Counseling

a. Status. Active

b. Entered. AFAP XVI; Nov 99

c. Final action. No (Updated: 11 Apr 08)

d. Subject area. Entitlements

e. 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.

f. 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.

g. Required action.

(1) Continue full implementation of Deployment Cycle Support Plan (DCSP) Annex G requirement for post-mobilization Family counseling of National Guard Soldiers and Families.

(2) Coordinate with Family and Morale, Welfare and Recreation Command (FMWRC) to insure RC Soldiers and Families are included in Military One Source (MOS) and Post-Deployment Care Management (PDCM).

(3) Coordinate with the VA Vet Center for utilization data of counseling services provided to Army National Guard Soldiers and their Family members.

(4) Develop a process to assess usage and services utilized.

(5) Publicize available counseling services available to Soldiers and Families.

(6) Monitor results for improvement.

(7) Establish AFAP Advisory Council comprised of select SFPDs with focus on IBCTs.

(8) Implement Yellow Ribbon program to prepare and assist Soldiers and Families during the Deployment Cycle Support.

h. 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% utilization 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 reac-

tions 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).

i. Estimated cost.

(1) ARNG. Resources are in place with no direct cost. Providing indirect cost information is not possible at this time.

(2) USAR. Recommend this service be offered by a vendor such as Army One Source (AOS). Six counseling sessions are available at a cost of \$9M.

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

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

Issue 483: Incentives for Reserve Component Military Technicians

a. Status. Active

b. Entered. AFAP XVII, Nov 00

c. Final action. No (Updated: 14 Mar 08)

d. Subject area. Force Support

e. 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) perform 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. The policy denies a benefit afforded to other categories of Reserve Component Soldiers and, in many cases, places a huge financial burden on a reservist who takes a civilian position to enhance the readiness of the force.

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

g. Required action.

(1) DA G-1 transfer incentive program management for Army Reserve Soldiers to the Chief, Army Reserve

(2) DA G-1 removes incentive restrictions of MTs.

(3) OCAR Legislative Affairs push for change in law for Affiliation Bonuses.

(4) AO quantifies number of MTs who are separating because of issue.

(5) Identify the responsible office within the Office of the Secretary of Defense for publishing the DoDI.

(6) Validate if revised D0DI 1205.21 is published.

(7) Verify action by DA G-1 to reinstate incentives to MT.

h. Progress.

(1) Validation.

(a) Military technicians perform in both a military and civilian capacity; yet, they are not eligible for incentives afforded to their peers in the Army Reserve. This includes entitlement to non-prior service and prior service enlistment bonuses, the reenlistment bonus, the affiliation bonus, the Student Loan Repayment Program, the Health Professional Loan Repayment Program, the medical professional recruiting and retention bonus, Specialized Training and Assistance Pay, and the Montgomery GI Bill Kicker. Currently, incentives received as a drilling reservist prior to becoming a MT are terminated when the MT position is accepted.

(b) Denying SRIP to MTs negatively impacts their morale, recruiting, and retention. Many drilling reservists have declined MT employment when they realized they would lose their SRIP eligibility, especially the Student Loan Repayment Program. Recruiting and retaining MTs is hard enough with the conditions of employment and the current requirements for contingency operations. Providing the incentive package would be a measurable

no-cost, positive additive to those efforts. The Army Reserve has 7,844 MT authorizations. The program is currently not making end strength. We currently have a 95% fill rate. We believe we could be at 100%+ and that the quality of the force could be measurably improved by allowing MTs to receive SRIP incentives.

(2) Legislation.

(a) Memorandum (4 Apr 04) was forwarded to Army G1 to transfer incentive program management for Army Reserve Soldiers to the Chief, Army Reserve (CAR). Some control elements of the SRIP have been delegated to the CAR but not overall management authority. No more authority is expected to be delegated.

(b) A change to Title 37 USC, section 308e, is needed to obtain or retain the affiliation bonus. HR 4200, NDAA FY 2005 contained language to repeal the eligibility prohibition for MT. It was not included in the either the final FY05 NDAA or in the FY06 NDAA. The legislative change request will be resubmitted when MT are included in the SRIP program.

(3) Regulatory Guidance.

(a) On 19 Apr 05, the Army formally non-concurred with the pending revision to the Department of Defense Instruction 1205.21 because MT were not included, thereby showing their support for MT receiving the incentives as was the point of this AFAP initiative. A revised DoDI 1205.21 was received by the Army for staffing. It still includes the prohibition for MT getting the incentives and is still in staffing.

(b) A change to DoDI 1205.21 was approved by the Secretary of Defense that allows MT that reenlists while in Kuwait, Iraq, or Afghanistan to receive the SRIP reenlistment incentive. It may be retained when they return to their MT position.

(4) GOSC review.

(a) May 01. GOSC was informed of the legislative proposal being submitted to address this issue.

(b) Nov 04. Issue remains active pending legislation.

i. Estimated cost. There is no (or minimal) cost associated with the proposal. The cost associated with the payment of incentives is based on the Soldier's military occupational specialty or area of concentration, not on their status as a MT. The incentive list of critical skills is modified frequently and offers incentives to critical MOSs and units within current budgetary constraints

j. Lead agency. USARC DCS, G-1, Resource Management Directorate of USARC

k. Support agency. DAPE-MP

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

a. Status. Active

b. Entered. AFAP XVII, Nov 00

c. Final action. No (Updated: 13 Aug 07)

d. Subject area. Force Support

e. 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.

f. 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.

g. Required action.

(1) Monitor legislative initiatives that address tax credits for employers of RC personnel.

(2) Develop ULB through M&RA with assist from Army Reserve and National Guard.

(3) Coordinate with OSD M&RA on future initiatives.

(4) Monitor H.R. 843.

h. 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. Referred to the House Committee on Ways and Means – no change as of 24 September 2007.

(4) GOSC review.

(a) Mar 02. There are five bills in the House and two in the Senate to provide tax credits to employers of RC Soldiers serving on active duty as a result of a deployment in support of a contingency operation or pursuant to a Presidential Selected Reserve Call-Up or mobilization.

(b) Jan 06. Issue will remain an active AFAP issue. This initiative requires a change to the Internal Revenue Service Code and must be supported by OSD and other agencies. The Office of OSD (Reserve Affairs) noted that they are working this issue on the Hill now, and they believe the Treasury Department is going to assist with this initiative.

i. Estimated cost. Cost to the IRS is undetermined.

j. Lead agency. DAAR-ARC-SC

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

a. Status. Active

b. Entered. AFAP XVIII, Mar 02

c. Final action. No (Updated: 16 Apr 08)

d. Subject area. Medical

e. 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). ADFMs who do not reside with their TPR eligible sponsors, regardless of the reason for the geographical separation, are currently not eligible for the TPR benefit.

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

g. Required action.

(1) Ask TRICARE Management Activity (TMA) to seek legislative relief from the "resides with" eligibility requirement.

(2) Submit legislative proposal requesting TPR eligibility for all active duty Family members residing in TPR remote zip codes.

(3) Submit legislative proposal requesting a SECDEF TPRADFM eligibility waiver authority for extenuating circumstances.

(4) Monitor the status of legislation to expand TPR eligibility to include all remotely located Active Duty Family members.

(5) Monitor the implementation of the proposed legislation for the FY07 legislative program

(6) Submit formal request to TMA to implement the NDAA FY06 waiver of the "resides with" requirement for extenuating circumstances.

(7) Monitor status of TMA's implementation of waiver of the "resides with" requirement.

(8) Submit formal request to TMA to re-evaluate the disapproved 17 Jan 07 Decision Paper, ref. implementation of the exceptional TPRADFM waiver policy.

(9) Monitor status of TMA's response to 13 Aug 07 Acting TSG's Memorandum requesting re-evaluation of the 17 Jan 07 ASD (HA) Decision.

(10) Provide TMA with criteria that would constitute authorizing TPRADFM enrollment when separated from sponsor.

(11) Monitor status of TMA's response/actions to 27 Feb 08 DSG's Memorandum providing criteria for authorizing TPRADFM enrollment when geographically separated from sponsor.

h. Progress.

(1) Per the FY01 NDAA, TPRADFM was implemented on 1 Sep 02 for ADFMs who "reside with" their TPR eligible sponsors. While eager to expand the benefit to provide coverage for ADFMs living in remote areas due to government orders, Congress has been unwilling to expand coverage to Families who live in remote areas by choice. This is consistent with a congressional unwillingness to extend the TPR benefit to retirees or AD Families who live in remote areas by choice.

(2) Per an Army estimate (based on a ratio of 2.5 ADFMs per AD member), about 139,655 Military Health System (MHS) ADFMs are TPR eligible. According to a 12 Apr 04 Defense Manpower Data Center report, 89,156 (64%) were enrolled in TPR. Of the total number of MHS eligible, the number of Army ADFMs is estimated at 66,695. About 52,245 (78%) of these ADFMs were enrolled in TPR. Using FY03 claims data, the average ADFM TRICARE Standard cost (average cost for ADFM not enrolled in TRICARE Prime) was \$535. Standard pays 80% of allowable charges, the beneficiary pays 20%. For FY03, this 20% beneficiary average Standard charge was \$134. A low estimate of deductibles paid per ADFM using Standard was \$150 per beneficiary. The additional cost estimate for these ADFM beneficiaries to be enrolled in Prime (cost to the government) was about \$284. Additional costs to the Government to extend TPR to ADFMs not living with the Sponsor (50,499 ADFMs not enrolled in TPR X \$284) was estimated at \$14.3M. The estimate for the Army portion of this bill (14,450 Army ADFMs eligible but not enrolled in TPR X \$284) is \$4.1M.

(3) ADFMs who are eligible for TRICARE and who live in a Prime Service Area (PSA) may enroll in TRICARE Prime whether or not they reside with their sponsor and even if their sponsor is enrolled in TPR. In addition to the areas surrounding most military installations with military treatment facilities, PSAs include Base Realignment and Closure (BRAC) sites and other locations designated in the current TRICARE managed care support contracts.

(4) Some improved access has been acquired for ADFMs in remote areas, particularly for Reserve Component (RC) Families. The Army made several unsuccessful attempts to obtain approval on legislation to provide the TPRADFM benefit to all ADFMs in TPR zip code areas regardless of a sponsor's location.

(5) The FY03 NDAA provided some relief from the TPR "resides with" requirement. It allows Family members already enrolled in TPRADFM to remain in TPRADFM in the same zip code area while their AD sponsor serves an unaccompanied tour subsequent to the TPR assignment. It also gives Family members of activated RC members on orders of over 30 days eligibility for TPRADFM if they reside in a TPR zip code area with the activated member/sponsor at the time of activation. A 10 Mar 03 ASD(HA) memorandum implementing the FY03 NDAA provision also permits RC members and Families to enroll in TRICARE Prime when the member is on orders for over 30 days (previous policy was 179 days or more).

(6) 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. This provision may increase the opportunity for those SMs who must support split households; per their Family care plans, to receive the benefit of TPRADFM. OTSG anticipated that OSD would issue a proposed rule to implement the change.

(7) The Army has monitored the status of the TMA/ASD (HA) 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.

(8) The Acting TSG forwarded to ASD (HA) a 13 Aug 07 Memorandum formally requesting that new ASD (HA) review the 17 Jan 07 disapproval.

(a) The recommended option disapproved earlier by the ASD (HA) was for a blanket exception that would allow the Director, TMA, to authorize TPRADFM for any ADFM if in his opinion, exceptional circumstances warrant such coverage. This would also necessitate approval of a Proposed Rule, followed by a Final Rule that would establish a general blanket exception allowing authorization of TPRADFM coverage for any ADFM if an official decision is made that exceptional circumstances exist for those not now eligible. The Army supports this option.

(b) The issue 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 health care worry/concern for parents/service members while they are deployed.

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

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

(b) The 2 criteria for TPRADFM approval are:

(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.

(c) MEDCOM/OTSG will monitor follow-on actions by TMA in response to our recommended criteria for allowing TPRADFM enrollment when not residing with AD sponsor.

(10) GOSC review.

(a) Nov 02. The GOSC reviewed the provisions of the FY03 NDAA as they relate to this issue.

(b) May 05. GOSC did not support closing this issue. The changing Army footprint will impact the medical system.

i. Estimated cost. Per an initial Army estimate, the cost to provide TPRADFM to Family members not enrolled in TPRADFM (50,499 Military Health System-wide) totals \$14.3M. Army's portion of this bill (for 14,450 Army eligible ADFMs not enrolled in TPRADFM) would total \$4.1M annually. (See Paragraph 3 below for additional initial information). A TRICARE Management Activity (TMA) initial cost estimate for the benefit expansion in FY06 was \$29.8M. As part of the TMA/HA implementation process, an independent government cost estimate (IGCE) had been performed; however, TMA Aurora, Program Requirements Division (PRD) would not release the results to the Services, stating it was procurement sensitive.

j. Lead agency. MCHO-CL-M

k. Support agency. TMA

Issue 497: Distribution of Montgomery GI Bill Benefits to Dependent(s)

a. Status. Active

b. Entered. AFAP XVIII, Mar 02

c. Final action. No (Updated: 10 Mar 08)

d. Subject area. Family Support

e. 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.

f. 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.

g. Required action.

(1) Finalize MGIB Transferability Implementation Plan, COMPLAN and implementation messages.

(2) Implementation of MGIB Transferability Program.

(3) Submit to ULB 09.

(4) Monitor program usage and ULB action.

(5) Expansion of MGIB Transferability Pilot Program to include transferability to children.

h. Progress.

(1) Specifics of MGIB Transferability.

(a) Pilots. The FY02 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. USC, Title 38, Sec 3020 further authorizes MGIB Transferability. If elected, each Service must develop its own implementation and funding plan.

(b) Current version of MGIB Transferability of Benefits to Dependents law contains restrictive language. Restriction applies to the requirement for Soldiers to possess a critical military skill designated by the Service Secretary. The Army defines critical skill / MOS as any Soldier who qualifies for a Selective Reenlistment Bonus (SRB) under current messages at the time of reenlistment.

(c) The Army implemented a pilot program in FY05 to allow Soldiers in certain critical skills the opportunity to transfer a portion of their Montgomery GI Bill benefits to a Family member if they have completed six years of service and reenlist for a minimum of four years.

(2) Implementation

(a) On 30 May 06, OCPA approved the MGIB Transferability of Benefits COMPLAN. On 15 Jun 06, CSA approved the Implementation Plan.

(b) On 21 Jul 06, the Army G-1 implemented the MGIB Transferability of Benefits Pilot Program for Regular Army Soldiers which allows Regular Army enlisted Soldiers serving in critical skills that have completed six years of service and reenlist for a minimum of four years to transfer MGIB benefits to their spouse. Ninety Soldiers have transferred their MGIB benefits to their spouse since Jul 06.

(c) The FY08 basic monthly MGIB benefit for full-time training for veterans is \$1,101 (indexed annually). Soldiers can transfer up to 18 of 36 months of entitlement equaling \$19,819. This benefit is prorated for part-time enrollment. For Soldiers who elected the Army College Fund as an enlistment option and/or who have enrolled in/paid toward the \$600 MGIB Additional Opportunity, their expanded benefit (MGIB, ACF, and MGIB Additional Opportunity) is transferred. A Soldier must choose between a full SRB or a reduced SRB plus the ability to transfer their MGIB benefits to their dependents.

(d) The Army is funding the FY08 program by offering reduced reenlistment bonus amounts too Soldiers who elect the MGIB transferability. The Army will fund the DoD Education trust fund based upon the per capita costs as determined by the DoD Board of Actuaries.

(3) Legislative action.

(a) In Jul 06, the G-1 submitted a language change in ULB 09 to remove the critical skills / MOS requirement and open MGIB Transferability to all Soldiers including the Reserve Components.

(b) On 21 Aug 07, the recommendation to expand the current pilot program for a one-year period to include transferability of MGIB benefits to children was approved by the ASA (M&RA).

(1) Approval contingent upon implementation of a pilot assessment plan for FY08; results and analysis will be used to determine if the Army will make transferability policies permanent.

(2) Expanded program pending implementation in 1st Qtr, FY08.

(4) On 1 Nov 07, the Army expanded the MGIB transferability pilot to include children.

(5) 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.

i. Estimated cost. \$42M for approximately 12,000 Soldiers to participate.

j. Lead agency. DAPE-MPE

k. Support agency. OSD-P&R

Issue 510: TRICARE Information for Reserve Components

a. Status. Active

b. Entered. AFAP XVIII, Mar 02

c. Final action. No (Updated: 16 Apr 08)

d. Subject area. Medical

e. 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.

f. 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.

g. Required action.

(1) Revise TRICARE Prime Remote Handbook to simplify information for Reserve members.

(2) Study feasibility of producing Army marketing products in several languages targeted at Reserve Components.

(3) Develop simplified marketing/educational materials in several languages targeted for RC members/Families.

(4) Revise/simplify AMEDD TRICARE CD and translate CD into Spanish.

(5) Translate Reserve Component Marketing Materials into Spanish; assess need for materials in other languages.

(6) Fund, reproduce and disseminate Spanish language CD to RC Units and MTFs.

(7) An assessment was conducted and it was determined there is a need to improve and expand efforts to educate RC Soldiers and their Families in remote OCONUS locations on TRICARE benefits, and access to care.

(8) Develop marketing and educational materials targeted for OCONUS Remote RC members/Families.

(9) Plan delivery of educational materials for OCONUS Remote RC members/Families.

h. Progress

(1) "Resides with" clause. AFAP Issue #488 addresses the recommendation to remove the "resides with" requirement of TRICARE Prime Remote.

(2) Validation. Currently, limited TRICARE information is available in multiple languages. However, under the latest TRICARE contracts, CACI has the capability to develop TRICARE information materials in multiple languages, including Spanish, Korean, Italian, etc., based on the demand for these products.

(3) TRICARE Prime Remote (TPR) handbook. A revised TMA TRICARE Prime Remote (TPR) Handbook, released in Apr 04, provides simplified information for RC members. HA Policy 03-004 (10 Mar 03) addressed TPR for Active Duty Family Members ((TPRADFM) for activated RC members.

(4) RC medical information.

(a) The TMA Marketing and Education contractor (CACI) released an easy to understand, comprehensive TRICARE RC Brochure.

(b) In Jul 04, with the implementation of the new TRICARE Early Eligibility Benefit for RC members/Families, TMA posted on the TRICARE web site comprehensive Information on RC TRICARE benefits.

(c) TMA completed "TRICARE Choices for the Reserve Component", Dec 04, an overview of program options for the RC member and their Families including TRICARE and dental coverage; employer-sponsored health insurance options; information resources; a deployment checklist; and information on the transitional

healthcare benefit. It can be ordered via the TMA SMART website at: <http://www.tricare.osd.mil/smart/>.

(d) Several other web sites provide TRICARE information for activated US Army Reserve and National Guard members/Families, including information on the new RC TRICARE benefits. The sites are accessible through links maintained at TRICARE linked at www.tricare.osd.mil/reserve and OASD Reserve Affairs at www.defenselink.mil/ra. Beneficiaries can also obtain information and/or assistance through TMA's worldwide TRICARE Information Center, from which beneficiaries can obtain information and/or assistance 24 hrs. /day, 7 days a week: 1-800-TRICARE (toll free). Another TRICARE information resource is the TMA e-mail address: QUESTIONS@tma.osd.mil.

(5) Translated TRICARE information.

(a) MEDCOM has provided over 250,000 AMEDD TRICARE CDs and the same number of AMEDD Soldier TRICARE information cards for distribution to activated RC members/Families through RC command channels, mobilization sites, and in response to email/telephone requests. The TRICARE website has the TRICARE CD available as a read and downloadable file (www.tricare.osd.mil/library).

(b) The Marketing and Education contractor (CACI, Inc.) has translated the following materials into Spanish: TRICARE Dental Program Brochure and the TRICARE Dental Booklet. Seven items have been translated for the TRICARE West Region: Beneficiary Handbook, TRICARE Choices Book, Prime Member Handbook, an important letter from TRICARE, Waiver of Non-covered Services Form, Other Health Insurance (OHI) Form and the allotment Letter. Translation of the TRICARE Overseas TLAC Handbook is in progress. Seven translations scheduled for FY07 include: TRICARE Prime Handbook, TRICARE Prime Remote Handbook, National Guard/Reserve Passport, TRICARE Choices for the National Guard and Reserve Flyer, TRICARE Reserve Select Flyer, TRICARE Choices at a Glance Flyer (CONUS/OCONUS), and the TRICARE Choices Handbook (OCONUS), and the TRICARE Choices Handbook.

(6) Legislation.

(a) TRICARE Reserve Select, NDAF 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, NDAF 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, NDAF 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, NDAF 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, NDAF 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, NDAF 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, NDAF 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, NDAF 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, NDAF 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, NDAF 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) Remote OCONUS Families. TMA conducted an assessment and determined there wasn't much information to educate RC Soldiers and their Families in remote OCONUS locations on TRICARE benefits. MEDCOM will develop an action team with TMA to create education material specifically targeted for OCONUS Remote RC members/Families. Nevertheless, MEDCOM will develop a plan for delivery of educational materials for OCONUS Remote RC members/Families.

(8) 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 – specifically Guam/Saipan. The VCSA asked that the OCONUS TRICARE concern be addressed in AFAP. The issue will remain active to improve the dissemination of TRICARE information to RC Soldiers and Families in Guam and Saipan.

i. Estimated cost. The cost to develop a TRICARE CD in English and Spanish is about \$40K; \$25K to produce the CD and the remainder for printing, labeling, and packaging. Revisions include a new script, programming changes, voice waves, and slide corrections for approximately 23 slides in the English version and 21 slides in the Spanish version.

j. Lead agency. MCHO-CL, DAG-HSZ

k. Support agency. TRICARE Management Activity

Issue 512: Unique Relocation Expenses Outside the Continental United States (OCONUS)

a. Status. Active

b. Entered. AFAP XVIII, Mar 02

c. Final action. No (Updated: 10 Apr 08)

d. Subject area. Entitlements

e. 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.

f. AFAP recommendations.

(1) Authorize payment of the first six months' COLA entitlement in a lump sum upon arrival at the OCONUS duty station.

(2) Begin monthly COLA payments in the 7th month.

g. Required action.

(1) Run test based on approval from the Per Diem, Travel and Transportation Allowance Committee (PDTATAC), for six months lump-sum COLA specifically for Fort Wainwright and Fort Richardson.

(2) COLA test was conducted Oct-Mar 07.

(3) Canvas other Services for their recommendations.

(4) Obtain comments and recommendations from the commands (Fort Wainwright and Fort Richardson) where the test was conducted.

h. Progress.

(1) Legislative attempts.

(a) COLA Lump Sum was submitted to the FY02 ULB, but was not supported.

(b) The initiative was again submitted during the FY03 ULB and deferred until the FY04 ULB. DOD supported this initiative, and the legislative proposal was for-

warded to Congress with the FY03 OMNIBUS. It was returned by OMB. A reclaim was submitted.

(c) The initiative was resubmitted for the FY04 ULB (FY2005 enactment) and was supported by DOD again.

(d) The FY05 NDAA adds to Title 37, section 405, a provision to provide service members "Immediate lump-sum reimbursement for unusual non-recurring expenses incurred by members for duty serving outside the continental United States." While this is not the specific six months upfront lump sum COLA payment initially requested in AFAP issue 512, it is a separate authorization, in addition to OCONUS COLA, for Service members to receive reimbursement of unique relocation expenses. The Joint Federal Travel Regulation, Appendix J, Part II provides the criteria/rules and locations authorized a COLA unique expense reimbursement. Only the United Kingdom, Gibraltar, and Singapore are authorized a COLA unique payment due to the mandatory and excessive television and road tax.

(e) In Jun 06, G-1 forwarded a request to OSD, PDTATAC for 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. After discussion with the other Service's military advisory panel (MAP) members, PDTATAC, Committee Chair approved, on a test basis, six months lump-sum COLA specifically for Fort Wainwright and Fort Richardson, Alaska due to extension of the 172nd Stryker Brigade Combat Team in Iraq. The test was completed Mar 07.

(f) There is no support for this action for other OCONUS areas from the other Services due to the potentially increased workload on local finance offices to re-compute Soldiers COLA payments as COLA payments change, which can occur monthly.

(g) Soldiers can request 3 months advance pay, as well as advance travel allowances, if funds are needed for the Soldiers PCS. Soldiers also receive a dislocation allowance (DLA) when they PCS. This DLA is intended to partially reimburse a Soldier for the expenses incurred in relocating the Soldiers household on a PCS.

(2) GOSC review. The Jun 06 GOSC determined the issue would remain active.

i. Estimated cost. No additional cost is associated with this initiative since initiative simply wants upfront payment of 6 months authorized COLA entitlements.

j. Lead agency. DAPE-PRC

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

a. Status. Active

b. Entered. AFAP XIX, Nov 02

c. Final action. No (Updated: 17 Mar 08)

d. Subject area. Family Support

e. 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.

f. 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.

g. Required action.

(1) Meet with HRC to develop overall plan.

(2) Publicize successful Army installation programs to share their proactive liaison operations.

(3) Provide CIS training at annual ACS Relocation Readiness training conferences, to include program presentation by current successful Army installation programs.

(4) Coordinate with OSD MWR Policy regarding the decentralization issue for physical examinations and fingerprinting from CIS to DOD installations.

(5) Update AR 608-1 to require the addition of CIS liaison function within the ACS Relocation Readiness Program, to include requirement for MOU with local/nearest CIS Service Center.

(6) Coordinate response from G-6 to VCSA tasker from 12 Jun 06 AFAP General Officer Steering Committee (GOSC) meeting to inform CIS of the military services' biometric capabilities related to application for citizenship.

(7) Coordinate with USAHRC and G-6 to obtain a favorable response from CIS for acceptance of Soldier and Family member physical examinations and fingerprints from military sources.

(8) Monitor the proposed action to request approval of physical examinations for immigrant Family members by military physicians on the installation.

h. Progress.

(1) Validation. Immigration and Naturalization Service (INS) presently grant exceptions for service members and their Families. Most of these exceptions waive or relax the strict residence and physical presence requirements normally required for Naturalization. The INS has Applicant Support Centers (ASCs) in each state for application processing and fingerprinting. Applications receive a letter through the mail notifying them of their appointment and location for their processing and fingerprinting. Travel to these locations is sometimes hundreds of miles away from military installations or home of Soldiers and Families. This could lead to an enormous cost to them. H.R. 1588 addressed long standing committee concerns regarding the need for better military benefits, including Immigration Benefits for Non-citizen Soldiers.

(2) ACS training.

(a) ACS Relocation staff members are the primary liaisons to CIS at installations. Multicultural outreach programs, English as a Second Language classes and classes on the citizenship and residency application process are offered by ACS. In 4th Qtr FY06, IMWR-FP

submitted for publication an update to AR 608-1 requiring the addition of CIS liaison function within the ACS Relocation Readiness services. The revision was published 6 Dec 06.

(b) HRC provided IMWR-FP with a new electronic brochure developed by the U.S. CIS as an outreach to military personnel. IMWR-FP forwarded the brochure to ACS centers worldwide for distribution to non-citizen Soldiers and their Family members.

(3) Physical exam and electronic fingerprinting.

(a) Soldiers and Family members assigned to 26 Army installations travel over 100 miles to obtain required CIS services. IMWR-FP coordinated with OSD Personnel and Readiness (P&R) and USAHRC regarding ongoing efforts to assist the citizenship application process. OSD has Department of Defense (DoD) oversight for the citizenship application process; USAHRC establishes guidance for Soldier citizenship issues.

(b) A physical exam and electronic fingerprinting at a CIS approved site is required to obtain an adjustment of status for permanent residency, allowing individuals to receive a green card. Soldiers applying for naturalization do not need the physical exam. They may travel to the closest Application Support Center for electronic fingerprinting or may submit a privacy act release to allow use of fingerprints obtained upon entry into the military.

(c) In 4th Qtr FY05, the USAHRC CG staffed a memorandum for signature of the Under Secretary of Defense (P&R) to the Director of the USCIS. The memorandum was signed by the G-1 and was forwarded to the Acting Assistant Secretary of the Army (Manpower and Reserve Affairs). However, the action was returned. The request for acceptance/transfer of fingerprint images for employed Family members with a Common Access Cards (CAC) was eliminated because the digital imprint on the CAC involves only one fingerprint versus the CIS requirement for ten fingerprint images.

(d) On 8 Apr 06, the Under Secretary of Defense (P&R) sent a letter to the Director of the USCIS requesting CIS acceptance of physical exams and electronic fingerprints from military installations. On 9 May 06, the Director, CIS approved and outlined the process for acceptance of physical exams and fingerprints for military personnel, but did not agree to all biometric data collection by the military. The CIS did not approve this support for Family members.

(4) Military personnel offices.

(a) G6 was assigned to coordinate the military services biometric capabilities with CIS requirements at the 12 Jun 06 General Officer Steering Committee. G6's Biometrics Task Force (BTF) reported USCIS, DOD and FBI have mutually arranged a process whereby the Soldier/applicant applying for citizenship provides a signed privacy act statement to USCIS. Subsequently, the fingerprints collected during the enlistment process are retrieved and submitted for criminal background check through the FBI. This process does not include Family members of the Soldier. The Biometric Task Force will continue to engage USCIS to accept military exams and finger prints for Family members and expand acceptance of other biometrics for Soldiers.

(b) In Jun 06, USAHRC communication with OSD P&R indicated CIS was willing to implement the Undersecretary of Defense (P&R) request for acceptance of military examinations, provided that CIS is informed of which military physicians will perform the physical examinations at which specific locations (including specific street address of the medical facility). Fort Bragg has moved forward with this opportunity which is available at military medical facilities. The legal offices at Fort Campbell and Fort Stewart have recently consulted Fort Bragg regarding the process for acceptance of military physical exams.

(c) The CIS Liaison at Fort Bragg staffed an action for provision of immigration physicals to military Family Members at that installation. The XVIII Airborne Corps and Fort Bragg Staff Judge Advocate presented this action to the Commanding General and the Commander, Womack Army Hospital. Womack has implemented the program conducting the physicals. In Jul 07, one of two civilian contract physicians met the USCIS criteria and received approval to schedule the physicals. To date, three examinations of Family Member immigrants were accomplished. The first case has been submitted to USCIS for green card approval. The acceptance of Family Member exams performed at military facilities will reduce travel time and expenses for Families.

(d) The new Citizenship and Immigration Services Help Line at 1-877-CIS-4MIL (1-877-247-4645 is operational Monday through Friday, 0800 to 1430 hours, Central Standard Time. This line allows all non-citizen Soldiers and Family Members to obtain CIS assistance with applications for citizenship and other immigration problems. This same assistance is also available by sending an email directly to CIS at: Military.info.nsc@dhs.gov.

(e) The Jul 07 edition of the Soldier's Guide to Citizenship was posted at:
https://www.hrc.army.mil/site/Active/TAGD/pssd/psb/Soldiers_guide_to_citizenship.htm

(5) GOSC review. The Jun 06 GOSC declared the issue active. The VCSA stated the Army is leading OSD efforts on biometrics and that CIS does not realize the service's capability. G-6 was tasked to inform CIS of our capability so they will accept DOD administered fingerprints.

i. Estimated cost. No cost to the Army.

j. Lead agency. IMWR-FP

k. Support agency. USAHRC and OSD (P&R)

Issue 521: In-State College Tuition

a. Status. Active

b. Entered. AFAP XIX, Nov 02

c. Final action. No (Updated: 16 Apr 08)

d. Subject area. Family Support

e. 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, of-

ten 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 re-search present policies, identify Army's objective, and prepare an Action Plan for implementing the policy in each state.

f. 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.

g. Required action.

(1) Develop/post web site with current state policy links.

(2) Obtain Army G-1 signature on correspondence first five states; distribute to addressees.

(3) Develop/coordinate/distribute packets for 13 states with favorable policies, followed by remaining states.

(4) Research OCONUS eligibility for in-state tuition.

(5) Coordinate with OSD on the correct number of states that meet in State College Tuition criteria. Plus establish a dialogue with the proponents for the Community Covenant which will promote best practices that States can pursue to support Soldiers and Families.

h. Progress.

(1) Focus. This issue asks the states to support three levels in-state college tuition for Soldiers and Family members: in the state of residency, in the state of military assignment, and continuation of in-state tuition if the Soldier is relocated on military orders.

(2) Research.

(a) The initiative began Feb 03, in the five states with the largest Army populations (Georgia, Kentucky, North Carolina, Texas, and Virginia) representing 55 percent of the Army. By Jun 03, Army commanders and senior leaders in all states were contacted and memorandums were presented to the Civilian Aides to the Secretary of the Army (CASA) by Assistant Secretary of the Army for Manpower and Reserve Affairs, informing them, and seeking their support for this initiative. Installation Commanders and senior Army personnel in states with policies meeting the Army's desired objective were provided information to express the Army's appreciation for supporting the Soldiers and Families assigned in those states.

(b) The Deputy Under Secretary of Defense (Military Community and Family Policy) sent correspondence to the other Services requesting they assist Army in this effort. Each Service is responsible for taking the lead in states where their presence is prominent. The Education Division shared supporting documentation and correspondence with the Voluntary Education Chiefs for each Service to assist them in preparing similar packages. However, each Service has responded that there are concerns with the perception of lobbying by military Commanders if they approach state leaders.

(3) Web site. The Education Division site, <https://www.armyeducation.army.mil/InState/index.HTM>, tracks the progress of this initiative, provides state points of contacts, and answers questions. The web site serves

as a guide for senior Army leaders, state Adjutants General, and installation commanders when discussing this issue with state leaders.

(4) Outreach and Federal Legislation.

(a) A representative from Georgia submitted legislation (Military In-State Tuition Act of 2003 (H.R. 1991)) that would require all states to provide in-state tuition rates for service members and their Families in the state of assignment and allow the benefit to continue on the transfer out of the state by the military sponsor. This proposal was not enacted. A similar proposal (HR 197) was introduced into the 109th Congress on 4 Jan 05 but there has been no action on this proposal. There are two concerns with legislative action: 1) Education is a state function and states may resist federal legislation on this initiative, and 2) states may request compensation to cover the difference between the in-state and out-of-state cost. Currently there is no legislation submitted to the 110th Congress reference in-state-college tuition.

(b) A Secretary of the Army memorandum, dated 8 Mar 07, calls for the Army to submit a Legislative Proposal for FY09 to provide in-state tuition rates to all military Family members for state colleges and universities. This proposal was forwarded to the Assistant Deputy Chief of Staff, G-1 to forward to the Chief, Office of Legislative Liaison on 26 Jun 07. This action was disapproved at the OSD level.

(5) State policies.

(a) Presently, 47 states have favorable policies for Soldiers and Family Members. As a result of this initiative 11 states have changed in-state tuition policies for military personnel and their Family Members (Georgia, Texas, New Jersey, Washington, Maryland, Kansas, North Carolina, Colorado, Illinois, Indiana and South Dakota).

(b) Twenty-eight states meet all three desired outcomes (in-state tuition benefits in both the home state of record and the duty assignment state, and continuity of in-state tuition benefits if the military member is transferred): Alabama, Alaska, Arizona, Colorado, Connecticut, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Nevada, New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Tennessee, Texas, Utah, Washington, West Virginia, Wyoming.

(c) Continuity of in-state tuition, once started, is not always available and is a major concern for military Families. Nineteen states allow in-state tuition for legal residents and military Families stationed in the state, but have restrictions on continuity of benefits.

(d) Three states meet none or only one desired criteria. Michigan and Massachusetts only allow in-state tuition for state residents. Vermont has no state policy on in-state tuition.

(6) In-state tuition for OCONUS students. OCONUS eligibility research for in-state tuition was initiated based on Vice Chief of Staff of the Army request, Nov 03. To date, 16 states have been polled with all negative responses, (AL, AK, CA, DE, GA, IL, KS, KY, MD, MI, NC, SC, TX, VA, VT, and WA). The consensus is that people with no tie to the state should not be granted the in-state

tuition benefit. Continued research on this topic might jeopardize the progress states has made with new in-state tuition policies for active duty military personnel and their Family Members who are residing in these states on military orders.

(7) 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.

i. Estimated cost. Significant time of two Education Division personnel, \$40K from the Education Summit contract (FY02) and \$120K (FY03) for contractor research and administrative assistance was dedicated to develop the initiative and field website. Estimated cost to monitor the initiative (support of two contractors providing administrative and web maintenance tasks) is \$2K per year.

j. Lead agency. AHRC-PDE

Issue 524: Military Spouse Unemployment Compensation

a. Status. Active

b. Entered. AFAP XIX, Nov 02

c. Final action. No (Updated: 18 Apr 08)

d. Subject area. Employment

e. 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.

f. 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.

g. Required action.

(1) Update FY06 costs by Components.

(2) Prepare memos to respective state Civilian Aides to the Secretary of the Army (CASAs) requesting support in amending UC provisions of those states denying military spouse eligibility.

(3) Partner with the Regional Quality of Life Liaisons of the Defense State Liaison Office, under the Office of the Deputy Under Secretary of Defense for Military Community and Family Policy (DUSD (MCFP)), to accelerate progress with non-qualifying states.

(4) Ensure CASA memos are signed by SECARMY, addressing any issues/questions by that office, and follow-up with CASAs that they are articulating locally the importance of the UC issue.

(5) Coordinate publicity in support of unemployment compensation with LTC Cameron, proponent for the Community Covenant.

h. Progress.

(1) Definition. Unemployment Compensation (UC) Program is based upon federal law, but administered by state employees under state law. It is almost totally funded by employer taxes, either federal or state - only 3 states collect taxes from employees. Since each state designs its own UC program within the framework of federal requirements, inconsistencies exist in eligibility determinations based upon the specific benefit structure.

(2) History. On 19 Nov 97, Headquarters, United States Air Force submitted a request to Office of the Secretary of Defense (OSD), Civilian Personnel Management Service (CPMS) to sponsor legislation to ensure accurate and consistent application of unemployment benefits for spouses of DOD military members and civilian employees. On 22 Dec 97, the Director of CPMS issued a memorandum stating that spouses accompanying and returning with their sponsors from an overseas assignment are generally eligible for unemployment benefits. On the other hand, spouses of military members and civilian employees who relocate to follow their spouses within the U.S. are considered to have quit voluntarily because they could remain in the state.

(3) Action with States and District of Columbia

(a) Nineteen states provide military spouses eligibility for UC; 24 states evaluate eligibility on case-by-case basis and/or have a period of ineligibility; and eight states (CO, MD, ND, OH, SD, UT, VA, VT) and DC deny eligibility to spouses based on relocation.

(b) The Secretary of Defense addressed UC eligibility for spouses moving by military orders at the National Governors Association Conference as one of ten key issues important to Service members and their Families. The Secretary of Defense signed letters to each of the Governors urging assistance in these key areas.

(c) The Under Secretary of Defense for Personnel and Readiness sent a memorandum to the Secretaries of the Military Departments urging interaction with DoD Regional Quality of Life Liaisons to deal directly with the Military Services in working issues such as UC eligibility.

(d) Letters have been through CASA Program Office (PO) for review and are in for signature by DSC, G-1 and the CASAs office will mail and provide AG-1 (CP) with a copy. (Prepared Form 5 package for CASA Office: contains letter requesting assistance from CASAs of locations that deny eligibility.)

(e) The proponent for the Community Covenant is working on a website that will publicize the support or lack of support by each state and the District of Columbia and highlight the effort of state CASAs to encourage non supporting states to provide eligibility for unemployment compensation to military spouses.

(4) Information on Unemployment Compensation.

(a) Information on unemployment compensation and other military spouse initiatives available at <http://www.usa4militaryFamilies.org> The link has been added to the Army website at <http://cpol.army.mil/library/permis/> (listed under Unemployment).

(b) Information on Unemployment Costs by Components is from <http://www.cpms.osd.mil/icuc/ucstats.ppt> website. The link has been added to the Army website at <http://cpol.army.mil/library/permis/> (listed under Unemployment Compensation for Federal Employees).

(5) GOSC review. The Jun 06 GOSC requested the issue remain active.

i. Estimated cost. There is no payroll deduction from a Federal employee's wages for unemployment insurance protection. Benefits are paid by the various Federal agencies and are based upon individual state laws and the salary ranges of the affected spouses. Average UC amount paid out nationwide in FY07 for US Army was >\$17.1M.

j. Lead agency. DAPE-CPZ

k. Support agency. DUSD (MCFP)

Issue 525: Montgomery GI Bill (MGIB) Expiration Date

a. Status. Active

b. Entered. AFAP XIX, Nov 02

c. Final action. No (Updated: 9 Apr 08)

d. Subject area. Force Support

e. 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.

f. AFAP recommendation. Eliminate the expiration date for MGIB educational benefits.

g. Required action.

(1) Seek OSD and VA official positions.

(2) Submit FY10 ULB.

h. 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) Legislation is pending in Congress to fully re-vamp the GI Bill. Regardless of the outcome of that action, support has not been strong to increase the delimiting date. The Army has resubmitted this action as part of the FY10 submissions. No status on the FY10 action is available due to a full review of all MGIB programs and a separate initiative by Senators Webb and Warner to re-vamp the GI Bill.

(5) GOSC review. The Jan 06 GOSC requested the issue remain open as Legislation (S. 1162) currently before the 109th Congress would repeal the delimiting MGIB date requirements for both Active and Selected Reserve members.

i. Estimated cost. VA estimates to be within \$2.1 - \$4.7B to fully remove the Expiration Date. To extend the date by 5 years (to 15 years from separation) would cost from \$1-\$2.5B.

j. Lead agency. DAPE-MPA

k. Support agency. TAPC-EICB

Issue 526: OCONUS Shipment of Second Privately Owned Vehicle (POV) for Accompanied Tours

a. Status. Active

b. Entered. AFAP XIX, Nov 02

c. Final action. No (Updated: 10 Apr 08)

d. Subject area. Relocation

e. 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.

f. AFAP recommendation. Fund the shipment of a second POV for OCONUS tours.

g. Required action.

(1) Obtain number of accompanied OCONUS personnel from ODCS, G-1.

(2) Solicit Service concurrence through ODCS, G-1.

(3) Resubmit ULB.

(4) Request Services to re-look issue.

(5) Cost impact from other Services for ULB.

(6) Include as a Chief of Staff, Army (CSA) Initiative.

(7) Request support from the other Senior Enlisted Advisors (SEAs) through the Sergeant Major of the Army (SMA).

(8) Monitor proposals in the unified legislative budget (ULB) process.

h. Progress.

(1) Validation.

(a) The shipment of two POVs OCONUS will be limited to countries that do not limit the POV importation to one POV.

(b) The shipment of one POV to and from OCONUS on PCS orders is established by law and requires Service concurrence for a change to the law.

(c) The Army transports 51% of the POVs OCONUS.

(2) Legislative attempts.

(a) The shipment of a second POV OCONUS for accompanied tours was an unsuccessful FY02 Unified Legislation and Budgeting (ULB) item based on the Overseas Assignment Incentives Study.

(b) An FY05 ULB proposal submitted by the Navy was deferred and the Navy did not submit a FY06 ULB.

(c) The USTRANSCOM initiated a ULB in FY06 for the authority to transport a second motor vehicle to non-foreign areas. The ULB was rejected by the Office of Management and Budget (OMB) based on cost and benefit to an undocumented problem. An appeal was rejected by OMB in Dec 06.

(d) The USTRANSCOM submitted a ULB in Mar 07. This proposal requests discretionary authority for the Secretary concerned to authorize on a case-by-case basis two motor vehicles for military members accompanied by dependents if the new duty station is located in a nonforeign area outside of the United States. This is a less expensive proposal that will not cover many service members; however, if passed, it will open the door to expanding the entitlement.

(e) Three of the four Service's top enlisted leaders, to include the SMA, briefed the House Appropriations Committee's new Military Quality of Life Subcommittee. This subcommittee focuses exclusively on quality of life issues. The top enlisted leaders cited shipment of a second POV, as one of the top quality of life issues.

(f) Office of the Secretary of Defense (Personnel and Readiness), Defense Travel Management Office, submitted the following ULB proposals for the FY10B ULB process. The Services, OSD and Joint Staff representatives will vote on the ULB proposals on 29 May 2008:

(1) Shipment of a second POV as HHG.

(2) Government-arranged POV transportation from the permanent duty station to the vehicle processing center/port.

(g) Statement of The Military Coalition before the Subcommittee on Military Personnel, House Armed Services Committee, 7 February 2008, addressed the authorization to ship two POVs to non-foreign duty locations outside of CONUS.

(h) In-progress review, 4 Apr 08, results and requirements: the Commander, FMWRC, will alert the SMA and Army G-1 about the importance of this issue.

(3) GOSC review. At the May 07 GOSC, the issue was declared active.

i. Estimated cost. \$50M

j. Lead agency. DALO-FPT

k. Support agency. G-1

Issue 527: Army Reserve Component Mobilization Preparation and Support

a. Status. Active

b. Entered. AFAP XIX, Nov 02

c. Final action. No (Updated: 11 Apr 08)

d. Subject area. Medical

e. 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.

f. AFAP recommendation. Create a mobilization preparation program for RC Soldiers and Families to provide assistance in the transition from reserve status to mobilization.

g. Required action.

(1) Determine if the existing programs can be modified or if a new program needs to be considered.

(2) Determine if there is an actual need for additional programs or revisions other than what is in place.

(3) Additional FRSA staff to work in the states with the highest population of mobilized Soldiers.

(4) Request funds for Family Readiness Support Assistants via FY08 POM.

(5) Team up with the Army Integrated Family Support Network (AIFSN) on working toward a standardize delivery of services and support to Soldiers and Families.

(6) Implement Yellow Ribbon program to prepare and assist Soldiers and Families during the Deployment Cycle Support.

h. 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 Sup-

port 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.

(i) Approximately 127 Family Readiness Support Assistant (FRSAs) will be placed at each brigade (99 Bde's), to assist mobilize/deployed Soldiers Families. Army Reserve received \$1.4M for 26 FRSAs for FY07. Anticipate additional funding for the remaining 101 FRSAs in FY08.

(j) Re-evaluate staffing to support Mobilization Preparation, and the total FRSAs requirement is 290. Currently, there is a shortfall of 163 FRSAs – based on full time support at the Brigade and Battalion levels.

(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 include 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 our 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.

(p) During the 2nd Qtr/FY08, NGB still in the process of hiring a new Division Chief for Family Programs. NGB hired a new Chief of Family Readiness and a new NCOIC of Family Readiness (2Q / FY07). Conducting thorough review of existing programs, policies and resources to determine what changes (if any) need to be made. Focus is on ARFORGEN Model affecting National Guard IBCTs.

(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.

i. Estimated cost.

(1) ARNG. Funding of \$9.5M was allocated for FY09 for Family Readiness Support Assistants (FRSA) (181) staff. If the ARNG is to sustain the program in out years, funding must be authorized.

(2) USAR. The Army Reserve validated 55 positions, but only received 39 beginning in FY 06. These positions were the result of the FY 05-09 and FY 06-11 POMs, for those requirements. The positions have been assigned to the Operational and Functional Commands, and are currently being filled. Received funding for 127 FRSA's. The Army Reserve requirement is 290 FRSA's - shortfall of 163.

j. Lead agency. ARNG G-1; ARRC-PRF

k. Support agency. IMWR-FP, NGB-FP

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

a. Status. Active

b. Entered. AFAP XIX, Nov 02

c. Final action. No (Updated: 16 Apr 08)

d. Subject area. Entitlements

e. 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.

f. AFAP recommendation. Authorize and fund a Retirement Service Officer at each Regional Support Command.

g. Required action.

(1) Prepare proposal for Human Resources Command 10 RSO positions [positions adjusted to 8 in 14 Apr 04 update].

(2) Determine if position should be permanent civilian or contract employee and grade level of the positions.

(3) Establish funding requirements (Unfunded Resource Requirements) for the initial year and plan for POM in the Out years.

(4) Present decision brief to Commander of HRC regarding 3 courses of action to establish RSO positions.

(5) Research and validate most cost effective way of delivering retirement counseling services.

(6) Coordinating with HQs USARC and HRC (both Alexandria and St. Louis) on proposal to add at least one or more RSO positions to be located at each of the four USARC Regional Readiness Sustainment Commands.

(7) Establish funding requirements for the initial year and plan for POM in the Out-years.

h. Progress.

(1) Validation.

(a) USAR Soldiers have no established point of contact to find out about and discuss retirement counseling and retirement options. RSO offices on many of the Active Duty installations provide regional retirement support but cater primarily to Active Duty Soldiers/retirees.

Those offices are not staffed to handle the workload of USAR retirement issues and lack the detailed knowledge of the USAR retirement system and Gray Area retirees.

(b) USAR Soldiers receive counseling through indirect sources when they complete 20 qualifying years of service and when they reach age 60 and draw retired pay. Letters and forms are sent. A wealth of material pertinent to retirement on the web at <https://www.hrc.army.mil/site/reserve/Soldierservices/retirement/>, and the chain of command, management officers and retirement processing personnel as well as active duty counselors are available to assist USAR Soldiers with any questions.

(2) Positions. Ongoing staff coordination between Headquarters, Department of the Army G-1, United States Army Reserve Command (USARC), and Army Human Resources Command (HRC) will determine the best option to provide retirement counseling and service to eligible Reserve Component (RC) Soldiers, retirees, and Family members. The Army Reserve is undergoing transformation with the disestablishment of the ten Regional Readiness Commands (RRCs) and subsequent establishment of four Regional Support Commands. The merger of AHRC (HRC-St. Louis and HRC-Alexandria) to Fort Knox would free up some positions to provide these services.

(3) Current proposal is to create four (4) Department of the Army Civilian authorizations for FY10. Army G-1, USARC, and HRC are reviewing several options to determine the best location for the additional four authorizations.

(4) During the 1st and 2nd Qtr 08, Army RSO, HQs USARC, HQs ARNG and HRC developed a plan to address structure and command changes to maximize support to retiring Soldiers and their Families. A part of that plan is to work the responsibility of funding. Additionally, Director, HRPD, sent a request to the CAR for the funding of the four RSO positions as an initial step in supporting this issue.

(5) GOSC review.

(a) Jan 06. The Jan 06 GOSC declared the issue still active since the effort is tied to Accessions Command, Army Reserve and Army Human Resources Command restationing to Fort Knox following the BRAC.

(b) Dec 07. The VCSA directed the Deputy Chief of Staff, G-1 and Chief, Army Reserve to decide where to locate these positions.

i. Estimated cost. The annual cost for these RSO positions is \$1.2M. In addition, a start up cost of \$10K is required to cover computers, desks, etc. Annual postage costs could be reduced with web-based support.

j. Lead agency. DAPE-HRP-RSO

k. Support Agency. USARC and HRC

Issue 531: Spouse Professional Weight Allowance

a. Status. Active

b. Entered. AFAP XIX, Nov 02

c. Final action. No (Updated: 10 Apr 08)

d. Subject area. Relocation

e. 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.

f. 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.

g. Required action.

(1) Define "professional items" for spouses.

(2) Include as a Chief of Staff, Army (CSA) Initiative.

(3) Monitor proposals in the unified legislative budget process.

(4) Support the President of the United States 2008 State of the Union Address by soliciting support from the other Services.

h. 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) GOSC review. At the Nov 04 GOSC meeting, the VCSA did not accept the recommendation to close this issue as unattainable. A representative from the National Military Family Association requested this issue remain active because the Military Coalition has included this initiative on their list of 2005 goals as a way to support spouse employment and volunteerism.

i. Estimated cost. FY08 \$30M ; FY13 \$38M

j. Lead agency. DALO-FPT

Issue 532: Standardized Army-wide Pregnancy Program for Soldiers

a. Status. Active

b. Entered. AFAP XIX, Nov 02

c. Final action. No (Updated: 8 Apr 08)

d. Subject area. Medical

e. 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.

f. 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.

g. Required action.

(1) Develop and implement a standardized, mandatory, Army-wide pregnancy/postpartum program that address readiness and a return to physical fitness and weight standards.

(2) Expand the health education portion of the USACHPPM-developed program to include listing core classes and providing curriculum information and sample presentations necessary to provide adequate knowledge

to Soldiers on material, financial, and training opportunities.

(3) Endorsement by the Office of the Deputy Chief of Staff for Personnel (G-1) of the PPPT Program for use Army-wide in conjunction with policy amendments regarding program implementation.

(4) Approval by the Office of the Deputy Chief of Staff for Operations (G-3/5/7) of the PPPT Program for use Army-wide in conjunction with policy amendments regarding program implementation.

(5) G-3/5/7 issue ALARACT designating senior mission commanders as the functional proponent, meaning that they will execute a standardized PPPT Program Army-wide. U.S. Army Medical Command (MEDCOM) retains responsibility as the specified proponent, responsible for developing and updating the training program and its related requirements.

(6) G-1 draft and submit required changes for AR 350-1 and FM 3-22.2 to the G-3/5/7 to support Army-wide implementation of the PPPT Program.

(7) MEDCOM ensures PPPT Technical Guides are available in downloadable format.

h. 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) During the past six years, several versions of proposed way ahead have been presented to G-3/5/7 staff to obtain the G-3's endorsement and action to facilitate implementation of the PPPT Program Army-wide.

(a) In Jan 07, a working group comprised of representatives from G-1, OTSG, CHPPM, the Assistant Chief of Staff for Installation Management (ACSIM), Installation Management Command (IMCOM), and G-3 was formed. New language for AR 350-1 to support the PPPT Program and courses of action that would sustain the program were agreed upon. G-3 staff originally concurred with the group's recommendations. However, new G-3 action officers subsequently re-staffed the proposal through different points of contacts in the above listed agencies and came back with non-concurrence. The ongoing requirement to re-educate new HQDA action officers on this issue as they rotate into their positions makes it difficult to move this action forward.

(b) In Sep 07, the G-3/5/7 Assistant Director of Training met with the G-1 Director, Human Resources Directorate and agreed to designate IMCOM as the proponent for the PPPT Program. IMCOM did not support this decision.

(c) In Nov 07, the G-3/5/7 met with the Deputy Commanding General, IMCOM and designated U.S. Army Medical Command (MEDCOM) as the proponent for the PPPT Program. MEDCOM did not support this decision.

(d) On 11 Dec 07, representatives from the G-1, OTSG, TRADOC, and G-3/5/7 met and agreed that the G-3/5/7 could task IMCOM to execute the PPPT Program with MEDCOM and senior mission commanders in support.

(e) 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.

(f) On 10 Mar 08, CHPPM agreed that MEDCOM's role as a specified proponent was acceptable.

(g) A draft PPPT Program ALARACT message was submitted for staffing with key stakeholders on 4 Apr 08.

(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) CHPPM will provide PPPT Program quarterly sustainment training for those who provide health care-related instruction and for the instructor-trainers, identified as PPPT Program leaders. MEDCOM, through the MTF commanders, will provide medical consultation services for local PPPT Programs. The estimated annual cost for this is \$6K.

(7) Senior commanders will ensure adequate and appropriate facilities and equipment to support standardized local PPPT programs.

(8) OTSG is coordinating support for tracking of PPPT Program outcomes through the Medical Protection System (MEDPROS). An Access-based tracking system for local PPPT Program use has already been developed by CHPPM.

(9) 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.

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

i. Estimated cost.

(1) The local costs for a consolidated installation-wide PPPT Program would be the result of personnel, training, and supply costs and will vary depending on how the commander decides to execute his/her program.

(a) For the initial purchase of equipment and supplies, each installation will need up to approximately \$5K (total \$160K Army-wide).

(b) Once initiated, the recurring cost for equipment, supplies, and training for each of the 32 installations would be \$2K per year for equipment, supplies, and training, or \$64K total across the Army.

(c) A minimum of 0.5 full time equivalent staff is required to run the PPPT Program at the installation level. The cost for this personnel support will vary depending on whether local commanders choose to hire a civilian fitness instructor-trainer or utilize existing military or Department of the Army civilian personnel already assigned to perform that function. A dedicated civilian fitness instructor-trainer could provide program continuity, but the cost of his/her labor would have to be applied against local resources.

(2) It costs CHPPM \$6K each year to serve as a training consultant and provide quarterly leader training courses for health care educators and instructor-trainers.

(3) It is estimated that for every \$1 spent for an Army-wide PPPT Program, the Army would save \$73.50. The local cost per enlisted Soldier for the PPPT Program is less than \$20. Implementation of this program throughout the Army would result in an annual readiness and training cost savings of \$17M from reduced training and separation costs and increased productivity. Additionally, there would be an estimated \$1.4M in medical cost avoidance from a reduction in the number of cesarean births and delivery-related complications.

j. Lead agency. DAPE-HR

k. Support agency. DASG-HSZ, DAMO-TRI, IMCOM-IMMW, MCHB-TS-H

Issue 537: Availability of Authorized TRICARE Providers

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Update: 16 Apr 08)

d. Subject area. Medical

e. 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.

f. 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.

g. Required action

(1) Review Military Health System (MHS) beneficiary population-based customer satisfaction surveys/compare against civilian benchmarks.

(2) Monitor TRICARE provider networks, ref. assessment of contractor performance.

(3) Monitor Health Professional Shortage Area (HPSA) bonus payments and TMA's implementation of TRICARE Maximum Allowable Charge (TMAC) waivers.

(4) Monitor the 3 contractors' performance outcomes and initiatives/impact of provider compensation initiatives.

(5) Monitor TMA's implementation of FY04 National Defense Authorization Act (NDAA), Sections 723/724 (enhanced TRICARE Standard implementation and access to TRICARE Providers).

(6) Monitor results of Government Accountability Office (GAO's) review reports to Congress on TRICARE access to care of non-enrollees.

(7) Monitor status of TRICARE contractor website updates/network provider lists.

(8) Monitor TRICARE contracts to ensure recruiting requirements are met, including use of licensed/credentialed providers, per national TRICARE standards.

h. 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) Compensation tools. Current TMA reimbursement authorities:

(a) Authority to increase TRICARE reimbursement rates. TMA can use the authority in all TRICARE Regions and has approved 15 reimbursement waivers under its authority by:

(1) Waiving reimbursement rate reductions (for network and non-network providers) that resulted when TRICARE reimbursement rates were lowered to Medicare levels as directed by the Congress starting in 1991. As of Jan 06, the transition to Medicare rates was almost complete. TMA has implemented 2 such waivers, in rural AK in 00 and in Anchorage, AK in 02.

(2) Issuing locality waivers (NDAA FY00) that increase rates up to 15% above the TRICARE reimbursement rate for specific procedures in specific localities. Nine were submitted, and TMA implemented 7 between Jan 03 and Aug 06 (AK, Puerto Rico, CN, MN, SC, WA, etc). A demonstration project is on-going for the state of AK with reimbursement rates 35% above the TRICARE maximum allowable charge. This equates to a reimbursement rate similar to that of the Department of Veterans Affairs (DVA).

(3) Issuing 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 for specific locations. Between Jan 02 and Aug 06, TMA approved 6 of 10 applications for network waivers: Mountain Home, ID Air Force Base (dermatology, allergy, and the like.); Cheyenne, WY (certain newborn care services); Ft. Leonard Wood/Springfield, MO (endocrinology, dermatology, thoracic surgery, and others); Portsmouth, VA area (pediatric specialties); Rapid City, SD (OB/GYN services); and Delta Junction/Tok, AK (pediatric specialties), and Ellsworth Air Force Base, SD (Orthopedic and Spine Services).

(b) TMA bonus authorities: TMA has used Health Professional Shortage Area (HPSA) bonuses since Jun 03 to help increase numbers of providers of TRICARE services in federally designated HPSAs. The bonus is 10% of the amount actually paid by TRICARE, is over/above the HPSA quarterly bonus paid to them by Medicare, and over/above any waiver dollars. In 04, TMA paid about \$1.14M for the widely advertised bonuses. Two other Medicare bonuses are 10% incentive payments to psychiatrists providing services in mental health HPSAs, and an additional 5% Medicare incentive bonus (05-07) to primary care/specialty providers for

services in places with the lowest 20% of physician to beneficiary ratios.

(c) Medicare. Since 1992, TRICARE payment rates have been congressionally linked to Medicare rate levels. As budget constraints have forced Medicare to decrease its rates, commensurate TRICARE rates have also had an adverse impact on our beneficiaries' access to care, especially in remote areas where Active Duty Service Members and their Families reside.

(1) In Dec 06, the President signed a bill that suspended the anticipated 5% cut to the Medicare Physician Fee Schedule that was to take effect 1 Jan 07. Instead, he put in place a 1.5% bonus payment to physicians who report required quality data starting in Jul 07. There was concern that the FY07 planned 5% Medicare physician payment decrease would cause many physicians to reduce/end services to Medicare (and TRICARE) eligible. A Medicare physician payment cut of 9.9% is scheduled for 2008.

(2) Also, the Medicare Outpatient Prospective Payment System (OPPS) changes are forcing providers to take a closer look at Medicare payments. OPPS refers to hospital outpatient services being paid on a rate-per-service. Some providers are considering leaving the TRICARE provider networks due to anticipated decreased payments.

(3) Provider network lists updates. A recent FY07 survey of civilian providers indicated that 8 of 10 physicians would accept new TRICARE patients if they accepted any new patients. Of those physicians that would not accept new TRICARE patients, the most common reason is due to reimbursement related issues. Providers noted reimbursement issues 25% of the time as the reason for not accepting new TRICARE patients. There are also many other reasons why civilian providers will not join the network, such as inconvenience of TRICARE, TRICARE conflicts with business practices, provider only takes certain insurance, and provider not aware of TRICARE. 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 monthly updates are accomplished.

(4) Recruitment of providers.

(a) 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.

(b) TRICARE contracts have definitive access standards with required corrective plans for identified network inadequacies. Failure to meet the requirements results in contractor financial penalties. TMA and the three TROs now exercise on-going monitoring/oversight of TRICARE contractors' recruitment management plans.

(5) Legislation.

(a) FY04 NDAA TRICARE Standard requirements. The FY04 NDAA provided two Sections that directly impact this recommendation:

(1) Section 723: Directed surveys in the CONUS TRICARE market on the numbers of healthcare providers accepting new patients under TRICARE Standard; and that providers are educated on Standard to help maintain participation to help ensure users can easily locate providers. A key legislative feature of Section 723 is that adjustments can be made to TRICARE Standard payment rates to ensure TRICARE Standard provider adequacy.

(2) Section 724, directs that each eligible household be given key information on TRICARE coverage, costs, and 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 eligible; and to periodically identify the number/locality of persons who intend to rely on TRICARE providers for healthcare services. TMA now has several mechanisms to ensure DoD meets these requirements.

(b) TMA's FY05 and FY06 Surveys have covered network/non-network providers in various geographic areas nationally, including remote areas. Some key findings associated with the FY05 TRICARE Standard surveys: 90% of all responding physicians were aware of the TRICARE program; an average of 81% of physicians accepted new TRICARE Standard patients for all claims; the two most frequent reasons for not accepting TRICARE patients: No doctor available, and reimbursement issues. TMA found that there is a high level of awareness/acceptance of new TRICARE patients, but variation does exist based on US locations.

(1) TMA has also completed/reported on the FY06 TRICARE Standard surveys covering different geographical areas, with findings similar to the FY05 findings. TMA, the TRICARE Regional Offices (TROs) and TRICARE managed care support contractors (MCSCs) now provide enhanced Standard benefits information to beneficiaries/providers.

(2) They are working to ensure all identified provider issues, including reimbursement issues, are quickly resolved. TMA has initiated its FY07 TRICARE Standard Survey, the last phase of the Surveys, which are designed to cover the entire United States.

(c) NDAA FY06 TRICARE Standard requirements: Sections 711 and 716 direct TROs to use various ways to improve TRICARE Standard within the Regions and provide for additional questions to be added to the Standard Survey, some to include Medicare. The NDAA FY06 also requires annual reports to Congress on the TRICARE Standard Surveys.

(d) The Government Accountability Office (GAO) Report: GAO has provided a report to Congress on the FY05 TRICARE Standard Surveys. A summary of results:

(1) Between FY00 and FY05, the percent of civilian provider inpatient care delivered to TRICARE beneficiaries increased from about 50% to about 75%; outpa-

tient care by civilian providers increased from 39% to 65%.

(2) Per TMA/MCSCs, non-enrolled TRICARE beneficiaries' access to care is generally sufficient and access problems appear to be minimal.

(3) TMA and MCSCs recognize several impediments to network/non-network civilian providers' acceptance of non-enrolled TRICARE patients, including reimbursement rates, TRICARE administrative issues, and issues not specific to TRICARE.

(4) On the ability for existing statutes to fix problems with provider participation in Standard, GAO states TMA already has/is using necessary authorities to increase payment rates for network/non-network providers.

(5) TMA, TROs, and the MCSCs are carrying out the tasks outlined in the FY04 NDAA, i.e., educating civilian providers/beneficiaries, monitoring provider participation, recommending reimbursement rate adjustments, and engaging in outreach activities to ensure TRICARE provider sufficiency within and outside TRICARE networks, as well as TRICARE beneficiaries' access to healthcare.

(e) OTSG will continue to monitor the status of the various ongoing initiatives that impact this Issue, including findings of TRICARE Standard Surveys, FY2008 Legislation, TRICARE's use of their locality/network waiver authority and GAO Reports.

(6) GOSC review. At the May 07 GOSC, 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.

i. Cost estimate. Costs for monitoring are included in already awarded contracts between TMA/ TRICARE contractors. TMA estimates the cost at \$3.5M annually for current Health Professional Shortage Area (HPSA) bonuses. TMA is unable to provide estimates for the upcoming, new HPSA bonuses and TRICARE Maximum Allowable Charge (TMAC) waivers at this time.

j. Lead agency. DASG-HSZ

k. Support agency. TRICARE Management Activity

Issue 540: Duration of Transitional Compensation for Abused Dependents

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Update: 20 Mar 08)

d. Subject area. Medical/Command

e. 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.

f. AFAP recommendation. Authorize 36 months of Transitional Compensation for all eligible beneficiaries.

g. Required action.

- (1) Coordinate with FMWRC CJA.
- (2) Submit recommendation to OSD P&R.
- (3) Coordinate with other Services to query on their position to OSD’s decision on the duration of benefits.
- (4) Coordinate with FMWRC and CJA to explore the possibility of lowering the time for officers and increasing it for enlisted.
- (5) Coordinate with other Services to explore the possibility of lowering duration period to 20 or 24 months across the board for dependents of both enlisted and officers.
- (6) Update cost analysis with FY06 statistics.
- (7) Query OSD for further interpretation of policy.
- (8) Coordinate with CJA on OSD current position.
- (9) Staff proposal to standardize duration of TC payments to 36 months across the board and amend AR 608-1.

h. Progress.

(1) Validation.
(a) Congress established the TC program in 1994 as an entitlement to reduce victims’ disincentives to report abuse. The legislation authorized up to 36 months of payment at the Dependency and Indemnity Compensation rate for Families in which the abusive Soldier has been discharged from active duty (AD) administratively or by court martial for a dependent abuse offense.

(b) Army Regulation (AR) 608-1, Army Community Service Center (ACS), establishes the duration of payments on the basis of the member’s obligated service in accordance with the Department of Defense (DoD) Instruction 1342.24 and the authorizing statute located at 10 United States Code § 1059.

(c) 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. In FY06, the average duration of payments was 23 months. In FY06, the Army’s total cost \$3.3M for new cases.

(d) The FY04 NDAA deleted the language in the statute that required the use of the end of obligated service to determine the duration of benefits and required that OSD issue policy pertaining to the duration of payments within 6 months of the law’s enactment.

(2) Staffing.

(a) In 2nd Qtr FY04, the conference recommendation to authorize 36 months of benefits for all recipients was submitted through the CJA to OSD P&R for inclusion in the revision of DoD Instruction 1342.24, Transitional Compensation for Abused Dependents..

(b) In the 2nd Qtr FY04, after completing a review of all past and existing Transitional Compensation cases, OSD issued a policy in Jun 04, to retain the use of the end of obligated service to determine the duration of benefits. The review indicated that the average length of obligated service was 18 months and that the majority of Transitional Compensation recipients are dependents of enlisted Soldiers. For enlisted dependents, the “obligated active service” is the time remaining on service member’s term of enlistment and for officer dependents, the “obligated active duty service” is indefinite, unless the officer has an established date of separation. FY04, the Army’s figures show 130 new cases (126 enlisted, 4 officers). Since officer’s Families receive the full 36 months of benefits, the additional 16 months for enlisted would cost the Army approximately \$2.4M. OSD determined that an increase to 36 months for all dependents would be cost prohibitive.

(c) IMWR-FP Staff conducted a phone conference with the Navy and Marine Corps representative on 18 Jan 06 and was informed of the decision from SecNav’s office to support OSD’s position and not change duration of benefits. The AF position has not changed.

(d) On 5 Sep 07, FMWRC-FP added AFAP Issue #540 that addresses the inequity in the duration of payment between enlisted and officer’s Family members to Army Soldier-Family Action Plan (A12).

(e) On 5 Sep 07, FMWRC-FP discussed process for legislative change with the CJA, who advised that there was no need for a legislative change since the NDAA had deleted the language pertaining benefit duration based on the remaining time left on the service member’s commitment.

(f) On 21 Sep 07, FMWRC-FP revisited FY04 NDAA guidance on the duration of payment and OSD 14 Jun 04 Policy Letter for further understanding.

(g) On 26 Sep 07, FMWRC revisited the issue with OSD in an e-mail and inquired of plans to standardize the duration of payment for Officer and Enlisted personnel.

(h) On 28 Sep 07, OSD maintains that the Policy Letter dated 14 Jun 04, deletes the language that referenced the duration of payment based on remaining time on the service members commitment and adds a “minimum” floor that says, payment shall be no less than unserved portion of enlistment, otherwise the flexibility is up to the Secretary concerned.

(i) On 1 Oct 07, discussed OSD’s latest interpretation of guidance with the CJA, who advises that it is within the Army’s discretion to amend the TC Regulation AR 608-1 to extend and standardize payments to 36 months across the board.

(j) FMWRC-FP has written and is currently staffing the action memorandum that requests the Assistant Chief of Staff for Installation Management (ACSIM) to approve a revision to AR 608-1 that will standardize the duration of TC for all eligible Army Families, regardless of their sponsor’s rank.

(3) GOSC review. The Jun 06 GOSC requested the issue remain active so the VCSA could learn more about the issue.

- i. Estimated cost.** Using FY06 statistics, the cost to the Army for this increased benefit is approximately \$1.6M above annual cost of \$3.3M.
- j. Lead agency.** IMWR-FP
- k. Support agency.** IMWR-JA

Issue 544: Family Readiness Group Training

- a. Status.** Active
- b. Entered.** AFAP XX, Nov 03
- c. Final action.** No (Updated: 18 Apr 08)
- d. Subject area.** Family Support
- e. 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.
- f. 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.
- g. Required action.**
 - (1) Review current Family Programs (FP) US Army Training and Doctrine Command (TRADOC) Training Support Packages (TSPs).
 - (2) Revise TRADOC TSPs to incorporate updated FRG information.
 - (3) Request Deputy Chief of Staff (DCA), G-3 mandate FRG training at all NCOES and OES.
 - (4) Respond to Vice Chief of Staff of the Army (VCSA) tasker from the 24 Jan 06 AFAP General Officer Steering Committee (GOSC) meeting for G-3 and TRADOC to work with Family and Morale, Welfare and Recreation Command (FMWRC) to establish continual, standardized FRG training in NCOES and OES.
 - (5) Mandate completion of distance learning as a pre-requisite for Advanced Noncommissioned Officers' Course (ANCOC), Basic Non-commissioned Officers' Course (BNCOC), and Captain Career Course (CCC).
 - (6) Develop distance learning system to include FRG training for all levels of NCOES and OES.
 - (7) TRADOC incorporates FRG training in all NCOES and OES.
- h. Progress.**
 - (1) Coordination with TRADOC.
 - (a) IMWR-FP Directorate coordinated with TRADOC to review existing TSPs that are currently in the Soldier's Educational System. Current TRADOC TSPs for the Officer Basic Course (OBC), Warrant Officer Basic Course (WOBC) and Advanced Noncommissioned Officers' Course (ANCOC) include 60 minutes of the Army Family Team Building (AFTB) program; the Captain Career Course (CCC) and Warrant Officer Advanced Course (WOAC) include 80 minutes for AFTB. These lesson plans have been revised to include FRG instruction.
 - (b) IMWR-FP concurrently 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). IMWR-FP provided the revised TSPs to the TRADOC proponent to replace the existing AFTB TSPs.

(c) In Jan 06, FMWRC sent memorandum to the DCS, G-3, requesting FRG TSPs be included in the total Soldier Education System NCOES, OES and other leadership training. The G-3, DAMO-TR requested TRADOC DCSOPS&T review FMWRC recommendations on how to best incorporate PCC, ILE, AWC, and SGM Academy FRG training into the Soldier School System. The FMWRC recommendations are to incorporate the newly developed BCT FRG TSP, and use a briefing format for the ILE, AWC and SGM Academy school systems. TRADOC approved the recommendations in 1st Qtr FY07. The Garrison and Command PCC students currently receive FRG awareness briefing presented by IMWR-FP staff.

(d) FMWRC worked with the Leadership, Education and Training Division (LETDD), Combined Arms Center to develop the TRADOC Common Core online training storyboard for the CCC, "Implement the Family Readiness Group". This storyboard is to be completed by 31 Aug 06.

(e) 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.

(f) In the Dec 07 GOSC, TRADOC clarified that FRG training is not fully integrated into initial military training and all PME courses because of other competitors for the common core curriculum. TRADOC recommended this training be delivered through distance learning. FMWRC will fund the development of a distance learning system that incorporates FRG training for all NCOES and OES levels.

(g) TRADOC will mandate completion of distance learning as a pre-requisite for ANCOC, BNCOC, and CCC.

(2) Recruiter training. Currently the US Army Recruiting Command (USAREC) mandates AFTB Level I and II as a Delayed Entry Program (DEP)/ Delayed Training Program (DPT) sustainment tool. Recruiters are required to complete AFTB training online via the Net Trainer. In turn, they present the AFTB training to DEP Soldiers and their Families during their transition from civilians to members of the Army Team. This ensures that DEP Soldiers and their Families are fully trained prior to attending Basic Training.

(3) Cadet Command training. The US Army Cadet Command currently provides AFTB Level I and II to the ROTC Cadets and their Families and/or significant others as a Leadership Development tool.

(4) 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.

i. Estimated cost. The preliminary cost shows each course level will cost approximately \$200K totaling approximately \$2.6M to \$3M.

j. Lead agency. IMWR-FP

k. Support agency. TRADOC, G-3

Issue 545: Federal Retiree Pre-Tax Health Insurance Premiums

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Updated: 18 Apr 08)

d. Subject area. Employment

e. 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.

f. AFAP recommendation. Authorize federal retirees to pay health insurance premiums on a pre-tax basis.

g. Required action.

(1) Continue to monitor the status of pending bill.

(2) Include retiree pre-tax health insurance initiative in congressional testimony.

h. Progress.

(1) Validation. Section 125 of the Internal Revenue Code allows an employer to provide a portion of an employee's salary in benefits rather than in cash. Instead of being paid to the employee as taxable income, this amount is used to purchase benefits for the employee. The effect is that the employee's taxable income is reduced. Under a health insurance premium conversion arrangement, an employee's taxable income is reduced by the amount of health insurance premiums withheld from pay. The law does not apply to civilian and military retirees.

(2) Legislation. Bills have been reintroduced in the House of Representative (H.R.) and Senate (S) to amend the Internal Revenue Code of 1986 to allow Federal civilian and military retirees to pay health insurance premiums on pretax basis.

(a) H.R. 1110 was introduced into the 110th Congress by Representative Tom Davis of Virginia on 16 February 2007. On 14 March 2007 the bill was referred to the Subcommittee on Military Personnel. This bill was also referred to the Subcommittee on Federal Workforce, Post Office, and the District of Columbia on 20 March 2007 where it remains. This bill currently has 236 co-sponsors.

(b) S. 773 was introduced into Congress by Senator John Warner of Virginia on 6 Mar 07 and this bill was referred to the Committee on Finance. This bill currently has 44 co-sponsors. The language in this bill is the same as in the House version.

(c) Both bills continue to gain momentum.

(3) GOSC review. The Nov 06 GOSC asked the issue to remain active.

i. Estimated cost. To be determined after a decision is made on whether to fund the program and what financial responsibility the agencies and/or OPM would have.

j. Lead agency. G-1, DAPE-CPZ

k. Support agency. Congress

Issue 553: Survivor Benefit Plan (SBP) and Dependency Indemnity Compensation (DIC) Offset

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Updated: 16 Apr 08)

d. Subject area. Entitlements

e. 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.

f. AFAP recommendation. Eliminate the SBP/DIC offset and award full SBP and DIC for service-connected deaths.

g. Required action. Request the DoD position and the DOD Actuary's projected Army cost of eliminating the DIC/SBP offset.

h. Progress.

(1) Legislative proposals. Three legislative proposals (H.R. 1927, S. 935, and S. 1326) were introduced in the first session of the 110th Congress. They propose full elimination of the DIC/SBP offset. FY08 NDAA Public Law 110-181, enacted 28 Jan 08 did not incorporate the proposals to provide full elimination of the DIC/SBP offset. However, Public Law 110-181 did contain legislation establishing a Special Survivor Indemnity Allowance for spouses affected by required SBP annuity offset for DIC. The Special Survivor Indemnity Allowance will be \$50 per month during FY09; will increase by \$10 per month each fiscal year through FY14, when the payment will be \$100 per month; and end FY16. Proposed legislation will remain active through the second session of the 110th Congress.

(2) GOSC review. The May 07 GOSC concurred that this issue remain active to monitor legislative proposals.

i. Estimated cost. The DOD Office of the Actuary projects the cost of full concurrent receipt of SBP and DIC at \$6.29B over ten years.

j. Lead agency. DAPE-HRP-RSO

Issue 558: TRICARE Prime Travel Cost Reimbursement for Specialty Referrals

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Updated: 16 Apr 08)

d. Subject area. Medical

e. 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 beneficiar-

ies 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.

f. AFAP recommendation. Reimburse TRICARE Prime and TRICARE Prime Remote enrollees actual cumulative travel costs for specialty provider care.

g. Required action.

(1) Request that TRICARE Management Activity (TMA) pursue a change to travel claim processing procedures that will bring claims processing costs more in line with industry norms.

(2) Request that TMA pursue a change to the Defense Travel System's plan for an automated system to include processing of Prime Travel Benefit reimbursement claims.

(3) Monitor status of TMA's response to TSG's request.

(4) Forward legislative proposal to amend Title 10, United States Code, 1074i, to authorize a change to the TRICARE policy on travel cost reimbursement in order to reimburse TRICARE Prime and TRICARE Prime Remote enrollees reasonable cumulative travel costs for specialty provider care for distances greater than 100 miles.

(5) Assess/evaluate all options for meeting the Conference recommendation.

(6) Develop and scope new proposed benefit design.

(7) Conduct data call and analyze data based on new benefit design.

(8) Refine/forward new benefit proposal to TMA.

(9) Develop new legislative proposal to amend the TRICARE Prime travel entitlement to allow reimbursements for specialty provider care for distances of 100+ cumulative miles.

(10) Complete assessment/evaluation of all options for meeting the Conference recommendation.

h. Progress.

(1) OTSG, in conjunction with TMA, has explored several options for meeting the Conference recommendation, per the Required Actions/Milestone section. These options were rejected due to an estimated \$23M increase 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 bene-

ficiary 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 is now reexamining the benefit proposal in order to develop an alternative approach to meeting the AFAP recommendation.

(2) OTSG's new alternative proposal (based on 100 miles or less) will minimize the overall cost of a cumulative travel benefit by focusing on two areas.

(a) First, the new proposal will 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 will eliminate the current processing fee of \$32.50 per claim.

(b) Second, the new proposal will 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 has 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 will reimburse Family members for round trip miles. Under this new estimate, the JFTR will 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 will cost \$25M/quarter or \$100M/year.

(4) The new proposal will still require legislative (Title 10, United States Code, 1074i) and regulatory (Joint Federal Travel Regulations) changes.

(5) The new proposal will 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) OTSG will continue to work with TMA to evaluate the cost and benefit structure to evaluate implementation of this change.

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

i. Estimated cost. A more detailed cost estimate is complete. The cost estimate is based on the new benefit design. This cost estimate revealed that approximately

5% of Family members would qualify for this benefit. Reimbursement will cost approximately \$100 million annually.

j. Lead agency. DASG-HSZ

k. Support agency. TRICARE Management Activity

Issue 559: Unit Ministry Team Force Structure

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Updated: 8 Apr 08)

d. Subject area. Medical

e. 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.

f. 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.

g. Required action.

(1) Collaborate with G-3 FM in determining all MTOE and TDA units without their own UMT force structure.

(2) Determine cost avoidance where possible, using higher echelon UMTs to provide religious support to the smallest battalions.

(3) Include recent, additional capability requirements for the Army Chaplaincy:

(a) Deployable/deployment support Family Life UMTs (Army Initiative 2)

(b) Deployable/deployment support World Religions UMTs (ACP, Aug. 07 Update).

(4) Bring full lay down to Director G-3 FM, and then to the VCSA.

h. Progress.

(1) Validation.

(a) The General Counsel, Office of the Secretary of Defense ruled on 6 Jul 05 that military chaplains are inherently governmental and therefore, may not be contracted. Army chaplains provide Constitutionally valid, historically proven service in support of Soldiers, Family members, and authorized civilians.

(b) Several studies indicate Soldiers depend on Army chaplains as their most preferred "trusted agents," following Family and close friends, in responding to personal concerns. The Office of the Chief of Chaplains has been proactive in the development and execution of marriage, Family, and individual support with Strong Bonds programming; in stress and suicide prevention with Applied Suicide Intervention Skills Training; and in many other programs. Deployment and OPTEMPO stress have serious physical, mental, emotional and spiritual dimensions. Not only do they impact the Soldier and Family member personally, they have ramifications

for retention, safety, morale and moral choices. Quality care for Soldiers, Family members and authorized civilians requires a minimum of one Unit Ministry Team (one Chaplain and one Chaplain Assistant) per battalion.

(2) Force Structure.

(a) In all brigade combat teams (BCTs), chaplains and chaplain assistants are MTOE-authorized. While the unit is in the ARFORGEN Reset/Train Pool, BCTs may be filled at less than 100% of Chaplain (CPT) authorizations, based on available inventory, but BCTs deploy at 100% fill.

(b) Corrections or additions to force structure must be implemented by the respective Army Commands, ASCCs, and DRUs in the Command Plan process and Total Army Analysis (TAA). The Chief of Chaplains does not own any force structure. If the Command provides required bill payers for new force structure, the Chief of Chaplains will fill the requirements based on inventory.

(c) The G3 approves all Force Structure. PPDT continues to work with DAMO-FM and all commands in the Command Plan and TAA process.

(d) 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 out of GTAP. This provides critical support to units currently without their own UMT force structure, and directs building Family Life UMTs in certain deploying units and in the Army National Guard and U.S. Army Reserve footprints.

(e) It is projected that by 30 Apr 08, the vast majority of MTOE and TDA positions will have an approved documentation plan.

(3) Reassessment of the issue. During the May 07 GOSC, the VCSA stressed the importance of UMTs in both the institutional Army, for Soldiers and Families (especially during deployments), and in the operating force. The Army needs to take a holistic look at the UMTs, ensuring a right balance between the institutional Army, to include Garrison support for Families, and operating force. UMTs at Recruiting, Accessions, and Cadet Command need to be included, as well. Army will make the decision and build the needed UMTs out of the 65,000 Grow the Army Plan. We will not use the old way, negotiating bill payers. The VCSA tasked the Chaplains to take this topic to the Army Campaign Plan for decision.

(a) Units within DOD-controlled programs will require a Program Decision Memorandum (PDM) or a Program Budget Decision (PBD) to transfer spaces.

(b) Resourcing has not yet been identified for 16 AGR Family Life UMTs approved under AFAP Issue #559. These positions are designed to give ARNG and USAR Soldiers and Families critical support long available in the Active Component. AGR constraints to date have precluded identifying the resourcing for these positions (11 ARNG Family Life UMTs ; 5 USAR Family Life UMTs).

(4) GOSC review. At the May 07 GOSC, the VCSA supported this issue and asked the Chief of Chaplains to work with G-3 to determine cost to the Army.

i. Estimated cost. A total of 445 Authorizations in 3 components, to include resourcing for 32 Active Guard Reserve (AGR) positions.

j. Lead agency. DACH-PPDT

k. Support agency. Army G-3/7 FM

Issue 562: Army Integrated Family Support Network (formerly known as Multi-Component Family Support Network (MCFSN))

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Updated: 4 Apr 08)

d. Subject area. Family Support

e. 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.

f. AFAP recommendation. Develop a Multi-Component Family Support Network that is a seamless array of Family support services that can be easily accessed by the Soldier and Family - Active, Guard and Reserve - regardless of physical location.

g. Required action.

(1) Conduct unified regional training (east of Mississippi).

(2) Develop and employ strategic communication plan.

(3) Hire and train regional liaisons.

(4) Conduct unified regional training (west of Mississippi).

(5) Market services to Families through the "Purple Box".

(6) Begin phase in of Army eFamily messaging system.

(7) Begin Community Institutes.

(8) AIFSN becomes the single "Stargate" Portal for Families.

(9) AIFSN institutionalized as the primary vehicle to implement Family Program standardization.

(10) Find methods to penetrate the market to National Guard and Reserve Soldiers and Families.

h. Progress.

(1) Issue History. At the 18 Nov 03 AFAP GOSC, the VCSA directed the Commanding General, FMWRC, Director, Army National Guard and Chief, Army Reserve to form a tiger team to develop a concept for a Multi-Component Family Support Network to best serve the

Active, Guard and Reserve Force. AIFSN is the Army's enterprise approach for linking Family Programs from all components and placing Families at the center of this strategy. The AIFSN will change the delivery of services across the components and provide the same level of support to the active duty, Guard and Army Reserve. Families will have a choice of three different ways to access service: phone, internet, or walking into the closest Family Services office, regardless of component.

(2) Family Support Network.

(a) Tiger Team met in Dec 03 to discuss recommendation and develop outline. FMWRC/ARNG and USARC staffs briefed the VCSA on 23 Dec 03. FMWRC/ARNG/USARC staffs revised briefing based on VCSA guidance Jan 04. FMWRC staff developed the first draft of the concept paper and presented to Tiger Team on 20 Feb 04 and requested Tiger Team to provide recommendations to concept paper to IMWR-FP by 5 Mar 04. FMWRC conducted field visits with RC Families to determine their needs. FMWRC staffed final concept paper with Army staff in May 04.

(b) 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). Each region utilized a different approach as a basis for conducting their pilot. From each of these approaches, "best practices" can be determined to develop an effective and functional MCFSN to implement.

(c) In Jan 06, the MCFSN concept was briefed to the AFAP GOSC and the VCSA gave the approval to continue to Phase II implementation of the MCFSN. Additionally, in Jan 06, the MCFSN concept was briefed to the Army Reserve Policy Committee (ARFPC) and briefed out to the Vice Chief of Staff, 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 RC and focusing on providing geographic support rather than support by unit or component. In Apr 06, FMWRC provided an update to the ARFPC and the Reserve Component Committee Council (RCCC) Council of Colonels on the progress of developing a plan for Family Readiness Program support to the USAR/ARNG. The MCFSN action was transferred from the ACSIM to the Assistant Secretary of Army and Manpower Reserve Affairs (ASA (M&RA)).

(d) The Commander, FMWRC provided the MCFSN briefing on 3 May 06 to the RCCC and was given the go ahead to proceed. The Directors, Family Program and Child and Youth Services briefed the ARFPC on 26 Jun 06 and the ARFPC recommended the program be endorsed, funding to the validated requirements, and that the National Guard and Army Reserve each provide a liaison officer to MCFP to develop their CONPLAN. A taskforce was established at the direction of the Deputy Assistant Secretary, Human Resources on 18 Jul 06. Attendees included representatives from FORSCOM, Accessions Command, USA Reserve Component, National Guard Bureau, IMA HQ, IMA-Pacific Region, IMA North-

west Region, OSD-RA, ASA (M&RA), Army Wounded Warrior, First Army, and Child and Youth Services (CYS). The Task Force developed an action plan to ensure execution.

(e) In Feb 07, taskforce members reconvened to review the action plan and begin work on annexes to G-1/ACSIM section of the Army Campaign Plan, Army Mobilization Operations Planning and Execution System (AMOPES), FORSCOM Mobilization and Deployment Planning System (FORMDEPS) and Army Force Generation (ARFORGEN) to address Family readiness and support issues.

(3) Change to Army Integrated Family Support Network (AIFSN).

(a) Briefed the DAS in Jul 07, who directed name change to Army Integrated Family Support Network (AIFSN) and brief to Chief of Staff, Army (CSA). The CSA subsequently received the briefing during the Army Initiatives #2 IPR (Jul 07).

(b) The first AIFSN training took place 10-14 Sep 07 for all components. The training for staff west of the Mississippi was conducted 25-29 Feb 08. All key Family Program staffs in CONUS are trained.

(c) Interim Operating Capability was met in Mar 08. Items included are enduring Family Assistance Centers identified, technology applications live, resources and materials completed, staff trained, AIFSN Community Support Coordinators being hired, promotional items distributed, and requirements entered in POM 10-15. Final Operating Capability is on target for Sep 08.

(4) 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.

i. Estimated cost. FY08 funding \$63.2M for implementation of Army Integrated Family Support Network (AIFSN).

j. Lead agency. IMWR-FP

k. Support agency. IMCOM, ARNG, USAR

Issue 564: Calculation of Family Subsistence Supplemental Allowance (FSSA)

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No (Updated: 15 Apr 08)

d. Subject area. Entitlements

e. Scope. The federally mandated requirements to include Basic Allowance for Housing (BAH) or Overseas Housing Allowance (OHA) in the calculation of total in-

come 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.

f. AFAP recommendation. Eliminate housing and utility allowances from income calculations for FSSA.

g. Required actions.

(1) Met with OSD and other Services on change for both OCONUS and CONUS.

(2) Request average OHA be used OCONUS.

(3) Submit as a ULB action for FY10.

h. 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 competi-

tive and then saying our Soldiers still need welfare benefits.

(7) GOSC review.

(a) May 05. The GOSC was informed that the other services do not support eliminating housing allowances from FSSA calculations. Army will submit a request to use an average OHA in the calculation of FSSA overseas.

(b) Nov 06. The issue was recommended for unattainable status, but the DAS directed that it remain active to do more work to address the OCONUS concern and to explore other ways to get Soldiers off food stamps.

(c) May 07. The issue was recommended for unattainable status, but the VCSA directed that in light of the increase in the size of the Army, it was necessary to define the requirement and the problem. The VCSA wants to investigate the impact of BAH and what that's going to do to the FSSA. The issue remains active.

i. Estimated cost. The Army spends \$1.5M for FSSA. Changing this policy could cost the Army approximately \$3.5M.

j. Lead agency. DAPE-PRC

Issue 566: Childcare Fee Categories

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No (Updated: 14 Mar 08)

d. Subject area. Child Care

e. 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.

f. 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.

g. Required action.

(1) Review the financial impact of increasing the number of income categories and increasing the number of fee ranges in those categories both for Army CYS and CYS patrons.

(2) Submit request to DOD to increase number of income categories and expand the ranges within those categories.

(3) Cost analysis of proposal by OSD.

(4) Implement Army Child Care Fee Policy for SY07-08 as prescribed in DoD Fee Policy.

h. Progress.

(1) Validation. Conducted feasibility analysis on the recommended actions as proposed by AFAP issue. Proposal would decrease NAF revenue requiring increase in APF support.

(2) The Department of Defense (DoD) continues to conduct child care fees cost analysis. Army proposal for increasing the number of income categories and increasing the number of fee ranges in those categories was

considered, but was not accepted for inclusion in SY07-08 Fee Policy. Current OSD focus is in determining feasibility of implementing a standard fee for each income category across all Services.

(3) Extend Army Child Care Fee Policy School Year (SY) 06-07 through SY07-08 with minor changes to incorporate deployment support fee incentives.

(a) Issued Army SY07-08 Fee Policy 1 Sep 07.

(b) Evaluating the impact of proposed cost analysis changes on Army patrons and CYS Program fiscal viability.

(c) Anticipate revised DoD Fee Policy for SY08-09 4th Qtr FY 08.

i. Estimated cost. DOD conducted CYS Program meetings Sep 05 – Jan 06 to review fee guidance and definition of total Family income. This information was considered in the DoD patron fee cost analysis. Cost analysis is complete and recommendations forwarded to the Services for financial impact.

j. Lead agency. IMWR-CY

k. Support agency. OSD-P&R

Issue 567: Completion of the Deployment Cycle Support Program (DCSP) by Individual Returnees

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No (Updated: 18 Mar 08)

d. Subject area. Force Support

e. Scope. Individual Soldiers and DA Civilians returning from an operational deployment and their Family members are not consistently completing DCSP. The current DA program captures whole units, but does not always capture individual returnees (e.g., Individual Ready Reserve (IRR), Individual Mobilization Augmentee (IMA), US Army Intelligence and Security Command (INSCOM)) and/or Family members. Lessons learned with respect to domestic violence, suicide awareness and marital issues indicate non-completion of the DCSP jeopardizes the safety and well-being of the "Total Army Family."

f. AFAP recommendations.

(1) Modify the DCS Concept Plan to require commanders to be responsible and accountable for individual returnees completing the DCSP.

(2) Modify the DCS Concept Plan to require commanders to be responsible and accountable for making the DCSP available to Family members of individual returnees.

g. Required action.

(1) Forward to ASA (M&RA) for review.

(2) ASA (M&RA) forward DCS Directive to the OGC for legal review.

(3) Forward to the Secretary of the Army for approval.

(4) Release DCS Directive via ALARACT message.

(5) Follow up with HRC, St. Louis on IRR Soldiers' status.

h. Progress.

(1) Validation. The intent of the Army's Leadership as outlined in the DCS Directive states that all levels of the chain of command must be involved to ensure DCS requirements are accomplished and documented for all

Soldiers deployed for 90 days or more, including Soldiers deployed with other services and those redeploying on R&R, emergency leave, or medical evaluation.

(2) Soldiers begin the DCS process in theater during redeployment and continue the process through reconstitution. Upon approval of the DCS Directive, the DCS process will be conducted throughout the deployment process. Commanders are held accountable to ensure that the DCS process is made available to all Soldiers and Family members. DA civilians and Family members are strongly encouraged to participate in DCS activities, but their participation cannot be mandated.

(3) 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 these DCS process are all Soldiers complete the DCS tasks and ensure that services are available to Family members. DA civilians and Family members are strongly encouraged to participate in DCS activities, but their participation can not be mandated.

(4) An ALARACT message announcing the approval of the DCS Directive was released on 27 March 2007. Additionally 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 website (<http://www.army.mil/usapa>).

(5) All available proponent briefings have been posted on the DCS website and are checked periodically to ensure they are current.

(6) HRC, St. Louis is responsible for monitoring and managing IRR Soldiers' readiness. Utilizing IRR Reactive Demobilization Checklist (covers DCS Reintegration tasks), the IRR Career managers, HRC, St. Louis is tracking IRR Soldiers.

(7) GOSC review. At the 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 re-evaluate how the Army can better address the needs of deployed DA civilians.

i. Estimated cost. DCSP already in place and operating therefore no additional cost to ensure this occurs.

j. Lead agency. DAPE-HR

k. Support agency. OTSG, OCCH, IMCOM, FMWRC, NGB, OCAR

Issue 569: Army Sponsored Community-Based Child Care to Support the Army Integrated Family Support Network and Garrisons Impacted by Transformation

a. Status. Active

b. Entered. AFAP XVIII, Mar 02

c. Final action. No (Updated: 14 Mar 08)

d. Subject area. Child Care

e. 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 Duty Soldiers currently bear the full cost of child care and the financial inequities of being assigned to remote duty locations.

f. 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

g. Required actions.

(1) Establish options for geographically isolated active duty Soldiers to access quality child care.

(2) Submit and obtain POM UFR funding to reduce child care fees for geographically isolated active duty Soldiers using Army-sponsored, community-based child care.

(3) Develop marketing materials and outreach services to inform and support geographically isolated Families eligible for child care services.

(4) Submit and monitor as action in Army Well Being Plan.

(5) Update Army CYS Mobilization & Contingency (MAC) Plan Manual and the Installation Child & Youth Operations Plan Workbooks to address child care needs of geographically isolated Families.

(6) Submit and obtain Program Objective Memorandum (POM) Unfinanced Requirement (UFR) to expand ASCBCCP spaces to help meet 80% DOD Social Compact Child Care Goal.

h. 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 VCSA direction during the Jun 06 AFAP General Officer Steering Committee. Issue # 569 encompasses Military Child Care In Your Neighborhood for geographically dispersed active duty Army Families and Army Child Care in Your Neighborhood in targeted garrison catchment areas to augment, not replace, on post care.

(2) Validation. Issue supports the Army Campaign Plan to support the "all volunteer force by providing available, affordable, quality child care support where Families reside. It helps "get the red out" at garrisons impacted by the Continental United States (CONUS) Modular Force, Base Realignment and Closure (BRAC) and Global Defense Posture Requirements (GDPR). Issue reduces Garrison MILCON requirements and personnel infrastructure and serves as a viable option to help meet 80% of child care demand per Army Standard. Additionally, the issue is a key component of SEC Army

directed Integrated Multi-component Family Support Network (IMCFSN).

(3) Options to access child care.

(a) Army has a Memorandum of Agreement with General Services Administration (GSA) to allow geographically dispersed Active Duty Soldiers to apply for subsidized child care at Army rates in 216 GSA/Federal centers in 32 states (remaining states do not have GSA centers).

(b) Army has a contract with national non-profit organization to locate and subsidize:

(1) The cost of 2500 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. Funding programmed in Management Decision Package (MDEP) QCYS - available through FY13.

(2) The cost of 3000 Army sponsored off-post child care spaces for deployed geographically dispersed Reserve Component Soldiers through Operation: Military Child Care. Care is provided where Families reside. Army plan is to resource with Supplemental Funding in FY08-09 and include as an enduring requirement in MDEP QCYS FY10-15.

(3) The cost of 2000 Army sponsored off-post child care spaces for the Army Child Care in Your Neighborhood initiative and 1000 off-post school age spaces for the Army School Age Care in Your Neighborhood initiative in Garrison catchment areas. These programs provide care options for children of Soldiers assigned to Garrisons where long waiting lists prevent them from receiving immediate care. Funding programmed in MDEP QCYS - available thru FY13.

(4) Information available through Military OneSource and print materials provided to Army National Guard (ARNG) and United States Army Reserve (USAR) for distribution to Family Readiness Groups. The USAR and ARNG Child and Youth staff trained on available services (Feb/Mar 05; Apr 06-Feb 07/on-going).

(5) Issue included as #3.6.3 in Army Well-Being Plan.

(6) Army Integrated Family Support Network (AIFSN).

(a) Child Care included as a basic service with the AIFSN per Army Executive Office Headquarters tasker to "develop a strategy for expanding Family Support Programs in the Reserve Component" (Feb 06).

(b) Supported by Reserve Council of Colonels (Apr 06), Reserve Component Coordination Council (May 06), and Army Reserve Forces Policy Committee (Jun 06).

(c) Included as supporting tasks 2.2.1.1 and 2.1.4.3 in Soldier Family Action Plan.

(7) Funding.

(a) DoD funded Military Child Care in Your Neighborhood (FY05-06) pilot to establish 2000 community based child care spaces.

(b) Army programmed funding in MDEP QCYS Program Budgetary Review (PBR) 09-13 BP3.0 for child spaces provided through Army Child Care in Your Neighborhood and Military Child Care in Youth Neighborhood.

(c) Army plan is to resource Operation: Military Child Care spaces with Supplemental Funding in FY08-09 and incorporate as Expeditionary Force enduring child care requirements in POM 10-15.

(d) Enduring requirements for ARNG and USAR Child and Youth HQ and Region staff. [Operation and Maintenance, Army Reserve (OMAR) & Operation and Maintenance, National Guard (OMNG) QCCS Management Decision Evaluation Package] are pending adjustments to support Army Integrated Family Support Network.

(5) 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.

i. Estimated cost. POM 06 -11 programmed requirements include \$6.1M Operation and Maintenance for the National Guard (OMNG) funding for Active Duty National Guard and \$4.0M Operation and Maintenance for the Army Reserve (OMAR) funding for Active Duty Army Reserve in FY06 and FY07.

j. Lead agency. IMWR-CY

k. Support agency. None

Issue 572: Family Member Eyeglass Coverage

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No (Updated: 16 Apr 08)

d. Subject area. Medical

e. 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.

f. 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.

g. Required action.

(1) Develop/forward to the TRICARE Management Activity (TMA) a legislative proposal to cover a TRICARE eye glass benefit for Family members of Active Duty Service Members/military retirees.

(2) Continue to study, with TMA, costs associated with funding of eyeglasses through outsourcing.

(3) Determine capabilities of the Optical Fabrication Enterprise (OFE).

(4) Monitor status of approvals on 2nd legislative pro-

posal request for Family member eyeglass benefit.

(5) Explore with Army and Air Force Exchange Services (AAFES) development of Online plan for access to low-cost eye glasses, to especially impact remote areas.

h. Progress.

(1) Funding eyeglasses under TRICARE.

(a) TRICARE does not cover eyeglasses for Family members of AD Soldiers and retirees. Historically, a similar AFAP Issue, #472, "TRICARE Vision Plan", reviewed in Spring 01 was closed by the AFAP General Officer Steering Committee as unattainable. Under the TRICARE Prime option, AD and retiree Family members are authorized a periodic comprehensive vision examination (AD Family members annually, retiree Family members every two years). Enrollees may self-refer for this benefit.

(b) In May 05, OTSG forwarded to TMA a request for proposed legislation for a TRICARE Family member eyeglass benefit. This legislation would be required before Recommendations 2 or 3 could be implemented under TRICARE. TMA returned the action on 07 Jul 05 without support due to an estimated annual cost of \$201M. A viable funding offset would be required to support this benefit expansion.

(c) In the summer of 2005, OTSG also submitted, through Army to the Office of the Secretary of Defense (OSD), a Unified Legislative Budget proposal, which was rejected. Thus, there is no legislative proposal being supported by DoD, and there is no action in the Senate/House to add an eyeglass benefit. DoD continues to consider an increase in user fees for TRICARE beneficiaries citing explosive growth in healthcare costs, a move which continues to meet stiff resistance. Congress has also required a comprehensive review of the TRICARE benefit. With an estimated 11 billion dollar shortfall in funding for TRICARE, no additional benefits are anticipated without an increase in user premiums or a funding offset. In the absence of these two options, this Recommendation remains unattainable. Also, any expanded TRICARE benefit to pay for eyeglasses from AAFES would require a legislative action and additional funding support.

(2) Retirees are eligible to receive free standard military brown eyeglasses annually which are provided directly to retirees from DOD optical fabrication laboratories. Retirees may elect to provide an eyeglass prescription from a private practitioner in order to take advantage of this benefit. 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. Or, these retirees may present a valid eyeglass prescription at a DVA optometry office, and choose from their frame selection to obtain a pair of glasses at no cost.

(3) Outsourcing Optical Fabrication.

(a) AAFES.

(1) AAFES already contracts optical services through eight private companies and has the capacity to take on additional work.

(a) AAFES has military oversight, and its world-wide optical shops are monitored by three full-time, field grade military optometrists, a senior military ophthalmic technician, and a military healthcare credentials administrator. Thus, AAFES currently outsources within a framework that includes military management.

(b) AAFES has 102 optical shops within United States, another 18 shops in Europe and 12 in the Far East. AAFES optical shops are well-established on every viable military post, base, and camp. These shops are well distributed across the nation, leaving them easily accessible to virtually all service members, excepting active duty military members serving within the civilian sector in the most remote locations. To serve these remotely located service members, AAFES is currently working to include an on-line optical service.

(c) Frugal shoppers may be able to take advantage of AAFES promotional events that can lower the cost of a single vision pair of glasses to about \$30. Informational promotions are typically available each month within the Exchange advertising circular, the Mainstreet Shopper. Promotions are seasonal and typically feature high quality, yet affordable eyewear for all beneficiaries, with AAFES coupon events running about every other month. In addition, each contractor also sponsors locally-focused promotional opportunities.

(d) Savings may be particularly remarkable for children. By contract, AAFES Optical Shops provide safety lenses at no additional charge to all children under age 18. Also, at the beginning of each school year, promotions usually feature low cost glasses for children, and a pair of complete prescription eyewear may be purchased for as low as \$30.

(e) AAFES requires compliance with American National Standards Institute (ANSI) Standards by all Exchange Optical locations world-wide. Elsewhere, ANSI Standards are generally considered guidelines without enforceability, fines, or regulatory authority.

(2) All things considered, AAFES provides the best source for eyewear for Family members due to reasonable costs, enforced standards, and via 133 AAFES Optical Shops on military installations worldwide. AAFES contracting officers negotiate the best rates at each location to maintain AAFES quality, affordability, and value.

(3) For remotely located beneficiaries, AAFES offers the Online Mall internet site. AAFES is currently pursuing a completed contract that will provide an online optical service, which would allow all military beneficiaries to purchase prescription eyewear from anywhere in the world. An Online Mall optical shop would offer low-cost prescription eyewear with a modest selection of selection of frames and lens options.

(a) The AAFES Online Mall is especially valuable for serving beneficiaries who are not close to a fixed store. When on-line optical services are married with the Online Mall, beneficiaries at any worldwide location have a fair broker in AAFES, which will ensure purchases are made on a secure site with companies that meet AAFES standards.

(b) For single vision eyeglass wearers, utilizing the Online Mall provides little risk when the patient has an up-to-date prescription. AAFES expects the contracted online optical company would offer a selection of metal, plastic, and rimless frames fabricated into complete single vision prescription eyeglasses for prices starting at less than \$40. 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.

(c) Apart from AAFES, a number of independent on-line optical shops offer complete prescription glasses starting as low as \$10. The on-line companies also offer "designer frames" at lower costs than that found in traditional "brick & mortar" optical shops. Without the AAFES backing, shoppers who use these independent on-line optical shops assume some additional risk, yet these independent on-line shops do provide yet another opportunity to procure inexpensive eyewear from any location where U.S. military Families are stationed.

(b) Other large companies, to include many names such as Sears, LensCrafters, Pearle Vision and Target, offer corporate vision plans with discounts averaging 40% off their retail eyeglass prices. A similar plan could be developed for the military Family, but some local research found that the savings are not substantial. Most also offer "military discounts" in the same discount range, which according to local vendors can be easily beaten by other discount offers and promotions.

(c) 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. Without considering the complexity of organizing a shadow optical service within our military clinics, 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.

(4) Frame of Choice.

(a) The current mission of the DoD Optical Fabrication Enterprise is to provide glasses for Service Members to ensure they are vision ready to deploy at all times. Army and Navy optical fabrication laboratories deploy with Service Members in all major contingencies. The DoD Optical Fabrication Enterprise does not have the necessary resources or capacity to provide a frame-of-choice at cost for Active Duty Family members and retiree Family members. The sole exception to providing AD Family members with optical items through military laboratories is cited per Tri-Service Instruction/NAVMEDCOM INSTR 6810.1, whereby eyewear is offered on a very limited basis to Family members stationed with a Service Member assigned to one of four very remote locations: Guantanamo Bay (Cuba), Keflavik, (Iceland), Adak and Sitka (Alaska). These locations have been designated as remote for the purposes of providing spectacle services to military dependents of the U.S. Uniformed services. The orders are filled on a

reimbursable basis, with only 68 pairs ordered under this program in FY05.

(b) Army and Navy optical fabrication laboratories deploy with Service Members in all major contingencies. As of Jul 06, the OFE has experienced significant short-falls in military optician manning at Army and Navy Fabrication Labs. Current efforts are focused on meeting our operational and readiness missions to Service Members of all Services. Assuming additional workload to cover Family members is not tenable due to capacity limitations and the excessive costs involved with the use of military laboratories for fabricating Family member eyeglasses.

(5) Cost avoidance from the reduced need for eyewear as a result of more Soldiers having laser eye surgery is minimal. Refractive surgery will reduce the number of required spectacles, but not in the numbers required to fund or even offset the cost of a TRICARE eyeglass benefit. Assuming all Soldiers who had undergone refractive surgery remain on Active Duty (AD), this would total only 29,000 Soldiers. By not fabricating two pairs of glasses and one protective mask insert at a cost of \$34 on average would net savings of only \$3 million. This savings would have minimal impact to the proposed eyeglass benefit.

(6) GOSC review.

(a) May 05. GOSC was briefed on various strategies being explored to resolve this issue.

(b) Nov 06. GOSC requested issue remain active to increase AAFES publicity of low-cost glasses and to explore options for Families that do not live near an AAFES facility.

i. Estimated cost. TMA estimates that the total annual government cost of providing eyeglass coverage to non-Active Duty TRICARE eligible would be about \$201 million annually.

j. Lead agency. DASG-HS-O

k. Support agency. TRICARE Management Agency, Optical Fabrication Enterprise, AAFES

Issue 574: Funding for Reserve Component (RC) Reunion and Marriage Enrichment Classes

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No (Updated: 11 Apr 08)

d. Subject area. Family Support

e. 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.

f. AFAP recommendation. Fund PREP for the Army National Guard and the US Army Reserve.

g. Required action.

(1) Army National Guard (ARNG)

(a) Update and maintain the strongbonds.org website for registration and collection of metrics.

(b) Continue to administer surveys before and after each seminar to measure effectiveness.

(c) Obtain funding for Strong Bonds Training from re-prioritized resources for FY-09.

(d) Continue to monitor data collection.

(2) United States Army Reserve (USAR)

(a) Submit total funding package as part of CSA Initiative #2.

(b) Obtain funding.

(c) Monitor the progress of the requested change to JFTR.

h. Progress.

(1) USAR actions.

(a) The CAR, in the Warrior Citizen Message, 13 Jan 05, authorized and directed the implementation of DCS Task 3.4.7(One day Marriage Workshop Training).

(b) The Joint Federal Travel Regulation (JFTR) has recently been interpreted by OTAG disallowing spouses to be put on Invitational Travel Orders to attend Strong Bonds events, the Chief of the Army Reserve and Army Chief of Chaplains have requested a change to the JFTR.

(c) "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.

(d) MSC Command Chaplains have the lead on planning this program. USARC Command Chaplain's office allocates the funding for each command per their request.

(e) Marriage workshops are being planned in areas that have the highest concentration of Family members within the region of the RRC/DRC to make it as easy as possible for Soldiers and spouses to attend.

(f) In FY06 and FY07, over 7500 couples and approximately 2000 single Soldiers have gone through this program in the Army Reserve.

(g) In FY06, \$4M was available including \$1M from Congress and \$3M additional from Army Reserve funding.

(h) FY07 remains unfunded with \$11M requested in the supplemental. OSD did not validate any OMAR for FY07 but validated \$3M RPA.

(i) Cash flow from Army Reserve funds for FY07 total \$8.5M including OMAR and RPA.

(2) ARNG actions.

(a) Chaplain office obtained FY-08 re-prioritized funding for Strong Bonds in coordination with NGB-ARM-O now known as NGB-SFSSD at \$7.1 M for lodging/ materials (2065 funds) support for the operation of the seminars.

(b) Joint Force Headquarters (JFHQ) SFPD is working directly with the JFHQ Chief of Chaplains to schedule Marriage Enrichment Seminars. The Family Program Office and the Office of the Chaplain will ensure that the event is within the states allocation of events and that the Chaplain training is supportable by a trained instructor. Six Chaplains and Chaplain Assistants have been

trained as instructors in FY07 with over 200 trained since 2005.

(c) The Chaplain instructor will administer a survey assessment tool before and after the seminar to measure the effectiveness of the seminar on improving communication, stress management, and the expectation of reun-ion. Data collection is ongoing for historical purpose.

The SFPD will be responsible for logistics support, to include hotel procurement, meeting room negotiations, informational materials, Invitational Travel Orders for spouses, and budget management.

(d) A Marriage Enrichment Class is designed to train 100 people (50 couples). There are cost constraints per event that we cannot exceed. Each event has been cost analyzed and to not exceed \$20K dollars for lodging and for materials for each weekend. Service member pay and allowance has been the responsibility of the state. \$7.1M was received by the ARNG to fund spouses travel, supplies, materials and facilities at 25%.

(e) The goal for FY08 is 50 more trained instructors – 30 Chaplains and Chaplain Assistants have been trained so far in 2008 to instruct Marriage Enrichment Weekends. A total of 466 PREP trained instructors have been trained since 2005. 287 Marriage Enrichment Weekends have been planned and funds obligated for their completion.

(f) The Active Duty, USAR and ARNG Chaplains Components have all partnered with the ARNG Family Program to work on the strongbonds.org website that will allow registration and collection of metrics from service members and Families when they access the website for information on Marriage Enrichment seminars and other events. This website was launched 15 May 06. Strong Bonds started as Building Strong and Ready Families (BSRF), a program for couples, but now encompasses programs for single Soldiers, married couples, and Families with children. The new programs now meet Soldiers at different phases of the relationship cycle. Specific training is offered for the Single Soldier, Couples, Families with children, and all Soldiers and Families facing deployment.

(g) The Joint National Guard Chaplain Service Office Deployment Cycle Support Chaplain continues to monitor all After Action Reports (AARs) from JFHQ Chaplains that are being received to review data compiled is in process.

(3) GOSC review.

(a) May 05. The VCSA said that this is an important issue addressing the health of the force and asked for feedback on the funding of marriage enrichment for the Reserve Components.

(b) May 07. The issue remains active.

i. Estimated cost. ARNG: \$13M (one-year); USAR: \$12M (one-year).

j. Lead agency. NGB-SFSSD; AFRC-CH

k. Support agency. NGB-OC

Issue 576: Legality of the Family Care Plan (FCP)

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No (Updated: 10 Mar 08)

d. Subject area. Family Support

e. 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.

f. 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.

g. Required action.

(1) Draft modification to Chapter 5, AR 600-20 and forward proposed changes to G-1.

(2) Monitor publication of Rapid Revision to AR 600-20.

h. Progress.

(1) Validation. 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) Background. The requirements of a FCP are contained within Chapter 5, AR 600-20, Army Command Policy. The proponent for AR 600-20 is G-1.

(3) Action. 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.

(4) Proposed modifications. Changes to the Family care plan portions of AR 600-20 have been drafted and forwarded to G-1:

(a) Alert Soldiers to the fact that the Family Care Plan itself cannot and does not negate or otherwise diminish a natural parent's right to assert a claim to custody of a child.

(b) Provide information that will improve identification of Soldiers whose Family situation creates the potential for Family Care Plan problems.

(c) Require commanders to review any court order impacting the Family Care Plan.

(d) Establish a waiver form by which a natural parent could consent to a third party exercising custody under the terms of the Family Care Plan.

(e) Encourage Soldiers identified as having potential Family Care Plan problems to contact a Legal Assistance Attorney.

(5) G-1 is staffing its draft rapid revision to AR 600-20. Once the revision has been approved, G-1 will publish an ALARACT message covering the change.

(6) 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.

(7) 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.

i. Estimated cost. Implementation of this issue involves negligible cost to the Army.

j. Lead agency. DAJA-LA

Issue 578: Paternity Permissive Temporary Duty (TDY)

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No (Updated: 11 Apr 08)

d. Subject area. Force Support

e. 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.

f. AFAP recommendation. Amend AR 600-8-10 to authorize the use of permissive TDY for fathers upon the birth of a child.

g. Required action.

(1) Identify other Services' policy on paternity leave for fathers.

(2) Take initiative to the OSD Leave Board.

(3) Update AR 600-8-10 with change.

(4) ULB proposal for FY10A ULB cycle was submitted.

(5) Support Navy ULB for FY11A.

h. 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 Marines no longer allow permissive TDY for paternity leave.

(3) OSD Avenue.

(a) A request to allow PTDY to be used for paternity leave was submitted to OSD.

(b) DoDI 1326.5, Leave and Liberty Procedures, dated 22 Apr 05, paragraph 6.11.8.9, specifically states that "administrative leave/ permissive leave cannot be used following the birth or adoption of a child. Ordinary leave must be used."

(c) OSD is working on a change to DoDI 1327.5, DOD Policy on Leave and Liberty to reflect the change to Title 10, USC when a military member makes an adop-

tion. This will result in a change to AR 600-8-10, Leave and Passes permitting leave for adoption.

(4) Legislation.

(a) Although this change to Title 10, USC does not provide authority for leave on the birth of a child. Discussions with OSD concerning PTDY for the birth of a child indicates that they will not support a change to existing policy since ordinary leave is available to the Service member on the birth of a child.

(b) 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.

(c) The change to Title 10, USC does not provide authority for permissive/non-chargeable leave on the birth of a child. A Navy legislative proposal concerning paternity PTDY for the service father on the birth of a child, which was supported by the Army leadership was deferred to FY11A ULB, meeting Aug 08.

(d) GOSC review. The Dec 07 GOSC declared the issue active pending the legislative proposal from the Navy.

i. Estimated cost. Estimated cost for 10 days is \$34.6M (\$1347 x 25,700).

j. Lead agency. DAPE-PRC

Issue 582: Windfall Elimination Provision (WEP)

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No (Updated: 18 Apr 08)

d. Subject area. Employment

e. 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.

f. AFAP recommendation. Abolish the WEP.

g. Required action.

(1) Garner support from Title II of Social Security Act to eliminate or restrict the application of the WEP.

(2) Continue to monitor the status of pending bill.

(3) Determine if DoD supports initiative.

h. Progress.

(1) Validation. The WEP applies to most individuals who become 62 (or disabled) after 1985 and also become eligible for a government annuity after 1985. The Social Security Amendments of 1983 included a provision that greatly reduces the social security benefit of a retired or disabled worker who also receives a government annuity based on one's own earnings. It applies to anyone who becomes 62 or disabled after 1985 and becomes eligible for his/her government annuity after 1985. Both must occur after 1985. Social Security benefits can

be reduced by 50 percent or more.

(2) Legislation introduced in the House Of Representatives (H.R.) and Senate (S) to amend Title II of the Social Security Act to repeal the windfall elimination provision includes:

(a) H.R. 726, was introduced by Representative Barney Frank of Massachusetts on 30 Jan 07. On 2 Feb 07 this bill was referred to the Subcommittee on Social Security. This bill has a total of 16 co-sponsors and would restrict the application of the WEP to individuals whose income exceeds a certain amount.

(b) H.R. 82, this bill was introduced by Representative Howard L. Berman of California on 4 Jan 07. On 11 Jan 07 this bill was referred to the Subcommittee on Social Security. This has a total of 341 co-sponsors and would repeal WEP completely.

(c) S. 206, Social Security Fairness Act of 07. This bill would also amend Title II of the Social Security Act to repeal the windfall elimination provisions. The bill was introduced on 9 Jan 07 and was referred to the Senate Finance Committee. This bill has a total of 35 co-sponsors and, like H.R. 82, would repeal the WEP completely.

i. Estimated cost. Elimination of WEP would have a 10 year cost of \$29.7B. The long-range cost is estimated to be 0.06 percent of taxable payroll.

j. Lead agency. DAPE-CPD

Issue 583: Advanced Life Support Services on CONUS Army Installations

a. Status. Active

b. Entered. AFAP XXII, Jan 06

c. Final action. No (Updated: 16 Apr 08)

d. Subject area. Medical

e. 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.

f. 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.

g. Required action.

(1) Form Work Group to address EMS standards.

(2) Conduct data call to CONUS installations on EMS operations.

(3) Analyze data and draft EMS standards to include standard on ALS response time.

(4) Staff and propagate EMS standards.

(5) Forward to CG, IMA by formal correspondence a statement of proposed standard(s) for Army ALS services.

(6) Jointly analyze installation by installation EMS ambulance services to establish/determine most appropriate command to fulfill the EMS mission based on the Post's resources within context of DoDI 6055.6.

(7) Joint meeting to finalize the plan for implementing the recommendation and develop a memorandum of agreement (MOA) between the two Commands.

h. Progress.

(1) Validation. Emergency Medical Services are currently available on all CONUS Army installations, either through MTF, garrison, or local community assets. There is no single Army entity or office that has 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, but recent evidence indicates that responses within that period have little effect on the survival rate of most patients. 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 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. Response Times: In the May 06 MEDCOM/IMA data call of 83 Army installations:

(a) 73 (85%) provide ALS in 8 minutes/90% of time.

(b) 13 (15%) do not provide ALS in 8 minutes/90% of time.

(c) 4 of 13 below standard installations (4%) are considered "remote" sites and do not provide ALS within the 20 minutes/90% of time, which is a standard used in many rural areas.

(3) On 6 Oct 05, MEDCOM published standards for EMS programs operated by Army MTFs, though these standards do not mandate response times. 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 from other portions of the standards, based upon local circumstances.

(4) On 9 Mar 06, IMA and MEDCOM met in a work group to devise standards for all Army EMS operations and to determine a way ahead. Data shows that 74 percent of Army installations meet this standard. Most installations that do not meet the standard are in remote locations or have a reduced population. In urban areas across the US, the local community sets the standard based on geography, availability, etc. IMA was tasked with analyzing the data calls 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 IMA and Army MEDCOM met in

a work group to discuss the analysis of costs associated with providing ALS care to installations within the 8 minute NFPA standard. IMA's analysis of the available data indicates it would cost approximately \$25.1M more to provide ALS at the installations that lack this service. The analysis also estimated that it should cost up to \$88 million to conduct ALS at the 83 installations pertinent to AFAP 583, however only \$35.7M was reported on 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 continues 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, he stated, "I see 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.

(a) The WG developed a proposed command level MOA which was briefed to the MEDCOM CoS.

(b) The WG developed a proposed Implementation Plan for transferring responsibilities and resources on agreed upon installations.

(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 with a suspense date of 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 OPOD instructing Installations and medical tenets to develop Local MOAs and transition plans prior to moving the Command level MOA forward for approval.

(12) GOSC review. The Jun 06 GOSC requested the issue remain active.

i. Estimated cost.

(1) The Army, Office of The Surgeon General (OTSG) MEDCOM/IMA EMS data call to 83 CONUS installations was conducted to provide information allowing estimation of the cost to provide ALS on all installations within the proposed 8-minute response time. Initial cost estimates for providing ALS within all CONUS installations was determined to be between \$35.7M and \$88M.

(2) Army MEDCOM will comply with a request to complete an additional data call to better define the potential EMS costs delivered by Army military treatment facilities (MTFs).

j. Lead agency. MEDCOM

k. Support agency. IMA

Issue 584: Alternate Local Caregiver for the Family Care Plan (FCP)

a. Status. Active

b. Entered. AFAP XXII, Jan 06

c. Final action. No (Updated: 18 Mar 08)

d. Subject area. Family Support

e. 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.

f. AFAP recommendation. Require Soldiers to provide a primary and an alternate interim/temporary local caregiver in their Family Care Plan.

g. Required action.

(1) Staff proposed changes to AR 600-20.

(2) Publish Rapid Action Revision of AR 600-20.

h. 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.

(a) The requirements of a Family Care Plan are contained within Chapter 5, AR 600-20, Army Command Policy.

(b) Language has been drafted for inclusion in an ongoing Rapid Action Revision of AR 600-20 planned for publication 3rd Qtr FY08.

i. Estimated cost. Additional man-hours for legal assistance, Soldiers and commanders.

j. Lead agency. DAPE-HRI

Issue 585: Casualty Assistance for Families of RC Soldiers in Inactive Status

a. Status. Active

b. Entered. AFAP XXII, Jan 06

c. Final action. No (Updated: 14 Apr 08)

d. Subject area. Family Support

e. 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.

f. AFAP recommendation. Activate Army Reserve Soldiers to serve as CAOs for Families of Army Reserve component Soldiers who die in an inactive status.

g. Required action.

(1) Identify funding source for AD orders.

(2) Coordinate action with NGB and USARC.

(3) Request update from NGB and USARC.

(4) Brief Army DG1.

h. 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 Soldier 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) GOSC review. The Jun 06 GOSC requested the issue remain active.

i. Estimated cost. Total cost estimate of program will result from completed feasibility study and a review of historical death rates of Army Reserve and National Guard Soldiers not in a Title 10 status. CMAOC had a teleconference on 7 Feb 07 with Deputy G1, USARC and met with NGB representative on 8 Feb to discuss this issue. USARC and NGB need to provide historical death rates of all inactive duty deceased Soldiers.

j. Lead agency. AHRC-PEC

k. Support agency. NGB and USARC

Issue 586: Chiropractic Services for All TRICARE Beneficiaries

a. Status. Active

b. Entered. AFAP XXII, Jan 06

c. Final action. No (Updated: 16 Apr 08)

d. Subject area. Medical

e. 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 en-

ures equitable access to chiropractic treatment options for all beneficiaries.

f. AFAP recommendation. Authorize chiropractic services for all TRICARE beneficiaries.

g. Required action.

(1) Request the TRICARE Management Activity (TMA) pursue a legislative change to support the Recommendation.

(2) TRICARE Management Agency (TMA) establish/coordinate work of DoD Chiropractic Services Work Group.

(3) Work Group provide Report to the Secretary of Defense.

h. Progress.

(1) Validation.

(a) As defined by the Association of Chiropractic Colleges, Chiropractic is "a healthcare discipline, which emphasizes the inherent recuperative power of the body to heal itself without the use of drugs or surgery." The practice of chiropractic focuses on the relationship between structure (primarily the spine) and function (as coordinated by the nervous system) and how that relationship affects the preservation and restoration of health. In addition, Doctors of Chiropractic recognize the value and responsibility of working in cooperation with other health care practitioners when in the best interest of the patient.

(b) Though there is no study that validates a medical need for chiropractic services, the Department of Defense Chiropractic Health Care Demonstration Program concluded that chiropractic services appeared "to have complemented and augmented traditional medical care."

(c) This is an issue of choice for beneficiaries. Research shows that approximately 7% - 10% of Americans seek chiropractic services. Approximately 2% of Active Duty (AD) service members with access to chiropractic services at Army MTFs actually seek chiropractic services.

(2) Legislation.

(a) In the FY95 NDAA, Congress directed the Secretary of Defense to evaluate the feasibility and advisability of offering chiropractic services at MTFs. As a result, the 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.

(b) The Final Report to Congress on the Chiropractic Health Care Demonstration Program (Feb 01) stated that although implementing chiropractic services within the DOD was feasible, it was not advisable. Full implementation of chiropractic services for military beneficiaries would "most likely require reducing or eliminating existing medical programs that are already competing for limited Defense Health Program Dollars."

(c) A new bill, H.R. 1554 cited as the "Chiropractic Health Parity for Military Beneficiaries Act", was introduced on 15 Mar 07. If H.R. 1554 were to become law, it would expand "chiropractic health care services and benefits, as a permanent part of the TRICARE program,

for covered beneficiaries.” The Bill has been referred to the House Committee on Armed Services. As of 5 Feb 08, there has been no movement of the bill; it remains in the House Committee on Armed Services.

(d) Section 712 of NDAA FY07 requires the SECDEF to conduct a study on providing chiropractic care to all members, former members, and dependents and submit the study results to Congress by 31 Mar 08. TMA requested a six month extension until 30 Sep 08.

(e) TMA coordinated a DoD Work Group to fulfill the requirements of NDAA FY07. The Work Group began work in the 2nd quarter FY07. OTSG is monitoring the status of completion of the Congressionally-directed study. Currently, data is being collected on patient utilization rates and personnel and infrastructure costs for providing chiropractic services to all beneficiaries. A study to determine the efficacy of chiropractic services will soon be underway at selected sites.

i. Estimated cost. In Feb 04, Kennell and Associates conducted a cost estimate to support provision of chiropractic services to non-AD beneficiaries. The gross annual cost was estimated at \$175M annually. This cost estimate is in addition to the \$12M in Defense Health Program dollars expended annually to provide chiropractic services to Active Duty services members in compliance with the FY01 NDAA. Congress did not appropriate funds for this benefit.

j. Lead agency. DASG-HSZ, OTSG

k. Support agency. TMA

Issue 588: Family Servicemembers’ Group Life Insurance Premiums for Dual Military

a. Status. Active

b. Entered. AFAP XXII, Jan 06

c. Final action. No (Updated: 15 Apr 08)

d. Subject area. Entitlements

e. 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.

f. 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.

g. Required action.

(1) Obtain legal opinion on viable options available to Army Leadership.

(2) Obtain Army OGC legal opinion.

(3) Obtain Army leadership approval on Army’s notification and collection plan.

(4) Issued notification and collection plan by ALARACT message on 6 March 2007.

(5) Implement regulatory and procedural changes to further ensure understanding of FSGLI rules and prepare for transition to DIMHRS. Continue notification and collection plan. Publish updated procedural MILPER message on FSGLI Procedures.

(6) Determine when the last Soldier will make their last past due FSGLI premium. Determine how many Soldiers owe past due premiums.

h. 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 de-

pendent data in DEERS and all Soldiers' marital status in DEERS matches their marital status in TAPDB.

(5) DAPE-PRC released the FSGLI notification and collection plan in an All Army Message on 6 Mar 07 and continues to work with DFAS to ensure Soldiers who owe past due premiums pay them. DAPE-PRC, working in conjunction with Human Resources Command (HRC), will publish a procedural message providing more details on handling FSGLI system input, and will implement regulatory and procedural changes to further ensure understanding of FSGLI rules throughout the Army. Additionally, the Army will release STRATCOM message(s) to reinforce FSGLI rule understanding.

(6) During a co-ordination meeting with the other Services and DOD in Feb 08, DAPE-PRC agreed to allow automatic premium deduction from a Soldiers' pay as soon as the Soldier gets married. Other options will be explored for triggering automatic FSGLI premium deduction as soon as a Soldier is married. DAPE-PRC will recommend categorizing this item as complete once all notification and collection efforts are exhausted and all pertinent regulatory guidance is updated.

(7) Collecting information to determine when the last Soldier will make their last past due FSGLI premium. Determining how many Soldiers owe past due Dec 08 premiums. We have no way of determining when the last Soldier will make their last past due FSGLI premium payment because we are unable identify by name exactly every Soldier that owes premiums.

i. Estimated cost. Estimated cost of past due premiums Soldiers owe Department of Veteran Affairs (DVA) may approach \$15M.

j. Lead agency. DAPE-PRC

Issue 589: Funding for Barracks Sustainment, Restoration, and Modernization

a. Status. Active

b. Entered. AFAP XXII, Jan 06

c. Final action. No (Updated: 5 May 08)

d. Subject area. Housing

e. 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.

f. AFAP recommendation. Fence the appropriated SRM funding for barracks.

g. Required action.

(1) Conduct comprehensive review of FY06 UPH SRM execution.

(2) HQDA direct and monitor a stringent focused funding strategy for barracks to ensure funding programmed for barracks SRM is spent on barracks.

(3) Execute Lean Six Sigma on Centralized Barracks Management (CBM).

(4) Evaluate effectiveness of LSS.

(5) Deploy Homes4 to improve management and utilization in Barracks. Deployment to be completed by FY09.

h. Progress.

(1) Validation. The Army's strategy to meet past insufficient SRM funding levels and to eliminate inadequate barracks includes funding goals utilizing a variety of funding sources (MILCON, SRM, OMA, MCA, BRAC, and GTA). Projected elimination of inadequate permanent party barracks is FY13 and FY 15 for training barracks.

(2) In Jan 05, the SECARMY approved the Holistic Barracks Strategy to which a portion directed a focused facility sustainment funding strategy for permanent party barracks to begin in FY07. This strategy also established a common living standard for barracks to ensure Commanders do not require Soldiers to live in barracks that do not meet health, life and safety requirements. HQDA and IMCOM directed \$356.5M in FY05 and \$862.8M in FY06 in repair funding to bring UPH up to the common living standard.

(3) In FY06, Accounting Program Element (APE) codes were established to track SRM expenditures on barracks facilities. Also in FY06, the IMCOM funding memorandum directed Garrisons give priority to the Training Barracks Improvement Plan (T-BIP) projects, flagship projects, other "worst-hurt" projects, and essential day to day sustainment operations necessary to keep the infrastructure in serviceable condition.

(4) In FY07, the Training Barracks Upgrade Plan (T-BUP) was funded in the amount of \$200M. This program addresses major projects that upgraded and extend the life of the facility.

(5) HQ, IMCOM, the ARSTAF and the Army Secretariat are establishing policy and procedures to focus central management and sustainment of barracks to ensure funds ID'd for up-keep of barracks is used for barracks and does not migrate. In FY07, IMCOM issued a "NetCall" to direct implementation of the First Sergeant Barracks Initiative (FSBI) which will provide Soldier focused barracks management.

(6) In FY07, ACSIM has completed a LSS project on CBM to facilitate the appropriate control and issuance of CAN to maximize assignment of barracks and to reduce unnecessary expenditure of BAH.

(7) The development of APE's and IMCOM's actions of targeting funding for the SRM of barracks has achieved equitable funding for all facilities.

(8) In FY08, the ACSIM issued an execution order stating that barracks will be considered pacing items and will be funded to QOL amber levels.

(9) GOSC review. At the Jun 08 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.

i. Estimated cost. DoD uses Facility Sustainment Modeling (FSM) to determine the SRM requirement. The Army subsequently programs 90% of the requirement through standard budget processes. In the past, the Army has not provided adequate funding for both the requested Base Operations Support (BOS). The Installation Management Command (IMCOM) has historically transferred funding from SRM to fund critical requirements in their BOS accounts. The FY06 funding requirement for UPH SRM (90% of requirement) (excluding Army Lodging) was \$438.4M; Active Army \$382.6M, Army Reserve \$13.8M, ARNG \$42.0M. In FY06, the Army received only 75% of SRM requirements. FY07 has been similarly constrained.

j. Lead agency. DAIM-ISH

k. Support agency. IMCOM

Issue 590: Health Processing of Demobilizing Army Reserve Component Soldiers

a. Status. Active

b. Entered. AFAP XXII, Jan 06

c. Final action. No (Updated: 16 Apr 08)

d. Subject area. Medical/Command

e. 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.

f. AFAP recommendation. Mandate comprehensive physical and psychological examination of demobilizing RC Soldiers at the PPP accompanied by appropriate follow-up care.

g. Required action.

(1) Develop and staff Army implementation plan for Post-Deployment Health Re-Assessment.

(2) Implement Post-Deployment Health Re-Assessment Program.

(3) Disseminate Assistant Secretary of Defense (Health Affairs) (ASD (HA)) policy guidance on separation physical examinations and assessments.

(4) Memorandum Periodic Health Assessment for Active Duty and Selected Reserves published 12 Oct 06.

(5) MEDCOM OPORD 07-48, 13 Mar 07, established the proponent for Battlemind product development as the U.S. Army Medical Department Center and School (AMEDDC&S).

(6) Direct PDHRA compliance briefing presentations at the monthly Strategic Readiness Update (SRU).

(7) Approved FRAGO to DA EXORD 118-07 as part of Army Medical Action Plan 16 Aug 07 directing Senior Commanders to ensure compliance with PDHRA.

(8) Monitor Post-Deployment Health Assessment and Reassessment (PDHA/PDHRA) referral rates for behavioral health and physical health conditions.

(9) Post-Deployment Health Assessment Guidance for CBHCOs published 18 Jan 08.

(10) Implement revised 2008 DD Forms 2796 and 2900 which include questions to screen for mild TBI and alcohol use issues. OPORD published 16 Feb 08. Start date for 2008 forms NLT 24 May 08.

h. Progress.

(1) Validation. Army is working in various venues to address these concerns and healthcare requirements. The Post-Deployment Health Assessment has been in place since early in the war. The Post-Deployment Health Re-Assessment (PDHRA) is a new program to address both physical and psychological needs of Soldiers after demobilization.

(a) With these programs and others discussed below, US Army Soldiers are currently receiving screening and evaluation in an unprecedented manner. To mandate another comprehensive psychological and physical evaluation in the absence of any symptoms is not good medicine. There would be too many false positive findings, which would lead to unnecessary and intrusive interventions. Also, it would be extremely resource intensive. Those resources are better used for screening and caring for Soldiers.

(b) In 2002, the Armed Forces Epidemiological Board (AFEB) highlighted that routine physical examinations for persons without symptoms has never proven to extend life or decrease illness or discomfort. Medical evidence supports health screening and the provision of targeted clinical preventive services as more beneficial in improving and maintaining health. There are numerous screens and programs already implemented which are working well to detect and treat Soldiers with physical or psychological complaints.

(2) The Army is committed to ensuring all returning veterans receive the physical and behavioral healthcare they need. An extensive array of mental health services has long been available. Since 9/11, the Army has augmented behavioral health services and post-traumatic stress disorder (PTSD) counseling, especially at the PPPs. We anticipate a continued high demand for services, and we are committed to providing the necessary resources to respond.

(3) In Oct 05, the OASD (HA) published policy guidance on separation physical examinations. This DOD guidance mandates a separation physical examination and assessment (to include demobilizing RC Soldiers) that is individualized to address any identified health issues, is gender- and age-specific, and incorporates the U.S. Preventive Service Task Force (USPSTF) recommendations for appropriate clinical preventive services. OTSG has implemented separation physical assessments in accordance with OASD(HA) guidance and will continue to monitor its implementation.

(4) The Post-Deployment Health Reassessment (PDHRA) (DD Form 2900) was implemented Army-wide in Jan 06. The PDHRA is conducted 90 to 180 days post-redeployment from a combat zone for Active Com-

ponent (AC) and Reserve Component (RC) Soldiers. The PDHRA is scheduled for completion before the end of 180 days after return so that RC members have the option to use their TRICARE health benefit. A revised version of the DD Form 2900, dated Jan 08, replaces the version dated Jun 05. The 2008 form includes questions to screen for alcohol misuse and questions to screen for mild traumatic brain injury. A healthcare provider discusses any health concern the service member indicates on the form and will make referrals to appropriate healthcare or community-based services if further evaluation or treatment is needed. Compliance of the PDHRA is monitored and referrals are being tracked for completion. Full implementation is to begin Army-wide NLT 24 May 08.

(5) The Post-Deployment Health Assessment (DD Form 2796) is required if a Pre-Deployment Health Assessment (DD Form 2795) was required during the pre-deployment phase or per the decision of the Combatant Command commander, Service component commander, or commander exercising operational control if any health threats evolved or exposures occurred during the deployment that warrant medical assessment or follow-up. Each individual who requires a DD Form 2796 must be scheduled for a face-to-face health assessment with a trained healthcare provider (physician, physician assistant, nurse practitioner, advanced practice nurse, independent duty corpsman, independent duty medical technician, or Special Forces medical sergeant) during in-theater medical out-processing or within 30 days after returning to home or processing station. The purpose of this screening is to review each service member's current health, mental health or psychosocial issues commonly associated with deployments, special medications taken during the deployment, possible deployment-related occupational/environmental exposures, and to discuss deployment-related health concerns. Positive responses require use of supplemental assessment tools and/or referrals for medical consultation. The provider will document concerns and referral needs and discuss resources available to help resolve any post-deployment issues. A revised version of the DD Form 2796, dated Jan 08, replaces the version dated Apr 03. The form was updated to enhance questions on physical and behavioral health and add screening questions for mild traumatic brain injury.

(6) There is a robust combat and operational stress control presence in theater, with over 200 deployed behavioral health providers. Mental health assessment team reports have demonstrated the success of these efforts.

(7) As part of the reintegration process, Soldiers are briefed on what stressors to expect on homecoming; the common symptoms of post-deployment hyper-arousal and friction; ways to ameliorate these symptoms; how to recognize when further professional help is needed; and how to access treatment services. Each demobilization site has care managers who manage the behavioral health aspect of care and ensure behavioral health referrals are made.

(8) Surveys of Soldiers deployed during Operation Iraqi Freedom indicate that approximately 15-17 percent will report symptoms of PTSD and nearly 10-15 percent will experience other behavioral health problems.

(9) The Transition Assistance Management Program (TAMP) is available and provides 180 days of TRICARE coverage (including cost shares) for RC members the same as for Active Duty Family members. This coverage applies when the member's Active Duty service was in support of a contingency operation for more than 30 days. However, TAMP is designed as a transitional healthcare benefit and not a substitute for healthcare services that should be provided following a Line of Duty (LOD) condition. Service members must document their LOD condition and coordinate care through their local MTF or the Military Medical Support Office (MMSO).

(10) Battlemind. Primary delivery of Battlemind products will be through Life-Cycle Training Programs. Battlemind is a resiliency training strategy that provides training resources to all Army personnel, to include military, civilian and Family members. An important strategy to address combat-related mental health concerns is to train Soldiers both pre- and post-deployment about what to expect at each phase of the deployment cycle, how to look out for the mental health of themselves and fellow unit members, and to train Soldiers about the resources that are available for them to get help if they need it during and after deployment. It is important for Soldiers with mental health, alcohol, safety, or relationship problems to receive help early before these problems become severe. It is likewise important for leaders to encourage Soldiers to get the help that they need. Toward these goals, researchers at Walter Reed Army Institute of Research (WRAIR) developed and evaluated a comprehensive resilience training program based on lessons learned from studies of OIF and OEF combat Soldiers called "Battlemind" training. The program is evolving at this time.

(a) Basic Battlemind Training (BBT) Program. BBT will focus on individual resiliency training intended for all initial entry U.S. Army personnel, to include all AOCs and MOSs. It represents self resilience and buddy aid and is intended to be the basic building block for Battlemind Life Cycle training modules.

(b) Battlemind Warrior Resiliency (BWR) Training Program. As with BBT, Battlemind Warrior Resiliency training will emphasize the self-aid buddy aid (SABA) approach to identifying at-risk Soldiers and ensuring they receive the care they deserve. BWR will provide basic traumatic event management and peer support education. The principle message of BFA will be that psychological trauma derived from combat or operational deployments consist of predictable emotions that, when recognized and brought to light, will also be quite temporary. BWR will strive to eliminate the stigmas historically associated with our Soldiers seeking help for PTSD-like symptoms. BWR will emphasize SABA, as a primary means to minimize the "collateral damage" to one's health, relationships and career during the transition period. Provider resiliency training (PRT) for the health-

care provider will also be stressed throughout BWR training.

(11) The Army Surgeon General's (TSG's) concept of Mental Health Reset builds upon the Combat and Operational Stress Control (COSC) Program in theater, as well as current behavioral health education, outreach, and treatment at CONUS facilities. It operates in conjunction with the Deployment Cycle Support (DCS) Program and the Army's Suicide Prevention Program. The three phases of behavioral health reset include Decompression, Re-integration, and Readiness Reset.

(12) The Military One-Source program offers 24/7/365 telephonic support and availability of referrals for six or more no-cost confidential counseling sessions for Soldiers and their Family members.

(13) At the May 07 GOSC, The Sergeant Major of the Army (SMA) clarified that some of the noncompliance is because the officer and senior NCO leadership leave the unit before the 90 day post-deployment window for the PDHRA. The OTSG briefer concurred that the Army needs to document compliance and track the Soldier regardless of compo, unit change or return to civilian life. Regardless, the VCSA tasked the compliance to be oriented as a commander's program and to keep the SMA informed.

(14) Pending Vice Chief of Staff, Army (VCSA) approval, FRAGO 1 to DA EXORD 118-07 (Healing Warriors) will issue supplementary guidance to the Army Medical Action Plan. It will contain the following PDHRA task for Senior Mission Commanders (Installation Commanders) across the Army. Senior Mission Commanders will ensure compliance, and that subordinate commanders ensure compliance with the administering of the PDHRA. The purpose of this task is to ensure commanders and noncommissioned officers at every level make sure that this key health assessment is successfully completed.

(15) The total number of PDHRA screens completed for Soldiers who deployed to a combat zone and a breakdown by component is as follows: Total: 262,149, (AC: 133,618; ARNG: 82,563; USAR: 45,968). The PDHRA percentage compliance is as follows: AC: 92.7; ARNG: 87.6; USAR: 79.0 and IRR: 47.7. (15 Feb 2008 MEDPROS Options Report).

(a) Actions taken by the USAR to improve compliance include hiring PDHRA coordinators at all Regional Readiness Commands and Direct Reporting Commands and conducting workshops and staff assistance visits to educate Soldiers and leaders.

(b) The ARNG has incorporated PDHRA compliance into its Balanced Score Card and conducts weekly in-process reviews (IPRs) to review requirements prior to unit screenings.

(16) Per an 18 Jun 07 VCSA memo, PDHRA compliance for Army Commands (ACOM), Army Service Component Commands (ASCC), and Direct Reporting Units (DRU) will be briefed at the monthly Strategic Readiness Update (SRU). All organizations are expected to take aggressive action if compliance falls below 85%.

(17) 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.

i. Estimated cost. The Army has requested \$45M for FY08 in the Global War on Terrorism (GWOT) Defense Health Program (DHP) and Service funding to cover PDHRA screening for all Army Components.

j. Lead agency. DASG-HSZ

k. Support agency. USAR, ARNG, MEDCOM

Issue 591: Military Spouse Preference Across All Federal Agencies

a. Status. Active

b. Entered. AFAP XXII, Jan 06

c. Final action. No (Updated: 18 Apr 08)

d. Subject area. Employment

e. 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.

f. AFAP recommendation. Require all Federal agencies to utilize Military Spouse Preference in their hiring practices.

g. Required action. Initiate Executive Order and/or legislation.

h. Progress.

(1) Validation. All Federal agencies have the authority to hire Military Spouses through Merit Promotion Procedures; currently, DOD is the only agency that mandates the use of MSP. To mandate the use of MSP across all Federal agencies, an Executive Order (E.O.) and/or other legislation would have to be issued.

(2) Legislation.

(a) Legislation was enacted 12 Jul 05 (Title 10, Subtitle A, Part II, Chapter 88, Subchapter I, 1784 (e), Employment opportunities for military spouses) which requires that the Secretary of Defense work with the Director of the OPM and heads of other Federal departments and agencies to expand and facilitate the use of existing Federal programs and resources in support of military spouse employment.

(b) Civilian Personnel Management Service at DOD is working with the Human Capital Division at OPM addressing the expansion of the MSP program throughout the Federal government.

(c) In Feb 07, ULB FY09 (b), Army submitted a ULB proposal, that would require that all Federal agencies utilize Military Spouse Preference in their hiring practices.

(d) In Mar 08, Office of the Secretary of Defense (Civilian Personnel Policy) advised that this issue is being vetted as a State of the Union legislative proposal.

(e) In Apr 08, the Office of Management and Budget reviewed the proposal and returned the proposal to the Office of Personnel Management, who in turn, directed DoD to make revisions to the proposal. The proposal is being modified by DoD to create a non-competitive hiring authority for military spouses.

(3) GOSC review. The Jun 06 GOSC requested the issue remain active.

i. Estimated cost. There are no direct costs.

j. Lead agency. DAPE-CPZ

Issue 592: Post Secondary Visitation for OCONUS Students

a. Status. Active

b. Entered. AFAP XXII, Jan 06

c. Final action. No (Updated: 11 Apr 08)

d. Subject area. Education

e. 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.

f. 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.

g. Required action.

(1) Propose change to the JFTR and US Code to support this initiative.

(2) Propose ULB submitted for FY11 ULB Summit.

h. Progress.

(1) Validation. There are extensive amounts of information/pictures/virtual tours and resources online through the Internet for parents and students to use to assess prospective dormitory schools, colleges, universities and vocational schools. Additionally, OCONUS DODDS high school councilors/ administrators have extensive resources at their disposal on CONUS colleges etc. that can assist students/parents in selecting a prospective college for their children.

(2) Legislation.

(a) A change to the JFTR and US Code to support this initiative was discussed with the military advisory panel (MAP) members (MAP) of the Per Diem, Travel and Transportation Allowance Committee (PDTATAC) to determine the other Services position on the issue.

(b) This initiative requires a change in law after gaining support from the other Services, OSD and Congress. Army MAP member will submit a ULB for FY11 to establish the legislative authority for this entitlement.

i. Estimated cost. Approximate cost based on the number of high school seniors enrolled in OCONUS DODDS schools (Europe-1853, Pacific-965) \$2818 x 2 (student/

parent) = \$5,636 and air fare costs (\$1000 per person to East or West Coast) = \$5.6M.

j. Lead agency. DAPE-PRC

Issue 596: Convicted Sex Offender Registry OCONUS

a. Status. Active

b. Entered. AFAP XXIII, Nov 06

c. Final action. No (Updated 18 Mar 08)

d. Subject area. Family Support

e. Scope. The OCONUS population is not afforded the same information about convicted sex offenders as personnel stationed in CONUS. No OCONUS registry of convicted sex offenders with a Department of Defense Identification/Installation Access Card exists, thereby denying overseas community members the ability to identify a potential risk of harm to the community. Overseas personnel are more vulnerable to potential assaults by convicted sex offenders.

f. AFAP Recommendations.

(1) Establish a searchable convicted sex offender registry comparable to CONUS registries and make it available to the military community.

(2) Require all convicted sex offenders who reside OCONUS and are authorized a Department of Defense Identification/Installation Access Card to register with the installation Provost Marshal Office and be entered into a registry system

g. Required action.

(1) During installation in processing at the gaining installation, Personnel Offices will capture relocation orders with personal identifying information (PII) from incoming personnel and provide it to the Provost Marshal Office (PMO) to process against national sex offender database (Department of Defense (DoD) and Army regulatory change – AR 600-8-101).

(2) Revise AR 690-300 and AR 614-30 to advise personnel (civilian and military) that sponsor's and their Family members' PII will be captured during in processing and processed against the national sex offender database (Army regulatory change).

(3) Revise civilian and military Human Resource web sites and recruitment announcements to reflect that sponsor's and their Family members' PII will be captured during in processing and processed against the national sex offender database.

(4) Require all convicted sex offenders (who are required by the conviction to register in any state) and are authorized a DoD ID/IAC to register with the installation PMO (DoD and Army regulatory change – AR 190-45).

(5) PMO will capture required sex registry offender PII, enter it into the Centralized Operations Police Suite (COPS) and provide a roster (with information required under the national sex offender registry) to the Garrison Commander (Army regulatory change – AR 190-45).

(6) Provide Garrison Commander the latitude to revoke authorization to reside in housing for sex offender misconduct or when the best interests of the Army for reasons relating to health, safety, morale, or welfare on the installation are concerned (Army regulatory change – AR 210-50).

(7) PMO will ensure monthly roster of current sex offenders is made available for public access and search. Example: a word document listing all registered sex offenders residing on the installation may be placed on the installation web site (AR 190-45). This process will require compliance with the Privacy Act.

(8) Based on identified number of sex offenders, determine if a new Army system must be developed, if Army data can be accessed through the national sex offender registry (requires memorandum of agreement with Department of Justice (DOJ), or if a memorandum listing current identified offenders can be posted on the current Army websites (IMCOM) with a link to memorandum listing of offenders posted under Knowledge Online (AKO) website.

h. Progress.

(1) Progress.

(a) G-1 provided the Under Secretary of the Army an EXSUM regarding this issue (outlining DoD impact), which was sent to the Under Secretary of Defense for Personnel and Readiness (USD (P&R)). The OSD P&R (OSD Family Violence) is currently working the issue, but has not developed a timeline for policy revision.

(b) Army G-1 convened an OCONUS Sexual Assault Offender Registry Working Group (WG) comprised of Department of Defense (DoD), Air Force and Army Staff proponents to address the issue recommendation's timeliness, legal, regulatory, personnel, assignment, cost, enforceability, and community safety impact.

(c) Research was conducted to establish issue merit validation. DoD provided insight to their development of a policy to address the issue. The Army WG reviewed the AFAP conference recommendations, outlined an action plan, and addressed the most cost effective means to address the issue. Research is still being conducted to determine if Army sex offender data can be input to the National Sex Offender Registry. Based on this determination and the number of sex offenders that are identified, the Army will determine cost effectiveness of establishing a new system or posting a roster to current IMCOM web sites.

(d) On 30 May 07, the Department of Justice (DOJ) released altered system notice on the National Guidelines for Sex Offender Registration and Notification; Notice. Based on the new guideline, the G-1 SAPR Office hosted OCONUS Sex Offender meetings with representatives from DOJ SMART (Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking) Office, INTERPOL, U.S. Marshal's Office, State Department, ASA (M&RA), OGC, OTJAG, OPMG, and F&MWRC to discuss joint way ahead based on new national registration requirements. Discussion focused on coordination efforts to address international movement of sex offenders who are required to register within the U.S., new registration guidelines, and the requirements under the 27 Jul 06 Adam Walsh Act. The SMART Office intends to revise system notice language to include the state the sex offender uses as their legal residence (ex: filing taxes). Coordination with this inter-agency working group is on-going to identify legal cooperative courses of action to address this issue.

(e) Expect issue resolution will have legislative, DoD and DA regulatory impact.

(2) GOSC review. At the May 07 GOSC, the issue was declared active.

i. Estimated cost. Cost analysis for establishment of a stand-alone Sex Offender Registry for OCONUS is ongoing.

j. Lead agency. DAPE-HRH

k. Support agency. OSD (P&R), SAMR-HR, DAPM-OPS, DAJA-AL, IMWR-FP, AHRC, DAPE-MPO-D, DAPE-MPE, WSO-JTFSAPR, CCE, DAPE-CP, DAPE-MPE-PD, Department of Justice, Department of State, INTERPOL, US Marshals Service

Issue 597: Co-Pay for Replacement Parts of Durable Medical Equipment (DME) and Prosthetics

a. Status. Active

b. Entered. AFAP XXIII, Nov 06

c. Final action. No (Updated: 16 Apr 08)

d. Subject area. Medical

e. 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.

f. AFAP Recommendation. Eliminate Co-Pay for replacement parts of DME and prosthetics.

g. Required action.

(1) Request TMA to pursue a regulatory/legislative change to eliminate co-payments for TRICARE prosthetic/DME replacement parts.

(2) Request that TMA develop/provide education materials to inform/help beneficiaries obtain TRICARE prosthetics, DME and replacement parts.

(3) Request that TMA provide TRICARE beneficiary/user cost data on replacement parts for DME/prosthetics.

(4) Implement plan for enhanced marketing focus on DME and prosthetics, including replacement parts, ref. web updates, Fact Sheets, and public/media news releases.

(5) Monitor status of TMA's plan/progress on OTSG's requests for legislation to eliminate co-payments for DME and prosthetic replacement parts and enhanced visibility of associated historical TRICARE utilization/cost for all beneficiary categories.

h. Progress.

(1) Validation. According to the TRICARE Management Activity (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. Many wounded warriors or warriors in transition are eligible for VA, however, sometimes they are in locations where there is no VA. Elimination of the TRICARE co-pay for replacement costs would be a significant advantage for them.

(2) Definition of DME. 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.

(3) TRICARE policy.

(a) 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.

(b) 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.

(c) 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:

(1) Develop a DME/prosthetics Fact Sheet for use of Beneficiary Counseling and Assistance Coordinators (BCACs), providers and beneficiaries, including information on replacement parts;

(2) Create a news release for distribution to the general public and the military media on DME and prosthetics; and

(3) Update all marketing and education products with enhanced TRICARE information on prosthetics and DME, including replacement parts.

(d) In Mar 08, TMA responded with a summary of how their website was updated which includes the following: FACT SHEETS: The DME Fact sheet on the tri-care.mil Web site was updated to reflect current policy; NEWS RELEASE: Newsletter Issue 5 (May 07) - 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 07; Provider Quick Reference Charts, v.2 (TRICARE Coverage Benefits and Services chart), Jun 07; TRICARE Summary of Beneficiary Cost Brochure (updated Oct 07); Provider "Certificate of Medical Necessity Required for some "DME" - North Region TRICARE Reserve Select Handbook, v.4 (Section 2, Covered Services, Limitations & Exclusions), Oct 07. All of our program handbooks (Prime, Extra, Standard and TRS) contain DME information in the "Covered Services, Limitations & Exclusions" section.

(e) 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 Dec 07 and did not recommend eliminating DME co-payments. TMA recommended OTSG request in writing that TMA consider proposing the co-payment elimination. OTSG is evaluating TMA's response, as well as TMA's efforts to make the associated historical utilization and cost data more visible.

(4) DVA policy. 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 vendors and suppliers under contract with DVA, is not available to Family members.

(5) GOSC review. At the May 07 GOSC, the issue was declared active. OTSG will monitor the status of TMA's response/completion of the actions requested herein.

i. Estimated cost. The total 2005 government DME cost for all TRICARE users totaled about \$200M for 533,229 users. Costs for beneficiaries other than military sponsors and TFL users totaled about \$103M (retirees/

dependents, \$69M; ADFMs, \$34M). Per TMA, the cost of TRICARE DME replacement parts/other associated utilization data have not been isolated. Assuming that one-eighth of above \$103M DME cost involved replacement parts, the 2005 government cost estimate for DME replacement parts for indicated TRICARE beneficiaries would total about \$12.7M. TMA has agreed to review/assess available data in attempts to obtain cost/user information for replacement parts as applies to both DME and prosthetics.

j. Lead agency. DASG-HSZ

k. Support agency. TRICARE Management Activity

Issue 598: Education Regarding Living Wills and Healthcare Powers of Attorney (HPOA)

a. Status. Active

b. Entered. AFAP XXIII, Nov 06

c. Final action. No (Updated: 15 Apr 08)

d. Subject area. Force Support

e. 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.

f. 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.

g. Required action.

(1) Develop an integrated Annual Legal Readiness Check that will include increased emphasis on HPOAs.

(2) Develop a multi-media Family education program covering wills, POAs and HPOAs.

(3) Integrate LRC electronically into in- and out-processing, mobilization and redeployment systems to show the Soldier's legal readiness status in a red/yellow/green system.

h. 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) The Legal Assistance Policy Division is currently developing an on-line Annual Legal Readiness Check including a component that educates Soldiers on the importance of wills, POAs and HPOAs. A screening component will identify those Soldiers in need of those documents and refer them to the Legal Assistance Office.

(3) The Division is working with HRC-CMOAC to develop a multi-media presentation for Soldiers and Families to view that would begin the discussion of contingency planning in the event of a casualty. This will include a discussion of advanced directives including healthcare powers of attorney, living wills, and springing durable powers of attorney.

(4) The U.S. Army Judge Advocate General's Corps is participating in the first National Healthcare Decisions Day (www.nationalhealthcaredecisionsday.org) on 16 Apr 08. Approximately 30 Army legal offices throughout the world are participating in this inaugural event that focuses on advance directive education.

i. Estimated Cost. Implementation of this issue involves negligible cost to the Army if it can be implemented through existing Army Public Affairs, other organic assets, or existing programs. The cost is currently unknown if a contract must be let for this project.

j. Lead agency. DAJA-LA

Issue 600: Family Care Plan (FCP) Travel and Transportation Allowances

a. Status. Active

b. Entered. AFAP XXIII, Nov 06

c. Final action. No (Updated: 14 Apr 08)

d. Subject area. Entitlements

e. 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.

f. 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.

g. Required action.

(1) Army Military Advisory Panel (MAP) member to the per diem committee proposed a change to the Joint Federal Travel Regulations (JFTR) to establish this authorization. There is no legislative authority for implementing this JFTR change.

(2) Army MAP member will submit FY10 ULB submission.

(3) FY10 ULB not supported by Army.

(4) Submit item in the FY11 ULB process.

h. Progress.

(1) Validation. Frequently, Army G-1 is asked by our Army installations to provide some type of shipping authorization for FCP Soldiers deploying. There is no authority to allow this shipping authorization.

(2) In Feb 07, 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 Director advised Army MAP member that there currently is no legislative basis to add this authorization to the JFTR.

(3) 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. DAPE-PRC of Army G-1 submitted this item as a ULB for FY10. 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.

(4) DAPE-PRC will submit this item again as a ULB for consideration for FY11. If this item is not supported by Army in next year's ULB process, DAPE-PRC recommends categorizing this AFAP issue as unattainable and closing it because the cost benefit analysis is not favorable enough.

i. Estimated cost. \$37.6M annually assuming all affected population conduct a 2 dependent 700 lb move from Fort Benning to Richmond, VA. Estimate assumes 19.1% of the deployed force (assuming 140,000 deployed force) requires a Family care plan and all choose to execute a dependent move. Assumes affected population is 26,699 annually.

j. Lead agency. DAPE-PRC

Issue 601: Full Compensation for Uniform Changes

a. Status. Active

b. Entered. AFAP XXIII, Nov 06

c. Final action. No (Updated: 24 Apr 08)

d. Subject area. Force Support

e. 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.

f. 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.

g. Required action.

(1) Coordinate recommendation with OSD and All Services.

(2) Determine if Officers can be given additional uniforms of funds. Will require a change to the current law.

(3) Obtain Military Personnel funds.

(4) Change DoDI 1338.18, Armed Forces Clothing Monetary Allowance Procedures.

h. 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. The meeting date is 8 May 08.

(3) To determine the cost estimate we must use an item that is added to the Clothing Bag in FY11 and after. The Office of the Deputy Chief of Staff, G-4 is funded for clothing bag items changes for FY09 and FY10.

i. Estimated cost. To be determined.

j. Lead agency. G-4, DALO-SUT

k. Support agency. ABO, G-1, G-3, G-8, ACTIVE ARMY, USAR, NGB, HQTRADOC, PEO SOLDIER, OSD, and OTJAG

Issue 603: Reserve Component (RC) Combat Stress Related Reintegration Training

a. Status. Active

b. Entered. AFAP XXIII, Nov 06

c. Final action. No (Updated: 16 Apr 08)

d. Subject area. Medical/Command

e. 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.

f. 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.

g. Required action.

(1) Work with Reserve Component to derive estimated funding to provide required reintegration training for RC Soldiers/Family members (FMs).

(2) Determine appropriate methods to earmark funds.

(3) Establish availability of current training and resources for subject reintegration training.

(4) Disseminate/integrate training materials to Subordinate Commands and initiate provision of policy guidance for additional distribution to Soldier/Family level.

(5) Determine methods/documentation of combat stress related reintegration training for RC/FMs.

(6) Establish Reintegration networks by state and region. The networks will include state, Mental health commissioners, Regional VA leadership, TRICARE representative, regional National Guard Leadership and regional Reserve Leadership. These networks will ensure appropriate training standards for medical and mental health care providers in working with SMs and their Families.

h. Progress.

(1) Validation. Surveys of Soldiers deployed during Operation Iraqi Freedom indicate approximately 15-17 percent will experience Post Traumatic Stress Disorder (PTSD) symptoms and nearly 23 percent will experience other behavioral health problems. There are merging reports of difficulty with reintegration, especially in the Reserve Component.

(2) Battlemind training.

(a) There is a variety of reintegration materials currently used for Reserve Component Soldiers. None has been systematically tested except for Battlemind. Battlemind is a training concept that was developed by the Walter Reed Army Institute of Research (WRAIR) to address issues of training about psychological reactions to war and reintegration. Battlemind Training could provide a consistent standardized method of reintegration training dealing with combat related stress.

(b) Researchers at WRAIR have developed and tested several modules, particularly those used in the post-deployment period. However, there is a growing demand for the development and dissemination of additional modules that span the deployment cycle as well as

the Soldier/Leader career educational system Army-wide. Battlemind Training, by occurring at key junctures within the deployment cycle and throughout a Soldier's career development, will bolster efforts to enhance understanding and awareness of PTSD and other deployment-related mental health issues among Soldiers and leaders. Spouse Battlemind has been developed, to be implemented by Army Community Service, will be printed as part of the Op READY pre-and post-deployment training. Battlemind products are available at www.battlemind.org.

(c) The post-deployment Battlemind Training has been made available as part of the Post Deployment Health Reassessment (PDHRA) On Site Screening Events, but the number of RC Soldiers who have received the training is currently not captured. An enhancement to MEDPROS to capture this data is under consideration. Provide a reintegration worker to attend PDHRA events and disseminate information on local resources. Consideration needs to be given to working with TRICARE and VA centers in making this happen.

(d) Establish regional reintegration networks to address SM, Family, and community post-deployment issues. These networks will promote reintegration training to health care and mental health workers. Special consideration and attention is to be given to rural communities.

(3) GOSC review. The May 07 GOSC declared the issue active.

i. Estimated cost. A cost estimate will be provided after the OTSG and Reserve canvasses available resources.

j. Lead agency. DASG-HSZ

j. Support agency. USAR, ARNG, G-1, G-3, G-7, and G-2/G-6

Issue 604: Retroactive Traumatic Service Members Group Life Insurance (TSGLI) Compensation

a. Status. Active

b. Entered. AFAP XXIII, Nov 06

c. Final action. No (Updated: 25 Apr 08)

d. Subject area. Entitlements

e. 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.

f. 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.

g. Required action.

(1) Discuss the issue with the OSD action officer responsible for the TSGLI program.

(2) Army has resubmitted the proposal to expand the retroactive TSGLI benefit to Soldiers that sustained a non-combat related injury for the FY09 ULB.

(3) Investigate FY09 ULB request and its final disposition.

(4) Submit initiative to Army Posture Statement.

h. Progress.

(1) Validation. After review of the current TSGLI program it has been determined that the "Retroactive" and "Proactive" periods present an inequity in the Army's ability to assist all Soldiers in their recovery from traumatic injury. The current intent of TSGLI is to compensate Soldiers physically injured by a TSGLI defined "Traumatic Event" anywhere in the world.

(2) After conferring with the OSD action officer responsible for the TSGLI program the official stance for OSD is that there is no support for initiative from OSD.

(3) Legislation.

(a) The Senate Veterans Affairs Committee proposed an amendment to the omnibus benefits bill, S. 1315, the Veterans' Benefits Enhancement Act of 2007. This provision would remove the requirement that limits retroactive TSGLI payments to those who served in the OIF or OEF theaters of operations. Thus, section 105 of the Committee bill would authorize retroactive TSGLI payments for qualifying traumatic injuries incurred on or after 7 Oct 01, but before 1 Dec 05, irrespective of where the injuries occurred. OSGLI has estimated that there are 695 TSGLI claims that would become eligible under this expansion. This bill was passed by the Senate 21 Apr 08.

(b) The bill must be considered for vote by the House of Representatives. There is currently no set date for the House of Representatives to consider this bill.

(4) GOSC review. At the May 07 GOSC, the VCSA said the Army needs to work the strategic communication piece of TSGLI because Soldiers are confused about who qualifies. Additionally, the VCSA stated that TSGLI is going to be part of the Army Medical Action Plan.

i. Estimated cost. Estimated cost used would be \$50K per qualifying injury, the same forecasting cost used to estimate TSGLI costs when the program was implemented for Soldiers injured in OIF/OEF.

j. 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. Active

b. Entered. AFAP XXIII, Nov 06

c. Final action. No (Updated: 11 Mar 08)

d. Subject area. Force Support

e. 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.

f. 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.

g. Required action.

(1) Determine steps to establish a TDA position.

(2) Staff (Draft) AR 215-XX, The DA BOSS Program, with the field.

h. Progress.

(1) Validation. Years of part time BOSS president positions have caused a lack of credibility and instability in the program. Duties and responsibilities of the BOSS president position have increased over the years, and part time Presidents cannot commit the time needed to effectively execute the program. It has remained as a major Army-wide issue without resolution and is compounded by the increasingly high operational tempo. A full time BOSS President is warranted and needed.

(2) In Jan 07, IMWR-CR-B researched potential courses of action.

(3) Contacted Headquarters, Department of the Army (HQDA) G-3, DAMO-FMP, 5 Feb 07, to determine steps to establish a TDA authorization. Referred to Force Management, Installation Management Command (IMCOM) (IMRM-M), 8 Feb 07. IMRM-M requested a tasker from Family and Morale, Welfare and Recreation Command (FMWRC) to IMCOM Command group. Tasker request sent out through MWR, IMCOM, to IMCOM Command group on 15 Feb 07.

(4) DA Circular 608-06-1, The DA BOSS Program, does not require a full time BOSS president. However, the new (draft) AR 215-XX, The DA BOSS Program, will supersede the Circular.

(a) Draft AR 215-XX, Paragraph 2-3a, states: "The Senior Mission Commander assign/attach a Soldier, Military Occupational Specialty (MOS) immaterial, Specialist- Staff Sergeant (SPC-SSG), to the Garrison Commander, to perform sole duties as the BOSS president, for a minimum of two years".

(b) After review by FMWRC Command Judge Advocate, the draft AR 215-XX has many changes and will be re-staffed to the field 1 Apr 08, with a suspense of 15 May 08.

(5) Coordination between IMCOM and FMWRC has resulted in the support of 40 military BOSS President positions to be assigned to the Army's largest installations. A concept plan is currently being developed to present to DCS G-3 to continue the process of gaining the TDA allocations.

i. Estimated cost. To be determined.

j. Lead agency. IMWR-SR

k. Support agency. Force Management, IMCOM

Issue 608: Timeliness of TRICARE Referral Authorizations

a. Status. Active

b. Entered. AFAP XXIII, Nov 06

c. Final action. No (Updated: 16 Apr 08)

d. Subject area. Medical

e. 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.

f. 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.

g. Required action.

(1) Assess the processing times for specialty care referrals to ensure stricter compliance.

(2) Assess status of available TRICARE information on the TRICARE referral process.

(3) Initiate an MTF data call to review the process flow of referrals initiated within the MTF, to include referrals that remain within the direct care system (DCS) and those that leave the DCS.

(4) Review available beneficiary satisfaction sources to help determine whether a problem exists.

(5) Develop policy to facilitate and enhance the internal process and flow of MTF referrals.

(6) Monitor and report on Enterprise Wide solutions to assist with referral management within the Military Health System (MHS).

(7) Work with TMA and sister Services to improve verbiage within the TRICARE Operations Manual (TOM) regarding referral management and Managed Care Support Contractor (MCSC) execution of MTF “defer to network” referrals.

(8) Work with TMA and sister Services to ensure current compliance with TOM language for MTF “defer to network” referrals and claim adjudication for all Supplemental Health Care Program (SHCP) categories; e.g. ADSM, MOB RC non-enrolled yet, RC with LOD, TDRL on Evaluation Period, etc.

(9) Take lessons learned from Item #9 and work with TMA and sister Services to ensure current compliance with TOM language for MTF “defer to network” referrals and claim adjudication for all other beneficiary categories.

h. Progress.

(1) Validation. The TRICARE Management Activity (TMA), the TRICARE Regional Offices (TROs), and the military Services are responsible for monitoring and ensuring the processing times for specialty care referrals are in compliance with MHS standards. TRICARE managed care support contractors (MCSCs) receive and log MTF generated specialty referrals into contractor systems to both support the identification of network providers and claims adjudication. MCSCs’ referral processing compliance is reported via TMA’s quarterly reports of contractor performance. There are no centralized automated DoD systems that track the time from receipt of a referral to authorization, and thus MCSCs self-report their compliance with the required 3 day referral processing standard. The MCSCs have proprietary systems and

tracking tools to monitor and report their compliance with the contract requirement. As of Feb 07, the 3 contractors report over 99% compliance with referral processing/authorization within the required 3 day standard.

(2) MCSCs referral administrative processing is a different from the MTF DCS referral management process. The key MHS documents are: HA Policy Memo 04-008, Interim Policy Guidance for Implementation of Medical Management Programs, dated 7 Apr 04; OASD(HA), Policy Guidance for Referral Management, dated 5 May 04; and HA Policy Memo 06-007, TRICARE Policy for Access to Care and Prime Service Area Standards, dated 21 Feb 06. These policy and guidance documents support the statement, “If the military treatment facility (MTF) can not provide care within the MTF, the referral is forwarded to the MCSC within one business day.” Unfortunately, these policy/guidance documents, and the key statement of “within one business day” can be misconstrued if taken out of context.

(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 specialty referral to the MCSC is within 24 hrs. The mechanism supporting this process is currently maintained via the use of a Composite Health Care System (CHCS) referral ad hoc data pull that compiles all “defer to network” referrals from the previous day. To ensure enterprise compliance, the MEDCOM, in concert with the Navy and Air Force, provided field guidance for a complete DCS re-set of the CHCS referral ad hoc process and format. The DCS CHCS re-set was completed in May 07. The CHCS referral ad hoc compiled “defer to network” referrals are reviewed by the MTF’s referral management shop and then forwarded to the MCSC the day after the “defer to network” referral is placed in CHCS. The above process is reflective of the policy verbiage that describes 24 hour turn-around for referrals from the MTF to the MCSC.

(b) For MTF generated specialty referrals in which the MTF has 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 most cases can not be determined within 24 hrs of the referral being generated and inputted into the system. In order to ascertain if the MTF can accommodate the specialty referral within ATC standards, the MTF must review its capacity and capability for the up-coming period (provider deployments, incoming personnel, etc.). Also, the beneficiary must be an active participant and contact the MTF’s appointment services and discuss a potential appointment date within the ATC 28 day window for specialty referrals.

(1) These processes may occur the same day of the healthcare encounter that generated the specialty referral, or it may be several days before the MTF and/or beneficiary can provide a yes/no answer on proposed/available appointments.

(2) If the MTF determines that they have capacity/capability and offer the beneficiary an appointment within ATC standards, this appointment date/time might not be acceptable to the beneficiary. Per HA Policy Memo 06-007, "MTF-enrolled TRICARE Prime beneficiaries who cannot be accommodated within the established access to care standards through the direct care system must be offered a referral for care within the civilian network." The operative term in the above passage is "offered".

(3) The DCS has found that many MTF enrolled beneficiaries will accept another MTF appointment that is outside the ATC standard if the first available appointment is not convenient to them.

(3) Professional provider/beneficiary relationship for continuity of care vice aforementioned business process and systems design:

(a) If there is a delay in the provider inputting a referral into DoD systems after a healthcare encounter, that issue could be considered a breakdown in the normal professional provider/beneficiary relationship for continuity of care. The business processes and DoD systems can not track nor monitor when a referral might or might not occur after a healthcare encounter. As part of the professional provider/beneficiary relationship, both the provider and the beneficiary should be active in discussing and executing the need and timing of when a referral should take place, and then plan for follow-up of referral results so that continuity of care can be maintained.

(b) As described in Department of Defense Directive 6000.14, Patient Bill of Rights and Responsibilities in the Military Health System (MHS), dated 30 Jul 98 and certified as current as of 24 Nov 03, the beneficiary has a role and responsibility to actively engage in the treatment plan to include ensuring that an agreed upon referral is executed by the beneficiary within the time frame recommended by the provider. If the beneficiary is unable to assist in the execution of the specialty referral due to provider delay of referral input, system downtime, or even other personal circumstances, the beneficiary has a right and responsibility to contact their provider and discuss/resolve the situation. Beneficiary empowerment for healthcare decisions is a valued attribute to both Presidential initiatives on healthcare and to the newly appointed Assistant Secretary of Defense, Health Affairs. The DoDD 6000.14 was replaced with Department of Defense Instruction (DoDI) 6000.14, dated 5 Sep 07.

(4) A referral within the DCS has a greater chance of success and less 'hassle factor' as all elements of the referral process are within the control of the DCS's business processes and DoD systems. MTF enrolled beneficiaries are more familiar with the design and process for referrals within the DCS. For referrals that must leave the DCS, the beneficiary has internal resources to contact and assist in executing a civilian network specialty referral, including Beneficiary Counseling Assistance Coordinators (BCACs) and MCSC TRICARE Service Center (TSC) personnel. Due to the current TRICARE contract design and MCSC referral processes, benefi-

aries must often pursue active completion of the referral process. This issue has been raised to TMA by Service leadership and addressed in the Service response to the draft request for proposal (RFP) for the upcoming new TRICARE contracts.

(5) There is a large quantity of standardized marketing materials available to include on-line fact sheets, several of which address the MHS specialty referral process. TMA electronic information and MCSC electronic and hard copy brochure materials are supported by DoD Beneficiary Counseling Assistance Coordinators (BCACs)/Debt Collection Assistance Coordinators (DCAOs) and MCSC TRICARE Service Center (TSC) personnel. The staff provides personalized information to beneficiaries regarding TRICARE benefits and referrals to the civilian networks. Furthermore, there are sufficient information and media outlets that are also tailored for each MCSC as they may have slightly different mechanisms to support beneficiaries in executing a referral in the civilian sector. A broad sampling review of MTF websites have shown that MEDCOM MTFs also provide beneficiary information on the referral process.

(6) MEDCOM initiated Data Calls and Regional Medical Command forums with our MTFs which 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). It was also found that the business process of authorizing a civilian referral and follow-on claim adjudication was working fine for non-AD and dependents (NADD) beneficiaries, especially those TRICARE Prime enrolled to the referring MTF.

(7) Guidance to the MCSC for execution of contract functions is found in the TRICARE Manuals. Guidance regarding referral processes is found in the TRICARE Operations Manual (TOM). All MCSC guidance relating to the referral management interim solutions are found in the TOM. Any updated Service guidance provided to the DCS must be in sync with the TOM guidance. The data calls and forums with the MTFs identified some disconnects within the TOM to certain aspects of referral execution by the MCSC. Army MEDCOM is working with TMA and its sister Services to clarify and clean-up the TOM language to produce standardization among the 3 MCSCs. This will then allow the MEDCOM to produce official MTF guidance in support of the MTF "defer to network" as well as in-house referral management. During this period, the MEDCOM is routinely communicating interim guidance to the MTFs. It must be noted that not all areas of CONUS are experiencing MTF "defer to network" referral problems. The success of some MTFs and the challenges of others might be attributable to the lack of standardization in guidance documents for both the MCSC and DCS. A positive aspect of the current OPTEMPO is the exposure of business processes that need greater clarity.

(8) The DCS is meeting 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 adequacy is an on-going concern at the highest level and is being addressed at those levels. The MTF “defer to network” referrals for specialty care that can not be performed in the MTF due to lack of capacity or capability has unique challenges to the DCS and especially the beneficiary, as stated in paragraph “e” above. The MCSCs’ support to the NADD in locating a civilian provider for authorized civilian care has improved due to enhanced MCSC support of the Wounded Warrior population. This improves some of those identified challenges. It is anticipated that continued improvement in the MCSC’s civilian provider locator programs and improvements in network adequacy will enhance the timeliness of civilian referrals for all beneficiary categories.

i. Estimated cost. The implementation of the proposed enterprise-wide electronic solution to referral and authorization is funded for FY13 at a total cost of approximately \$36M dollars. The Enterprise Wide Referral and Authorization System (EWRAS) would support referral management throughout the Military Health System (MHS), adding capabilities to track compliance and referral flow in centralized reports. This Enterprise solution would assist in standardized reporting and tracking of referrals both within the DCS and those referrals that move from the DCS to the purchased sector care (PSC) environment.

j. Lead agency. MCHO-CL-M

k. Support agency. TMA

Issue 609: Total Army Sponsorship Program

a. Status. Active

b. Entered. AFAP XXIII, Nov 06

c. Final action. No (Updated: 17 Mar 08)

d. Subject area. Relocation

e. Scope. The current sponsorship program is not effectively implemented, utilized, monitored, and inspected Army wide. Soldiers arriving at some gaining installations/units do not benefit from having an assigned sponsor. If assigned, the sponsor may not be adequately trained. A Soldier’s critical first impression may be negatively impacted due to inadequate sponsorship.

f. AFAP Recommendations.

(1) Standardize and enforce Total Army Sponsorship Program (TASP) throughout the Army through the Command Inspection Program (CIP).

(2) Add the TASP to the CIP using AR 600-8-8 Appendix B checklist.

g. Required action.

(1) Determine current status of the Virtual Installation Movement (VIM) in-out processing initiative.

(2) Coordinate with the VIM Task force to ensure all requirements for the TASP are identified. Ensure that the VIM initiative provides appropriate information and guidance to allow virtual completion of the Department of Army (DA) Form 5434, Sponsorship Program and Information Sheet.

(3) Coordinate with the VIM Task Force to determine the feasibility of integrating and utilizing AR 600-8-8 Appendix B to gather sponsorship data to ensure organiza-

tional/command inspection programs monitor and evaluate the TASP.

h. Progress.

(1) Validation. Sponsorship is a key component of the in-out processing system. A new initiative introducing an automated in/out processing system provides an opportunity to address standardization, utilization and enforcement of sponsorship.

(2) In Feb 06, the Vice Chief of Staff Army (VCSA) approved the initial concept to develop an automated in/out processing system. He directed a task force comprised of members of the Assistant Chief of Staff for Installation Management, G-1, and subject matter experts and approved funds to support development and initial efforts.

(3) The VCSA was briefed on the concept 5 May 06 and updated on the cross walk of VIM functionality with the Defense Integrated Human Resources System (DIMHRS) on 22 Sep 06. On 8 Feb 07, funding for Phase II of the VIM initiative was approved and a contractor was selected to complete the technical requirements and interfaces needed to develop the VIM system. The delivery of the technical requirements (Phase II) was completed 25 Jul 07. Installation Management Command (IMCOM) is the proponent for VIM.

(4) Phase III funding was approved on 24 Aug 07 for development of the prototype. Proponents will have the opportunity to design their functionality, including use of the CIP checklist, into the system. Initial testing is ongoing at Fort Bragg. Further testing will include a live test population and the interface of data from installation service providers and their systems. The VIM concentrates on readiness processing and will not be integrated into the DIMHRS functionality. There is no established date for VIM Fully Operational Capacity as the project is still in the prototype development stage.

(5) VIM will improve the sponsorship effort. VIM’s use of the AR 600-8-8 checklist will ensure organizational/command inspection programs monitor and evaluate the TASP. A virtual permanent change of station (PCS) will navigate the Soldier through a series of questions addressing his/her PCS move. Soldiers will be required to complete the form and digitally sign DA Form 5434, Sponsorship Program and Information Sheet, which is sent to the gaining command who will assign a sponsor. Sponsorship is mandatory for first term Soldiers. As the Soldier navigates through the virtual reassignment process, notifications are automatically generated, based on Soldier response to questions, to the appropriate service provider at the gaining installation for action. Orders are created when the Soldier had completed all requirements concerning his/her move.

i. Estimated cost. Included in VIM funding.

j. Lead agency. IMWR-FP

Issue 610: Traumatic Brain Injury (TBI) Rehabilitation Program at Military Medical Centers of Excellence

a. Status. Active

b. Entered. AFAP XXIII, Nov 06

c. Final action. No (Updated: 16 Apr 08)

d. Subject area. Medical

e. 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.

f. AFAP Recommendation. Establish a comprehensive integrated rehabilitative program for TBI patients at military Medical Centers of Excellence.

g. Required action.

(1) Establish a task force to assess Army TBI care services.

(2) Establish a dedicated TBI rehabilitation service.

(3) Stand up a proponent office for rehabilitation and reintegration at OTSG.

(4) Fully staff proponent office for rehabilitation and reintegration at OTSG.

(5) Submit final report to Army Surgeon General.

(6) Stand up at least 4 additional Defense and Veterans Brain Injury Center (DVBIC) sites at Army MTFs.

(7) Augment inpatient care capabilities at 2 Army MTFs.

(8) Stand up at least 10 additional Defense and Veterans Brain Injury Center (DVBIC) sites at Army MTFs.

(9) Monitor status of completion of TBI TF Recommendations.

(10) Integrate TBI services throughout the spectrum of care and rehabilitation for Soldiers with co-morbid conditions to facilitate holistic simultaneous treatment.

h. Progress.

(1) Validation. Various Department of Defense (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 and is taking the lead in addressing these recommendations and is committed to ensuring all Soldiers receive the rehabilitation services they need.

(2) Army initiatives.

(a) The Army is already working to ensure a comprehensive integrated TBI rehabilitation program is in place at key medical centers. The program would support the most severely injured patients who require the most intense inpatient rehabilitation programs. It would also include a full range of specialty and subspecialty care at a limited number of regional sites with trained rehabilitation professionals, and would provide intensive Family support systems.

(1) The Army Medical Department (AMEDD) continues to utilize comprehensive TBI rehabilitation services provided through the DVBIC, a unique collaboration of DoD, DVA, and two civilian TBI rehabilitation programs. DVBIC headquarters is located at WRAMC. 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 Darnell Army Medical center and Landstuhl Regional Medical Center. The Army has adopted the DVBIC model and amended it to meet Army needs. The PR&R is now validating TBI programs throughout the AMEDD.

(2) OTSG continues to utilize the DVA PRCs and also increasingly Soldiers are being evaluated and treated 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.

(3) DoD has opened the first COE and continues to assess the need for 2 additional COEs.

(b) The Proponent for Rehabilitation and Reintegration (PR&R) Office was established 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 will monitor the status and push forward for completion of the TBI TF recommendations.

(c) In Jul 07, the TBI TF Report was finalized and submitted to the Acting TSG for approval of follow-on actions. There are 117 related tasks; the timelines are near term, mid-term, and long term. On 18 Jan 08 the TBI TF Report was released. The TBI Action Plan is tracking implementation of the TF recommendations.

(d) The MEDCOM published TBI Operation Order on 9 Apr 08. Development of educational tools and training products, as recommended by the TF is underway.

i. Estimated cost.

(1) The total cost estimate to implement the TBI TF recommendations is \$258 million. The recommendations were divided into 13 areas. These include: definition, screening, baseline neuropsychological evaluations, Outreach Program, TBI Center of Excellence, treatment, case management, research, Family issues, education, marketing, documentation, and physical disability evaluation system. Some recommendations can be addressed near term while others require assignment to another agency.

(2) In addition, the estimated cost for military construction of a Center of Excellence (COE) is \$75 million per facility. DoD is considering three regional facilities to serve as COEs to coordinate and assess prevention, best practices, quality care, and research across the DoD for TBI and psychological health. The intent of these Centers of Excellence does not include the provision of direct patient care.

j. Lead agency. DASG-HS-CN

k. Support agency. US Army Medical Research & Materiel Command (Defense and Veterans Brain Injury

Center) and VA

Issue 611: Traumatic Service Members' Group Life Insurance (TSGLI) Annual Supplement

a. Status. Active

b. Entered. AFAP XXIII, Nov 06

c. Final action. No (Updated: 15 Apr 08)

d. Subject area. Entitlements

e. 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.

f. 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.

g. Required action.

(1) Discussed with OSD POC issue of a second insurance payout after initial first insurance payout spent. There is no action to provide second or third TSGLI insurance payouts.

(2) Contact VA to obtain their position on this initiative.

h. Progress.

(1) Validation. As of 27 Feb 07, approximately 2,000 TSGLI claims have been approved. Owing to the severity of injuries, it is anticipated that some of these Soldiers will require medical treatment while on Active Duty beyond one year, thus incurring the caregiver and additional medical expenses mentioned in the scope.

(2) TSGLI benefit. TSGLI was designed to provide severely injured service members and their Families with short-term monetary assistance to lessen the economic burden on them and their Families, who often incur financial hardships because they relocate to be with the member during long and difficult treatment and rehabilitation periods. TSGLI provides payments ranging from \$25K to \$100K. The program became effective 1 Dec 05, and included a retroactive provision for those injured in OIF/OEF since 7 Oct 01. As of 1 Jul 07, a total of 3,339 claimants have been paid over \$214M.

(3) Program Review.

(a) In testimony at a Sep 06 Senate Veterans Affairs Committee hearing, the Director of VA's Insurance Service committed to a full TSGLI program review at the end of one year of operation of the program.

(b) A full program review has been completed. The objectives of the review were to determine whether: the TSGLI program is meeting its Congressional intent to provide short-term financial assistance to severely injured service members and their Families; whether there are opportunities to improve the benefits of the program; are there opportunities to improve the administration of the program.

(c) As part of the review, VA's guiding principles were to keep the needs of service members the primary focus; respecting the original congressional intent of the

legislation; maintaining the basic framework of commercial Accidental Death and Dismemberment (AD&D) coverage, while reflecting the unique needs of the military; and reflecting changes in the type of injuries occurring in the military as well as medical advances in treatment.

(d) Several recommendations for changes to the TSGLI program resulted from the review. The recommendations addressed: Blindness lasting 120 days or more, Paralysis/Uniplegia (complete and total paralysis of one limb) and proxy ADL Loss.

(e) There was no discussion that the current program is not providing adequate coverage or compensation for injuries sustained by Service personnel, or to provide annual supplementary payments. The one year review indicates that the TSGLI program is working as designed, is effective, and is supported by all the Services. If additional compensation is required for "severely injured/ill Service members (SM) care providers" a different compensation vehicle should be considered.

(4) Any action to provide an "additional lump sum TSGLI" payout for "severely injured/ill Service members (SM) care providers" would require legislation and supporting justification indicating the current TSGLI program is inadequate and require the support from all the Services, OSD and VA.

(5) GOSC review. At the May 07 GOSC, 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.

i. Estimated cost. \$9.5M per year. Cost analysis based on assumption of 10% of the existing 2,000 Soldiers will require care beyond one year, and the approved supplement would be \$50K.

j. Lead agency. DAPE-PRC

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

a. Status. Active

b. Entered. AFAP XXIII, Nov 06

c. Final action. No (Updated: 16 Apr 08)

d. Subject area. Force Support

e. 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.

f. 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.

g. Required action.

(1) Strengthen ACAP by support from top leadership

recognizing the benefit of treating transitioning Soldiers and Family members well.

(2) Commit to continuation of the program by continuing critical funding level of \$5,300K to sustain current operations. This level of funding is below the validated level of \$7,294K.

(3) Monitor and evaluate Lean Six Sigma implementation, enhanced ACAP availability for Soldiers.

(4) Move ACAP from Army G-1 Manning PEG to ACSIM Installation PEG.

h. Issue History. This was an OCONUS direct submit issue to the Nov 06 GOSC.

i. Progress.

(1) Validation. The Army meets the provision of Sections 1142 and 1143, Title 10 U.S.C. by the services it provides through ACAP, but elimination of Army funding in POM FY08-13 resulted in alarm among Army leadership in Europe regarding the viability of the ACAP. A Soldier's decision to leave active duty does not negate his or her sacrifices and dedication, and Soldiers and Family members assisted by ACAP during their transition depart with a positive experience of how the Army cared for their successful transition.

(2) The Lean Six Sigma study conducted by ASA(M&RA) was completed in Jun 07, and recommendations to improve ACAP, by expanding accessibility for Soldiers to receive ACAP Services utilizing WEB services and formalizing the ACAP "Remote" program, were implemented 28 Feb 08. The modification, called ACAP Express, allows Soldiers to access the menu of available ACAP services and schedule appointments for themselves from any location via the internet 24/7. Eligible Soldiers are able to utilize tools such as resume writer from the world-wide web in the same manner, whether or not they are near an ACAP Center. If they begin ACAP early on in the transition process, Soldiers and Family members are more able to take advantage of individual transition counseling and all the employment assistance offered by ACAP.

(3) Lean Six Sigma validated that the ACAP process in place is working efficiently and effectively. Since Mar 06 ACAP has identified cost saving initiatives such as restrictions on hiring of staff, travel of staff, and implemented a virtual Quality Assurance Program to further reduce travel requirements and expenditures. Any further funding reductions will impact delivery of services to Soldiers who deserve the assistance ACAP provides as they transition to civilian life.

(4) For FY 08 and FY 09, the Army continued to acknowledge a critical funding level of \$5.3M to sustain current operations. FY 08 has been funded at \$4.4M, and ACAP submitted a request for supplemental funding to off-set the funding shortage. In FY 09, The Army projects to provide \$4.87M. The POM submission for FY 10-15 has identified a revised critical level of funding. Beginning in FY 10, the funding level is projected to increase sufficiently to sustain the level of service that has been provided in recent years.

(5) The Stratcom for ACAP Express has revitalized the interest and command support for ACAP. A media blitz during Feb 08 utilized the Army Times, AR News,

SRTV, the Pentagon Channel, and other outlets and highlighted the Army's new initiative. The Commander of Human Resources Command endorsed ACAP to other senior commanders, recommending use of ACAP Express as well as the full range of ACAP services. He stated that All Soldiers deserve the best possible start in the civilian world when the time comes to leave the Army, and ACAP provides the knowledge and skills to smooth the way.

(6) GOSC Review. The Dec 07 GOSC requested the issue remain active.

j. Estimated cost. In Mar 06, the Co-Chairman of the Army G-1 Manning PEG established a base funding ceiling of \$5.3M without inflation beginning in FY 07. Subsequently, additional adjustments reduced that level of funding to \$3.79M for the remainder of FY 07. The Resource Management offices of G-1 and the Human Resources Command provided \$2.62M in supplemental GWOT funding to allow the program to continue operations through 30 Sep 07. FY 08 funding was projected at \$4.87M, but the current funded amount is \$4.43M, insufficient to sustain the existing delivery of services.

k. Lead agency. AHRC-PDP-T

Issue 613: Academic Tutoring for Active Duty School Age Children

a. Status. Active

b. Entered. AFAP XXIV, Dec 07

c. Final action. No (updated: 14 Mar 08)

d. Subject area. Youth

e. 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.

f. 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).

g. Required action.

(1) Review existing options for mitigating academic issues caused by mobile military lifestyle and deployment stress.

(2) Develop cost estimates and requirements.

(3) Establish Enterprise contract to pilot tutoring services in selected locations.

(4) Pending pilot outcomes, support as part of the Ex-

peditionary Force requirement for QCYS for Active and Reserve Components in POM 10-15.

h. Progress.

(1) Validation: Soldier and Family Action Plan, Initiative 2.4, Ensure Excellence in Schools, Youth Programs and Child Care Programs includes an initiative to expand existing CYS Homework and Tutoring Support.

(2) Determine need and most cost effective options for expansion of tutoring services across all Components.

(3) Develop Enterprise Contract. 15 Joint Services Family Support Program states and 4 OCONUS locations.

(4) Analyze and implement web-based tutoring support.

(5) Request base funding for POM10-15.

i. Estimated cost. Army has established Supplemental Funding (\$5.3M) available in FY08. Supplemental funding (\$5.4M) required in FY09. POM for base funding (\$6.34M) FY10-15.

j. Lead agency. IMWR-CY

Issue 614: Comprehensive Behavioral Health Program for Children

a. Status. Active

b. Entered. AFAP XXIV, Dec 07

c. Final action. No (Updated: 16 Apr 08)

d. Subject area. Medical/Command

e. Scope. Multiple barriers exist in providing timely, convenient and appropriate Behavioral Health Care Services for children of Active Duty Soldiers, Wounded Warriors and Veterans. There is a critical shortage of Behavioral Health Care Child and Adolescent Providers to meet the current demand. Many Behavioral Health providers are unable to dedicate their entire practice to children's therapy due to occupying administrative positions and performing adult behavioral health care. For example, 504 child psychiatric providers were contacted and only 13% stated they were providing full time child psychiatric services. The difficulty in recruiting and training direct care providers and a lack of a national educational plan to raise awareness in schools and identify treatment needs, further exacerbate the problem. Comprehensive services are not readily available, nor aligned with other ranges of services for military children, thus creating unneeded barriers to quality Behavioral Health Care.

f. AFAP Recommendations.

(1) Create and implement a unified, comprehensive source of Children's Behavioral Health Services (Psychiatrists, Psychologists and Social Workers) with dedicated providers and timely access to care, working in concert, for children of all Soldiers.

(2) Increase, integrate and streamline existing Behavioral Health Support Services with other counseling services (Military Family Life Consultant, Morale Welfare and Recreation, Chaplain, Child Youth Services, Military Child Education Coalition) to provide a comprehensive range of Behavioral Health Services for children of all Soldiers.

g. Required action.

(1) Develop further understanding of the need for providers. Create and disseminate educational products.

(2) Increase the number of uniformed and civilian child and adolescent providers.

(3) Implement services in areas of greatest need.

(4) Continue to integrate and streamline existing Behavioral Health Support Services with other counseling services to provide a comprehensive range of Behavioral Health Services for children of all Soldiers.

(5) Expand interaction and collaboration with pediatrics and primary care providers who can proactively screen military children and adolescents for emotional, behavioral, and stress issues at an early stage and provide primary prevention before youth issues get to the point of needing a dedicated behavioral health specialist.

(6) Expand the school based integrated mental health programs.

h. Progress.

(1) Validation. Several military installations do not have enough behavioral health providers, both military and civilian, to provide comprehensive behavioral health services in a timely fashion. Tripler Army Medical Center Department of Psychiatry completed a research study which examined the decreased availability of Child Psychiatrists.

(2) Behavioral Health Services.

(a) Discussed completing a needs assessment to determine the number of behavioral health providers (psychiatrists, psychologists, and social workers) per region.

(b) A summit on military child and youth behavioral health and well being during wartime is planned 2-4 Jun 08 in Tacoma, Washington.

(1) The focus of this summit will be to bring together military Families, youth, and subject matter experts in the areas of behavioral health, pediatrics, resiliency promotion, as well as community partners in school and social systems to identify barriers to the provision of state of the art care for military children and youth and to establish a path of action toward converting current ideas into research and programming that will improve the quality of life for military children during wartime and beyond.

(2) Focus areas will include a review of the state of research on these issues, development of the future research agenda, a review of the mandates for action in the areas of Army Family Covenant, DOD Task Force on Mental Health, American Psychological Association Task Force on Mental Health, American Academy of Pediatrics Resolution, identification of best practices already in place, the current state of child and adolescent psychiatric and pediatric services in the military, effectiveness of school based primary care and behavioral health services, advocacy and education efforts of the American Academy of Child and Adolescent Psychiatry and the American Academy of Pediatrics to reach civilian providers with important tools and messaging, and workgroup input to provide suggestions on best directions for the Center of Excellence.

(3) Behavioral Health Support Services.

(a) The Army is funding three school based psychological health programs providing Child and Adolescent Psychiatry Services including an outreach program and practical resources in the educational environment.

(1) These programs provide behavioral health services to refer eligible beneficiaries utilizing licensed, civilian titled Counseling Psychologist/Social Worker providers, provided by the US Army Medical Department.

(2) These programs provide short-term individual therapy, group therapy, and in-service education for students and staff. They educate school staff members on the stressors of military life and provide guidance assisting students who are having difficulty adjusting to deployment related issues. They additionally provide parenting education/training for the parents of the students in the program.

(b) The planned goal is to continue funding existing school based programs and conduct a business case analysis on costs to expand Child and Adolescent Psychiatry Services to all Department of Defense Elementary and Secondary Schools.

(c) The Army funded the development of DVDs titled "When Family Members Deploy" to distribute to staff, Soldiers, and their Families. This educational product includes video-based, age-appropriate presentations designed to discuss the impact of military operations and lifestyle on Families and Family systems. Titles include "Mr. Poe and Friends", a cartoon designed for age group 6-11 years old and focusing on Family reunion after deployment and "Military Youth: Coping with Separation", targeting 12-19 year olds to promote resiliency in the Family.

(4) GOSC review. At the Jun 08 GOSC, following a question from the VCSA about reunion issues experienced by high school students, a representative from the National Military Family Association (NMFA) stated that a research study was presented at the Madigan conference that showed an increase in counseling visits at midpoint of deployment and three months after redeployment. Other attendees noted increase in adolescent incidents on installations. The NMFA has partnered with the Rand Corporation to do a study on deployment and related issues with children. The Surgeon General asked that the study look at the Reserve Component as well as the Active. The VCSA stressed the importance of getting programs and services out to children who need support. He referenced Military One Source and the increased programs and funding in Youth Services.

i. Estimated cost. A dollar amount will be established following the Office of The Surgeon General (OTSG) and TRICARE Management Activity's (TMA) assessment of available resources. Subsequently, the appropriate method to earmark funds can be determined.

j. Lead agency. DASG-HSZ

Issue 615: Donation of Leave for Department of Defense (DoD) Civilian Employees

a. Status. Active

b. Entered. AFAP XXIV, Dec 07

c. Final action. No (Updated: 15 Apr 08)

d. Subject area. Employment

e. 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.

f. 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.

g. Required action.

(1) Submit a formal request to DoD for consideration of the AFAP recommendation.

(2) Explore feasibility of an Army-wide leave bank.

(3) Educate workforce on leave donation.

h. Progress.

(1) Validation. No data were submitted to validate the need for an Agency-wide leave bank. DoD is not aware of any other Component reporting difficulties with regard to employees in the VLTP facing significant financial hardships due to lack of leave donations. An Army request for information from the Defense Finance and Accounting System (DFAS) revealed that in 2007, a small percentage (less than 3.5 percent) of Army employees enrolled in the VLTP were on Leave without Pay. Army believes this shortcoming can be addressed using internal measures such as advancing sick/annual leave, promotion of the VLTP, additional Army guidance on available programs, etc.

(2) Army has been working with various statistics on annual leave. We are running several reports to determine the most accurate report on the amount of excess annual leave that is not carried over into the following leave year (use or lose) and the amount of leave restored during the following leave year for various reasons (Base Realignment and Closure, etc.)

(3) Army is also working with DFAS for statistical information on the amount of employees enrolled in the VLTP and what percentage have been on LWOP due to a lack of annual leave donations.

(4) Army contacted DoD and discussed the concerns of the AFAP and a plan for the submission of the AFAP recommendation to create a DoD-wide VLTP leave bank. The final submission to DoD will include Army statistics and cost estimates.

(5) During the 2nd quarter of FY08, Army distributed guidance to the workforce on Army-wide solicitation of leave donations to assist eligible employees in the VLTP who are facing financial hardships.

i. Estimated cost. Based on preliminary statistics and the average white collar basic salary for FY07, this AFAP recommendation has the potential to cost the Army an average of over \$15M per year due to the payout of annual leave that would have otherwise been forfeited at the end of the leave year. Army Civilians represent approximately 38% of the DoD civilian workforce. Using these figures as a baseline for this estimate, the AFAP

recommendation may result in a cost of over \$39M per year for all of DoD. In addition, a DoD-wide VLTP leave bank would require additional manpower and resources to administer, which would result in additional costs to DoD.

j. Lead agency. DAPE-CPD-TM

Issue 616: Enhanced Survivor Family Dental Benefits

a. Status. Active

b. Entered. AFAP XXIV, Dec 07

c. Final action. No (Updated: 16 Apr 08)

d. Subject area. Dental

e. 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.

f. 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.

g. Required action.

(1) TSG sent formal request, dated 9 Jan 08, to TRICARE Management Activity (TMA) to consider the feasibility of extending survivor benefit.

(2) Will complete cost analysis of extending survivor benefit to 5 years.

h. Progress.

(1) Validation. OTSG has received a recent congressional inquiry from the Family of a deceased Soldier complaining about the high cost of transferring to the TRDP at the 3-year time frame.

(2) 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 period. 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.

(3) 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.

i. Estimated cost. TMA is currently reviewing the request and performing a cost analysis.

j. Lead agency. OTSG, DASG-DC

k. Support agency. TMA

Issue 617: Federal Hiring Process for Wounded Warriors

a. Status. Active

b. Entered. AFAP XXIV, Dec 07

c. Final action. No (Updated: 22 Apr 08)

d. Subject area. Force Support

e. 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.

f. 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 non-competitive governmental employment opportunities.

g. Required action.

(1) Target AW2 population on DoD's GoDefense.com website for defense positions.

(2) Complete ESS Pilot.

(3) Define "qualified" Wounded Warriors.

(4) Complete ESS procurement.

(5) Conduct DoD wide ESS deployment.

(6) Train federal hiring officials.

(7) DoD handbook, which includes non-competitive hiring practices, being developed for all defense managers.

(8) Incorporate Enterprise Staffing Solution (ESS) familiarization into the Army Career and Alumni Program (ACAP) services provided to transitioning Soldiers.

(9) Mandatory New Supervisor's Training now includes non-competitive hiring practices.

h. Progress.

(1) Validation.

(a) Recent surveys of key Army Wounded Warrior stakeholders indicated there needs to be a mechanism to link Wounded Warriors, Federal hiring officials and federal positions. However, the new Department of Defense (DoD) Enterprise Staffing Solution (ESS) will better facilitate the intent of recommendations 1 & 2 than the DoD Priority Placement Program (PPP).

(b) Modifying the PPP to provide a searchable applicant pool for Wounded Warriors, is an unobtainable recommendation. The PPP is designed for individuals currently employed by DoD; it matches a vacancy with a current employee. It is an automated stopper and placement system which results in mandatory placement of displaced federal employees. It does not allow applicants to shop for jobs or make choices. Modifying the design and function of the PPP to meet Wounded Warrior's needs would be a lengthy and costly process.

(2) DoD is in the process of procuring ESS as a replacement for its automated staffing tool, Resumix. ESS is more than an automated staffing tool; it is a web-enabled enterprise staffing solution. It will employ proactive recruitment measures such as emailing applicants when vacancies meeting their interest criteria have opened, sending reminders to complete online applications before announcements close, and targeted information mailings such as information on upcoming, local job fairs. ESS will provide online conversion of military experience, based on Military Occupational Specialties (MOS), into civilian competencies to facilitate addressing qualifications. Through ESS, DoD, will have the capability to create portals targeted to Wounded Warriors and their particular needs. Wounded Warriors will be able to use one resume/account to apply for all vacancies within DoD and any other federal agencies utilizing the same ESS. The new Enterprise Staffing Solution will meet the intent of recommendation 2 while remaining timely and cost effective.

(3) DoD has begun procurement of the Enterprise Staffing Solution but must wait for FY10 funds to complete the action. A six month pilot for appropriated and non-appropriated funded positions is estimated to begin on 1 Jul 08 at the following sites: FT. Huachuca, AZ; FT. Irwin, CA; Rock Island Arsenal, IL; Aberdeen Proving Grounds, MD; Madigan Army Medical Center, WA and FT. McCoy, WI.

(4) The DoD handbook, which includes non-competitive hiring practices, is being developed for all defense managers. In addition, mandatory New Supervisor's Training now includes non-competitive hiring practices.

(5) GOSC review. At the Jun 08 GOSC, the G-1 briefer said that he has directed Army Civilian Personnel to liaison with the Army Wounded Warrior Program (AW2) to see if there is a way to work one-on-one with AW2 Soldiers to assist with the Federal employment process. The Surgeon General stressed that liaison with the Warrior in Transition Units will ensure that all wounded Soldiers receive assistance with Federal employment, not just those in AW2. The AMC CSM emphasized need for an integrated, streamlined process that allows employers to hire wounded Soldiers. As a result of the Dole-Shalala legislation and the Army Medical Action Plan, the Army will develop a comprehensive transition plan for every wounded Soldier. The VCSA noted that Welcome Back Heroes is teaming with Fortune 5000 companies to assist with job placement for spouses and parents of wounded Soldiers.

i. Estimated cost. There will be no additional funding

required for developing AW2 targeted portals within the Enterprise Staffing Solution, training federal hiring officials or for proactive methods to reach AW2s for DoD or other federal job opportunities.

j. Lead agency. AHRC-PDW

k. Support agency. DAPE-CPD-ED

Issue 618: Army Wellness Centers (AWC)

a. Status. Active

b. Entered. AFAP XXIV, Dec 07

c. Final action. No (Updated 16 Apr 08)

d. Subject area. Medical

e. 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.

f. AFAP Recommendation. Create an integrated center at each installation (separate from the hospital) modeled after the Europe HAWC.

g. Required action.

(1) Requires a GOSC MOI to direct MEDCOM, CHPPM and IMCOM to cooperate and partner to determine responsibilities, funding and planning necessary to replicate the Army Wellness Centers at selected Army CONUS sites. This is not a CHPPM funded project.

(2) Develop MOA between MEDCOM, IMCOM and USACHPPM for staffing, funding and implementation of AWCs at selected Army CONUS Installations.

(3) Develop AWC SOP/Implementation Plan based on the USACHPPMEUR model.

(4) Identify funding and task USACHPPM to hire and train each AWC director/staff based on the USACHPPMEUR model.

(5) The local MTF will provide subject matter experts as needed to augment the AWC with information in such areas as nutrition care, public health management, behavioral health and other areas to promote health and wellness. USACHPPM will not operate the Army Wellness Center's but they will provide subject matter expertise to insure the AWC meets the requirements of AR 600-63. A proponent organization will need to develop a policy to task and resource this mission.

h. Progress.

(1) Validation. AWC's in Europe have been shown to deliver preventive health services that can significantly decrease the morbidity and mortality associated with disease. Integrated community and medical referrals allow the AWC to provide services that identify and intervene to minimize risk factors and unhealthy behaviors.

Through programs addressing such issues as tobacco

cessation, weight loss, and stress management, the AWC provides knowledge and support for a healthy lifestyle. Program utilization of services at the model site in Heidelberg has increased from an average of 200 to 4,000 participants per year. In FY07 Soldiers not meeting APFT body fat standards participated in the Wellness Center's program to meet the standards. Not one of the 92 Soldiers who participated was discharged due to body fat issues avoiding a proportion of the potential maximum loss of 2.4 million dollars in training cost if all had been discharged.

(2) USACHPPM is drafting an AWC SOP/ Implementation Guide based on experience in Europe which can be implemented at selected installations throughout the Army.

(3) Identifying funding, staffing, and space is dependent on discussions between MEDCOM, IMCOM, and CHPPM and resulting agreements.

(4) USACHPPM will begin working on a MOA between lead agencies for the implementation plan of AWCs in theater by the beginning of 3rd Qtr FY 08.

(5) USACHPPMEUR will continue to develop and report outcome metrics and data on AWC at Heidelberg Medical Department Activity to higher headquarters as requested.

(6) At the Jun 08 GOSC, the Assistant Chief of Staff for Installation Management (ACSIM) said that if OTSG/ MEDCOM fund the people and equipment that IMCOM will find the facilities. The VCSA concurred that this is an initiative that we can fund.

(7) GOSC review. The Jun 08 GOSC declared that the issue remains active.

i. Estimated cost. \$350,000 for first year - \$335,000 thereafter per AWC.

j. Lead agency. MHCB-HP

k. Support agency. MCHB-AE-HP

Issue 619: Medical Care Access for Non-Dependent Caregivers of Severely Wounded Soldiers

a. Status. Active

b. Entered. AFAP XXIV, Dec 07

c. Final action. No (Updated 16 Apr 08)

d. Subject area. Medical

e. 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.

f. 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.

g. Required action.

(1) The Secretary of Defense must prescribe in regulations the following: Family members of recovering service members who shall be considered to be a Family member of a service member for purposes of this medical benefit and that the medical care that may be available to Family members at military MTFs under provisions of this legislation.

(2) MEDCOM/OTSG disseminates regulatory guidance to MTFs for implementation.

h. 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 NDAA authorized 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 on a space-available basis, if the Family member is:

(a) On invitational orders while caring for the service member.

(b) A non-medical attendee caring for the service member.

(c) Receiving per diem payments from the Defense while caring for the service member.

(3) The Office of Assistant Secretary of Defense for Health Affairs OASD (HA) provides regulatory/ implementation guidance to the Services. OASD (HA) is collecting comments from the public, and will develop implementation guidance.

(4) Military MTFs will continue to submit individual requests for Secretary of the Army Designee status to allow MTFs to provide medical care for non-dependent caregivers of severely wounded Soldiers.

(5) 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.

i. Estimated cost. Projected cost for this initiative is pending.

j. Lead agency. MEDCOM

k. Support agency. TMA

Issue 620: Medical Entitlements for College Age Family Members

a. Status. Active

b. Entered. AFAP XXIV, Dec 07

c. Final action. No (Updated: 14 Apr 08)

d. Subject area. Youth

e. 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. Fre-

quent 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.

f. AFAP Recommendation. Increase dependent entitlement eligibility for full time students to age 25 years.

g. Required action.

(1) Quantitative analysis of affected population between ages 21 and 24.

(2) Cost analysis.

(3) Submission through the ULB process.

h. Progress.

(1) Validation. Adjustment of the Department of Defense policy to include full-time students up to the age of 25 will provide the military sponsors with relief from the out of pocket medical expenses or the purchase of private health insurance coverage.

(2) Approval of this action is not within the Department's authority and will require change to legislation. Additionally, this proposal will affect members of all Military Services. Action Officer is coordinating data collection and analysis with the Defense Manpower Data Center (DMDC) and the TRICARE Management Activity (TMA).

(3) The Defense Enrollment Eligibility Reporting System (DEERS) indicates that as of Feb 08, there are a total of 8,921 dependent children ages 21 & 22 enrolled as full time students. Service breakout follows: Army - 3,381; Coast Guard - 364; Air Force - 2,667; Marine Corps - 515; Navy - 1,994.

i. Lead agency. AHRC-PDP-P

Issue 621: Minimum Disability Retirement Pay for Medically Retired Wounded Warriors

a. Status. Active

b. Entered. AFAP XXIV, Dec 07

c. Final action. No (Updated: 29 Apr 08)

d. Subject area. Entitlements

e. 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.

f. 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.

g. Required action.

(1) NDAA 08 created a floor for separation pay. All

disability separated Soldiers receiving severance pay have a minimum of three years service.

(2) The President's Commission on Care for America's Returning Wounded Warriors recommended a streamlined Department of Defense/Veteran's Administration Retirement and Disability Compensation System.

(3) Monitor the Senate bill introduced on 28 Feb 08, S.2674, America's Wounded Warrior Act, to improve and enhance procedures for the retirement of members of the Armed Forces for disability and improve and enhance authorities for rating and compensation of service-connected disabilities in veterans and for other purposes.

h. Progress.

(1) Validation. Disability retirement with the exception of 100percent is not intended to be the sole source of the Soldier's income when separated. Soldiers are generally eligible for Veterans and Social Security benefits and are also employable. The Army supports the recommendations of the President's Commission on Care for America's Returning Wounded Warriors and S.2674.

(2) The President's Commission on Care for America's Returning Wounded Warriors recommended a streamlined DoD/VA Retirement and Disability Compensation System. It proposed that Wounded Warriors receive at any point in time three types of payments. They would receive a DoD annuity payment based on rank and years of military service. A second payment from the VA would be based on "impacts on quality of life." Additionally, VA would pay a transition payment to help veterans become established and move into work or, if unable to work, to enable independent living.

(3) GOSC review. At the Jun 08 GOSC, the FORSCOM representative said that they think this is a great initiative and suggested that the Army look at industry disability standards. He also expressed concern about the perception of an E6 with ten years service who sees a PFC who had been on tour with him, receive a comparable retirement pay. The Surgeon General addressed the discrepancies between military and Veterans Affairs (VA) disability ratings. The VCSA said that he wanted all Wounded Warrior legislation that was not successfully codified to be "refreshed" and "sent back up one more time". The VCSA said he thought the 30 percent rating was too low, but he anticipated help on this.

i. Estimated cost. Unknown. Shared costs between VA and DoD.

j. Lead agency. DAPE-PRC

Issue 622: Operations Security (OPSEC) Training for Family Members

a. Status. Active

b. Entered. AFAP XXIV, Dec 07

c. Final action. No (Updated: 16 Apr 08)

d. Subject area. Family Support

e. 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.

f. AFAP Recommendation. Develop and implement a recurring OPSEC Awareness Training Program targeted for Family members.

g. Required action.

(1) Coordinate with Child and Youth Services Office at FMWRC to request assistance with product development of youth-focused OPSEC materials.

(2) Create a Family oriented on-line OPSEC training module accessible by the entire Army Family via AKO.

(3) Create age specific on-line OPSEC training module accessible by the entire Army Family.

(4) Publish and maintain Army Family OPSEC training for public viewing.

(5) Present Family OPSEC training module to OPSEC Program Managers and FRG leaders at Army bases worldwide.

h. Progress.

(1) The Army OPSEC Support Element (Army OSE) is actively working with the Army G3 and Family counselors in order to produce the most effective OPSEC training for Family members. The primary concern of the Army Family is the education of our youth through practical and age appropriate training aids and tools. Thus, the OSE will develop four training modules accordingly (age groups 3-5, 6-10, 11-15, 16+).

(2) The OPSEC training for Family members will be conducted in accordance with AR 530-1, Operations Security.

(3) GOSC review. Following the Jun 08 GOSC, the issue remains active.

i. Estimated cost. \$529, 200

j. Lead agency. DAMO-ODI

k. Support agency. IAIO-FVA

Issue 624: Standardized Army Wounded Warrior Information Packet

a. Status. Active

b. Entered. AFAP XXIV, Dec 07

c. Final action. No (Updated: 6 Mar 08)

d. Subject area. Force Support

e. 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.

f. 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.

g. Required action.

(1) Train Soldier Family Management Specialists (SFMS).

(2) Create an Information Packet.

(3) Post Information Packet contents to the AW2 website.

(4) Distribute Information Packets to SFMS.

(5) Incorporate accountability capability within WWAS.

(6) Incorporate into AW2's SOP.

(7) Regional SFMS Supervisors will ensure compliance.

h. 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 re-branding, marketing outreach efforts.

(3) accountability checks that require information packets to reach Soldiers and their Families in person by an AW2 representative is being incorporated into the Wounded Warrior Accountability System updates and AW2's Standard Operating Procedures.

i. Estimated cost. Initial \$40,000; Annual \$10,000

j. Lead agency. AHRC-PDW

Issue 625: Transitional Compensation (TC) Benefits for Pre-existing Pregnancies of Abused Family Members

a. Status. Active

b. Entered. AFAP XXIV, Dec 07

c. Final action. No (Updated: 17 Mar 08)

d. Subject area. Medical/Command

e. 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.

f. AFAP Recommendation. Extend TC benefits to the unborn children of pre-existing pregnancies upon birth.

g. Required action.

(1) Review current TC database to determine how many TC applicants were pregnant at the time of a dependent-abuse related offense.

(2) Obtain legal opinion from Family and Morale, Welfare and Recreation Command (FMWRC) Command Judge Advocate (CJA) on definition of "dependent."

(3) Consult with the US Department of Health and Human Services Children's Bureau regarding services made available to unborn abused children.

(4) Consult with Office of the Secretary of Defense (OSD) to review current TC Policy with regards to unborn abused children.

(5) Obtain legal opinion from OTJAG with regards to unborn abused children.

h. Progress.

(1) Validation. The Office of the Secretary of Defense (OSD) Transitional Compensation policy proponent ad-

vises that the current TC policy (Department of Defense Instruction 1342.24) is only applicable to spouses and dependent children who resided with the service member at the time of the dependent-abuse. Recommended changes regarding expanding the eligibility pool to include unborn children must be in the form legislative action to OSD for approval.

(2) In Jan 08, consulted with ASM Research, the contractor that developed the Transitional Compensation database, to determine whether the database tracks pre-existing pregnancies to establish a baseline or scope of the problem. The current system does not track this information but can be enhanced to track this information in the future.

(3) In Feb 08, FMWRC-FP consulted with FMWRC Command Judge Advocate (CJA). FMWRC-CJA does not recommend that the Command support the AFAP recommendation, based on the fact that the recommendation will require a change in the well-established definition of "dependent," which does not include unborn children.

(4) In Feb 08, FMWRC-FP consulted with the US Department of Health and Human Services Children's Bureau, who indicated that services are not made available to unborn children.

(5) In Feb 08, FMWRC-FP consulted with OSD with regards to unborn abused children and the definition of "dependent." Changes regarding the definition of "dependent" would require legislative action and approval by OSD.

i. Estimated cost. The Army does not track the number of eligible beneficiaries who were pregnant when the domestic abuse occurred and which resulted in the separation or court martial of the Soldier for dependent-abuse. A cost analysis cannot be determined at this time.

j. Lead agency. IMWR-FP

k. Support agency. IMWR-JA

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

a. Status. Active

b. Entered. AFAP XXIV, Dec 07

c. Final action. No (Updated: 25 Apr 08)

d. Subject area. Entitlements

e. Scope. Servicemembers and Veterans diagnosed with PTSD, TBI (other than leading to coma) as well as Uniplegia receive no immediate Traumatic Servicemembers' Group Life Insurance (TSGLI) payment under current regulatory and compensatory guidelines. These diagnoses, which may or may not stem from physical loss, can and often do lead to financial hardship for the Servicemembers, Veterans, and Families. Servicemembers and Veterans who are diagnosed with the conditions cited above may receive monetary compensation from the Physical Disability Evaluation System (PDES) in the future, but receive nothing upon initial diagnoses. Traumatic Servicemembers' Group Life Insurance (TSGLI) already covers TBI when TBI injury results in the inability

to carry out at least two of the six activities of daily living and/or coma. Uniplegia (the complete and irreversible paralysis of one limb) by other than amputation is currently not considered in the table of scheduled losses. However, it is being considered for addition. 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.

f. AFAP Recommendation. Add PTSD, TBI, and Uniplegia as a schedule of loss under Traumatic Servicemembers' Group Life Insurance (TSGLI).

g. Required action.

(1) Convene a PTSD round table for representatives from the following communities: VA, OSD, Office of the Surgeon General (OTSG), G-1, medical/mental health professionals, OSGLI, and the uniformed services in order to review the current status PTSD causes, effects, treatment and inclusion under TSGLI.

(2) Convene a TBI round table for representatives from the following communities: VA, OSD, OTSG, G-1, medical/mental health professionals, OSGLI, and the uniformed services in order to review the current status TBI causes, effects, treatment and inclusion under TSGLI.

(3) Review and recommend Uniplegia for inclusion under TSGLI.

h. Progress.

(1) Validation. PTSD, TBI and Uniplegia are considered valid injuries recognized by the medical community and upon reviewing each on its own merits it is determined that:

(a) Although PTSD is a well-studied phenomenon with a burden on society far broader than the military veteran population; it remains a complex issue, the level of understanding of which, by our medical community, is far from perfect. It should go without saying that any proposed compensation system informed by imperfect knowledge will likely be flawed.

(b) Considering TBI, Soldiers with TBI may suffer from impairment of function in any or all of the three domains: physical, cognitive and emotional. Again, like PTSD, the level of understanding of which, by our medical community, is far from perfect.

(c) Uniplegia, is a physical impairment that was initially not covered by the TSGLI but has been identified for inclusion under proposed changes to the TSGLI program after a one year review performed by representatives from Office of the Secretary of Defense (OSD), the Department of Veterans Affairs (VA), Office of Servicemember's Group Life Insurance (OSGLI) and the uniformed services. The TSGLI program, as well as civilian accidental death and dismemberment (AD&D) policies, are not currently designed to compensate for emotional impairment. However, in the interest of taking care of Soldiers these three areas must be addressed for inclusion under the TSGLI program.

(2) PTSD. The addition of PTSD would require approval from the DoD, and VA coupled with legislative changes to the TSGLI program in its current form.

(3) TBI. The Governmental Accounting Office (GAO) is conducting a year long study of TBI. The DOD IG hosted an entrance conference for their engagement on TSGLI for service members with Traumatic Brain Injury. Representatives present included GAO analysts; OTSG HR; VA; TSGLI Offices (Army, Navy, and USMC); J1 (Joint Staff); Assistant Secretary of the Navy (Compensation); OSD (Compensation); and Health Affairs. The conference's purpose was to allow GAO to provide details on their requirements and to allow services to ask questions regarding the engagement. The GAO plans to interview VA and service agencies who execute the TSGLI program, representatives at TSGLI processing centers, and service members who may be eligible for TSGLI. The GAO will contact services individually to coordinate these interviews. GAO expects completion of their draft report in late 2008, with the final report completed in early 2009. GAO requested that services provide points of contact that might help locate interview subjects.

(4) Uniplegia. During the end to end review of the TSGLI program that was started in Apr 07, it was determined that uniplegia as well as several other physical losses needed to be and should be covered under TSGLI. The inclusion of uniplegia under TSGLI was unanimously approved as an official recommendation by the VA representative, the respective service TSGLI offices and the OSD representative. It was also determined that because uniplegia is, by definition, a physical loss then it could be included under TSGLI without having to go through congress for legislative approval. The Under Secretary of Defense for Personnel and Readiness has signed the letter approving the list of suggested changes. The implementation of coverage of Uniplegia by TSGLI will begin 1 Oct 08.

(5) GOSC review. Following the Jun 08 GOSC, the issue remains active.

i. Estimated cost.

(1) Cost Analysis of inclusion PTSD under TSGLI is not available at this time.

(2) The cost analysis for the inclusion of TBI under the TSGLI program will be available at the conclusion of the GAO TBI study. Estimated time of study completion is 12 months.

(3) The cost estimate for inclusion of Uniplegia under the TSGLI program is \$350K for the seven TSGLI claims through 10 Mar 08. There is no accurate data for those Soldiers suffering from uniplegia and have not submitted claims for compensation under the TSGLI program.

j. Lead agency. AHRC-PDP-V

k. Support agency. VA

Issue 627: TRICARE Network Provider Access to Military Medical Records

a. Status. Active

b. Entered. AFAP XXIV, Dec 07

c. Final action. No (Updated: 16 Apr 08)

d. Subject area. Medical

e. 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.

f. AFAP Recommendation.

(1) Authorize full deployment of BHIE.

(2) Create and implement an enhanced electronic medical information share system for TRICARE network providers.

g. Required action.

(1) Review PHR functionality on both My HealthVet (MHV) and TRICARE online (TOL) web portals with subject matter experts (SMEs) for opportunities for alignment and sharing.

(2) Deploy limited Personal Health Record (PHR) for DoD Service members and Family members.

(3) Develop plan for joint DoD/VA eBenefits portal. SMEs review options for data sharing designs and identify additional requirements for Personal Health Records.

(4) Collaborate with the MHS to develop functional requirements and technical solutions to implement a comprehensive Personal Health Record.

(5) TATRC conducts pilot projects to test medical information sharing with civilian providers using the BHIE interface and infrastructure.

h. Progress.

(1) Validation.

(a) Each year millions of TRICARE beneficiaries receive medical care from civilian healthcare professionals within the TRICARE network. During these inpatient and outpatient encounters, the patient's records contained in the Department of Defense (DoD) electronic medical record system called AHLTA are not directly accessible by the civilian providers. The current methods to provide a network provider with a patient's medical history are to either fax paper copies to the provider's office or have the patient hand carry paper records to the appointment. Network providers therefore may not always have comprehensive medical documentation. These encounters have the potential to result in less than optimum care for the patient or a requirement for additional appointments to treat medical problems. Network providers could provide more efficient and effective care to patients with access to their complete and accurate medical history.

(b) The Bi-directional Health Information Exchange (BHIE) is a specific interface and infrastructure developed to allow real-time availability of clinical information between DoD and Department of Veterans Affairs (VA) facilities. This system is widely deployed and the data types available are expanding, particularly with the advent of BHIE/CHDR, which is currently scheduled to complete deployment in 2008. BHIE and BHIE/CHDR

were specifically designed for the AHLTA (DoD) and VistA (VA) electronic medical record systems. While it is conceivable from a technical perspective that civilian providers could eventually be given access to view data through BHIE/CHDR, the policy and process steps for that to occur are significant. Security and the ability to confine access to appropriate records are obvious requirements being addressed. Limited scale pilot projects are being planned within the DoD to test the use of the BHIE interface by civilian providers.

(c) The Military Health System (MHS) is pursuing as a priority a Personal Health Record (PHR) that allows patients to view portions of their own electronic medical records and submit certain patient-entered data. If the MHS is successful in making a comprehensive PHR available, then this is a possible route through which a patient could access their records from any computer with internet access and print out relevant information to bring to their medical appointment. Medical information from the PHR could also be retrieved in the TRICARE network provider's office if necessary.

(2) 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.

(3) In Dec 07 the Military Health System (MHS) deployed a limited Personal Health Record (PHR) thru the TRICARE Online website. This initial PHR provides the ability to view demographic, allergy, and medication profile information. Access to this capability is currently restricted to Common Access Card (CAC) holders. The PHR capability is being worked in tandem with an eBenefits web portal for wounded warriors.

(4) 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 Dec 07. A Joint Incentive Fund (JIF) proposal for the eBenefits portal was submitted on 10 Mar 08 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".

(5) The MHS is exploring commercially available PHR infrastructure capabilities to provide expanded functionality to beneficiaries. The PHR project faces many technical, policy, and legal challenges which complicate developmental efforts. Nonetheless, providing a PHR capability is a top MHS priority.

(6) Congressional funding has been allocated to develop interfaces to afford civilian providers in two locations the ability to access DoD electronic medical records using the BHIE infrastructure. These projects require a significant level of planning and coordination in order to address the security, policy, privacy, and technical challenges. TATRC is the project manager for this effort.

i. Estimated cost. A cost estimate is projected to be available from the Military Health System (MHS) during the 3rd Quarter of FY08.

j. Lead agency. TMA

k. Support agency. DASG-IMD