



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
A CO, WARRIOR TRANSITION UNIT
BUILDING 2115
FORT EUSTIS VA 23604

MCXH-WTU

25 AUG 10

MEMORANDUM FOR RECORD

SUBJECT: SOP for Warriors in Transition Reassignment Process

1. References:

- a. Annex K (Re-assignment or Attachment of Soldiers to the Warrior Transition Unit) to OPERATION ORDER 07-33 (MEDCOM Implementation of the Army Medical Action Plan (AMAP))
- b. DoD Directive 1332.18
- c. AR 25-400, Army Records and Information Management System
- d. AR 40-400, Patient Administration
- e. AR 40-501, Standards of Medical Fitness
- f. AR 40-66, Medical Records Administration & Health Care
- g. AR 600-60, Medical MOS Retention
- h. AR 635-40, Physical Evaluation and Retention, Retirement, or Separation
- i. AR 600-8-105, Chapters 4 and 14, Military Orders
- j. DA Personnel Policy Guidance (PPG)
- k. DA Medical Hold Over Consolidated Guidance (MHOCCG)
- l. FRAGO 3 to DA EXORD 118-07
- m. FRAGO 39 to NARMC OPORD 07-33

2. Purpose: To provide instruction concerning the reassignment of Soldiers from their originating unit to A Co, Fort Eustis Warrior Transition Unit.

3. Definitions.

a. The Triad of Care: Warrior Transition Unit Primary Care Manager; Nurse Case Manager; and Squad Leader.

b. The Triad of Leadership: Senior Commander/Command Sergeant Major; Medical Treatment Facility Commanders/CSMs; and WTU Commanders/CSMs or First Sergeants.

c. Warrior in Transition: A Soldier who is assigned/attached to a Warrior Transition Unit and whose primary mission is to heal.

4. Eligibility Criteria for entrance to the Warrior Transition Unit.

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a. Soldier has a temporary profile, or is anticipated to receive a profile, for more than 6 months with duty limitations that preclude the Soldier from training for or contributing to unit mission accomplishment. **Medical non-availability is not an automatic entrance into the WTU.**

b. The severity of the wound, illness, or injury requires clinical case management in order to ensure appropriate, timely, and effective utilization and access to healthcare services to support healing and rehabilitation.

c. Soldiers with complex medical conditions that require extensive case management.

5. Criteria for non-acceptance or entrance into the WTU.

a. Soldiers with medical conditions that do not require case management.

b. Desire for personnel replacement.

c. Soldiers with uncomplicated pregnancy.

d. Soldiers who are in initial entry training, advanced individual training, or one station unit training are ineligible unless granted an exception.

e. Soldiers whose permanent profiles require a Medical MOS Reclassification Board (MMRB).

f. Soldiers in Temporary Duty Retirement List (TDRL) status.

6. Procedures for Reassignment of a Soldier from their originating unit to A Co, Fort Eustis Warrior Transition Unit.

a. Originating unit notifies A Co, WTU of desire to place Soldier in WTU.

b. Unit is given copy of A Co WTU reassignment packet which includes the unit's acceptance SOP; A Co, WTU Acceptance Request Letter; Sample of Commander's Reassignment Letter; DA 7652 Commander's Performance and Functional Statement; and the Warriors Screening Matrix.

c. Unit must complete the A Co, WTU Acceptance Request letter, Commander's Reassignment Letter; DA 7652 Commander's Performance and Functional Statement; and the Warriors Screening Matrix. The units must insure that the Warriors PULHES is updated in MEDPROS which reflect the Warriors current profile.

d. A Co, WTU Acceptance Request letter, Commander's Reassignment Letter; Commander's Performance and Functional Statement; a copy of the current profile; and the Warriors Screening Matrix are then turned in to A Co, WTU HR representative.

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e. A Co, WTU HR representative then notifies the Triad of Care for verification that the Soldier meets the medical requirement to be admitted to A Co, WTU as a Warrior in Transition (WT). The Medical NCO or Operation NCO will verify the most current PULHES of the Warrior in MEDPROS.

(1) If a Soldier is not medically accepted into the unit as a WT, the Triad of Care will notify HR representative, who will generate a declination letter and notify the A Co, WTU Commander. A Co, WTU Commander will then notify the Soldier's chain of command that the Soldier was not accepted as a WT, and the reason why.

(2) If a Soldier is medically accepted into the unit as a WT, the Triad of Care will notify the HR representative, who will then forward the packet to WTU commander for review. A Co, WTU Commander reviews packet. If the Soldier is accepted as a WT, the Commander then returns the packet to HR representative who generates an acceptance letter detailing reassignment or attachment instruction, which will occur within 48 hours of Commander's review.

f. Once HR representative generates acceptance letter, the unit is notified of the Soldier's acceptance into A Co, WTU as a WT.

g. A copy of the acceptance letter is then physically picked up by the Soldier's current first line supervisor, or someone from the Soldier's chain of command. Receipt of the letter will be documented using the DA Form 200.

h. Once the unit receives a copy of the acceptance letter it is their responsibility for requesting reassignment orders or generating the attachment orders of the Soldier to A Co, WTU. **These orders must have a reporting date that falls on a Monday or Tuesday closest to the 1st or the 15th of the month in order to meet mandatory screening requirements.**

i. The Soldier will out-process the losing unit in accordance with their orders and will have to out-process specified portions of the installation, specifically CIF.

j. Once the unit has cleared the Soldier, and has all the necessary documentation for the Soldier, the Soldier will be brought to the WTU for in-processing. NOTE – a physical handoff of the Soldier from losing first line supervisor and gaining first line supervisor is the only way that A Co, WTU will accept responsibility and custody of a WT. During this hand-off the losing first line supervisor will deliver the Soldier with reassignment packet. The A Co, WTU gaining squad leader will confirm that all required paperwork is present. If any paperwork is missing, the Soldier will not be accepted into A Co, WTU until the paperwork is produced. This paperwork includes the following:

- (1) A copy of the Soldier's reassignment or attachment orders.
- (2) Post and unit clearing papers.
- (3) WTU Acceptance Request Letter.
- (4) Commander's Reassignment Letter.

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- (5) Commander's Performance and Functional Statement.
- (6) Warriors Screening Matrix.
- (7) A copy of the Soldier's counseling packet from the losing unit.

k. Once the A Co, WTU squad leader has confirmed that all paperwork is present, he will give the WT packet to the HR representative.

l. After the Soldier has been passed from the losing first line supervisor to the gaining squad leader, the Soldier is now officially a WT, assigned or attached to A Co, WTU, and will begin in-processing with their new Squad Leader.

7. Active Duty Soldiers undergoing treatment.

a. Acceptance packets to the Warrior Transition Unit for all Active Duty Soldiers undergoing treatment will be completed by the Soldier's unit and submitted with all required documents as stated above.

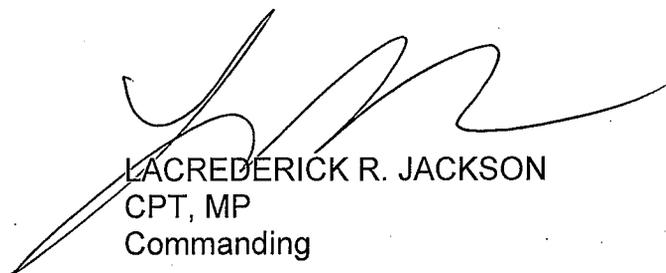
b. Active duty Soldier identified as undergoing treatment will be initially attached to the Warrior Transition Unit for no more than 30 days.

c. Soldiers will be further evaluated by the medical treatment team to determine if the Soldier will require extensive nurse case management.

d. Soldiers requiring extensive nurse case management will be released from attachment orders and returned to original unit with a memorandum of acceptance for reassignment to the Warrior Transition Unit. The losing unit will continue the acceptance process as stated in paragraph 6 above.

e. Soldiers that have been identified as not requiring extensive nurse case management will be released from attachment orders and returned to original unit with a memorandum of declination explaining the reasons the Warrior does not meet reassignment acceptance to the Warrior Transition Unit.

8. Point of contact for this memorandum is Ms. Gordon A Co, WTU HR representative at 314-7840.



LACREDERICK R. JACKSON
CPT, MP
Commanding

A Co, WARRIOR TRANSITION UNIT (WTU)
ACCEPTANCE LETTER

IT HAS BEEN DETERMINED THAT FT EUSTIS HAS THE MEDICAL CAPABILITY TO SUPPORT YOUR WARRIOR.

PLEASE COMPLETE THE FOLLOWING WORKSHEET AND RETURN TO THE FT EUSTIS WTU, WITH A COPY OF THE WARRIORS ORIGINAL/CURRENT TCS/MOB/MRP/MRP2/ADME ORDER, IN ORDER TO ENSURE ALL ADMINISTRATIVE REQUIREMENTS FOR RECEPTION AND INPROCESSING ARE ADDRESSED PRIOR TO THE WARRIOR'S ARRIVAL (INCLUDING UNIQUE MEDICAL REQUIREMENTS OR CONCERNS, LODGING, FAMILY ISSUES, ETC...).

ONCE WE HAVE PROCESSED THIS REQUEST, WE WILL FORWARD THE OFFICIAL ACCEPTANCE MEMORANDUM FROM THE WTU COMMANDER TO YOU WITHIN 48 HOURS OF RECEIPT WHICH WILL ALLOW YOU TO GENERATE THE TRAVEL/ATTACHMENT/ASSIGNMENT ORDER (AND ALLOW THE WARRIOR TO BEGIN CLEARING YOUR INSTALLATION). THE MEMORANDUM WILL SPECIFY THE REPORT DATE TO PUT ON THE WARRIORS ORDERS ACTUALLY ASSIGNING THEM TO THE FT EUSTIS WTU.

FAX TO - ATTN: HR WTU, (757) 878-1933.

NAME: _____ RANK: _____

SSN: _____

ACTIVE DUTY _____ NATIONAL GUARD _____ RESERVES _____

UNIT ASSIGNED TO/MOBILIZED WITH: _____

UNIT UIC: _____

UNIT CDR OR 1SG NAME: _____

UNIT CDR OR 1SG PHONE: () - - -

UNIT REAR DETACHMENT CDR OR 1SG NAME: _____

UNIT REAR DETACHMENT CDR OR 1SG PHONE: () - - -

NAME OF OPERATION SUPPORTED: OEF OIF

RETURNING FROM THEATER: YES _____ NO _____

WIA: YES _____ NO _____

DOES THE WARRIOR ALREADY HAVE FAMILY/RESIDENCE ON OR NEAR FT EUSTIS?
YES _____ NO _____

WILL THE WARRIOR NEED TO RESIDE IN THE WTU BARRACKS?
YES _____ NO _____

DOES THE WARRIOR ALREADY RESIDE IN FT EUSTIS BARRACKS?
YES _____ NO _____

IF YES, WHAT UNIT AND BARRACKS NUMBER? _____

DOES THE WARRIOR HAVE ANY UNIQUE MEDICAL LIMITATIONS/ISSUES OUR CADRE NEED TO BE MADE AWARE OF? YES _____ NO _____
IF YES, PLEASE EXPLAIN _____

DOES THE WARRIOR HAVE ANY UNIQUE FAMILY ISSUES OUR CADRE NEED TO BE MADE AWARE OF?
YES _____ NO _____
IF YES, PLEASE EXPLAIN _____

DOES THE WARRIOR HAVE ANY PENDING UCMJ, CHAPTER ACTIONS, OR LEGAL ACTIONS THAT HAVE NOT BEEN COMPLETED? YES _____ NO _____

DOES THE WARRIOR CURRENTLY HAVE/OPERATE A POV?
YES _____ NO _____
IF YES, HAS THE WARRIOR'S POV HAD A SAFETY INSPECTION WITHIN THE LAST 30 DAYS?
YES _____ NO _____

WARRIOR HOME ADDRESS:

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE:

() -

CELL PHONE:

() -

MARRIED: YES _____ NO _____

SPOUSE NAME: _____

CHILDREN: YES _____ NO _____ HOW MANY? _____

RESIDING AT YOUR HOME ADDRESS ABOVE? YES _____ NO _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME: _____

PHONE: () -

DEPARTMENT OF THE ARMY
UNIT
UNIT ADDRESS
LOCATION, ZIP CODE

REPLY TO
ATTENTION OF:

OFFICE-SYMBOL

Date

MEMORANDUM THRU

FOR Triad of Leadership

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

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

2. PAST HISTORY:

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

b. SSG Smith's had surgery on XX May 2008 to repair his knee. SSG Smith returned to work and continued physical therapy once per day.

3. PRESENT CONDITION:

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

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

4. MEDICAL PLAN and PROGNOSIS

a. Plan

b. Prognosis

//original signed//
JOHN A. SMITH
CPT, LG
Commanding

DA 7652

This form may be downloaded from

<http://www.apd.army.mil>

PHYSICAL PROFILE

For use of this form, see AR 40-501; the proponent agency is the Office of the Surgeon General.

1. MEDICAL CONDITION: <i>(Description in lay terminology)</i> <input type="checkbox"/> INJURY? Or <input type="checkbox"/> ILLNESS/DISEASE?	2. CODES <i>(Table 7-2 AR 40-501)</i>	3. Temporary Permanent	P	U	L	H	E	S
			<input type="checkbox"/>					

4. PROFILE TYPE	YES	NO
a. TEMPORARY PROFILE <i>(Expiration date YYYYMMDD)</i> <i>(Limited to 3 months duration)</i>	<input type="checkbox"/>	<input type="checkbox"/>
b. PERMANENT PROFILE <i>(Reviewed and validated with every periodic health assessment or after 5 years from the date of issue)</i>	<input type="checkbox"/>	<input type="checkbox"/>

5. FUNCTIONAL ACTIVITIES THAT EVERY SOLDIER REGARDLESS OF MOS MUST BE ABLE TO PERFORM. IF SOLDIER CANNOT PERFORM ANY ONE OF THESE TASKS, THEN THE PULHES MUST CONTAIN AT LEAST ONE "3" AND SOLDIER MUST BE REFERRED TO A MEB. CAN THE SOLDIER:

FUNCTIONAL ACTIVITY:	YES	NO
a. Carry and fire individual assigned weapon?	<input type="checkbox"/>	<input type="checkbox"/>
b. Evade direct and indirect fire?	<input type="checkbox"/>	<input type="checkbox"/>
c. Ride in a military vehicle for at least 12 hours per day?	<input type="checkbox"/>	<input type="checkbox"/>
d. Wear a helmet for at least 12 hours per day?	<input type="checkbox"/>	<input type="checkbox"/>
e. Wear body armor for at least 12 hours per day?	<input type="checkbox"/>	<input type="checkbox"/>
f. Wear load bearing equipment (LBE) for at least 12 hours per day?	<input type="checkbox"/>	<input type="checkbox"/>
g. Wear military boots and uniform for at least 12 hours per day?	<input type="checkbox"/>	<input type="checkbox"/>
h. Wear protective mask and MOPP 4 for at least 2 continuous hours per day?	<input type="checkbox"/>	<input type="checkbox"/>
i. Move 40lbs (for example, duffle bag) while wearing usual protective gear (helmet, weapon, body armor and LBE) at least 100 yards?	<input type="checkbox"/>	<input type="checkbox"/>
j. Live in an austere environment without worsening the medical condition?	<input type="checkbox"/>	<input type="checkbox"/>

6. APFT	YES	NO	ALTERNATE APFT <i>(Fill out if unable to do APFT run otherwise N/A)</i>	N/A	YES	NO
2 MILE RUN	<input type="checkbox"/>	<input type="checkbox"/>	APFT WALK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APFT SIT-UPS	<input type="checkbox"/>	<input type="checkbox"/>	APFT SWIM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APFT PUSH UPS	<input type="checkbox"/>	<input type="checkbox"/>	APFT BIKE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. DOES THE SOLDIER MEET RETENTION STANDARDS IAW CHAPTER 3 AR 40-501?

YES NEEDS MMRB NO NEEDS MEB

8. FUNCTIONAL LIMITATIONS AND CAPABILITIES AND OTHER COMMENTS:

This temporary profile is an extension of a temporary profile first issued on _____

9. NAME, GRADE & TITLE OF PROFILING OFFICER	10. SIGNATURE	11. DATE (YYYYMMDD)

12. NAME & GRADE OF APPROVING AUTHORITY	13. SIGNATURE	14. DATE (YYYYMMDD)

15. Commanders can access the electronic profiles of Soldiers in their unit(s) by going to <http://www.mods.army.mil/> and clicking on eProfile in the list of applications. Commanders will be required to register and be approved in eProfile before they can gain access to profiles.

16. PATIENT'S IDENTIFICATION a. NAME: <i>(Last, First)</i> _____ b. GRADE/RANK: _____ c. SSN: _____ d. UNIT: _____	17. HOSPITAL OR MEDICAL FACILITY 18. PROFILING OFFICER E-MAIL
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Warrior Screening Matrix for WTU

The health care provider will complete Sections 1-5 to determine if Soldier meets criteria for referral to Triad of Leadership. The Soldier's Commander will complete Section 6.

		A B C D					
1. Health Provider Assessment	Behavioral Health	Condition requires referral to an MEB ¹					
		Catastrophic illness/injury prohibiting return to pre-injury occupation					
	Behavioral Health	No Combat stress or operational stress					
		Combat Stress or Mild PTSD					
		Moderate PTSD-improving					
		Moderate PTSD (existing, exacerbated or recurrent)					
		Severe psychiatric illness					
	Predicted duty absence	Requires 1 Appointment or less per month					
		Requires 1 or 2 Appointments per week					
		Requires 3 or more Appointments per week					
		Soldier unable to perform any assigned duties in unit for >30 days.					
	Treatment Estimate	Treatment & Rehab complete in <3 mos					
		Treatment & Rehab complete in 3-6 mos					
		Treatment & Rehab complete in 6-12 mos					
		Treatment & Rehab needed for >12 mos					
	Drug or alcohol use	No indication of drug or alcohol use disorder					
		Daily use of prescription controlled substances					
		Tolerance ² to prescription controlled substances					
		Prior enrollment in ASAP or legal/admin action for drugs/alcohol					
		Dependence on or addiction to drugs or alcohol. (Excludes nicotine)					
	Suicide	No history of Suicide thoughts or actions					
		Suicidal Ideation					
		History of Suicide Gesture					
		History of Suicide Gesture/Ideation w/ access to lethal means					
		History of Suicide Attempt					
	Medical Compliance	Participates actively in treatment and keeps all Appts.					
		Participates actively in treatment with <3 No Shows in last 6 mos.					
		Participates moderately in treatment with 3 No Shows in last 6 mos.					
Does not participate in treatment; >3 No Shows in past 6 mos							
Psychosocial Events	No Significant Life Stressors ³						
	Moderate Life Stressors						
	Significant Life Stressors or recent divorce or loss of relationship						
	Soldier involved in Family Violence within last year						
	Injury/Illness mod-severely impacts Soldier's view of Self-Worth						
2. Add checks in each column to determine Risk Score							
		A	B	C	D		
Weights		1000	100	10	1		
3. Administrative Information							
Soldier's Name (Last, First, MI)			Health Care Provider's Name (Last, First, MI)				
Soldier's SSN			Health Care Provider's Signature				
Soldier's Unit of Assignment			Date Assessment Completed				
4. Transfer Column Totals to Risk Score							
5. Circle Risk Assessment based on Score.							
Score Interpretation / Risk Assessment							
<p>< 0029 No Indication for Assignment or attachment to WTU; Low risk effect on medical plan of care.</p> <p>0030-0199 Possible indication for Assignment or attachment to WTU; Mild risk effect on medical plan of care.</p> <p>0200-0999 Indication for Assignment or attachment to WTU; High risk effect on medical plan of care.</p> <p>>1000 Failure to assign or attach Soldier to WTU likely to decrement the medical plan of care.</p> <p>Additional Provider Comments:</p>							
6. Unit Commander's Assessment:							
<input type="checkbox"/> Nominate Soldier for WTU assignment/attachment ⁴ <input type="checkbox"/> Keep Soldier in Unit (for Soldiers with scores <0200) <input type="checkbox"/> Keep Soldier in Unit with Risk-Mitigating Strategies (for Soldiers with scores >0200). Must be coordinated between MTF Commander and Unit Commander.							
Risk Mitigating Strategies (for Soldier's remaining in Unit and with scores >200)							
Additional Commander Comments ⁵ :							
Unit Commander's Name (Last, First, MI)							
Unit Commander's Signature (O5+ if Soldier score > 200)							
Date Assessment Completed							

SOLDIER'S RISK SCORE			
A	B	C	D

Warrior Screening Matrix for Entry/Exit into a Warrior Transition Unit

References:

- a. National Defense Authorization Act of 2008 (P.L. 110-181) section 1611
- b. Report of the President's Commission on Care for America's Returning Wounded Warriors (a/k/a "Dole-Shalala Commission") Jul 2007
- c. Army EXORD 118-07 Healing Warriors, FRAGO 3

1. **Purpose.** The purpose of this Screening Matrix is to assist health care providers and Unit Commanders in identifying Warriors who may benefit most from assignment or attachment to a Warrior Transition Unit (**See attached Excel Work Sheet**).

2. **Background.** Soldiers who qualify for Warrior Transition Unit is outlined in MEDCOM OPORD 07-55, Healing Warriors, ANNEX I and K. This Warrior Screening Matrix will be utilized by Commands to refer Soldiers for WTU attachment, assignment. The Warrior Screening Matrix will provide information to allow Army units to identify the Soldiers who will benefit the most from the Warrior Transition Program.

3. **Applicability.** This Screening Matrix applies to Service members of all uniform services for illnesses and injuries occurring while on active duty or in a line of duty status.

4. **Process.**

- The healthcare provider will complete the Screening Matrix with input from healthcare team to include Behavioral Health staff.
- The completed forms will be reviewed and signed by the unit commander and included in the packet forwarded to the Triad of Leadership.

5. **Health Care Provider Notes.**

¹ Member has catastrophic illness/injury prohibiting Service Member's return to pre-injury occupation, including: Spinal cord injury, significant burn, amputation, visual impairment, Traumatic Brain Injury and Post Traumatic Stress Disorder.

² Tolerance is defined as requiring increased doses of a medication to achieve a consistent effect.

³ For a more refined assessment of Life Stressors, the Life Event Stress Scale may be used. Less than 150 points indicates a relatively low amount of life change and a low susceptibility to stress-induced health breakdown.. 150 to 300 points indicates about a 50% chance of a major health breakdown within the next two years.. 300 points or more raises the odds to 80% chance of a major health breakdown within the next two years, according to the Holmes-Rahe statistical prediction model.

6. **Unit Commander Instructions.** If the score is 200, screening for the Warrior Transition Unit is encouraged. If the risk score is greater than 1000 then referral to the Triad of Leadership is required.

7. **Unit Commander Notes.**

⁴ Soldiers cannot be assigned or attached to the WTU if legal or administrative actions are pending. Unit Cdr and MTF Cdr must coordinate risk-mitigating actions until legal or administrative actions are complete.

⁵ Commanders should annotate additional pertinent information in this block. If the Commander's assessment differs from the health care provider's assessment, the Commander should indicate the reason for their decision.