



DEPARTMENT OF THE ARMY
WARRIOR TRANSITION COMMAND
200 STOVALL STREET
ALEXANDRIA, VIRGINIA 22332-2500

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MCWT-PER

WCTP Policy Memo 15-001

Expires: 3 February 2017

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Assignment of Geographically Dispersed Personnel to Warrior Transition Units (WTU)

1. References:

- a. AR 614-100, Officer Assignment Policies, Details, and Transfers, 10 January 2006.
- b. AR 614-200, Enlisted Assignments and Utilization Management, 26 February 2009, RAR 11 October 2011.
- c. AR 600-8-105, Military Orders, 28 October 1994.
- d. AR 40-400, Patient Administration, 8 July 2014.
- e. EXORD 053-15, 051840Z Dec 2014, Subject: Warrior Care and Transition Program Entry and Exit Criteria.
- f. Warrior Transition Unit Consolidated Guidance (Administrative), 20 March 2009.

2. Purpose: To establish procedural guidance regarding WTU acceptance of military personnel assigned or attached to geographically dispersed units that are not based on an installation with a Senior Commander and Medical Treatment Facility (MTF) Commander.

3. Proponent: The proponent for this policy is the United States Army Warrior Transition Command (WTC), G1.

4. Applicability: This policy applies to all components (active, guard, reserve) as it relates to the processing of geographically dispersed Soldiers assigned or attached to units that are not based on an installation with a Senior Commander and MTF Commander.

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5. Policy:

a. Identification and Nomination.

(1) Military personnel assigned to geographically dispersed remote locations who require complex case management (necessitating assignment or attachment to a WTU) will be identified for potential entry into a WTU. All relevant medical documentation accompanying a WTU entry packet will be submitted through the requesting command's G1 and Command Surgeon/Psychologist to their Commanding General for recommendation for approval or disapproval.

(2) At a minimum, WTU entry packets will comply with standards outlined in AR 40-400 and the WTU Consolidated Guidance (Administrative). Referrals to a WTU may be submitted by a civilian provider.

(3) Requesting command's subordinate personnel will submit the WTU entry packet for review and validation to their Command Surgeon/Psychologist.

(4) Once validated, the requesting command's G1 will submit the WTU entry packet to the WTC G1.

(5) Upon receipt of the packet, the WTC G1 in coordination with the WTC Surgeon will validate entry criteria and medical necessity, and forward a recommendation to the WTC Commander. If approved, the WTC G1 will furnish copies of the approved packet to both the applicable Regional Medical Command (RMC) and the requesting command. Upon receipt, the applicable RMC will identify and coordinate the execution of all unit clearing administrative actions between the requesting command and the applicable gaining MTF/WTU.

(6) IAW AR 40-400, MTF Commanders will notify Human Resources Command (basic branch manager) of reassignment actions.

b. Approval.

(1) All geographically dispersed personnel identified for complex medical care and subsequent assignment to a WTU will be assigned IAW AR 40-400, Chapter 8-6 and the WTU Consolidated Guidance (Administrative).

(2) The WTC Commander is the sole approval authority for WTU entry of all geographically dispersed military personnel.

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6. Responsibilities: Specific procedures, responsibilities, eligibility criteria, screening and assignment tasks associated with WTU entry are prescribed in AR 40-400, WTU Consolidated Guidance (Administrative), and EXORD 053-15.

a. WTC.

(1) G1. In coordination with Regional Medical Command Assistant Chief of Staff for Human Resources (ACSHR), validate entry criteria of geographically dispersed military personnel. Recommend approval or disapproval to the WTC Commander.

(2) Command Surgeon. Review and validate WTU entry packet based on medical necessity per civilian and/or military medical records and regulatory guidance. Recommend approval or disapproval to WTC Commander.

(3) Commander. Approve or disapprove entry into the appropriate WTU. The WTC Commander is the sole approval and/or disapproval authority for entry of geographically dispersed military personnel under provision of this policy.

b. Requesting Command (Losing Unit).

(1) Identify and procure all relevant medical documentation pertaining to the Soldier's wound, illness and/or injury (including any and all documentation from both civilian and military care providers).

(2) G1. Submit an official WTU entry packet IAW the WTU Consolidated Guidance (Administrative) through command medical channels to the WTC G1.

(3) Command Surgeon/Psychologist. Review and validate WTU entry packet. Coordinate with clinicians at gaining MTF to ensure support and care is available.

(4) If approved, requesting command G1 will ensure coordination of all administrative tasks associated with reassignment/PCS with gaining WTU IAW AR 40-400.

c. Gaining MTF/WTU.

(1) Medical Treatment Facility Human Resource/WTU S1. Ensure coordination of all administrative tasks associated with reassignment/PCS with requesting command IAW AR 40-400.

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(2) Upon approval, initiate reassignment procedures IAW ARs 614-100, 614-200, 600-8-105 and 40-400.



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