



**WOUNDED WARRIOR**

carebeyondduty

# **A Unit Leadership Guide for Supporting Our Wounded, Ill or Injured Airmen**

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*Leadership Guide for WII Airmen*

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# Vision

The Air Force will take care of its Wounded, Ill or Injured (WII) Airmen. We will fully support the Office of the Secretary of Defense programs to keep highly skilled men and women on active duty. If this is not feasible, the Air Force will ensure Airmen receive enhanced assistance with their transition to civilian life through the Air Force Wounded Warrior (AFW2) Program.

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AIR FORCE WOUNDED WARRIOR (AFW2) PROGRAM

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Military Crisis Line  
1-800-273-8255 PRESS 1

REFER AN AIRMAN

Anyone can refer an Airman to the AFW2 Program. Simply download the worksheet below and email it [here](#).  
[Wounded, Ill, and Injured Referral Worksheet](#)

AFW2

## **About this Guide**

The intent of this guide is to provide basic program and benefit information applicable to all levels of leadership. This guide will ensure you have the information and resources needed to assist our WWII Airmen. After years of war, it is evident recovery care cannot occur in isolation and requires a coordinated team effort. The Air Force Wounded Warrior Program helps enhance the relationships between Air Force leaders, supervisors and units, Air Force Medical Services, the Department of Veterans Affairs and the multitude of outside agencies which offer care and assistance to our WWII Airmen and their families.

The purpose of this guide is to give you a snapshot of readily available resources to keep our WWII Airmen in uniform or when necessary, smoothly transition them to civilian life. It is important to understand all the programs and benefits our WWII may be entitled to, especially with their rapid change in lifestyle. This guide only introduces you to some of the many benefits and programs available to the WWII Airmen; therefore, it is important to follow-up with the contacts listed in this guide to assist in making the most of these programs.

Thank you for taking care of our WWII Airmen and their families!

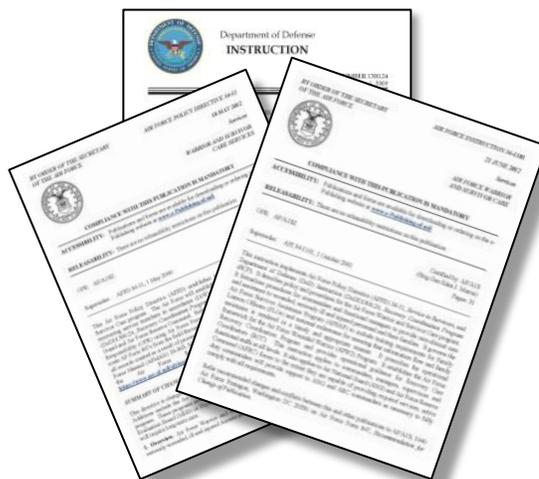
**“We take an aircraft off the line at a certain point for scheduled maintenance. We pull panels, make sure everything is good, get it back on the line, and later we take a deeper look with depot maintenance. We do this for our aircraft, but what would it look like if we did this for our people?”**

**– General David L. Goldfein, USAF Chief of Staff**

## Overview

An Air Force Wounded Warrior is any seriously or very seriously WII Airman identified on a casualty report, or recommended by the medical community as having highly complex medical conditions. Also included are Airmen who have been referred to the Integrated Disability Evaluation System (IDES) for post-traumatic stress disorder, traumatic brain injury or other mental health conditions, or Airmen who have been retained for more than six months on medical Title 10 orders, or returned to Title 10 orders, for medical conditions related to deployment.

Governed by DoDI 1300.24, *Recovery Coordination Program*, AFPD 34-11, *Warrior and Survivor Care Service*, and AFI 34-1101, *Warrior and Survivor Care*, the AFW2 Program is designed to assist our WII Airmen. AFW2 provides care and assistance from the time of injury until treatment is complete. The program also supports WII Airmen as they begin the transition either back to their AF job or into civilian life.



No matter where a WII Airman is located, the AFW2 Program will reach out and support throughout CONUS and OCONUS (Regional map on page 11). Services are available across the Total Force – Active Duty, Reserve, National Guard, and their families. The AFW2 program ensures extraordinary care, service, and assistance to WII Airmen during the continuum of care. In this program, strong emphasis is placed on ensuring WII Airmen receive professional, individualized guidance, and resource support to help them successfully navigate their way through the complex process of returning to duty or transitioning out of the Air Force.

This guide will walk you through the Recovery Coordination Process (RCP) your WII Airmen will experience. Becoming familiar with this process will ensure you can accurately communicate and follow-up with your WII Airmen. Each Airman’s Care Management Team (CMT) will do all of the work: orchestrating appointments, connecting resources to them and their families and ensuring complete follow through during the IDES, including through the Medical Evaluation Board (MEB), and Physical Evaluation Board (PEB) processes.

**“The ultimate source of our capability as a Service resides in the men and women of the Air Force. We must put them first.”**  
- Kaleth O. Wright, Chief Master Sergeant of the Air Force

## Care Management Team

When an Airman becomes wounded, ill, or injured, the CMT supports both their medical and non-medical needs from the point of injury to reintegration and transition back to military service or civilian life. RCCs are the voice and face of the RCP at the installation level. RCCs ensure our WII Airmen get the non-medical support they need to create the life they want. The CMT executes the RCP on behalf of the WII Airmen. Key personnel on the CMT are:

- Squadron Commander
- Supervisor
- First Sergeant
- RCC
- Primary Care Manager (PCM)
- Clinical Case Manager (CCM)
- Family Liaison Officer (FLO)
- Airman and Family Readiness Center
- Non-Medical Case Manager (NMCM)
- Mental Health Counselor
- Nurse Care Manager
- Caregiver
- Physical Evaluation Liaison Officer (PEBLO)

Additionally, the CMT collaborates with VA medical providers and Federal Recovery Coordinators while the member is on active duty in a VA facility or if they are transitioning to a VA facility.

## Recovery Care Coordinators

The primary mission of the RCCs is to facilitate, monitor, and ensure access of care and resources for the WII Airmen and their families to allow for a smooth transition from immediate hospital recovery to long-term adaptability and care. RCCs work with the member and their medical team ensuring the chain of command is kept apprised of updates and any issues which may arise. They educate and guide the member through the RCP and IDES processes. The RCC's goal is to prevent unnecessary delays, reduce anxiety, and obtain accurate and responsive information and services for the WII Airmen while ensuring the best possible outcome. RCCs are a tremendous asset for the member and their family and they can also act as force multipliers for your unit and the entire CMT. The RCCs work closely with WII Airmen, their leaders, A&FRC, and the medical staff to offer multi-vectored solutions to the complex non-medical needs required by our WII Airmen, while coordinating around their medical needs. Every installation has an assigned RCC; however, the RCC may not be primarily located on the installation. Each RCC is responsible for a region and is strategically stationed at hospitals and other locations where a high volume of WII Airmen are being treated.

(RCC Regional Map on Page 11)



## Non-Medical Care Managers

The NMCMs are part of the CMT and support the RCCs in the field during the phases of care that encompass reintegration/transition and sustainment. The NMCM provides assistance with all benefits and entitlements for those Airmen transitioning back into the civilian sector and helps resolve problems

## Leadership Guide for WII Airmen

related to benefits and compensation, administrative and personnel paperwork, housing and transportation, prior to and during transition, and other matters that arise.

### Comprehensive Recovery Plan

The CRP, written by the RCC in coordination with the Airman and the Airman's family, identifies the Airman's and family's goals and the resources they need to achieve them, such as assistive technology, education, employment, and housing. The RCC uses the plan to guide WII Airmen and their families along the road to recovery, rehabilitation and return to duty or reintegration into the civilian community. They will work with the WII Airman's chain of command, CMT, and other resources to ensure the Recovery Plan is complete and implemented.

As an example, the RCCs, NMCMs and the CRP can assist with developing a strategy for the following issues:

- Legal and guardianship issues
- Pay and personnel issues
- Invitational Travel Orders
- Lodging and housing adaption
- Education and training benefits
- Commissary and exchange access
- Child and youth care
- Transportation needs
- Transition assistance
- TBI/PTSD support services
- Respite care
- and much more...!



**Caregiver Support**



**Employment Readiness**



**Recovery Care Coordinator**



**Adaptive Sports**

## Recovery Coordination Process

The Air Force RCP encompasses all non-medical support to every enrolled WII Airmen and their families. The RCP is designed to organize all available resources in support of family needs when an Airman becomes seriously wounded, ill, or injured, to include those who have been medically evacuated from the theater. At the same time, the RCP provides a systematic structure which offers assistance, information, and support made available on the family's terms. Families have different needs, so each case must be considered and handled on an individual basis. The RCP is administered out of the Air Force Wounded Warrior Program office at Air Force Personnel Center (AFPC), Randolph AFB, TX.

Enrollment in the RCP is based on one of the following conditions: the Airman is identified as Seriously Ill/Injured (SI) (CAT 2) or Very Seriously Ill/Injured (VSI) (CAT 3) on casualty reports, or those referred to IDES for post-traumatic stress disorder (PTSD) and/or traumatic brain injury (TBI) or complex medical conditions. Airmen who meet any one of the previous criteria, or whose command determines could potentially benefit from the program, may also be referred from their unit, Clinical Case Managers (CCMs), local Airman and Family Readiness Center (A&FRC) or any other source (including self-referral). The IDES process is outlined in AFI 36-3212, *Physical Evaluation for Retention, Retirement and Separation* (Additional info on page 12).

Unit leadership is integral in the RCP. Commanders, First Sergeants, and supervisors have a duty and responsibility to care for the WII Airmen of their unit and their families. They represent a line of communication for families to ensure their needs are addressed as completely as law, directives and customs allow. An Airman's leadership should stay involved in the recovery process in a support role for the Airmen and their families, however, medical and non-medical care should be left up to the CMT, specifically, the Recovery Care Coordinators (RCCs), the Non-Medical Care Managers (NMCMs) and Clinical Case Managers (CCMs).

## 7-Phased Continuum of Care

The 7-Phased Continuum of Care encompasses the recovery process of Airmen, their family and/or their designated caregivers' needs. Family members and caregivers serve an important role in the recovery and transition of a WII Airman. They provide emotional support and stability and assist the WII Airmen in navigating available transition benefits and programs. (additional info can be found in AFI 34-1101, *Warrior and Survivor Care*)

### 1. IDENTIFICATION:

WII Airmen who meet the referral criteria are assigned a CMT consisting of an RCC, NMCM, and a CCM. Coordination with, and notification to the A&FRC, Unit Leadership, and Family Liaison Officer (FLO) is essential to properly address needs of the Airman, their family, and/or their caregiver.

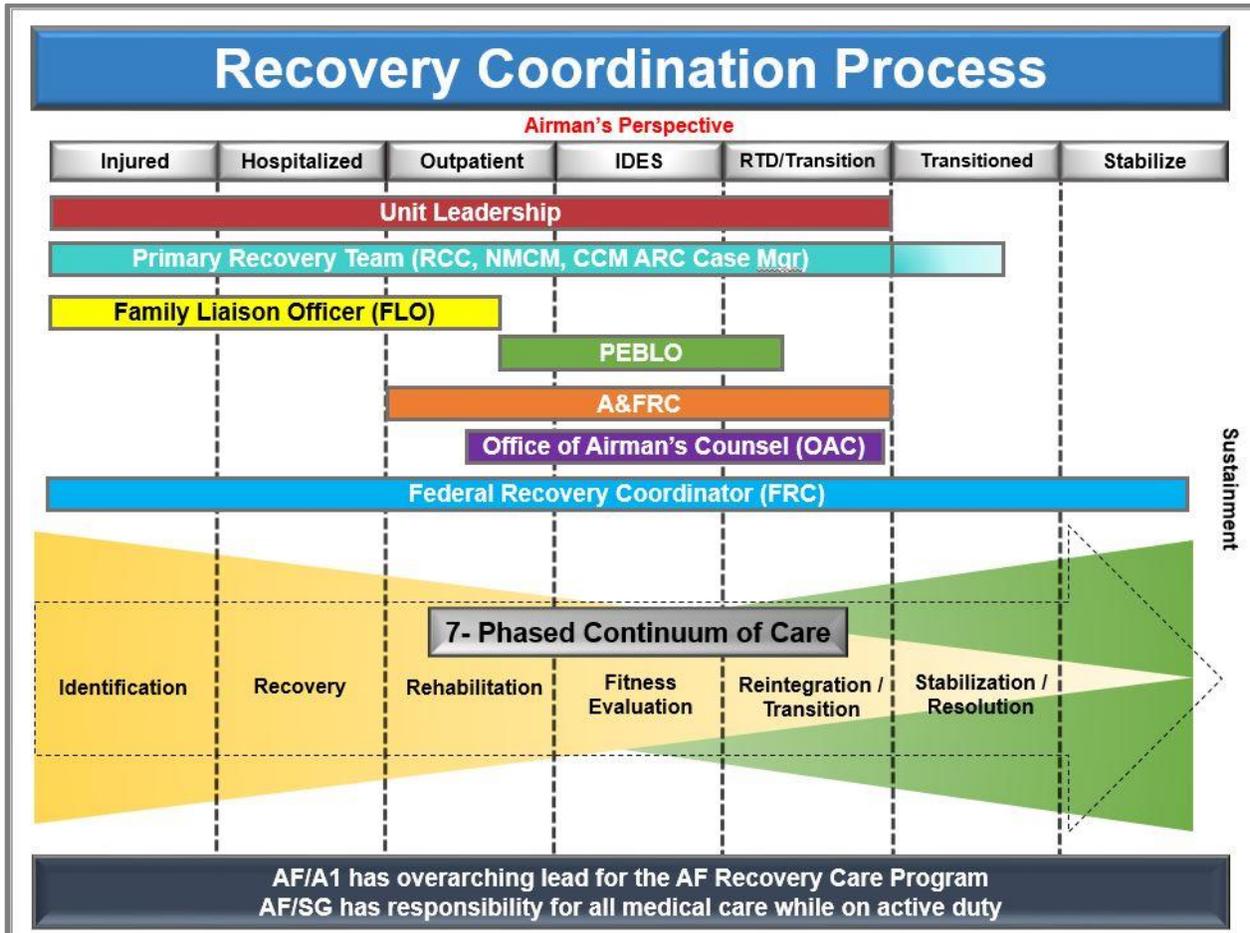
Initial medical and non-medical assessments are conducted in order to determine needs in key areas and to facilitate developing and planning the Comprehensive Recovery Plan (CRP) (see additional info on page 10). The CMT will coordinate prioritized medical and non-medical support and services and develop the coordinated CRP. The AFW2 Care Manager will provide

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support to the Airman as appropriate and ensure consideration for all personnel policies are advocated for as well as troubleshoot awards and decorations and pay issues.

### **2. RECOVERY:**

The CMT actively advocates for the Airman and monitors the evaluation process, ensures personnel policies are applied as applicable, explores career and education goals, assesses financial wellness, and assists the Airman, family and caregiver in their recovery and/or transition goals.



### **3. REHABILITATION:**

Continue to monitor the Airman, family and caregiver needs. Resolve issues (medical, financial, personnel, logistical, etc.) and assist with locating services and resources as needed. When an Airman is in rehabilitative care and it's determined they are unable to perform full military duty, or unlikely able to do so within a reasonable period of time, the CMT will coordinate with the Airman, family, and/or caregiver to develop a plan of action for continuance of AF service or transition into the civilian community. The Airman will be introduced to the Adaptive Sports Rehabilitation Program (ASRP) during this phase.

### **4. FITNESS EVALUATION:**

The PEBLO and RCC educate the Airman on the full spectrum of the IDES process and provide sound policy guidance and direction based on the Airman's goals (additional IDES info on page 12).

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### **5. REINTEGRATION/TRANSITION:**

In close coordination with the local A&FRC, the CMT coordinates to ensure the Airman is provided assistance with navigating either their successful reintegration to active duty or their transition to civilian life. The CMT assesses the Airman's needs and adjusts services to ensure the Airman, family, and caregiver are afforded applicable transition services. If the Airman is transitioning to civilian life, the CMT refers them to the A&FRC and coordinates a warm hand-off to outside agencies (Department of Veterans Affairs (VA), Department of Labor (DOL), community resources, etc.). This process can be physically and emotionally exhausting on our Airmen. Commanders should ensure continued contact and provide assistance wherever needed. Commanders should always offer a retiring Airman a retirement ceremony, including those put on the temporary disability retired list.

### **6. STABILIZATION/RESOLUTION:**

Airmen in this phase have returned to duty, separated, or retired and are reintegrating either back into the military or into the civilian community. Members of the CMT will coordinate with the Airman to ensure all applicable entitlements and benefits have been submitted. The CMT will also coordinate transitional financial assistance and troubleshoot any pay account issues. AFW2 will validate with the Airman that the "warm hand-off" to outside agencies is meeting needs.

### **7. SUSTAINMENT:**

In this phase, Airmen have successfully reintegrated, achieved stability, and have been made fully aware of all applicable benefits and entitlements. AFW2 will complete a final needs assessment to ensure all remaining concerns are identified.

**RCP GOAL: RECOVER, REHABILITATE,  
REINTEGRATE, AND/OR TRANSITION**



# Integrated Disability Evaluation System

The Integrated Disability Evaluation System (IDES) is a system used by the Department of Defense (DoD) and the Department of Veteran Affairs (VA) to evaluate the nature and extent of disabilities affecting Service members. The IDES is operated by the Secretaries of the Military Departments and includes medical evaluations to determine if a Service member should return to duty, separate or retire from military service. When the Service member is found medically unfit for continued service, the IDES provides a proposed disability rating before the Service member separates or retires. Medical evaluations through the IDES can be one of the most significant events in the life of a Service member who incurs a disabling wound, illness, or injury while serving. The overall goal of the IDES is to provide a seamless transition for the Service member.



Note: When a Service member is found medically unfit for continued service, but meets a specific set of criteria, he/she may continue on active duty under a Limited Assignment Status (LAS), however, the number of Service members retained under LAS is minimal (additional info on page 21).

## Medical Evaluation Board / Physical Evaluation Board

When an Airman is referred to the IDES, a Physical Evaluation Board Liaison Officer (PEBLO) is assigned to them to ensure the Airman's case file is complete and the case moves forward in a timely manner. As the "go to" person for the Airman, the PEBLO provides information about the IDES process, helps manage their expectations, briefs the Airman on their MEB and/or PEB results, and their rights. A Military Service Coordinator (MSC) from the VA is also assigned to work directly with the Airman. The VA MSC's primary role is to assist Service members with applying for VA compensation claims within the IDES and to coordinate their medical evaluation appointments. The MSC is the liaison between DoD and VA throughout the IDES process. Unit leadership should take an active role in ensuring the WII Airman's MEB and/or PEB is submitted in a timely manner and assist the Recovery Care Coordinator (RCC) and the medical team with obtaining any required documents.

An MEB is an informal board comprised of at least two IDES-trained physicians and a medical authority, who is responsible for MEB oversight. The MEB determines if an Airman has a medical condition that will prevent him/her from reasonably performing the duties of their office, grade, rank, or rating. When the MEB reviews the case and considers the Airman's return to duty within a year questionable, the case is forwarded to a Physical Evaluation Board (PEB).

A PEB is comprised of a PEB president, a personnel officer, and a medical officer. The PEB determines if the Airman is either "fit" or "unfit" to return to duty. During the PEB process, the Airman's case is referred to the VA for a preliminary disability rating. When an Airman is found fit to return to duty, they are reintegrated back into military service. When the PEB determines the Airman is unfit to return to duty, the Airman is referred for transition back to civilian life.

RCCs help family members understand the IDES process. Unit leadership should be kept informed during the IDES process and any questions that arise should be directed to the RCC.

## Supporting Airmen in Distress

Support to our wounded, ill or injured Airmen, especially those in distress, is an inherent obligation of command. It's imperative that leaders at all levels take the time to get to know their Airmen as unit leadership represent the first line of communication for Airmen and families to ensure their needs are addressed as completely as possible. Leaders at all levels must promote an environment of healthy and adaptive behaviors, foster the Wingman culture, and encourage responsible help-seeking behavior and not tolerate any actions that prevent Airmen from responsibly seeking help or professional care.

### Airman's Guide to Assisting Personnel in Distress

Although the information is intended to be of a general nature, the Airman's Guide to Assisting Personnel in Distress can provide readily accessible and practical guidance that can orient Airmen to stressful situations and potential supportive actions. Throughout the Airman's Guide, there is a strong emphasis on prevention. Leaders are encouraged to maintain vigilance for potential stressors and to take immediate action to mitigate negative impact before it occurs. The Guide also serves to strengthen each individual's effectiveness at recognizing distressed personnel by providing brief overviews of a wide range of potential stressors as well as any symptoms the Airman may display.

Although the information is intended to be of a general nature,



The Air Force Medical Service website also has resources for specific “Topics in Distress” to include:

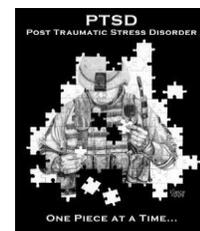
- Alcohol and Drug Abuse
- Depression
- TBI
- Anxiety
- Domestic Abuse and Child Maltreatment
- Sexual Assault
- Potentially Traumatic Incidents
- Suicidal Behaviors
- PTSD
- Work-Related Violence



<http://www.airforcemedicine.af.mil/AirmansGuide/>

### Mental Health

The local Medical Treatment Facility's (MTF) Mental Health Flight has a variety of experienced and credentialed professionals for mental health care. Patient care uses evidence-based practice and research proven interventions to empower your Airman. Airmen seeking help for deployment-related PTSD can be treated through the Mental Health Clinic. Commanders should seek out information through their MTFs for help on the best ways to assist their WII Airmen.



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### Installation Chapel Team

Religious Ministry Teams, Chaplains and religious programs give spiritual, moral and emotional care to WII Airmen and their families.

### Military Family Life Consultants (MFLCs)

MFLCs work directly with A&FRC staff and act as a liaison with the local community to provide behavioral health support services including one-on-one individual support to Airmen and their families. The MFLC is available for casual, even spontaneous outreach opportunities for discussing issues experienced within the military community.

### Defense Suicide Prevention Office (DSPO)

DSPO strives to foster a climate that encourages Service members to seek assistance for life's challenges. (<http://www.dspo.mil/>)

- **Military/Veterans Crisis Line** – This service connects Veterans in crisis and their families and friends with qualified, caring Veterans Affairs responders through a confidential, toll-free hotline, online chat and text messaging service. (800) 273-8255, Press 1; <http://www.militarycrisisline.net>; or <http://www.veteranscrisisline.net>)



- **Vets4Warriors** – This program is designed to provide 24/7 confidential, stigma-free peer support by Veterans to Active Duty, National Guard and Reserve service members, Veterans, Retirees, and their families/caregivers. (Vets4Warriors: (855) 838-8255, <http://www.vets4warriors.com>)

### Real Warriors Campaign

The Real Warriors Campaign is a multi-media public awareness campaign designed to encourage help-seeking behavior among Service members, Veterans and military families coping with invisible wounds. The campaign is an integral part of the Department of  Defense's overall effort to encourage warriors and families to seek  appropriate care and support for psychological health concerns. This site features articles and resources for both Airmen and their families, and has outlets on social media, message boards, mobile site and live chat. (<http://www.realwarriors.net>)

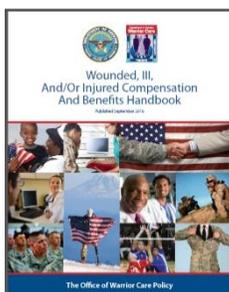
## Non-Medical Considerations

It is important to understand all the benefits, compensation, programs, and resources that may be available to your WII Airmen.

### Wounded, Ill, or Injured Compensation and Benefits Handbook

This handbook is a quick reference guide for WII Service members and their loved ones during rehabilitation to reintegration. This Handbook was designed to provide information on:

- Recovery resources
- DoD pay and allowances
- Compensation and benefits



- Medical care
- Disability Evaluation System
- Reintegration into civilian life

The Handbook was compiled in cooperation with the VA, DOL, Health and Human Services, and Department of Education along with the Social Security Administration, and the military services. This guide is available at: (<http://warriorcare.dodlive.mil/benefits/compensation-and-benefits/>)

## Benefits & Compensation

### Special Compensation for Assistance with Activities of Daily Living (SCAADL)

SCAADL benefit can provide a special monthly compensation to eligible Airmen intended to compensate designated caregivers for dedicated time and assistance provided to catastrophically injured and/or ill Airmen. SCAADL is taxable income and is not retroactive. This pay authorizes compensation to Airmen to offset the economic burden borne by primary caregivers providing non-medical care, support and assistance for the Airman. Members eligible for SCAADL have permanent, catastrophic injuries as certified by a licensed DoD or VA physician, which would otherwise require hospitalized care, nursing home care or other residential institutional care. (additional info at AFI 34-1101, *Warrior and Survivor Care*, Chapter 10)

### Pay and Allowance Continuation (PAC)

PAC may allow the continued payment of certain pay and allowances (with the exception of Family Separation Allowance) by the Air Force to any Airman (Active, Guard or Reserve) who, in the line of duty, incurs a wound, illness or injury while serving in a combat operation or a combat zone, while serving in direct support of combat operations in a designated imminent danger pay area or while exposed to a documented hostile fire event (regardless of location), and is hospitalized for treatment of the wound, illness or injury. To qualify, Airmen must be treated as an inpatient upon evacuation from the theater/incident and may continue PAC when subsequent outpatient treatment is provided for the same medical condition. PAC is a monthly entitlement

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and is not prorated. PAC entitlement will start on the first day of the month when the Airman becomes eligible for PAC, and it will terminate on the last day of the month when it is determined the Airman is no longer eligible to receive PAC. (additional info can be found in AFI 34-1101, *Warrior and Survivor Care*.)

### Traumatic Service Members' Group Life Insurance (TSGLI)

TSGLI provides

traumatic injury coverage to all Service members covered under the SGLI program. It provides short-term financial assistance to help traumatically injured Service members and their families with financial burdens associated with recovering from a severe injury. TSGLI provides tax-free, lump-sum payments in increments of \$25,000, up to \$100,000, depending on the extent of the Service member's loss. TSGLI is not only for combat injuries, it also provides insurance coverage for on or off duty injuries.



### DFAS Wounded Warrior

DFAS has established Wounded Warrior Pay Management teams to assist WII Airmen with every aspect of their pay. Information regarding pay and benefits can be found in the DoD Office of Warrior Care Policy publication entitled the *Wounded, Ill, And/Or Injured Compensation And Benefits Handbook* ([http://warriorcare.dodlive.mil/files/2017/01/DoD-Compensation-Benefits-Handbook\\_UPDATED-January-2017.pdf](http://warriorcare.dodlive.mil/files/2017/01/DoD-Compensation-Benefits-Handbook_UPDATED-January-2017.pdf)). Remember, the NMCM can also help with pay and benefits.

### Medical Travel

Invitational Travel Orders (ITOs) are government-funded orders that provide for travel to and from the hospital, lodging costs, meals, and incidental expenses. Emergency Family Medical Travel (EFMT), provided as ITOs can authorize up to three persons designated by an Airman to travel to a medical facility while the Airman is receiving official treatment, but must be identified as necessary by the primary medical authority. For EFMT, the following rules apply:

- VSI / SI: Designated individuals may be provided one round-trip between the designated individual's home and medical facility in any 60-day period.
- Not Seriously Ill/Injured (NSI): Designated individuals are authorized a 30-day maximum stay providing the following conditions are met: (1) the member must be in a hospitalized status; (2) the injury must have occurred in a combat zone or combat operation; and (3) the medical facility must be in the U.S.

### Non-Medical Attendant (NMA) Pay and Tracking

An NMA is an individual who is designated by a WII Airman to assist him/her with activities of daily living. The NMA must be authorized by the attending physician or surgeon and the senior military MTF commander approves as appropriate to serve as an NMA. The member is authorized an initial NMA for up to 180 days, extensions are possible.

## Special Considerations for ARC Members

### Incapacitation (INCAP) Pay

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The purpose of INCAP Pay is to authorize pay and allowances (less any civilian earned income) to those members who are not able to perform military duties because of an injury, illness or disease incurred or aggravated in the line of duty; or to provide pay and allowances to those members who are able to perform military duties but experience a loss of earned income as a result of an injury, illness or disease incurred or aggravated in the line of duty (37 U.S.C. § 204). (additional info at AFI 36-2910, *Line of Duty (LOD) Determination, Medical Continuation (MEDCON), and Incapacitation (INCAP) Pay*)

### Medical Continuation (MEDCON)

The purpose of MEDCON is to authorize medical and dental care for members who incur or aggravate an injury, illness or disease in the line of duty and to provide pay and allowances while they are being evaluated, treated for or recovering from a service-connected injury, illness or disease. Air Reserve Component members may be entitled to MEDCON when they are unable to perform military duties due to an injury, illness or disease incurred or aggravated while serving in a duty status. (additional info at AFI 36-2910, *Line of Duty (LOD) Determination, Medical Continuation (MEDCON), and Incapacitation (INCAP) Pay*)

## Programs & Resources

### Airman & Family Readiness Centers (A&FRC)

A&FRCs are the base-level conduits to assist WII Airmen and their families with a myriad of support functions. A&FRCs provide services in Transition and Relocation Assistance, Personal Financial Readiness, Personal and Worklife, Spouse Employment, Air Force Aid Society Assistance, Key Spouse, and Volunteer Assistance.



### Key Spouse

Part of the A&FRC portfolio is the Key Spouse Program, orchestrated by your unit's leadership. Key Spouses are a focal point for information and support for families in your unit. Key spouses are in a great position to assist you with pulling resources together to assist the WII Airmen and their family with additional help not otherwise offered in a formalized program.

### Recovering Airman Mentorship Program

RAMP is a subset of the AFW2 Program at JBSA-Randolph AFB. The goal of RAMP is to motivate recovering Airmen by helping them develop one-on-one relationships with their peers who are farther along in the recovery process. These mentors are excellent resources for recovering Airmen, who motivate through sharing their real-life experiences. Mentors are not care providers, but are the voice of experience who truly understands what they are going through. Mentors are a listening ear, one who understands and provides straight answers to personal and challenging questions. The RAMP provides each recovering Airman a wingman they can call on. Spouses may also benefit from the RAMP by being paired with a spousal mentor who understands their individual needs and is well-versed in navigating the transition assistance environment.

### Transportation Security Administration (TSA) Military Severely Injured Joint Support Operations Center (MSIJOC)

TSA, along with the DoD created this

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program to assist Service Members and their families while traveling. The benefits of this program include expedited screening and curbside service. The program is currently staffed by a team at Reagan National Airport (DCA) in Washington, D.C. MSIJOC is available to all recovering WII Airmen and their families traveling in any airport. To take part in the program, WII Airmen (or their RCCs) contact TSA, at (855)787-2227, with details of the itinerary once flight arrangements are made with the airline.

- Toll-free contact number is available Monday through Friday from 8 a.m. to 11 p.m. (EST/EDT) and weekends and holidays 9 a.m. to 8 p.m. (EST/EDT)
- E-mail is also available: [TSA-ContactCenter@tsa.dhs.gov](mailto:TSA-ContactCenter@tsa.dhs.gov)

### **National Resource Directory (NRD)**

The NRD is a website for WII Airmen, Veterans, caregivers and their families, providing access to services and resources at the national, state and local levels: [www.nationalresourcedirectory.gov](http://www.nationalresourcedirectory.gov). It supports recovery, rehabilitation and community reintegration on topics such as benefits and compensation, education and training, employment, family and caregiver support, health, homeless assistance, housing, transportation and travel and other services and resources. The NRD includes a highlighted section on specific resources for families and caregivers. RCCs are the focal point with more than 17,500 programs on NRD at their fingertips. RCCs will, upon request, coordinate and contact the programs on behalf of the member to initiate the discussion or service.

### **Helping WII Airmen Stay Fit**

The installation's fitness center has specialized fitness equipment and training available to assist any member of the base community who may not be able to use conventional exercise machines due to an injury or disability. Commanders and supervisors should learn what is available on your installation to encourage squadron members and their families of this benefit.

### **Adaptive Sports and Resiliency Programs (ASRP)**

Adaptive Sports & Resiliency Programs (ASRP) are a subset of the AFW2 Program at JBSA-Randolph. The mission of ASRP is to motivate and encourage participation in introductory, recreational and competitive adaptive sports and resiliency programs among the WII Airmen. Participation in ASRP programs support recovery, strengthen resilience, and enhance physical, emotional, and psychological quality of life throughout the continuum of care of AFW2 Airmen and their caregivers.

Personalized support is provided by the AFW2 program through six annual regional Warrior CARE Events integrating all support programs into one platform to strengthen mental, physical, spiritual and social well-being of enrolled Wounded Warriors and Caregivers.

Resilience programs are offered in conjunction with Warrior CARE events to introduce Airmen to programs that enhance coping skills, mood regulation, and communication in a group setting. The programs may include music, art or other workshops designed to help Airmen find positive ways to relax and reduce stress.

CARE represents four AFW2 support programs: Caregiver Support, Adaptive Sports and Resiliency Programs, Recovering Airman Mentorship Program and Employment Readiness.

## *Leadership Guide for WII Airmen*

Introductory Adaptive Sports modify the way traditional sports are offered to meet each member's abilities. Examples of adaptive sports at Regional Warrior CARE events or through Community Programs offered through benevolent organizations and the VA may include:

Archery (Compound/Recurve)	Rock Climbing/Hiking (Community Program)	Swimming (50m Free, 50 m Back, 100m Free)
Cycling (Upright/Recumbent/Hand Cycle)	Scuba Diving (Community Program)	Track (100m, 200m, 400m, 1600m)
Equine (Community Program)	Shooting (Air Rifle/Pistol – Skeet/Trap)	Wheelchair Basketball (Team Sport)
Field (Discuss/Shotput – Standing/Sitting)	Sitting Volleyball (Team Sport)	Wheelchair Rugby (Team Sport)
Fishing/Hunting (Community Program)	Snow Sports (Community Program)	Yoga
Golf (Community Program)	Surfing (Community Program)	

The benefits of physical activity for injured Service members include lower blood pressure, weight management and enhancement of the rehabilitative process. In addition, adaptive sports and activities provide a social support system with individuals facing similar situations.

The holistic benefits of the ASRP for Airmen, caregivers and their families include increased resilience, hope and enhanced recovery. Participation reduces stress, improves quality of life for the Airman, strengthens their personal relationships, and may lead to decreased need for medication or negative coping mechanisms. In addition, ASRP events offer a social support system of individuals facing similar situations that allows Airmen to focus on their role on a team, contribute to the team's overall success, build confidence, and establish and redefine their abilities versus focusing on their disabilities. The social connections created through the ASRP events become strong bonds for most attendees and are often the first life line used when an Airman or caregiver needs support or encouragement.

### **Annual ASRP Competitive Events**

AFW2 executes the annual Air Force trials where WII Airmen participate in a week long adaptive sports competition (archery, cycling, shooting, sitting volleyball, swimming, track and field, wheelchair basketball, wheelchair rugby, indoor rowing, and resiliency programs). The purpose of the Air Force Trials is for each competitor to achieve their personal best and further establish their competitive or recreational adaptive sports goals. This is also their opportunity to be selected to represent the Air Force at the DoD Warrior Games, a competition for wounded, ill and injured service members, hosted by a rotational branch of service and supported by the Department of Defense and community partners. The Office of the Secretary of Defense's (OSD) Office of Warrior Care Policy (WCP) provides oversight and support for the Adaptive Sports and Reconditioning programs for all Services. The Office of Military Community and Family Policy provides oversight and policy for the DoD Warrior Games and the Invictus Games.



## *Leadership Guide for WII Airmen*

- **Warrior Games:** Created in 2010, the Department of Defense (DOD) Warrior Games introduce wounded, ill, and injured service members and veterans to Paralympic-style sports. The Warrior Games showcase the resilient spirit of today's wounded, ill or injured Service members from all branches of the military. More than 250 WII Service member athletes participate in eight sports (archery, cycling, shooting, sitting volleyball, swimming, track and field and wheelchair basketball), representing the Army, Marine Corps, Navy, Air Force and Special Operations Command.



**"The Warrior Games showcase the competitive spirit of our wounded warriors. Athletic competition at this level requires focused hard work of body, mind and spirit."**

**- Heather Wilson, Secretary of the Air Force**

- **Invictus Games:** Following a visit in 2013 to the US-based Warrior Games for wounded, ill and injured military personnel and veterans, Prince Harry was inspired to create an expanded international version. The inaugural Invictus Games took place in London in the fall of 2014 and attracted more than 450 competitors from 13 nations. The second Invictus Games took place in May 2016 in Orlando, Florida, and built on the excitement of the London Games with more than 500 competitors from 15 nations. In 2017, over 500 competitors from 17 nations are expected to compete in twelve sports: archery, athletics, indoor rowing, powerlifting, road cycling, sitting volleyball, wheelchair basketball, wheelchair tennis, wheelchair rugby, swimming, driving challenge and golf.



The Air Force Wounded Warrior Caregiver Support Program works directly with the Recovery Care Team, Peer Support Coordinators, Department of Veterans Affairs Caregiver Support Program, and Airman and Family Readiness Center staff to ensure support services are provided based on individual and family needs. Through a variety of venues to include the Regional Warrior CARE Events, caregivers learn skills to help positively affect their role as a caregiver. Caregivers

## *Leadership Guide for WII Airmen*

### **AFW2 Caregiver Support Program**

learn to enlist the help of other family members and friends, how to enjoy personal time away from a loved one without guilt, and learn about the multitude of resources and assistance available.

The AFW2 Caregiver Support Program hosts a monthly Caregiver Call-In Town Hall Meeting for caregivers of Recovering Airmen. During the caregiver call-in, there is a brief presentation on a relevant topic such as: post-traumatic stress/traumatic brain injury, final/retired/Veterans Affairs (VA) compensation, entitlements, benefits, SCAADL, mentorship, caregiver support, MEB process, employment assistance, communication/outreach and participation in adaptive/rehabilitative sports. After the presentation, Warrior Care Division Subject Matter Experts (SME) are available to answer questions and address issues. Through this valuable forum, AFW2 is able to connect with caregivers with each other, answer/address questions and concerns, and provide timely information.

### **Wounded Warrior Care Month**



In 2008, the Secretary of Defense designated November as Warrior Care Month with the intent to inform members of the military, their families and communities about the programs and initiatives provided by the Department of Defense Warrior Care programs. Throughout the month of November, the Office of Warrior Care Policy and all of the Service's Wounded Warrior programs will highlight various programs, activities and stories of recovery and personal triumphs. Warrior Care Month is not only about what is being done for our Nation's WII Service members, but also about what they do for us, how they continually give back to our communities, their families and this great Nation they have sacrificed so much to protect. (<http://www.defense.gov/warriorcaremonth>)

### **DCoE Resource Catalog**

This DoD resource is a one-stop shop for psychological health and TBI products and programs for Service members, Veterans, families and health care providers. The types of resources included in the catalogue are clinical recommendations and support tools, educational materials, product fact sheets and mobile applications. ([http://dcoe.mil/About\\_DCoE/Resources.aspx](http://dcoe.mil/About_DCoE/Resources.aspx)). Consult your Airman's medical team before referring them to any DCoE programs.

## Staying in Uniform

### Reporting Identifiers (RI)

- **9W000/92W0:** The initial designation of this RI is provided solely for the purpose of identifying Airmen who have suffered a combat-related illness or injury.
- **9W200/92W2:** This RI provides exceptional personnel policies (i.e., promotion, evaluation, assignment, and professional military education exemptions, etc.) for Airmen who sustained very serious combat-related injuries, severely disabling illnesses, or loss of cognitive abilities requiring a lengthy period of recovery or rehabilitation that removes him or her from their normal duties.
- **9W300/92W3:** The initial designation of this RI is provided solely for the purpose of identifying Airmen enrolled in AFW2 with non-combat-related illnesses or injuries.
- **9W400/92W4:** Combat-injured WII Airmen Returned to Duty (RTD) under the Limited Assignment Status (LAS) program will be given this RI. Retention is not for a specified period of time, but does not exceed 20 years of active service. AFPC/DPFD reevaluates LAS eligibility at least once a year. (additional info at AFI 34-1101, *Warrior and Survivor Care*.)

### The Limited Assignment Status (LAS)

Some members found physically unfit by a PEB can serve on AD in LAS with limitations and controls over their assignments. Retention in LAS depends upon the type and extent of the member's physical defect or condition, the amount of medical management and support needed to sustain the member on AD, the physical and assignment limitations required, the years of service completed, and the Air Force need for the particular grade and specialty. Per AFI 36-3212, *Physical Evaluation for Retention, Retirement, and Separation*, the number of members retained in LAS will be held to an absolute minimum.

### Temporary Disability Retired List (TDRL)

An Airman will be placed on the TDRL when the member has a condition that meets the requirements for a disability retirement, but the disability has not sufficiently stabilized to accurately assess the permanent degree of disability. TDRL personnel are required by law to undergo physical examinations at least once every 18 months. If the member was placed on the TDRL prior to January 1, 2017, the Airman may remain on the TDRL for up to five years. If the member was placed on the TDRL on or after January 1, 2017, the Airman will remain on that list for up to three years providing the condition does not change during that time.

### Fitness Testing

All Airmen are expected to adhere to testing requirements as outlined in AFI 36-2905, *Fitness Program*, based on their medical profile. RCCs and WII Airmen's leadership should ensure the Unit Fitness Program Manager and the medical staff have appropriately marked the member's physical fitness profile for accurate testing.

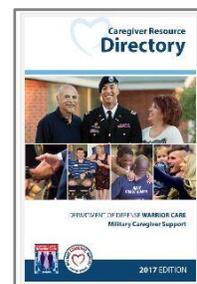
### Assignments

Airmen who are pending an MEB or PEB may not be reassigned, PCS or placed in TDY status until the MTF determines medical disposition. Instruction on limitations can be found in AFI 36-2110, *Assignments*.

# Supporting the Caregivers of WII Airmen

## Caregiver Resource

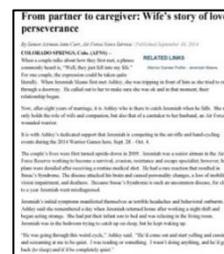
Caregivers are paramount in the care and support of our WII Airmen. They deal with significant life changes, taking care of themselves while caring for, supporting, and diving into unknown territory for resources and processes in which their new WII Airmen are required to partake. The Caregiver Resource Directory is designed to help empower caregivers with information from more than 300 different resources and programs from government and nonprofit organizations just for them. (<http://warriorcare.dodlive.mil/caregiver-resources/>)



## VA Caregiver Support

The VA has trained professionals who help find services and support avenues for your WII Airmen's caregivers. They provide general services to include caregiver support coordination, in-home and respite care services, medical resources for TBI and PTSD and assistance in staying organized with tips and resources to alleviate specific burdens.

- **National Caregiver Support Line** – This Support Line, (855) 260-3274, is open Monday to Friday, 8 am to 11 pm and Saturday, 10:30 am to 6 pm (EST). Licensed clinical social workers are available to discuss issues and resources for your WII Airmen. (<http://www.caregiver.va.gov>)



## Caregiver PEER Forums

Caregiver PEER Forums/P2P (Peer-to-Peer) support groups are available at several AF locations, and are set to expand to additional AF locations. These meetings are face-to-face and facilitated by MFLCs, designed for caregivers' mutual support and discussions. Contact your installation A&FRC for referral information.

## Primary Family Caregiver's Stipend

This VA program's stipend is paid directly to the primary family caregiver on a tiered basis depending on the amount and degree of personal care services provided. The stipend is based on the wages of a home health aide in the geographic area where the member resides. Note there are specific eligibility criteria and certifications, which are required to receive this benefit. SCAADL, covered on page 15, is the DoD program for caregivers and has its own criteria and requirements.

## Transition Planning

For WII Airmen, ensuring a successful transition and reintegration enables them to lead a full and rewarding life that meets personal recovery and transition goals. Proactive transition planning is important to ensure gaps are identified prior to discharge from service. A matrix of transition services which lists the various programs available can be found at: <https://www.dodtap.mil/>.

### Survivor Benefit Plan (SBP), Reserve Component Survivor Benefit Plan (RC-SBP) and Retired Serviceman's Family Protection Plan (RSFPP)

SBP, RC-SBP and RSFPP provide eligible

beneficiaries with a form of benefit called an "annuity." An annuity is a monthly payment for the lifetime of the beneficiary. The amount of the benefit is a percentage of your retirement benefit based on your election.

### Transition Assistance Program

The redesigned Transition Assistance Program, known as TAP, was initiated by the Veterans Opportunity to Work Act of 2011. The Veterans Employment Initiative requires that four mandates be completed by all military personnel before separating or retiring. The Airman contacts the local A&FRC to first schedule the pre-separation counseling and to receive detailed information on other available transition services. TAP services delivery will be adjusted to meet needs of the WII Airman and caregiver, either during a one-on-one or group session.

### Combat-Related Special Compensation (CRSC)

CRSC is a non-taxable special compensation for combat-related disabilities. To qualify for CRSC, the service member must be entitled to and/or receiving military retired pay, be rated at least 10 percent by the VA, waive VA pay from retired pay, and file a CRSC application with the service member's Branch of Service. More information can be found at the DFAS CRSC website: <https://www.dfas.mil/retiredmilitary/disability/crsc.html>.

### Operation Warfighter (OWF)

OWF is a federal agency internship program to allow transitioning recovering service members to develop and practice newly assessed and identified work skills in a non-military work environment. The main objective of OWF is to place recovering Service members in supportive work settings that positively impact their recovery. The program represents an opportunity to facilitate recovering Service members' development and employment readiness by providing assistance with resume building, exploring employment interests and developing job skills through internship opportunities

### Education and Employment Initiative (E2I)

E2I is a DoD program that assists WII Service members early in their recovery process to identify their skills and match them with the education and career opportunities that will help them successfully transition to civilian life. E2I's Regional Coordinators – individuals who work with the WII Service members to identify skills, career opportunities that match those skills, and determine educational requirements for a desired career path – are located throughout the United States.

**Verification of Military Experience and Training (VMET)**

This program provides validation of a Service member’s identity and record for the purpose of furnishing certification or verification of any job skills and experience acquired while on active duty that may have application to employment in the civilian sector. ([https://pki.dmdc.osd.mil/tgps/pages/VMET/access\\_dd2586.xhtml](https://pki.dmdc.osd.mil/tgps/pages/VMET/access_dd2586.xhtml))

**Department of Veterans Affairs**

**\*\* eBenefits** - is a collaboration between the VA and the DoD. Veterans, Service members, Wounded Warriors, their family members and their authorized caregivers are able to research, access, and manage their benefits and personal information. (<https://www.ebenefits.va.gov/>)

**\*\* VA Pre-Discharge Program** – The Benefits Delivery at Discharge program allows Service members to submit a claim for disability compensation between 180 to 90 days prior to separation, retirement, or release from active duty or demobilization. VA needs a minimum of 90 days to complete the medical exam process (which may involve multiple specialty clinics) prior to separation from service. (<https://www.benefits.va.gov/PREDISCHARGE/claims-pre-discharge-benefits-delivery-at-discharge.asp>)



Requirements To Participate	Benefits Delivery at Discharge Program
Need to have a known separation date?	Yes
When to apply prior to separation?	Apply between 180 - 90 days prior to separation.
When must service treatment records be submitted to VA?	At the time claim is submitted.
When will the VA medical exams be scheduled?	Up to 45 days from the date of claim submission.
When must all phases of the VA/DoD medical separation exam process be completed?	Prior to release from the military.

**\*\* Vocational Rehabilitation and Employment (VR&E)** – This service is available to assist service-connected Veterans and Service Members with an employment barrier to find suitable careers. VR&E Counselors work with eligible individuals help reach their specific employment goals. This is accomplished by developing a personalized rehabilitation plan following on the five tracks:

- **Reemployment:** Whenever possible, VR&E helps Veterans and Service members return to work with a former employer by supporting the employer’s efforts to provide accommodations that enable the Veteran to continue along the same or similar career path.
- **Rapid Access to Employment:** VR&E helps Veterans and Service members who are ready to enter the workforce, find, apply for and secure suitable jobs. VA may provide professional job placement assistance, job accommodations and other specialized support.

## *Leadership Guide for WII Airmen*

- **Self-Employment:** VR&E may aid Veterans, who have limited access to traditional employment and have the skill and interest to start a business, by helping to analyze the proposed business plan and providing training on how to market and operate a small business.
- **Employment Through Long-Term Services:** For Veterans and Service members who require additional skills or training to find competitive, suitable employment, VR&E will provide assistance, which may include education benefits, on-the-job training, work study, apprenticeships or other job preparation programs to help them to obtain appropriate employment.
- **Independent Living:** Some Veterans and Service members may be unable to currently return to work, but with assistance from VR&E, they can lead a more independent life. VA helps them with access to community-based support services, the use of assistive technologies and accommodations and independent living skills training.

For additional information, see: <http://www.benefits.va.gov/vocrehab/index.asp>

\*\* **My HealthVet** – This website, <https://www.myhealth.va.gov/index.html>, is VA's online personal health record. It was designed for Veterans, active duty Service members, their dependents and caregivers. My HealthVet helps you partner with your health care team. It provides you opportunities and tools to make informed decisions and manage your health care.

\*\*Refer feedback and recommended changes to AF/A1SAZ Workflow at [usaf.pentagon.af-a1.mbx.af-a1saz@mail.mil](mailto:usaf.pentagon.af-a1.mbx.af-a1saz@mail.mil)\*\*

# Getting Our Airmen to Stay Connected

## Social Media (Air Force Wounded Warrior)

**Air Force Wounded Warrior (AFW2)**

[www.woundedwarrior.af.mil](http://www.woundedwarrior.af.mil)



**Facebook Page**

[www.facebook.com/airforcewoundedwarrior](http://www.facebook.com/airforcewoundedwarrior)



**Twitter**

<http://twitter.com/afw2>



**Instagram**

<http://instagram.com/afw2>



**National Resource Directory**

[www.nrd.gov](http://www.nrd.gov)



**Military OneSource**

Wounded Warrior Resource Call Center  
1-800-342-9647



**Military Crisis Line**

Phone: 1-800-273-8255  
Text: 838255



**DCOE Outreach Center**  
(PTSD and Psychological Health)  
1-866-966-1020



**Suicide Prevention**  
1-800-273-TALK (8255)



# Attachment 1

## Acronyms

A&FRC	Airman & Family Readiness Center
AFPC	Air Force Personnel Center
AFPD	Air Force Policy Directive
AFW2	Air Force Wounded Warrior
ASRP	Adaptive Sports Rehabilitation Program
CCM	Clinical Case Manager
CMT	Care Management Team
CRP	Comprehensive Recovery Plan
CRSC	Combat-Related Special Compensation
DCoE	Defense Center of Excellence
DSPO	Defense Suicide Prevention Office
DOL	Department of Labor
E2I	Education and Employment Initiative
FLO	Family Liaison Officer
IDES	Integrated Disability Evaluation System
INCAP	Incapacitation
ITO	Invitational Travel Orders
LAS	Limited Assignment Status
LOD	Line of Duty
MEB	Medical Evaluation Board
MEDCON	Medical Continuation
MFLCs	Military & Family Life Consultants
MSIJOC	Military Severely Injured Joint Support Operations Center
MTF	Military Treatment Facility
NMA	Non-Medical Attendant
NMCM	Non-Medical Care Manager
NRD	National Resource Directory
NSI	Not Seriously Ill/Injured
OSD	Office of Secretary of Defense
OWF	Operation Warfighter
P2P	Peer-to-Peer
P&R	Personnel & Readiness
PAC	Pay and Allowance Continuation
PCM	Primary Care Manager
PEB	Physical Evaluation Board
PEBLO	Physical Evaluation Board Liaison Officer
PECD	Promotion Eligibility Cutoff Date
PTSD	Post-Traumatic Stress Disorder
RCC	Recovery Care Coordinator
RAMP	Recovering Airmen Mentorship Program
RCP	Recovery Coordination Plan
RC-SBP	Reserve Component Survivor Benefit Plan
RI	Reporting Identifier
RSFPP	Retired Serviceman's Family Protection Plan
RTD	Returned to Duty
SBP	Survivor Benefit Plan
SCAADL	Special Compensation for Assistance with Activities of Daily Living
SI	Seriously Ill/Injured
TAP	Transition Assistance Program
TBI	Traumatic Brain Injury
TDRL	Temporary Disability Retired List
TSGLI	Traumatic Service member's Group Life Insurance
VA	Veterans Affairs
VMET	Verification of Military Experience and Training
VSI	Very Seriously Ill/Injured
WCP	Warrior Care Policy
WII	Wounded, Ill or Injured