BY ORDER OF THE SECRETARY OF THE AIR FORCE

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Personnel

WARRIOR AND SURVIVOR CARE

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This publication implements Air Force Policy Directive (AFPD) 34-11, *Service to Survivors*, Department of Defense (DoD) Instruction (DoDI)1300.24, *Recovery Coordination Program (RCP), DoDI 1300.25, "Guidance for the Education and Employment Initiative (E2I) and Operation Warfighter (OWF)", DoDI 1341.12, "Special Compensation for Assistance With Activities of Daily Living (SCAADL)"* and *DoD's Military Adaptive Sports Program.* This instruction also introduces elements of the *Interagency Care Coordination Committee* process for complex care management. It describes policy and procedures for the Air Force Warrior and Survivor Care program portfolio. It formalizes procedures for commanders and functional managers to provide non-clinical care and assistance to wounded, seriously ill and injured personnel and their families. It governs the training requirements for Family Liaison Officers (FLOs) and notional milestones for ensuring that information flow and family assistance is rendered in a timely and appropriate manner. It prescribes the operational framework for the Air Force Wounded Warrior (AFW2) Program to include the Air Force Recovery Coordination Program and provides operational guidance for Recovery Care Coordinators (RCC) and Non-Medical Care Managers. This instruction applies to commanders, managers, supervisors and functional staffs at all levels. It also applies to Air National Guard (ANG) and Air Force Reserve Command (AFRC) forces to the extent they are capable of providing required services; active duty commanders will provide support to ANG and ARC commanders as necessary to fully comply with all requirements. The authorities to waive wing/unit level requirements in this publication are identified with a Tier ("T-0, T-1, T-2, T-3") number following the compliance statement. See AFI 33-360, *Publications and Forms Management*, Table 1.1 for a description of the authorities associated with the Tier numbers. Submit requests for waivers

through the chain of command to the appropriate Tier waiver approval authority, or alternately, to the Publication OPR for non-tiered compliance items. Refer recommended changes and conflicts between this and other publications to AF/A1S, 1040 Air Force Pentagon, Washington DC 20330 on Air Force Form 847, *Recommendation for Change of Publication.* Ensure all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of in accordance with (IAW) the Air Force Records Disposition. Supplementation of this instruction is prohibited without prior review by the OPR. Process supplements of this instructions in accordance with Air Force Instruction (AFI) 33-360, *Publications and Forms Management.*

SUMMARY OF CHANGES

This publication is a significant revision of previous versions and must be reviewed in its entirety. Process and organizational changes, along with new programs, required this publication to be rewritten.

Chapter 1

OVERVIEW

1.1. Introduction. The Air Force Recovery Coordination Program (RCP) encompasses all non-medical support to seriously wounded, ill and injured Airmen and their families. This includes all Air Force policy and program development efforts initiated out of the Air Force Warrior and Survivor Care Branch (AF/A1SAZ) as well as all operational programs managed by the Air Force Personnel Center Warrior and Survivor Care Division (AFPC/DPFW). This instruction applies to Regular Air Force (RegAF), Air National Guard (ANG), and Air Force Reserve (AFR) Airmen who are seriously wounded, ill and injured regardless of the cause. Throughout this instruction, the term Airman applies to any Air Force member regardless of component affiliation. All RCP assets will be made available to Airmen in need and their families without regard to current status or line of duty determination.

1.2. Philosophy. The Air Force has numerous resources to draw upon to assist Air Force team members who are seriously wounded, ill or injured. The Air Force team includes active duty, reserve, guard, government contractors, and civilian federal employees. All members of this team should be rendered the maximum level of assistance permitted by law.

1.2.1. Under this instruction, the guiding principles of all services and support to families are *timeliness, relevance,* and *compassion*. "Timeliness" means the immediate consideration for enrollment into the RCP and/or support for families, efficient information transmission and promptness in the delivery of services and response to inquiries. "Relevance" means tailoring both information and services to the needs and expressed desires of the Airman or family members. "Compassion" means responding with empathy to the best of one's ability, just as those providing information and services would wish their own families to be treated.

1.2.2. This instruction also acknowledges the possibility that Air Force members and their families, who would not otherwise qualify for assistance under this program, may seek the help of our Recovery Care Coordinators (RCCs) and our Non-Medical Care Managers (NMCMs). To the maximum extent possible, while not distracting from the primary mission, our RCCs and NMCMs are allowed and encouraged to provide situational support on a non-recurring basis. Should the Airman or their family require frequent assistance, the RCC or NMCM should either refer them into the RCP or refer them to another appropriate organization/program to provide continuing support.

1.3. Procedural Guidance:

1.3.1. This instruction is the source document for Air Force policies and programs regarding non-medical support to wounded, ill and injured Airmen and their families. It focuses on information flow to families and the integration and harmonization of benefits and assistance. Lastly, it provides an overview of services and support that should be offered to seriously wounded, ill and injured Airmen.

1.3.2. This instruction is *not* intended to replace guidance regarding individual entitlements, benefits and services contained in function-specific directives. Commanders and other users of this instruction are expected to use this instruction, other source documents and contact with functional experts to gain a working understanding of the range of services available to them to help those in need. This instruction is designed to help commanders anticipate and

plan to assist a broad range of Airmen who could require post-injury/illness support, or specific benefits and entitlements and assistance to wounded, ill and injured personnel and their families

1.3.3. Air Force organizations and functional managers responsible for processes which are integral to the objectives of the Air Force RCP will coordinate with AF/A1SAZ to ensure this instruction provides current detailed guidance and maintains policy in related directives which complement this instruction. These processes include wounded, ill and injured care, casualty reporting, Integrated Disability Evaluation System (IDES), and transition support. AF/A1SAZ will ensure this instruction is kept current through regular consultation with the interacting functions.

1.3.4. Use of the procedures and assistance strategy described in this instruction does not constitute an admission of legal liability for any fatalities, personal injuries, or property losses that may have been experienced in conjunction with Air Force operations. Use of the procedures and support processes described in this instruction is solely intended to assure timely, appropriate, and compassionate humanitarian assistance within the limits of Federal law. Therefore, just as it is essential to be timely, focused, and compassionate in their dealings with those impacted by circumstances covered by this policy, it is crucial for Air Force personnel to keep promises made to Airmen, their families, Next-of-Kin (NOK) and others, but also to avoid making any promises which are beyond the limits of Federal Law, Air Force policies and guidelines, and beyond the scope of the specific responsibilities of the roles discussed in this instruction.

1.4. Persons Eligible to Receive Information and Assistance under this Instruction. All of the persons described in this paragraph are entitled to effective and caring communication, and all will be provided information to the maximum extent permitted by law. Information on wounded, ill and injured Airmen should only be shared if approval is received from the member. In the case where a member is incapacitated and cannot give consent to release of information, consult the local Staff Judge Advocate (SJA) regarding release of such information.

1.4.1. Next-of-Kin (NOK): "NOK" is the term used to describe the sole person who has a specific, legally defined relationship with another person who has become a casualty, i.e., died or been injured. For the purposes of this instruction, unless an individual is specifically identified by the AIRMAN to be notified in an emergency (i.e., on the vRED- virtual Record of Emergency Data Form), the next-of kin will be presumed to be the person most closely related to the victim: the parents(s) of a single person without children, a spouse, or children of a single parent.

1.4.2. Family Members: A working definition of persons who should be considered "family members" is essential to the effectiveness of the processes described in this instruction. This instruction embodies a broader definition of the concept of family than is found in other Air Force publications because it is designed to serve the needs of the entire spectrum of persons who have experienced a traumatic event(s). Therefore, for the purpose of this instruction, *"family"* is defined as NOK and the individuals identified by the Airman to be notified in an emergency and those identified by the Airman as family. In some instances, benefit entitlements, sharing of sensitive information regarding health care and access to other information may be withheld from some identified here as family members due to Federal law which specifies who may be allowed access. In all instances, the Airman is at liberty to

inform any individual of their medical situation and treatment options as well as benefit entitlement and receipt and have anyone they wish present in any meetings regarding their care.

1.4.3. Civilians: The RCP will provide support to government civilian employees that are injured during a deployment supporting combat forces. The support will be the same as provided to active and reserve component military until such time as the civilian employee is returned to their home installation and come under the care of the local civilian personnel office and their local treatment facility and/or civilian doctor.

1.4.3.1. The RCP will provide support to contractor personnel injured during a deployment to a designated theater of operations supporting combat forces. The support will be the amount necessary to return the contract personnel to the States or their overseas normal work location at which time the contract company must assume the responsibility of care for their employees. The RCP will not provide support for making doctor's appointments or other medical procedures covered by the employee's company provided insurance.

1.4.4. Other Individuals: Given the wide range of personal relationships, a commander may recognize a greater number of individuals in providing desired information, support or services. Examples of such individuals may include fiancées, step parents, foster parents, former spouses, etc. Commanders should approach each situation of this type sensitively, but only in close consultation with their Staff Judge Advocate (SJA), and ensure that in such cases, first priority is given to NOK and family members.

1.5. Receipt of Gifts/Ethics. Airmen wounded during combat operations, injured in non-combat activities or suffering from serious illnesses face unique and difficult challenges, including navigation of various benefits and compensation systems, reintegration into family units, lifestyle changes brought upon them by their injuries, and possible return to civilian workforce as a disabled veteran. Many charities, Veterans service organizations, and other non-profit organizations exist that provide support and services to these Airmen in many forms. Although the Air Force cannot endorse any particular non-Federal entity, RCP personnel can facilitate access between the organizations and wounded, ill and injured Airmen and their families, when authorized to do so by the latter. *AFI 51-601, Gifts to the Department of the Air Force*, provides guidance, when it is appropriate for such gifts to be made to the Air Force for distribution to individuals. *DoD 5500.07-R, Joint Ethics Regulation*, governs when combat-wounded, ill and injured Airmen and their families may accept such gifts in their personal capacities.

1.5.1. Who may receive gifts from non-profits; Airmen who incurred an illness or injury as a result of armed conflict; while engaged in hazardous service; in training for war; through an instrumentality of war; in a combat or similar area recognized by law or regulation.

1.5.2. What may be accepted. Gifts with a market value of $375 per gift on occasion and $1000 in gifts total from a single donor may be accepted without prior approval. Gifts beyond these totals require a written ethics determination that may be obtained through the local legal office. Receipt of items, monetary gifts, or specialty services provided by a government sanctioned agency or program, are by design approved for acceptance and do not require an ethics determination and do not have a monetary limit unless established as part of the agency or program offering the service or gift.

1.5.3. When there is any question as to whether a gift is appropriate or not, the local Judge Advocate should be consulted.

Chapter 2

ROLES AND RESPONSIBILITIES (KEY PERSONNEL IN THE DELIVERY OF SERVICES)

2.1. Air Force Warrior and Survivor Care. This program encompasses all support provided to seriously ill and injured Airmen and their families. Air Force Warrior and Survivor Care provides policy and oversight for the RCP.

2.2. The Chain of Command of the ill, or injured. Military operations carry inherent risks. Commanders have an ongoing obligation to ensure the members under their command are aware of those risks and manage them responsibly. In turn, members may desire to keep their families aware of the nature of their duties and the hazards they entail. Support to ill or injured Airmen and their families is an inherent obligation of command. By extension, if persons from outside the unit, including civilians, suffer wounds, illness or injury as a result of Air Force operations, the chain of command of the unit most closely associated with the event must ensure support and assistance are rendered to the maximum extent allowable by law. Wing/installation commanders attempting to fulfill such obligations will be supported by their parent major command (MAJCOM). Should Air Force-level assistance be required (for logistics, funding, etc), Air Force Warrior and Survivor Care will work with the entire chain of command to help execute the provisions of this instruction as fully as possible. Specific responsibilities are as follows:

2.2.1. MAJCOM Commanders. MAJCOM Commanders must ensure timely, effective care and support for the ill and injured within their MAJCOM. (T-2)

2.2.2. Wing/Installation Commanders. Wing/Installation Commanders must ensure base-wide programs in the military treatment facilities/clinics, personnel services, chaplain services, Airman and Family Readiness Centers (A&FRCs), and other base organizations, are unified in their support and priority of care for the ill and injured. Commanders should ensure these programs work closely with the RCCs and Air Force NMCMs. (T-2)

2.2.3. Unit Commanders. Unit commanders represent the first line of communication for families to ensure their needs are addressed as completely as law, directives, and customs allow. Unit Commanders, First Sergeants and supervisors have a duty and responsibility to care for the members of their unit and their families. The provisions in this instruction exist to add another set of tools to help the commander and the unit care for their Airmen.

2.3. The Recovery Care Program (RCP). The RCP is executed out of the Air Force Personnel Center (AFPC). The RCP provides concentrated services to Airmen who sustain a serious combat or non-combat related injury or illness requiring long-term care that may require an Initial Review In-Lieu-Of (IRILO), Medical or Physical Evaluation Board (MEB or PEB) to determine fitness for duty.

2.3.1. Wounded Ill/Injured Cell (WII Cell). The WII Cell coordinates assignment of Care Management Team (CMT) members to all seriously injured (SI) or very seriously injured (VSI) Airmen, to include those who have sustained an illness or injury due to Post Traumatic Stress Disorder (PTSD) and/or Traumatic Brain Injury (TBI) regardless of the severity of the injury.

2.3.2. Recovery Care Coordinator (RCC). The RCC has the primary responsibility for the Integrated Comprehensive Plan (ICP) and serves as the Lead Coordinator (LC) as soon as the Airman transitions to outpatient status. The WII Cell assigns an RCC to all seriously and very seriously ill/injured Airmen. RCCs serve as the focal point for ill and injured service members, veterans and families to oversee the development and delivery of services/resources through the ICP in coordination with other Care Management Team (CMT) members ensuring quality care and accountability.

2.3.3. Non-Medical Care Manager (NMCM). The NMCMs are part of the CMT and support the RCCs in the field during the phases of care that encompass recovery and rehabilitation. Once the Airman enters the Integrated Disability Evaluation System (IDES) process, the RCC transfers the role of LC to the NMCM, but continues to provide assistance as necessary, for the duration of care until the Airman transitions to the Department of Veteran Affairs (VA) for support after service. The NMCM provides assistance with all benefits/ entitlements for those remaining on active duty or transitioning back into the civilian sector and help resolve problems related to finances, benefits and compensation, administrative and personnel paperwork, housing and transportation and other matters that arise.

2.3.4. Family Liaison Officer (FLO). The FLO is an individual appointed to assist seriously ill and injured Airmen and their families. FLOs are responsible for logistical support to the Airman and his or her family, such as meeting family members at the airport and arranging lodging and transportation. FLOs also serve as a "facilitator" by assisting the Airman and his or her family navigates through the various agencies involved in recovery, rehabilitation and reintegration.

2.3.4.1. WII Cell will contact unit commanders when Emergency Family Member Travel (EFMT) is requested for Active Duty Airmen who are identified by a medical authority as VSI or SI for the assignment of a FLO. Unit commanders are responsible for determining whether or not the assignment of a FLO is required.

2.3.4.1.1. NGB/A1S Warrior and Survivor Care will designate a FLO for any ANG member identified by a medical authority as VSI or SI.

2.3.4.2. WII Cell provides training and guidance to the FLO and identifies them to the CMT when tasking out the referral.

2.3.4.2.1. When an ANG unit is notified of a member in a VSI or SI category through the Casualty Reporting System. The FSS/CC will coordinate with NGB/A1S to determine FLO assignment selection and provide Just-in-Time face to face FLO training at the local level. NGB/A1S will forward FLO information to the WII Cell.

2.3.4.2.2. Once FLO training is complete, the Base Services Manager will forward a copy of the FLO appointment letter signed by the Wing CC to NGB/A1S. NGB/A1S will ray necessary information along with the FLO contact information to the WII Cell.

2.3.4.3. FLO will be tasked whenever combat related injury is MEDEVAC to CONUS; does not have to be VSI or SI.

2.3.5. Recovering Airman Mentorship Program (RAMP) Manager. The RAMP Manager has oversight and is responsible for overseeing all facets of the Air Force Wounded Warrior

Mentorship Program known as RAMP. This includes training, and ensuring mentors are assigned to those seriously ill/injured or very seriously ill/injured Airmen that could benefit from the program. These mentors are Wounded Warriors that serve as the wingmen for ill and injured Airmen to help navigate them through the recovery process.

2.3.6. Outreach, Communications and Marketing Coordinator (OCMC). The OCMC will advance social media to the greatest extent possible to provide specific care management, education, training and support to our ill and injured Airmen and their families/caregivers along with informing Air Force-wide audiences of Wounded Warrior programs and support opportunities. Additionally, they will create and maintain both a .mil and a .com website in accordance with (IAW) the policies in AFI 33-129, *Web Management and Internet Use,* and provide audience appropriate material on each ensuring public access to the programs that support our ill and injured Airmen and their families/caregivers.

2.3.7. Caregiver Program Manager: Provides oversight and facilitates caregiver support mandated by DoD. Coordinates with Regional Peer Support Coordinators (PSCs), Military Family Life Counselors (MFLCs), RCCs, and Airman and Family Readiness Centers to ensure caregiver forums are being held on a routine basis. Distributes additional caregiver information regarding virtual forums and webinars for widest dissemination. Coordinates and connects caregivers to resources and services as needed.

2.3.8. The Airman and Family Readiness Center (A&FRC). AFI 36-3009, Airman & Family Readiness Centers, provides policy for A&FRC Program's mission and responsibilities. A&FRCs are a key partner in providing a wide range of support to ill and injured Airmen, their families and caregivers. A&FRC staff represent consistent sources of corporate knowledge of installation and local communities; a crucial resource for FLOs. The A&FRC Community Readiness Consultant (CRC) may serve as the local point of contact and face of the AFW2 program when the RCC is unavailable and the Airman or family requires direct assistance.

2.3.8.1. The Airman and Family Readiness Program Manager (A&FRPM). The A&FRPM is tasked with assisting leadership with those Airmen who have been identified as Wounded, Ill or Injured. The A&FRPM must rely on active duty (AD) resources to support Airmen identified in these categories due to the demand of care. A&FRPMs are staffed as a 1-deep position, tasked with all the day-to-day actions of an AD A&FRC. The AFRPM provides Transition/Pre-Separation counseling as needed, plus ongoing information and referral support to identified community resources in coordination with the RCC.

2.3.9. Military Chaplains and Chaplain Assistants. Responsibilities of chaplains and chaplain assistants as they relate to Warrior and Survivor Care are covered in AFI 52-101, *Planning and Organizing*, and AFI 52-104, *Chaplain Service Readiness*. Chaplains are instrumental in the support of other agencies care to ill and injured Airmen and their families, such as death notification.

2.4. Other Service Providers. No single agency can meet the complex needs of families when an Airman becomes ill or injured. However, such situations can be anticipated and provided for in advance if partnerships and formal relationships with potential supplemental sources of support are forged *before* a crisis develops. Various sources of augmentation, information and

outreach are available to aid affected families, communities and others who potentially may require information and assistance beyond the resources of the Air Force.

2.4.1. Where statutory relationships and responsibilities for support and information do not exist, HQ USAF, MAJCOMs, and local commanders and A&FRC advisors are to develop appropriate contacts and formal relationships as necessary to arrange, validate, and exercise these capabilities. (National, private or quasi-official organizations will only be contacted by HQ USAF for this purpose.) However, all such agreements must include specific service tracking and accounting procedures, along with detailed reimbursement plans. Examples of such agencies include:

2.4.1.1. The Air Force Aid Society (AFAS). The AFAS is the official charity of the Air Force. AFAS activities are managed at base level by the A&FRC, and it works closely with the American Red Cross.

2.4.1.2. The Air Force Association (AFA) and America's Fund: The Air Force has a memorandum of understanding (MOU) with each of these non-profit organizations to provide a blanket ethics determination for gifts they may provide to certain combat-wounded, ill and injured Airmen and their families.

2.4.1.3. Private Organizations. Recent years have seen the growth of private organizations. All are geared toward providing or locating a variety of support resources and programs. While the Department of the Air Force may not endorse organizations which are not specifically provided for by statute (such as the Air Force Assistance Fund and its four subordinate Service charities), the RCP, along with commanders, will facilitate any family requests to be put in contact with such organizations.

Chapter 3

PROGRAM DESCRIPTION

3.1. Program Description: The Air Force RCP is designed to marshal all available resources in support of family needs when an Airman becomes seriously ill or injured. At the same time, the RCP also provides systematic structure through which offers of assistance, information and support are made available on the family's terms. Families have different needs, so each case must be considered and handled on an individual basis.

3.2. Foundations of Care, Management and Transition Support

3.2.1. Every injured or ill Airman routinely receives medical and psychosocial screening and the appropriate treatment. Those who are categorized as being seriously ill or injured, including those who have been medically evacuated from the theater, will be referred to the RCP.

3.2.2. The medical input on the seriousness of the injury or illness will be used to determine which care category the injured or ill service member is assigned to. The DoD uses three general care categories: Category 1 (CAT 1), Category 2 (CAT 2) or Category 3 (CAT 3).

3.2.2.1. CAT 1 Airman: Has a mild injury or illness, is expected to return to duty in less than 180 days, and receives primarily local outpatient and short-term inpatient medical treatment and rehabilitation. Unless their medical/psychological condition worsens, they will not be enrolled to the RCP. They will, however, be provided assistance on a non-recurring basis if they request it.

3.2.2.2. CAT 2 Airman: Has a serious injury or illness, is unlikely to return to duty in less than 180 days, and may be medically separated from the military.

3.2.2.2.1. Airmen designated CAT 2 and referred to the RCP will be assessed and enrolled by the WII Cell as needed. Once enrolled in the program and dependent upon the phase of care, the RCC or NMCM will oversee the development and implementation of an Integrated Comprehensive Plan (ICP). The plan will be implemented by the direct services of a Case Management Team (CMT) of health care providers, RCCs, NMCMs, A&FRC personnel, and advocates.

3.2.2.2.2. RCC and/or the NMCM will prepare the CAT 2 Airmen who are leaving the military for their transition to veteran status with an introduction and provide handoff of the lead coordinator responsibility to the VA at receipt of the DD-214, *Certificate of Release or Discharge from Active Duty* in accordance with the intent for handoffs as described in the *Memorandum Of Understanding (MOU) Between Department Of Veterans Affairs (VA) and Department of Defense (DoD)for Interagency Complex Care Coordination Requirements for Service Members and Veterans,*and referrals to community-based partners as appropriate. Oversight and assistance after medical separation or retirement will continue to be provided for up to 12 months by the RCC/NMCM or until the RCP determines AF services are no longer required by the Airman and/or family members, whichever comes first. During this 12 month period, the VA will maintain the lead on the case as outlined in

the MOU referenced above with the RCC/NMCM ensuring all efforts are coordinated with the VA lead.

3.2.2.2.3. Airmen who are seriously injured or ill (CAT 2) and are enrolled in the RCP will be assigned an RCC who provides oversight and assistance for care, management and transition. RCCs serve as independent advocates for the Airmen, responsible for providing oversight of the development and implementation of the personalized ICP. They are assigned regions throughout the Continental United States (CONUS) and Overseas (OCONUS) and perform their duties under the oversight of AFPC/DPFW Warrior and Survivor Care Division Chief.

3.2.2.3. CAT 3 Airman: Has a severe/catastrophic injury or illness, is highly unlikely to return to duty, and will most likely be medically separated from the military.

3.2.2.3.1. Airmen designated as CAT 3 will be referred to the DOD/VA Federal Recovery Care Program (FRCP) by the WII Cell, the RCC or the NMCM at the appropriate time. Once assessed and enrolled in the program, a Federal Recovery Coordinator (FRC) will collaborate in the development and implementation of their ICP. Elements of the Plan will be executed by a CMT of health care providers, RCCs and NMCMs, Airman & Family Readiness personnel and advocates in partnership with the FRC.

3.2.2.3.2. Federal Recovery Coordinator (FRC): Severely injured or ill service members (CAT 3) who are enrolled in the FRCP will be referred to a VA-employed FRC who will provide oversight and assistance for the care, management and transition of Airmen on active duty and when they transition to veteran status. They, in partnership with the RCC and the NMCM oversee the development and execution of the personalized ICP and help eliminate barriers to the services and resources identified in the plan.

3.2.3. Seriously and severely injured or ill Airmen are supported by primary care managers (PCMs), nurses and personnel in the Air Force RCP (RCCs and NMCMs). They come from many disciplines and programs; together they coordinate all non-medical care needs and assistance and make up the CMT that provides direct care and services through the Seven Phases of the Continuum of Care.

3.2.3.1.1. The Seven Phases of the Continuum of Care. The Seven Phases of the Continuum of Care consists of the following phases: Identification, Recovery, Rehabilitation, Fitness Evaluation, Reintegration/Transition, Stabilization/Resolution, and finally Sustainment. Navigation through these phases of care ensures specialized and comprehensive medical and non-medical care and assistance to Airmen. These phases of care, although designed in a linear fashion, do not always proceed in that way for all Airmen. In some instances, an Airman may move from Recovery to Rehabilitation several times based on medical procedures and complications.

3.2.3.2. An RCC and an NMCM will be assigned to each enrolled Airman in the RCP to oversee the development of the ICP and its implementation through the coordination of the delivery of direct services by the appropriate CMT members.

3.2.3.3. Medical Case Manager (MCM): MCMs, nurses or social workers, ensure that the Airman and family understand and have timely access to recommended treatment.

They make sure quality medical and behavioral health care is provided during lengthy inpatient treatments at military treatment facilities or medical centers, or during outpatient treatment for medical or behavioral health services.

3.2.3.4. Care Management Team (CMT). All CMTs shall include the Airman's Commander, Airman; an RCC and/or an FRC; an MCM; and an NMCM. They may also include medical professionals such as PCMs, mental health providers, physical and occupational therapists (PT/OT), and others such as Physical Evaluation Board Liaison Officers (PEBLOs), Veteran Affairs (VA) Military Services Coordinators (MSC), chaplains, and family support program representatives. Except in major medical facilities the members of the CMT are not likely to be collocated. Coordination among the members will often be virtual (telephone, email, and teleconference). The CMT members will regularly discuss the status of their activities with each other as they support the implementation of the Airman's ICP. This continuous exchange of information ensures accountability across providers and eliminates gaps or redundancy in medical and non-medical care support.

3.2.4. The maximum number of Airmen in CAT 2 and CAT 3 that the RCCs and NMCMs may support will not exceed 40 cases for any RCC or NMCM. While averages for the total number of RCCs and/or NMCMs may be less than 40 cases, every effort must be made to maintain caseloads for each at no more than 40. The actual number of cases assigned to each RCC and NMCM will be closely monitored and reviewed as part of the overall evaluation of the program with modifications made and published as needed. Any departure from the maximum number established in this policy will require a waiver by the Secretary of the Air Force. Waiver requests will be submitted to AF/A1SAZ for concurrence and staffing. Every effort must be made during the waiver application process to rectify the overload situation. Caseload waivers will not exceed 120 days. (T-3)

3.2.5. The uniform basic training curriculum for RCCs and NMCMs is developed and aligned using DoD/VA learning objectives and instructional content created by the DoD Office of Warrior Care Policy. This curriculum will ensure all RCCs and NMCMs receive common content and instruction according to their roles and responsibilities. It will also incorporate relevant content from professional development and degree granting programs and the Case Management Society of America, among others.

3.2.6. Conducting a comprehensive needs assessment for Airmen provides a systematic, ongoing process of collecting comprehensive information about a beneficiary's situation to identify individual needs. It will be used to identify needs in key areas of the lives of enrolled Airmen and their families. Information from the assessment will help the CMT develop an ICP with the Airman and family.

3.2.7. Information collected from the comprehensive needs assessment will be used to develop an ICP for those Airmen enrolled in the RCP. The plan will identify the personal and professional goals of the Airman and the services and resources needed to meet them. The members of the CMT, who will provide the relevant service and resources, including the community-based partners, will also be identified in the plan.

3.2.8. The CMT will ensure that the needs of families are identified and addressed across all phases of care by connecting the family to the multitude of governmental and non-governmental services and resources that offer support.

3.2.8.1. Families play a critical role in the ability of injured or ill Airmen or veterans to move from "survive" to "thrive". Families are spouses and children, but they are also parents, siblings, fiancés, and other relatives or close friends who assume the role of designated caregiver to the Airman. Family members encounter many challenges when assuming this role including: job absences; lost income; travel and relocation costs; temporary housing arrangements; and emotional and psychological stress. This "cost" for care will be tracked and assistance provided by the RCC/NMCM through a variety of programs and non-profit support available to the Airman and their caregiver.

3.2.8.2. Information tracked and collected is provided by the families voluntarily and is kept as notes in the DoD Case Management System case file. The DoD-CMS is approved for collection of PII information and is included in the Federal Registry. The information is protected through controlled access and further protected within roles and only the case manager and supervisor can see the information. No information is provided to any outside entity, including charities, non-profits, or other government agencies without approval. Should the family need assistance from an outside agency, the case manager will contact the agency to ensure they provide the service and get contact information which is shared with the Airman and family so they may choose if they wish to make contact. No personal or contact information is provided to the outside agency.

3.2.9. IDES with its MEBs and PEBs is a key step in the care, management and transition of the Airman. IDES ensures our ill or injured Airmen, Veterans and their family member(s) receive quality, fair, and just care and benefits through a joint program between the DoD and VA. The IDES seeks to ensure seamless service delivery by eliminating duplicate, time-consuming, and overlapping elements of the military disability evaluation and VA disability benefits processes. The IDES process is outlined in AFI 36-3212, *Physical Evaluation for Retention, Retirement, and Separation.*

3.2.9.1. One of the goals of the IDES is to ensure each Airman's case is properly documented, fairly presented, and fully considered by all elements of the disability evaluation system. Medical and disability evaluation through the MEB and PEB processes could be one of the most significant events in the life of an Air Force member who incurs a disabling injury or illness. The Air Force MEB or PEB will determine whether an Airman may continue to serve. The Board evaluates an Airman's fitness for duty and will make one of the following determinations: fit for duty, unfit for duty and Limited Assignment Status (LAS), unfit for duty and separation, or unfit for duty and retirement. When a service member is found fit, he or she returns to duty and continues to serve the Air Force. A service member may be found unfit for duty and separate or retire from the military, depending on the extent of the injury and/or length of time in the service. In addition, an active duty service member may be found unfit for duty and continued on LAS.

3.2.9.1.1. The Physical Evaluation Board Liaison Officer (PEBLO) and VA Military Service Coordinator (MSC) provide the Airman and family with information on the process and benefits. They handle the case file throughout the IDES process and help coordinate medical appointments. They know the Airman's unique issues and works closely across the DoD and VA with the multiple health care professionals, care managers, patient administration personnel, the Command and the CMT.

3.2.10. The importance of processing those Airmen who are projected to separate in a thorough, accurate, dignified and timely manner cannot be overemphasized. Airmen who are found unfit for duty and are separating/retiring, receive pre-separation transition counseling with their families on such key issues as benefits, employment, education, healthcare and relocation. Separating/retiring Airmen receive post-transition counseling and lifelong assistance from the VA once their DD-214 Form, **Certificate of Release or Discharge from Active Duty** is received.

3.2.11. Transition support is needed by Airmen and families before, during and after relocation from one treatment or rehabilitation location to another or to community living. Preparations are made for transitions with sufficient advance notice and information so that upcoming changes across locations of care or caregivers are anticipated and arrangements are made for needed services and resources.

3.2.11.1. Based on the Physical Evaluation Board (PEB) outcome the Airman's ICP is revised to reflect the medical and non-medical services and resources needed to meet new personal and professional goals such as employment, education and vocational training and the rehabilitation necessary to meet those goals. Options will be identified by the CMT with sufficient time for acquiring services and resources such as financial aid, housing adaptation, assistive technology, employer support, and college or vocational assistance. Introductions will be made to new CMT members or care partners if changes are made based on the new goals.

3.2.12. CMT members will continue to regularly review the services and resources needed by Airmen and their families as their conditions and needs change. For example, the RCCs and NMCMs will ensure that their transitioning Airmen are connected to the VA or TRICARE before their medical separation or retirement occurs so they can receive the services and resources needed. They will continue to review the Airman's experience during transition to ensure a successful reintegration to community living. Airmen with the most severe illness or injuries will receive the ongoing oversight of their RCCs/NMCMs and VA FRCs as long as necessary following their separation or retirement from the military service.

Chapter 4

CONTINUUM OF CARE

4.1. Recovery, Rehabilitation, Reintegration

4.1.1. DoD defines the continuum of care as recovery, rehabilitation, and reintegration. The Air Force has divided those stages into seven phases that align better with the Airman's journey through the continuum of care. The seven phases also make it easier for the Airman and their caregiver to understand where they are in the process and helps the CMT with trigger points to know when to introduce new members required for each phase of care.

4.1.2. The seven phases that are used anticipate the Airman and family and/or designated caregivers needs. Family members and caregivers play an important role in a seriously or severely ill or injured Airman's recovery and transition. They provide emotional support and stability and assist the Airman in navigating available transition benefits and programs. The Air Force defined phases of the Continuum of Care are:

4.1.2.1. Identification Phase: Combat and non-combat ill or injured service members are assigned a CMT consisting of an RCC, NMCM, and a MCM. The RCC will make contact within 72 hours of assignment, conduct an initial assessment of the Airman and family's needs within 5 duty days, and share this information with the CMT within 15 duty days. Coordination with, and notification to the A&FRC, Unit Leadership, and FLO is essential to properly address needs of the Airman, their family and/or their caregiver.

4.1.2.2. Recovery and Treatment: Airmen in this phase are hospitalized. The MCM will coordinate the efforts of the CMT members. The CMT will coordinate prioritized medical and non-medical support and services and begin development of the coordinated ICP. Whether the RSM starts out in either Recovery and Treatment or Rehabilitation phase of care, the RCC will coordinate with the NMCM regarding the Airman's personnel and financial needs based on initial and ongoing assessment. This will normally be accomplished no later than the 15th day from case initiation. NMCMs will coordinate resolution of those needs with AFPC and Defense Finance and Accounting Service (DFAS).

4.1.2.2.1. At the onset, and throughout the care management of the Airman, a member of the CMT may be designated as the lead coordinator (LC). The LC is simply a designation for the position that has primacy in that phase of care and is not a separate member of the CMT. While the LC will be used for certain complex cases, the designation will not be used for all cases. The designation of an LC is designed to simplify the coordination among CMT members and the Airman, especially in those cases where the VA is involved prior to discharge.

4.1.2.2.2. In those cases where an LC is designated, that role will transition between CMT members based on case primacy and the need for coordination. Because the triggers and timing of the passing of the LC role will be based on circumstances involved in the case, the process for transition will be determined by the members of the CMT.

4.1.2.3. Rehabilitation: Airmen in this phase are in an outpatient status. When an Airman is in rehabilitative care and reaches a point where optimal medical benefit is achieved, the CMT coordinates with the Airman, family and caregiver to develop a plan of action for continuance of Air Force service or transition into the civilian community. Additionally, the CMT will continue to monitor the Airman, family, or caregiver needs; resolve issues (medical, financial, personnel, logistical); and assist with locating services and resources as needed.

4.1.2.4. Fitness Evaluation: Airmen in this phase are undergoing an MEB/PEB. The CMT will educate the Airman on full spectrum of the IDES and provide sound policy guidance and direction based on Airman's goals. The RCC and NMCM actively advocates for the Airman and monitors the evaluation process, ensures personnel policies are afforded as applicable, explores career and education goals, assesses financial wellness, and assists the Airman, family and caregiver with their transition goals.

4.1.2.5. Reintegration/Transition: Airmen in this phase have received a decision from the PEB and are projected for separation or retirement. The NMCM coordinates to ensure the Airman is provided assistance with navigating his/her transition to the civilian community. The NMCM assesses the Airman's needs and, with the help of the RCC, adjusts services to ensure the Airman, family, and caregiver are afforded applicable transition services. The NMCM, in coordination with the other CMT members, coordinates a hand-off to outside agencies (VA, Department of Labor, community resources).

4.1.2.6. Stabilization/Resolution**:** Airmen in this phase have returned to duty, separated or retired and are reintegrating either back into their military or into the civilian community. The NMCM will continue to proactively foster resilience, independence, and stability with the Airman. Members of the CMT will coordinate with the VA Case Manager to ensure all applicable entitlements and benefits have been applied for. NMCMs, with assistance from AFPC specialists, will coordinate transitional financial assistance and troubleshoot retired pay account issues. The NMCM with the help of the RCC, as necessary, will coordinate with the VA Case Manager to ensure Airman is connected to the VA and other agencies. While it varies from case to case and is always contingent on the RSM's needs, the goal of the NMCM is to ensure all benefits and entitlements are assured within six months after the RSM leaves military service.

4.1.2.7. Sustainment: These Airmen have successfully reintegrated, achieved stability and have been made fully aware of all applicable benefits and entitlements. A final assessment will be completed to confirm resilience, independence, and stability. AFPC/DPFW will continue to provide outreach services through events coordination, news bulletins and periodic phone contacts. WII are considered "Airman for Life" and have reachback capability to obtain assistance with issues or concerns.

Chapter 5

ENROLLMENT PROCESS

5.1. Enrollment Process: The Air Force RCP exists to provide uniform care and support for recovering Airmen and their families when the Airman has been injured or has an illness that prevents him or her from providing that support. A large number of Airmen each year are injured or become ill, because of the demand on available resources, the RCP must limit enrollment to those Airmen most in need of the care and support the program provides. To ensure equity in consideration for the program, a formal enrollment evaluation process is conducted at AFPC/DPFW. This process is outlined in the remainder of this chapter.

5.1.1. Criteria for enrollment. Airmen will be referred into the program if they meet one of the following criteria: the Airman is identified as Seriously Ill or Injured (SI) (CAT 2) or Very Seriously Ill or Injured (VSI) (CAT 3) on casualty reports, those referred to IDES for PTSD and/or TBI or complex medical conditions.

5.1.1.1. Airmen who meet any one of the above criteria, or whose command determines could potentially benefit from the program, may also be referred from their unit, RCC, local A&FRC or any other source (including self-referral).

5.1.1.2. Air Force Reserve (AFR) and Air National Guard (ANG) Airmen retained for more than six months on Title 10 medical orders or returned to Title 10 orders with medical conditions will be referred into the program, if they were not referred into the program previous to being identified otherwise . The AFPC/DPFA Air Reserve Component (ARC) Case Management Division will oversee medical care and continuation on medical orders.

5.1.1.3. Once initial eligibility is determined a completed WII Referral Form is submitted to the WII Cell and a final decision on enrollment will be made. The WII Cell consists of a coordinator and three voting members, an RCC, an NMCM and an MCM. The coordinator compiles the referrals and ensures the WII Referral is completed with enough detail for the voting members to make a decision. The voting members review the documents on each case and provide their decisions to the WII Cell coordinator.

5.1.1.1.1. If two or more of the voting members agree the case meets criteria for enrollment in the RCP, the Airman is enrolled.

5.1.1.1.2. If two or more members determine the case does not meet criteria, then the case is either remanded to the referring agency with specific instruction for additional or clarifying information, or it is sent to the Warrior and Survivor Care Division Chief for final review and reconsideration.

5.1.1.1.3. If the final decision is that the case does not meet criteria for enrollment, the WII Cell Coordinator will notify the referring agency and/or the individual Airman of the decision.

5.1.1.1.4. A decision against enrollment does not mean the Airman will not receive assistance. The WII Cell Coordinator will refer the member to the necessary resource(s) to meet their current needs.

5.1.2. Once enrolled, the WII Cell coordinator will contact each member of the CMT and provide them the necessary information to begin providing support to the Airman. Additionally, the WII Cell will initiate the Master Case File (MCF) which will contain the WII Referral Worksheet and any additional forms, attachments, and case notes necessary for a comprehensive case file. Case files will be maintained IAW AFI 33-322, *Records Management Program* and remain active until all identified needs are met, the Airman has completed transition out of the military, the Airman no longer wants case management, contact is lost with the Airman for a period of more than 12 months, or the Airman dies and the family does not desire further assistance.

5.1.2.1. The NMCM at AFPC/DPFW will maintain the Master Case File (MCF) for each Airman enrolled in the RCP. The RCC will initiate and maintain the ICP which will be merged into the MCF once the Airman has entered the IDES. Additionally, the NMCM will use the assessment checklist contained in the Case Management database to document demographic data and capture any other information necessary to record all actions, goal achievement, contact/involvement with other government agencies and non-governmental agencies, and assistance provided to the Airman.

5.2. CMT members will: Collaborate regularly to determine who will work with the Airman and family on each of the goals identified. Goals should be specific, measurable, attainable, realistic and timely. Action steps for each identified goal should be developed in a building block approach with each action accomplished moving the Airman and family one step closer to achieving their ultimate recovery goals. A specific point of contact should be provided to assist the Airman with each action identified. The CMT should track the progress of all goals to ensure they are completed in a timely manner, adjusted if necessary, and that they are meeting the Airman's needs. Collaboration between CMT members, the Airman and their family, service providers and appropriate resources is key to the success of meeting the goals. Continue to periodically review and assess the needs of the Airman and their family as they progress through the continuum of care as situations, finances, and attitudes may change.

5.3. Opt Out Procedures

5.3.1. All programs under the Warrior and Survivor Care umbrella are voluntary. While the support these programs provide is extremely beneficial to Airmen, the intent is not to add to the stress of the situation by forcing our services onto an Airman and/or family member who do not want them. In those rare cases where an Airman wishes to opt out of the RCP, the following procedures must be followed.

5.3.1.1. Notify AFPC/DPFW Division Chief and prepare a case note that reflects Airman's desire not to be contacted. Update the Airman's case file in the Case Management database and conduct a review of pay of all known benefits and entitlements. If an Airman and/or family choose to opt out of RCP support, include a case note detailing their choice in the "Contact Details" section of the Airman's Recovery Coordination Program-Support Solution (RCP-SS) and Master Case Files. Review the case after one year for consideration for closure.

5.3.1.2. In the event the Airman requests no information be shared with a spouse regarding their care, AFPC/DPFW Division Chief will be notified and the request will be documented in the case file. When this occurs, the CMT members will honor the request of the Airman, but will reach out to the spouse to determine if the spouse or family has

any immediate needs that can be supported such as financial, employment, medical for themselves, or possibly counseling support. This can be done without breeching the confidence of the Airman. If necessary, the CMT may want a different member to contact the family for assistance.

Chapter 6

INTERAGENCY COMPREHENSIVE PLAN (ICP)

6.1. NOTE: The DoD and the VA. Are working to formally introduce the ICP to all Services. During this process, the Air Force will continue to use the Comprehensive Recovery Plan (CRP) and the Comprehensive Transition Plan (CTP) to conduct case management. The remainder of this document will refer to the ICP, however, the requirements and procedures listed are consistent with the current use of the CRP/CTP by the Air Force.

6.2. The CMT is responsible for: Overseeing the development of the ICP and has the overarching responsibility for coordinating the delivery of services and resources identified in the ICP. In most cases the RCC will begin this process. This process starts early, continues regularly, and doesn't stop until the Airman has made a successful transition back to duty or community reintegration. Information on procedures, format and content of the ICP are as follows:

6.2.1. Procedures. The ICP will be entered into RCP-SS and maintained electronically. The RCP-SS is an Office of Secretary of Defense (OSD) level virtual database that provides greater security, continuity and management capabilities than paper versions. The RCP-SS system is cleared to contain Personal Identifiable Information (PII) and all users of the system are required to have PII training annually and Health Insurance Portability and Accountability Act (HIPAA) training annually to protect against unintended Personal Health Information (PHI) sharing on RCP-SS. The ICP is the primary guiding document for the non-medical support of the Airman and their family. It includes a medical and non-medical needs assessment to determine where support is most required. Goals and action steps are created based on the needs and desires of the recovering Airman and family. Identified goals must be specific, measurable, and achievable and can be modified at any time by the Airman. This is why regular reviews must be accomplished to ensure progress is continuing based on the plan.

6.2.1.1. Goal-Setting. The RCC will work with the entire CMT, the Airman, and their family/caregiver to set goals consistent with the Airman's needs and medical condition. Goals will be prioritized and contain specific action steps.

6.2.1.2. Creating Action Steps. Action steps will be created in coordination with the Airman, family and CMT. Action steps must be specific, measurable and achievable within an agreed upon time frame. In addition, each action step must include a point of contact for each step, support and resources available to the Airman and family, and location of the support and resources.

6.2.1.3. Accepting the Plan. The Airman, family, RCC and other members of the CMT will review and agree upon the goals and action steps included in the ICP. The Airman and family or designated caregiver, and the RCC shall review the ICP and sign the document, demonstrating their understanding of the plan and commitment to its implementation. Finally, a hard copy will be provided to the Airman and family (when appropriate) upon completion. The RCC and Airman may not be collocated so an email with acknowledgement of receipt will suffice for the official records as

coordination/signature of the Airman until such time as the Airman is able to provide a signed copy to the RCC. The RCC will ensure a scanned or electronic copy is attached to the Master Case File. Information tracked and collected is maintained in the DoD Case Management System (DoD-CMS) case file. The DoD-CMS is approved for collection of PII information and is included in the Federal Registry. The information is protected through controlled access and further protected within roles and only the case manager and supervisor can see the information. Case files are maintained either as active, suspended, or closed in the DoD-CMS. A Systems of Record Notice is on file and is available through the Office of the Secretary of Defense, Warrior Care Policy or may be obtained by contacting AF/A1SAZ. Case information contained in other databases, systems or files will be maintained according to prescribed file plan.

6.2.1.4. Reviewing. The appropriate CMT member will review the ICP with the Airman and family as frequently as necessary, but not less than every 30 days, based on the individual needs of the Airman and family. The ICP will be re-evaluated and updated before transition phases in an Airman's care, such as change in location, family status, financial status, etc. A new hard copy will be provided to the Airman and family whenever changes are made to the document and the document must be resigned whenever changes are made. RCCs will ensure the ICP signature is reflected in RCP-SS with the appropriate signature date.

6.2.1.5. Closing out the ICP. An ICP may be closed out when the Airman has met all goals or declines any further support. All documents will be kept in accordance with the appropriate records disposition schedule. Once closed out, the ICP will be maintained as part of the Master Case File and will be moved to either the Suspended or Closed Out sections of RCP-SS and can be re-activated by a supervisor if necessary.

6.3. Recovery Care Process

6.3.1. The following task list may not be all inclusive. Each RCC must use professional and personal experience and judgment to leverage the unique aspects of their region and local resource structure to address and mitigate case-by-case challenges. Each RCC should seek advice from their peers, other CMT members, or Subject Matter Experts (SMEs).

6.3.1.1. Start an ICP in RCP-SS within 3 business days of assignment, depending on the mental and physical condition/capability of the Airman. Make initial contact with the assigned Airman and family in person if at all possible. Face-to-face contact/introduction is the required method of introduction and if not feasible, the RCC must annotate the reason in RCP-SS and notify AFPC/DPFW. If the Airman is in critical condition it may be appropriate to conduct a preliminary needs assessment with the Airman's family. When the Airman's medical condition allows, the RCC shall conduct an interview utilizing the comprehensive needs assessment checklist. During the interview, the RCC shall provide at a minimum, CMT points of contact (including websites and toll-free numbers as appropriate) and information on the RCP.

6.3.1.1.1. RCCs must ensure the Airman understands they will interact with their family. There may be unique occasions when an Airman does not want their family to receive support or wants to omit a family member(s) from being contacted. Should the Airman choose not to participate, the RCC will document declination (to include date and time) in the contact section of the case file in RCP-SS and notify the RCC

Program Manager (RCC PM) via email to suspend the case. The RCC PM will suspend the case file and notify AFPC/DPFW of the action. The RCC will continue to be accessible to provide support to the Airman and his family. If at a future date the Airman changes their mind the RCC will reactivate the case file and include a note in the contact section stating the date and time of the Airman's decision and will notify the RCC PM.

6.3.1.1.2. The RCC should obtain a signed copy of the Privacy Act Statement and DD Form 2870, **Authorization for Disclosure of Medical or Dental Information**, then upload and attach the document to the Airman's case in RCP-SS. If the Airman is unable to sign the document for reasons related to their own physical or mental capability then an individual with a general power of attorney may sign on their behalf. If RCCs cannot obtain a signed Privacy Act Statement within two weeks of assignment, then the RCC should bring this to the attention of the RCC PM who will in turn notify AFPC/DPFW. All circumstances surrounding an unsigned Privacy Act Statement and DD Form 2870 should be clearly documented in RCP-SS. Any situation where the lack of a signed Privacy Act Statement hinders support to the Airman should also be noted in RCP-SS. A separate DD Form 2870 must be obtained for transfer of any related case management documentation for each organization outside the Air Force that may require it. This includes the need for a specific signed DD Form 2870 prior to the transfer of any information to the VA when the Airman is not in the IDES process.

6.3.1.1.3. Ensure documentation in RCP-SS is updated regularly; at a minimum with each substantial contact. Make adequate time on a weekly basis to update case notes. Regularly review the CRP and make modifications in conjunction with the CMT supporting the Airman and family. Review the goals established in the CRP, and their status, with other CMT members on a regular basis. This allows CMT members to address challenges and help the Airman achieve their goals. The CMT members must coordinate their actions to eliminate redundancies, overlaps and confusion on the part of the Airman as to who is working what issue.

6.3.1.2. Contact is defined by face-to-face visits, telephone calls, e-mails, or text messages and requires a back and forth dialogue sufficient for the RCC to be satisfied that the objectives of the contact were met. Objectives may include providing the Airman a resource, obtaining a status update from the Airman, or engaging in ongoing goal development. Preferably, each contact should involve a review of the action items addressed at the last meeting. The frequency of contact between an RCC, the Airman and their family will depend on the location, the Airman's medical and personal acuity level, and determined family needs. RCCs should use their professional judgment to determine the level and frequency of support.

6.3.1.2.1. An RCC must establish initial contact with an Airman or family within 72 hours of assignment. If at least three attempts to contact have been made during the 72 hour period and the Airman does not respond then immediately inform the RCC PM of communication issues and document accordingly.

6.3.1.2.2. Convalescent Leave. Airmen convalescing at their home of record may not have the daily interaction with medical staff, the unit leadership or CMT care

coordination. In these cases consider more frequent visits and phone conversations. If the convalescent leave occurs in a different region, the RCC will affect a handoff to the local RCC or, at minimum, will involve the local RCC in supporting the Airman during their convalescence.

Chapter 7

TRAINING REQUIREMENTS

7.1. Training Requirements

7.1.1. AF/A1SAZ and AFPC/DPFW program managers ensure all newly hired RCCs and NMCMs receive the required DoD RCC Training and service-specific training. This training must be accomplished within 120 days of hire based on DoD scheduling. When DoD training is delayed, AFPC/DPFW will implement a peer-to-peer training program and a mentorship program to train and equip the RCCs and NMCMs to be able to carry out their duties without limitations. (T-2)

7.1.2. AFPC/DPFW provides initial, quarterly, annual and ad hoc training as necessary for all RCCs and NMCMs as applicable. Additional training will be conducted throughout the year via teleconference, video teleconference, or web based. Training platforms are based on program changes, current trends, and policy changes. All training events must have an agenda approved by AFPC/DPFW Division Chief and attendance will be documented. The agenda and attendance will be submitted through AFPC/DPFW to AF/A1SAZ upon completion of the training. DoD requires proof of training for each event and AF/A1SAZ will be responsible for submitting the documents to DoD. (T-2)

Chapter 8

PERSONNEL POLICIES

8.1. Combat-Related RIs (RI):

8.1.1. The Air Force has developed a set of exceptional personnel policies for those Airmen who suffer a serious combat-related injury or illness. In order to identify Airmen eligible for these exceptional policies, the Air Force Wounded Warrior Program created unique Reporting Identifiers (RIs) that are updated in the Airman's personnel record. These RIs are:

8.1.1.1. RI 9W000 (enlisted)/92W0 (officers): The initial designation of this RI is provided solely for the purpose of identifying Airmen who have suffered a combat-related illness or injury. This RI will be applied and updated in Military Personnel Data System (MilPDS) initially by the WII Cell when there is good evidence that the Airman's illness or injury was a direct result of combat. The primary sources of identification for this RI will be those categorized as SI or VSI combat injured warriors on the Casualty Morning Report (CMR) or as determined by the medical community. When the medical evaluation process returns the Airman to duty the RI will remain. If the PEB final authority decision is that the injury or illness is not combat-related, the RI will be changed in MilPDS to RI 9W300 or 92W3, accordingly.. Lastly, if the PEB final authority decides the injury is combat related, the AFPC/DPFW Data Manager will use the separation/retirement order as verification to update the Airman's RI as 9W200 before the Airman separates from the service.

8.1.1.2. RI 9W200 (enlisted)/92W2 (officers): 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. The RI does not confer any other combat-related benefit or entitlement, and is not considered to be the final authority. If the PEB final authority decides the injury is combat related, the AFPC/DPFW Data Manager will use the separation/retirement order as verification to update the Airman's RI as 9W200 before the Airman separates from the service. If the PEB final authority decision is that the injury or illness is not combat-related, the RI will be changed in MilPDS to RI 9W300 or 92W3, accordingly. If the PEB final authority decision is that the injury or illness is not combat-related, the RI will be removed by the AFPC/DPFW Data Manager.

8.1.1.2.1. In order to be awarded the 9W200 or 92W2 RI prior to the PEB final decision authority, a DoD medical authority (Primary Care Manager or Mental Health Provider) must confirm that the injury or illness is combat related. When the primary condition is within the mental health arena such as PTSD, a Mental Health Provider should make the final determination. The certifying medical authority should understand by doing so they may be authorizing personnel policy exemptions not afforded to others. After receiving the confirmation from a DoD medical authority, AFW2 leadership will make the final decision whether RI 9W200 or 92W2 will be awarded as it pertains to this paragraph based on all the evidence available.

8.1.1.3. RI 9W300 (enlisted)/92W3 (officers): 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. This RI will be applied and updated in Military Personnel Data System (MilPDS) by either the WII Cell or the AFPC/DPFW Data Manager. When the medical evaluation process returns the Airman to duty this RI will remain.

8.1.1.4. RI 9W400 (enlisted)/92W4 (officers): Combat-injured warriors Returned To Duty under the Limited Assignment Status (LAS) program will be awarded the 9W400 or 92W4 RI. AFPC/DPFD is the final approval authority for LAS. 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. This RI will be updated by the AFPC/DPFW Data Manager when applicable.

8.2. An LOD determination is: A finding made after an investigation into the circumstances of a member's illness, injury, disease or death. The finding determines: (1) whether or not the illness, injury or disease existed prior to service (EPTS) and if an EPTS condition was aggravated by military service; (2) whether or not the illness, injury, disease or death occurred while the member was absent without authority and (3) whether or not the illness, injury, disease or death was due to the member's misconduct. See AFI 36-2910 for more information on LOD determination.

8.3. Airmen receiving a Selective Reenlistment Bonus or Officers receiving a Critical Skills Retention Bonus, should: Be counseled regarding payment, recoupment, or future payments based on current Air Force policy. Each case must be carefully researched and coordinated between the Airman/Officer, the base MPS and/or AFPC Office of Responsibility, and the base FSO and/or DFAS to ensure proper payment or recoupment is made.

8.4. Home of Selection entitlement is: Provided for Medically Retired or Discharged personnel. Airmen have up to a one year from their retirement or separation effective date to use this benefit. In the event an extension is needed beyond one year, Airmen are to contact their NMCM for further guidance. EXCEPTION: When an Airman has an authorization to ship household goods (HHGs) under separation or retirement orders and receives a subsequent HHG authorization (i.e., Airman becomes a DoD civilian employee, Airman married to a federal employee); the Airman is entitled to the greater of the two allowances/benefits, but not both. The Government has but one financial obligation in relocating HHGs upon termination/release from active duty. Upon receipt of the subsequent authorization, all travel and shipping entitlements under military orders will cease. Dual entitlements are not authorized under uniformed service orders in conjunction with any other federal service orders. This determination is supported by the Comptroller General in decisions B-202023, 4 Dec 1981 and 54 Comp Gen 847 and 892 (1975).

8.5. Fitness Testing: All Airmen are expected to adhere to the requirements of fit test as outlined in AFI 36-2905 *Fitness Program* based on medical profile.

8.6. Transfer of 9/11 GI Bill

8.6.1. If an Airman wishes to share their education benefits with any member of their family, they must convert from the Montgomery GI Bill to the Post 9/11 GI Bill Benefit. Either the RCC or NMCM will assess the eligibility of each Airman who wishes to transfer their Post

9/11 GI Bill benefits to their dependents prior to their disability separation/retirement and advise/assist Airmen as needed.

8.6.1.1. Those Airmen who did not transfer their Post 9/11 GI Bill benefit prior to leaving active duty but still wish to do so, must complete a DD Form 149, Application For Correction of Military Record (with justification), and submit it to the Air Force Board of Correction of Military Records (AFBCMR). The RCC and/or NMCM will work with the Airman to ensure the form is complete and includes appropriate justification.

8.7. Community College of the Air Force (CCAF)

8.7.1. Combat-related injured or ill Airmen may continue to participate in their current degree program of enrollment at the time of their separation or retirement. This provides them with sufficient time to complete their degrees because their careers were shortened unexpectedly by serious combat-related injury or illness. No new programs may be started after separation.

8.7.1.1. To qualify, the Airman must have been awarded a 9W-series RI. Airmen have 10 years from their Date of Separation (DOS) or from 30 Dec 2011 if their DOS is between 12 Sep 01 and 30 Dec 2011 to complete degree requirements.

8.7.2. Airmen who have already completed CCAF can obtain a copy of their certificate or transcript by visiting **http://www.au.af.mil/au/barnes/ccaf/transcripts.asp.**

8.7.3. For more information regarding this program, contact the local Education Office.

8.8. DD Form 214.

8.8.1. Retiring or separating Airmen will review their DD Form 214 for accuracy. If any additions or corrections are needed, the Airman can initiate a correction worksheet through vMPF or contact their servicing MPF. If any assistance is required, the Airman can contact their NMCM or RCC for assistance.

8.8.1.1. NMCMs will advise Airmen on the receipt and distribution of their final DD Form 214 to VA to ensure timely approval of benefits and entitlements.

8.8.1.2. If errors are discovered on the official DD Form 214 after the effective date of retirement, the Airman should contact the RCC or NMCM prior to submitting a DD Form 149, Application for Correction of Military Record, to request an Air Force Board for Correction of Military Records (AFBCMR) action. If applicable, the Airman may obtain a copy of the DD Form 149 by visiting the following website: **http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd0149.pdf** or contact the RCC or NMCM.

8.9. Limited Assignment Status (LAS)

8.9.1. The LAS program is utilized by the Physical Disability Division to retain Airmen on active duty who have been determined unfit for continued service but who have unique skills and can perform in a limited status. Retention under LAS depends upon the type and extent of the Airman's physical defect or condition, the amount of medical management and support needed to sustain the Airman on active duty, the physical and assignment limitations

required, the years of service completed and the Air Force "need" for the particular grade and specialty.

8.9.1.1. There is no minimum time in service requirement for combat related illness or injury.

8.9.1.2. Retention is not for a specified period of time, but cannot exceed 20 years of active duty service. The Military Treatment Facility (MTF) examines LAS Airmen at least once a year, or as directed by AFPC/DPFD, to determine whether or not the Airman is still considered medically acceptable for retention in LAS. The report of examination shows the current status of the unfitting physical defects or conditions for which retained in LAS and the status of any additional physical defects or conditions that may affect duty performance. Eligibility and further instructions for LAS can be found in AFI 36-3212.

8.10. Assignments

8.10.1. Airmen who are pending an MEB or PEB, and on an Assignment Availability Code 37, normally may not be reassigned PCS or placed in TDY status until the MTF determines medical disposition. Instruction on assignment limitations can be found in AFI 36-2110.

8.11. Promotions

8.11.1. Enlisted. Procedures for enlisted promotions for Airmen enrolled in the Air Force RCP Care Program can be found in AFI 36-2502.

8.11.2. Officer. Procedures for officer promotions can be found in AFI 36-2501.

8.12. Air Force Board of Correction of Military Records (AFBMCR)

8.12.1. AFI 36-2603 details requirements, Airman's responsibilities, Board responsibilities, Board decision and appeals processes.

8.12.2. How to apply. Applicants should review AF Pamphlet 36-2607 and complete DD Form 149, *Application for Correction of Military Record Under the Provisions of 10 U.S.C., §1552.* Applications should be submitted within 3 years after error or injustice was discovered. IAW federal law active duty time is not included in the 3-year period. Applicants can refer to AFI 36-2603 for further instruction on how to apply.

Chapter 9

THE AIR FORCE FAMILY LIAISON PROGRAM

9.1. Appoint FLOs: For all affected families within 24 hours of notification of a seriously ill or injured service member. For ANG, assign a FLO from the installations Active Guard Reserves (AGRs) or Full-Time Technicians within Airman's own squadron, or within the appropriate group. (T-3)

9.2. The FLO program is: Designed to provide a single focal point for the Airman's family to receive Air Force resource assistance, and compassionate non-clinical care during a very difficult time. The program provides all available resources in support of family needs when an Airman becomes seriously ill or injured. Additionally, the program provides a systematic structure through which offers of assistance, information and support are made available on the family's terms. Support will be made available until the Airman has stabilized and long-term support is in place.

9.3. FLOs are appointed to: Assist the family of seriously or very seriously ill or injured (SI or VSI) Airmen navigate the various agencies involved in recovery, rehabilitation and reintegration. The FLO is also the link between the family and the Airman's unit. When a FLO is warranted, AFPC/DPFW will make a request for FLO contact information with the commander responsible for the assignment of FLO. FLO assignment will be limited to 30 days, however, when applicable, the assignment may be extended up to 60 days with AFPC/DPF approval.

9.3.1. A FLO will be appointed when a medical authority initiates Emergency Family Member Travel (EFMT) orders through the Casualty office for family to be at the beside of an Airman.

9.3.1.1. The Air Force provides round-trip transportation and Per Diem in accordance with the Joint Federal Travel Regulation (JFTR) (U5246) for not more than three designated individuals to the medical facility of an Airman listed as VSI or SI casualty when hospitalized in or outside the United States, if the attending physician or surgeon and the commander or head of the military treatment facility exercising military control over the Airman determine that the presence of the designated individual may contribute to the Airman's health and welfare for a period of up to 30 days (Title 37, U.S.C, Section 411h). In addition, EFMT applies to Airmen who are deployed on Contingency Exercise Deployment (CED) orders and who are hospitalized and have been placed in a Hostile Not Seriously Ill/Injured (NSI) casualty status. Detailed information on EFMT can be found in AFI 36-3002, *Casualty Services*.

9.3.2. Commanders may appoint a FLO in the following circumstances:

9.3.2.1. When the Airman is being treated at a location away from their base of assignment and EFMT orders are initiated.

9.3.2.2. When a Wounded in Action Airman is medically evacuated (regardless of their Casualty status).

9.3.2.3. When in the best interest of the Air Force, the unit or the mission.

9.4. Unit commanders are responsible for: Selecting the FLO and providing their contact information to AFPC/DPFW. The initial period of assignment will be 30 days. The orders must provide for either a government vehicle or a rental vehicle. All cost incurred will be funded by the Airman's home unit. The unit should also provide a pre-paid or unit mobile phone for official business.

9.4.1. The commander may terminate the FLO assignment prior to the end of the 30 day period when the CMT has appropriate assets in place to provide assistance to the family after they are settled. AFPC/DPFW should be notified if there is change to or termination of the FLO.

9.4.2. The overarching consideration for selecting a FLO should be on the basis of the individual's capacity to assist an Airman's family in need. Only volunteers should serve as FLOs, however, FLOs will be appointed if sufficient volunteers cannot be found. Commanders and First Sergeants should not serve as FLOs as their responsibility is to the unit as a whole. FLO's will be released from regular duties in order to perform FLO duties full-time, to include outside normal duty hours. FLO's should not be recalled to normal duties until their responsibilities are fulfilled. If the Commander chooses to relieve a FLO prior to the fulfillment of their duties, AFPC/DPFW should be notified. Guidelines for FLO selection include:

9.4.3. FLOs should hold the military rank of E-7 or higher and civilians should be GS-9 or higher. A lower ranking individual may be appointed when the commander is confident of the individual's maturity and abilities.

9.4.4. The unit's mission and composition, and the potential FLOs frequency of deployments or scheduled TDYs not related to FLO duties.

9.4.5. Whenever possible, the FLO should hold the same AFSC and type of job as the seriously ill or injured Airman.

9.5. AFPC/DPFW will: Conduct FLO training to include additional training from other support agencies, as appropriate. Training materials will be made available along with a contact number for questions and clarification. Training must be accomplished each time an individual is selected to perform FLO duties. After the initial certification any additional training will be conducted through use of online material.

9.6. A listing of mandatory duties and responsibilities can be found on the: FLO Checklist in which additions may be applied as appropriate, when the situation is warranted. The FLO is not expected to be the expert, but rather to help the Airman's family navigate the various support agencies. FLOs must understand the nature of the expertise various functional specialists can bring to families and refer to those functional specialists for thorough answers to specific questions or to address family needs. When the needs of the Airman or family become too great to address without assistance; or unforeseen situations arise, the FLO should contact their commander or AFPC/DPFW for guidance.

9.6.1. The following is a non-inclusive list of duties and responsibilities not performed by the FLO; rather, the FLO should alert the appropriate agency that such care is needed:

9.6.1.1. Grief, bereavement or other types of counseling.

9.6.1.2. Housekeeping, cleaning, babysitting, cooking or other household chores. The FLO should coordinate assistance from unit volunteers or support agencies to meet these needs.

9.6.1.3. Personal or medical services such as helping the ill or injured Airman dress wash or change bandages.

9.6.1.4. Provide transportation in their privately owned vehicles other than meeting the family members at the airport or infrequent trips to military offices. FLO orders will provide for a government vehicle or when necessary, a rental vehicle.

Chapter 10

SPECIAL COMPENSATION FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING (SCAADL)

10.1. Purpose: This policy establishes procedures and assigns responsibilities to implement Special Compensation for Assistance with Activities of Daily Living (SCAADL) payments to eligible Airmen authorized by Title 37 USC § 439.

10.2. Applicability: This guidance applies to both Active and Air Reserve Component (ARC) Airmen who have a permanent catastrophic injury or illness that was incurred or aggravated in the line of duty and meets the criteria outlined in this document.

10.3. Intent: To provide a special monthly compensation to eligible Airmen to offset and compensate designated caregivers for the time and assistance they provided to a catastrophically injured and/or ill Airman.

10.4. Policy: Authorizes compensation to Airmen to offset the economic burden borne by primary caregivers providing non-medical care, support, and assistance for the Airman. SCAADL may be paid in addition to any other pay and allowance to which the Airman is entitled and authorized. This program is voluntary and is not retroactive.

10.5. Responsibilities:

10.5.1. Deputy Chief of Staff for Manpower, Personnel and Services (AF/A1): Is responsible for SCAADL Air Force policy and oversight of funding.

10.5.2. SAF/FMBO: Is responsible for funding guidance.

10.5.3. Air Force Surgeon General (AF/SG): Is responsible, through the local MTF, for ensuring a licensed DoD physician certifies eligibility of Airmen who qualify for SCAADL and for identifying and submitting any changes in eligibility and tier rating IAW the guidance within this document. The Active component is responsible for the care and case management of ARC Airmen that are eligible or participate in this program. Any references to Medical Unit or Senior Physician made in this document are defined as active duty Air Force medical treatment facilities or physicians.

10.5.4. Air Force Personnel Center (AFPC): Manages and implements the SCAADL program for AF/A1 and ensures the timely identification of qualified Airmen, processing of applications, submission for payment, tracking recipients and reporting required data to DoD, SAF/MR and AF/A1 as required.

10.6. Qualification:

10.6.1. Primary Care Managers (PCM), Inpatient Physicians, Medical Case Managers (MCM), Recovery Care Coordinators (RCC), Non-Medical Care Managers (NMCM) and other members of the Care Management Team (CMT) (Reference: DoDI 1300.24 for definitions and responsibilities) involved in the care and recovery of wounded, ill and injured Airmen are responsible for the early identification of Airmen who are potentially qualified for SCAADL while they are still inpatients. Near the end of an Airman's inpatient stay, the RCCs or MCMs should inform the Airman and their caregiver of the SCAADL benefit, their

potential eligibility to receive the benefit upon becoming an outpatient, and the process by which they may apply.

10.6.2. To be eligible to receive SCAADL, an Airman must:

10.6.2.1. Be certified by a licensed DoD or Veterans Administration (VA) physician to have a permanent catastrophic injury and need assistance from another person to perform the personal functions required in everyday living or require constant supervision. In the absence of such assistance, the Airman would require hospitalization, nursing home care, or other residential institutional care.

10.6.2.2. Be an outpatient and no longer determined to be an inpatient at a military treatment facility, VA medical center, civilian hospital, nursing home, or other residential institutional care. Although individuals may be temporarily placed in an inpatient status during the month for tests, examinations, or treatment, they remain eligible for the full monthly SCAADL payment provided they are in outpatient status the majority of the month (i.e., more than 15 days a month).

10.6.2.3. Have a designated primary caregiver who provides assistance with at least one of the following Activities of Daily Living (ADL) due to the Airman's:

10.6.2.3.1. Inability to dress or undress him or herself.

10.6.2.3.2. Inability to bathe or groom in order to keep themselves clean and presentable.

10.6.2.3.3. Frequent need of adjustment of any special prosthetic or orthopedic appliances which by reason of the particular disability cannot be done without aid (this will not include the adjustment of appliances which most individuals would be unable to adjust without aid, such as supports, belts, lacing at the back, etc.).

10.6.2.3.4. Inability to toilet or attend to toileting without assistance.

10.6.2.3.5. Inability to feed him or herself through loss of coordination of upper extremities or through extreme weakness or inability to swallow.

10.6.2.3.6. Difficulty with mobility arising from incapacity, physical or mental, which necessitates care or assistance on a regular basis to protect the Service member from hazards or dangers incident to his or her daily environment.

10.6.2.3.7. In addition to meeting at least one of the criteria in subparagraph 10.6.2.2, above, the Airman must:

10.6.2.3.7.1. Require continual medical management or be at high risk for personal injury or otherwise unable to live independently in the community without caregiver support;

10.6.2.3.7.2. Without continuing personal care services at home, the Airman would require institutional care at a hospital, nursing home, or other residential facility; and

10.6.2.3.7.3. Not currently receiving or authorized services by another entity such as Tricare provided in-home care services or other government funded support specifically designed to provide primary caregiver services.

10.7. Program Administration

10.7.1. Medical Unit Personnel:

10.7.1.1. Are responsible at the local medical unit to determine initial eligibility and monitor SCAADL eligibility every 180 days or when the Airman's condition changes that might warrant a change in SCAADL payment. (T-0)

10.7.1.2. Will forward the completed DD Form 2948, Special Compensation for Assistance with Activities of Daily Living (SCAADL) Eligibility, to AFPC/DPFW. (T-0)

10.7.1.3. Will provide training or references/resources to ensure the designated caregiver has the necessary skills to assist with the Airman's ADL care needs.

10.7.1.4. Medical unit commander or senior physician will adjudicate any appeal by the patient concerning the medical assessment documented on the DD Form 2948.

10.7.2. AFPC/DPFW

10.7.2.1. Submit completed and signed claims to Defense and Accounting Service (DFAS) NLT 5 work days from receipt, through the Case Management System (CMS). The CMS case will contain the completed and signed DD Form 2948. (T-0)

10.7.2.2. Ensure DFAS receives, as a minimum, the following to effect timely SCAADL payments:

10.7.2.2.1. The effective date of SCAADL payment.

10.7.2.2.2. A calculation of the monthly payment to be paid to the Airmen IAW DoDI 1341.12.

10.7.2.3. Notify DFAS to terminate SCAADL payment within five business days when notified by any member of the CMT that the Airman is no longer eligible for the benefit IAW this instruction and DoDI 1341.12. (T-0)

10.7.2.4. Seek resolutions for non-receipt of payment to an Airman for their caregiver and will notify DFAS when it is determined payments to the Airman should be suspended.

10.7.2.5. Coordinate with DFAS and SAF/FM to determine annual funding requirements.

10.7.2.6. Coordinate with the Airman's unit commander and CMT to resolve any pay related issues.

10.7.2.7. Update OSD SCAADL spreadsheet NLT 27th of each month.

10.7.3. Airman or Designated Guardian:

10.7.3.1. Review and sign the DD Form 2948.

10.7.3.2. Submit requests for appeal of tier rating determination to Primary Care Manager (PCM).

10.7.3.3. Notify RCC or PCM of any changes to residency as that may have a direct impact on the entitlement. (T-0)

10.7.4. Care Management Team members are responsible for the following:

10.7.4.1. Contacting potentially qualified Airmen or designated guardian and make them aware of their eligibility to apply for SCAADL. (T-0)

10.7.4.2. Briefing the Airman and designated representative and family on the program as outlined in DoDI 1341.12. (T-0)

10.8. Payment Determination:

10.8.1. A DD Form 2948, "Special Compensation for Assistance with Activities of Daily Living (SCAADL) Eligibility." must be completed for each applicant. (T-0)

10.8.2. The determination an Airman is catastrophically disabled shall be made by a licensed DoD or VA physician.

10.8.2.1. For the purposes of this program, an Airman that is catastrophically disabled has a permanent severely disabling injury, disorder, or illness incurred or aggravated in the line of duty that compromises the ability of the afflicted person to carry out ADLs to such a degree that the person requires personal or mechanical assistance to leave home or bed, or constant supervision to avoid physical harm to self or others.

10.8.2.2. ADL is defined in DoDI 1341.12 as follows: Feeds (including special diets), dresses and shelters; personal hygiene services; observation and general monitoring; bowel training or management (unless abnormalities in bowel function are of a severity to result in a need for medical or surgical intervention in the absence of skilled services); safety precautions; general preventive procedures (such as turning to prevent bedsores); passive exercise; transportation; and other such elements of personal care that can reasonably be performed by an untrained adult with minimal instruction or supervision. ADL may also be referred to as "essentials of daily living" as defined in part 199.2(b) of title 32, Code of Federal Regulations (Reference (f)). For the purposes of eligibility for SCAADL, ADL and "personal functions required in everyday living" are the same.

10.8.3. The installation MTF is responsible for identifying inpatient individuals eligible for the program based on projected need for assistance with ADLs and will initiate and complete DD Form 2948. Airmen that are outpatients may be identified by any member of the RT or the family and the MTF will, when notified of a potential qualified applicant, initiate and complete the DD Form 2948. (T-0)

10.8.3.1. The person completing the DD Form 2948 must ensure the identification section on the form includes the Airman's current residence address with a valid zip code. The zip code is vital in determining the dollar amount paid to the Airman

10.8.3.2. The scoring section of the DD Form 2948 includes two areas that the physician must complete.

10.8.3.2.1. The first determines the level of assistance required for the seven areas considered as ADL. These include eating, grooming, bathing, dressing, toileting, assistance with a prosthetic or other device, and difficulty with mobility. Each area is graded on a scale of 0 to 4 with zero being "Complete Independence" and four being "Total Dependence".

10.8.3.2.2. The second scoring area covers the Airman's need for supervision and/or protection and provides evaluation of such things as difficulty with planning/organizing, safety risks, difficulty with sleep regulation, and difficulty with recent memory. Seven areas in all using the same scoring scale as detailed above.

10.8.3.2.3. Both area scores are added together to determine the total score for the Airman. The total score is used to place the Airmen in one of three tiers used to determine payment

10.8.3.2.4. The last portion of the form requires the signatures of the person completing the form and the physician. The Airman must acknowledge the assessment and annotate agreement or the desire to appeal the rating Once the scoring is complete, the Airman will be rated as follows:

10.8.3.2.4.1. Low Tier (Tier 1): Airman who scores 1 – 12 will be presumed to require 10 hours of caregiver assistance per week.

10.8.3.2.4.2. Medium Tier (Tier 2): Airman who scores 13 – 20 will be presumed to require 25 hours per week of caregiver assistance.

10.8.3.2.4.3. High Tier (Tier 3): Airman who scores 21 or higher will be presumed to need a full-time caregiver who provides 40 hours of personal care services per week.

10.8.3.2.5. The tier level, along with the zip code of the Airman's current residence, are entered into a calculator provided by the DOL and the VA to determine the amount of the monthly benefit, paid to the Airman to help the caregiver. The higher the tier level, the higher the pay. For example, an Airman in a, Tier 1 at zip code 22408 would receive $543.75 per month and Tier 2 at same zip code would receive $1359.38. There is also a difference based on the Bureau of Labor Statistics cost for care in each zip code, i.e., Tier 3 in zip code 22408 would pay $2175.00 per month while Tier 3 in zip code 91210 would pay $2274.18.

10.8.3.2.6. As the Airman progresses through recovery, if their ability to care for themselves changes, the CMT will initiate a re-evaluation and his/her score may decrease or increase resulting in a change in the amount of pay received each month.

10.8.3.2.7. The start of SCAADL payment is based on the date the physician signs the DD Form 2948. If there is a delay in processing, the pay date remains the day the doctor signed the form and the Airman will be paid any amount owed from that date in their first payment. Payment is identified on the Airman's Leave and Earnings Statement as "Save Pay".

10.8.3.2.7.1. Active Duty Airmen will receive SCAADL as part of their normal twice-monthly pay, and is fully taxable.

10.8.3.2.7.2. ARC Airmen will receive SCAADL once a month towards the end of each month, and the payment is fully taxable.

10.8.3.2.8. SCAADL payment amounts are based on geographic location and the level of care required. Payment amounts can change when an Airmen moves and/or when their condition changes.

10.8.3.2.9. The person completing the form will include the designated caregiver's name, relationship to Airman, email address and phone number in any open area of the form.

10.9. Application Process:

10.9.1. Airmen who qualify for SCAADL are not required to self-identify, although they may. It is the responsibility of the CMT to ensure the Airman designated as having a catastrophic condition, along with the Airman's family and/or caregiver are thoroughly counseled and advised on the SCAADL program prior to discharge from inpatient status. In those instances where the Airman is not identified during their inpatient status, the counseling will be conducted as soon as possible. Counseling will cover:

10.9.1.1. What makes the Airman eligible for SCAADL.

10.9.1.2. The requirement to designate a primary caregiver to provide non-medical care, support, and assistance.

10.9.1.2.1. The caregiver does not have to be a family member, but cannot be another military member.

10.9.1.2.2. The designated primary caregiver does not have to be the only person to provide care, but is the person the Airman has designated as having primary responsibility for coordinating and ensuring care is provided.

10.9.1.3. How long the Airman can expect to receive SCAADL, depends upon his or her eligibility or loss of eligibility, and the requirements for transition to the Veterans Affairs (VA) Caregiver Program that is the equivalent of SCAADL.

10.9.1.4. The amount of monthly compensation stated in the DD Form 2948 or an estimate based on each tier level if the physician has yet to complete the DD Form 2948.

10.9.2. The counseling should be documented by the RCC or NMCM in the notes section of the Comprehensive Recovery Plan.

10.10. Appeals Process

10.10.1. The Airman has the right to appeal the physician's assessment on the DD Form2948 if he or she feels the determination is incorrect. The Airman, or their legal representative when necessary, will sign the form after the physician has made their determination. Since some physicians will do a records-only review as their clinical evaluation to determine the level of care required for activities of daily living or supervision/protection required, the Airman may believe the ratings do not adequately reflect their current situation. If the Airman believes their situation merits another look, they may appeal by indicating their preference to do so in the designated area in the signature block of the DD Form 2948. The Airman or designated caregiver may submit a statement with their appeal to help convey to their medical reviewer their concerns and why they warrant reconsideration of SCAADL.

10.10.2. Once the Airman has indicated their desire to appeal, the DD Form 2948 will be submitted to AFPC/DPFW to begin payment based on the initial score and AFPC/DPFW will ensure the CMT has submitted the case to the Medical Unit Commander or senior physician for review. The Commander or senior physician will determine whether they will conduct the review for the appeal themselves or whether they will appoint another physician (other

than the original physician) to conduct the review. In the case where the original scoring was based on a records review only, the physician handling the appeal will conduct a personal clinical evaluation rather than a records review, to determine if the original scores should be adjusted.

10.10.3. The reviewing physician will make the final determination and will submit a revised DD Form 2948, with the Airman's signature, to AFPC/DPFW within 30 days of the original assessment to minimize potential overpayment or underpayment to the Airman. Once submitted, this will be considered the final adjudication of the Airman's current situation.

10.10.3.1. If a decrease in dependency level is determined, the effective date will be the date on the revised DD Form 2948. If an increase in dependency level is determined, the effective date remains the same as the original DD Form 2948.

10.11. Continuous Evaluation.

10.11.1. Throughout the course of care, treatment, and time the Airman's situation may change significantly. The medical unit, PCM or RT members will review SCAADL eligibility every 180 days, or when the Airman's condition changes, to ensure the Airman is receiving the proper compensation for his/her caregiver. While the hope is the Airman continues to improve and become self-sufficient, some situations may exist where the Airman may digress in their recovery and require a greater amount of care. Maintaining visibility on this program will help minimize the financial burden on the Airman and the family. (T-0)

10.11.2. SCAADL can be adjusted sooner than every 180 days based on changes in the progress of the Airman and only requires a new evaluation from a VA or DoD physician and submission of the DD Form 2948 to update the level of care being provided. Any adjustment to scores on the DD Form 2946 will be processed for changes in payment within five days from the date the form is received by AFPC/DPFW. (T-0)

10.12. Termination of Compensation.

10.12.1. Qualified Airmen will continue to receive payments from the date the DD Form2948 is signed until the earliest date of the following conditions:

10.12.1.1. The last day of the month during which a 90-day period ends that begins on the date of the separation or retirement of the Airman (e.g., March 1, 2014 + 90 days = June 1 2014 (last day of entitlement is June 30, 2014)).

10.12.1.2. The last day of the month during which the Airman dies.

10.12.1.3. The last day of the month during which a physician determines the Airman is no longer afflicted with the catastrophic injury or illness. An Airman is not entitled to SCAADL if the Airman is no longer afflicted with a catastrophic illness or injury whether or not he/she has met with a physician. RCCs and NMCMs will assist in identifying SCAADL recipients that have returned to a state of self-sufficiency. The RCC and/or NMCM will notify the Airman that the effective date of termination of their SCAADL, and notify AFPC/DPFW immediately to avoid an overpayment resulting in potential indebtedness to the government. A new form and physician's evaluation is not required to terminate SCAADL when the Airman is no longer eligible due to self-sufficiency

unless the Airman disputes the termination. If the Airman disagrees with the termination he or she should request a new evaluation. This evaluation becomes the final determination as to whether SCAADL should be terminated or continued.

10.12.1.4. The last day of the month preceding the month during which the Airman begins receiving compensation under the VA caregiver program.

10.12.2. CMT members should assist potentially qualified Airmen in applying for the VA Caregiver Program 30 days prior to separation or retirement date to facilitate an uninterrupted reception of benefits for the Airman.

Chapter 11

RECOVERING AIRMEN MENTORSHIP PROGRAM (RAMP)

11.1. The RAMP exists to: Motivate Airmen by helping them develop one-on-one relationships with peer mentors (fellow Airmen who are further along in the recovery process) who are excellent resources, listeners, and "hospital buddies" who motivate through their own real life experiences.

11.2. The RAMP provides: An avenue for the Airman, both physically injured and/or with PTSD and TBI, to connect to someone with experienced in what they are experiencing; these mentors have similar Air Force background and rank, age, gender, geographically area, hobbies, interests, injury and/or recovery steps.

11.3. AFPC/DPFW will: Provide training to all RAMP participants, both mentor and mentee. RAMP is completely voluntary and all participants are bound by the rules, regulations, guidelines and instructions applicable to the RAMP and agree to participate in any training required in order to effectively perform the mentorship service.

11.4. The RAMP provides: Each Airman a personal wingman they can reach out to and has a healing effect for both members. It provides assistance in skill building and participants will have demonstrated a greater acceptance of their injury/illness, marked improvement in treatment timelines, higher personal satisfaction, social interaction and coping mechanisms. The Airmen involved gain the experience to be possible mentors for others beginning their recovery.

Chapter 12

ADAPTIVE SPORTS

12.1. The Air Force Adaptive Sports Program: Motivates, encourages and sustains participation and competition in adaptive and recreational sports and activities among the active or veteran wounded, injured, and ill Airmen of the US Air Force during their earliest stages of recovery.

12.2. The AF Adaptive Sports program: Provides and publicizes community based, non-profit and AFW2 funded rehabilitative sports opportunities for Airmen to participate in rehabilitative adaptive sports such as recumbent cycling, sitting volleyball, wheelchair basketball, archery/air rifle, swimming, track/ field events, and many other individual and team sports. The program also encourages participation in recreational activities such as hunting, fishing, boating and others adapted for those with physical and cognitive disabilities. Airmen are encouraged to work with their CMT to reach their physical, psychological, social, and spiritual goals. Events offered are based on location, objectives of the activity, and installation support. Adaptive sports opportunities should be introduced during the earliest stages of rehabilitation with the consent and approval of the Airman's primary physician, PEBLO, and Commander.

12.3. AFPC/DPFW will: Schedule regional camps, joint competitions, and selection camps on an annual basis. Scheduled events will be advertised through various social and web-based media as soon as practical based on activity schedules and funding availability. Schedules and events are subject to change based on fiscal adjustments, installation support, and changes in competition dates/locations. (T-3)

12.4. AFPC/DPFW will also: Publicize opportunities organized and funded by other organizations such as the Department of Veterans Affairs, US Paralympic Sports Clubs, Warfighter Sports, and other non-profit community groups. These activities, although scrutinized, are not endorsed or supported by the Air Force in any manner or by any financial contribution. Individuals should research program and event requirements prior to signing up. Any financial obligations will be the responsibility of the individual Airman and no financial support in any form (travel, per diem, registration fees, etc.) will be provided by the Air Force. (T-3)

12.5. Adaptive Sports events are a unique opportunity for participants. The team environment adds an additional layer of support to the individual care network. Airmen participating in adaptive sports camps and who may not be able to perform one or more basic daily living activities may require medical attendants or caregivers. Caregivers and non-medical attendants (NMAs) are a vital piece of this care network. The non-medical attendant or caregiver must be available to the Airman at all adaptive sports events and must be present with their Airman during all scheduled activities. Caregiver services are to be focused on the Airman and cannot simultaneously care for children, guests, visitors or other athlete service animals.

12.6. For active duty Airmen: Authorized NMAs must be in receipt of SCAADL pay; for veterans, caregivers must be in receipt of the VA caregiver stipend. Any Airman that requires a caregiver, but are not in receipt of either of the above program benefits, should contact AFPC/DPFW with a request for a caregiver to accompany them. Any questions regarding the

eligibility of an NMA or caregiver should be directed to the AFPC/DPFW Adaptive Sports Program Manager.

12.6.1. PTSD/emotional support dogs will not be federally funded to attend adaptive sports events. Airmen requiring service animals must ensure they provide home of record licensing requirements and tags designating this license. The service animal will meet the standards of certification and training as outlined by Assistance Dogs International and the International Guide Dog Federation. All service animals staying at hotels contracted by AFPC/DPFW or coming onto an event site on a regular basis (e.g., excluding occasional visitors or guests) must be vaccinated against diseases common to that type of animal in accordance with state and local laws, rules and regulations. All vaccinations must be current and verifiable. Airmen are legally responsible for the behavior or actions of their service animal.

Chapter 13

CAREER READINESS PROGRAMS

13.1. This chapter establishes: Air Force policy, assigns responsibility and provides procedures to manage and implement the Employment and Education Initiative (E2I) and Operation Warfighter (OWF) programs in accordance with DoDI 1300.25, and Office of Warrior Care standing operating procedures. It addresses the E2I, OWF and VA's Vocational Rehabilitation and Employment (VR&E) Programs specific to Airmen. It is not inclusive of all transition programs and services. Airmen should take advantage of the numerous transition programs such as: A&FRC Transition Assistance Programs (TAP), Department of Labor Programs, and veterans services programs to be best prepared for their transition to civilian life.

13.1.1. The E2I and OWF referral process differs for RCP enrollees and IDES Participants. Airmen will be referred as follows: 1) Airmen in the RCP will be referred to their RCC, NMCM or the Career Readiness Cell through the AFPC/DPFW Program and 2) Airmen referred to IDES but not enrolled in the RCP will be referred by installation to the A&FRC's TAP.

13.1.1.1. The PEBLO refers interested IDES personnel who are not seriously ill or injured (therefore not enrolled in the RCP) to the A&FRC for information on OWF and E2I.

13.2. The E2I Program is: A collaborative effort, led by DoD, with support from federal agencies and non-federal entities to address the synchronization, integration and possible expansion of existing education and employment support efforts for Airmen to improve career readiness and facilitate employment placements prior to separation.

13.2.1. Airmen enrolled in the RCP who are deemed ready to participate in education and employment activities will be referred to their RCC or NMCM. The RCC or NMCM will link the Airman with their regional E2I/OWF coordinator and annotate participation in the electronic case file. Additionally, the RCC or NMCM will notify the Career Readiness Cell when an Airman enrolls in E2I. Regional coordinators will work with the Airman to determine education requirements for desired career paths. These educational requirements may include formal degree programs or training, certifications and licensing programs. Once identified the regional coordinator works together with the Airman's base A&FRCs/transition offices, VA, and community resources to assist the Airman in attaining their goals. Airmen may participate in E2I regardless of title status but may not participate in any federal internships unless in Title 10 status.

13.2.1.1. By developing strategic partnerships with employers across different industries, the regional coordinators are better able to assist Airmen by identifying career matching opportunities with an industry partner that is the best fit.

13.3. The OWF Program is: A non-paid federal internship program for Airmen while still on active duty. The objective of OWF is to place Airmen in a supportive work environment to assist their rehabilitation and potentially increase career readiness while enabling federal agencies to better familiarize themselves with the skill sets and challenges of Airmen. Airmen should understand this is a voluntary program with no guarantee of permanent employment. The primary purpose of the program is wellness in the recovery process and to positively impact

transition and rehabilitation process. The secondary purpose is exposure to civilian employment practices/opportunities. No duty status change is required for Airmen participating in OWF internships; the Airman remains assigned and attached to their unit and the internship site is considered an alternate work location. This opportunity may be terminated with or without cause at any time by the Airman, host agency or the Airman's chain of command.

13.3.1. The OWF program is open to Airmen who are enrolled in the RCP or referred to IDES. Each Airman must be medically ready and command approved for participation, and their internship must not interfere with their medical profile or adversely affect their well-being or recovery. The Airman's CMT (to include the Warrior Care Support Career Readiness Cell, Airman's chain of command and medical provider) will determine if the Airman is ready to participate in employment activities and complete the appropriate application approval forms.

13.3.1.1. The medical evaluation must conclude the Airman is medically, emotionally, and physically ready to participate in an OWF internship and the internship will assist in the Airman's rehabilitation. The medical evaluation must include a functional assessment which clearly defines limitations or required reasonable accommodations which will be provided to the Airman in the event they need to work with OWF and/or the agency for reasonable accommodation purposes.

13.3.1.2. The chain of command evaluation must conclude the Airman demonstrates the initiative and self-discipline required to successfully participate in an OWF internship. The internship will not interfere with the Airman's ability to attend medical appointments and allow time to complete IDES processing.

13.3.2. OWF Regional Coordinators provide assistance and coordination for application, preparation, enrollment, continuance, and other administrative tasks for Airmen who wish to participate in OWF internships. Internships are currently limited to Federal agencies and will range in duration and hours per week based on employer needs and Airman availability. They typically last 3 – 9 months and an average of 20 -30 hours per week. The work hours and duty location will be specified as part of the placement process and will serve as the Airman's place of duty unless otherwise excused by the chain of command. If the Airman's recovery does not progress as expected or if the internship interferes with Airman's ability to attend medical appointments, delays progression through IDES, or will delay separation, the CMT can modify Airman participation appropriately.

13.3.2.1. Follow-on employment is not a guaranteed outcome of the OWF program, although after transitioning from military service, the Airmen may gain full-time employment at the federal agency where he or she interned.

13.3.3. OWF Roles and Responsibilities:

13.3.3.1. Airmen responsibilities include attending all medical appointments, lead goal development and actively participate with any actions plans identified in care and transition plans. They must complete a federal resume, which aligns with long-term goals, and submit a copy of it to either the RCC or NMCM, depending on phase of care they are currently in. Airmen will complete the DoD OWF application, collect required medical and CMT signatures before submitting it to either their RCC or NMCM for further processing. If accepted into the program, Airmen must communicate regularly

with their host agency supervisor, NMCM and/or CMT; to include work schedules, availability, medical appointments, periods of leave, military obligations, reasonable accommodations, work development and progress, and any positive or negative issues/concerns regarding the worksite/duties. They must perform agreed duties and the work schedule as outlined on the DoD Placement form; observe all workplace rules, including those relating to conduct, safety, honesty, integrity, and confidentiality of records.

13.3.3.2. The Career Readiness Cell (AFPC/DPFWS) provides operational guidance and education to Airmen, CMTs (including chain of command), and external federal agencies for RCP participants. They review OWF application packets and forward to OWF Coordinators when complete. They coordinate Airman participation with OWF Regional Coordinators, RCCs and NMCMs. They market OWF program opportunities to Airmen and their chain of command. They also initiate CMS case requests to update or remove Functional Accounting Codes (FACs) upon receipt of completed, or terminated OWF work contracts (applicable for Airmen not assigned to patient squadrons). (T-3)

13.3.3.3. RCCs/NMCMs and A&FRC will discuss OWF with Airmen during the Rehabilitation Phase of care. They will assist the Airman with preparing the OWF application packet. If needed, RCCs and NMCMs will refer the Airman to the A&FRC to complete or review the Airman's federal resume, obtain medical clearance and commander's approval for participation. After ensuring the Airman's application is complete, they will forward it to the Career Readiness Cell. Lastly, they will solicit monthly feedback from Airmen regarding OWF progress; update case notes and notify Warrior Care Support Career Readiness Cell of issues or concerns.

13.3.3.4. A&FRCs will ensure the widest dissemination of OWF program information by base-wide marketing of emails, posters, flyers and handouts, working with local leadership to grow OWF opportunities, and publicizing OWF participation/statistics provided by the Career Readiness Cell. They will provide personalized analysis of the Airmen career goals and develop an individual development/transition plan to ensure timeliness of OWF participation with an agency matching career interests and geographical preferences. Additionally, they will help the Airman complete a federal resume in the USAJobs format, reflective of desired career field skill sets.

13.3.3.5. Commanders may allow participation unless it would pose a significant negative impact on unit mission accomplishment. When approving an application, they are confirming the Airman demonstrates the initiative and self-discipline required to successfully participate in an OWF internship. The final decision to allow participation rests with the unit Commander.

13.3.3.6. Where appropriate, Occupational Therapy will collaborate with the PCM, PT, and any other clinical staff upon Airman acceptance. Additionally, they will provide guidance to the Readiness Cell staff regarding medical readiness to participate in the DoD OWF. They will conduct initial and functional assessments in coordination with the CMT, conduct worksite assessments to determine limits of the Airman's profile, and ensure CRP goals and career track are in line with the potential internship opportunity. Additionally, they will serve as the SME for Computer/Electronic Accommodations Program (CAP) and Americans with Disabilities Act (ADA) reasonable accommodations.

13.4. Vocational Rehabilitation and Employment (VR&E)

13.4.1. The Air Force's intent is to provide access to VR&E services at the earliest opportunity to all Airmen (including National Guard and Reserve Airmen on active duty orders). VR&E services and assistance to Airmen range from a comprehensive rehabilitation evaluation to determine abilities, skills, and interests to services that help Airmen prepare for obtaining and maintaining employment. These services offer Airmen resources that aid their recovery, their transition and their reintegration into civilian life.

13.4.2. Eligible Airmen should be informed about and referred to a Vocational Rehabilitation Counselor (VRC) for counseling on VR&E services and assistance if they are: evaluated by a DoD or VA physician and determined to have a severe injury/illness which could cause their referral into the IDES, assigned to the Air Force RCP and/or are participating in the E2I program, or being processed through the IDES and are being referred to a PEB.

13.4.3. Unit commanders will ensure eligible Airmen attend the first appointment with the VRC, per Memorandum of Understanding between the DoD and the VA, dated 1 February 2012. Qualifying information to determine eligibility for VR&E services and assistance may be provided to VA by the Airman, PEBLO, RCCs/NMCMs, VA Polytrauma Centers, and other referral sources with the Airman's consent. Documentation must show evidence of a medical condition determined to be the result of an injury incurred or illness contracted in the line of duty, which could be cause for referral into IDES. Service Treatment Records are not necessary to establish entitlement for VR&E services, but are requested by the VA to expedite the counseling process. (T-3)

Chapter 14

AIR NATIONAL GUARD AND AIR FORCE RESERVE

14.1. Medical Continuation (MEDCON) Orders.

14.1.1. 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 (ILOD) and to provide pay and allowances while they are being evaluated, treated for or recovering from a service-connected injury, illness or disease. ARC 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. See AFI 36-2910, Chapter 5 for more information on MEDCON.

14.1.2. A Line of Duty Determination has to be in place and a finding by a credentialed military health care provider before MEDCON orders will be issued. Airmen must meet retention or mobility standards IAW AFI 48-123, *Medical Examinations and Standards, Chapters 5 and 13*. Airmen who meet eligibility criteria for MEDCON orders must volunteer for retention or recall to duty under Title 10 U.S.C., 12301(h) or the appropriate authority for Request for Personnel Action and U.S.C. Title 32. Not all conditions that restrict deployment or mobility establish MEDON eligibility, such as conditions expected to resolve in less than 30 days, or pregnancy.

14.1.3. All CMT members are expected to understand the basics of the MEDCON program so they can assist Airmen being processed through the IDES process. Care Managers should ensure Airmen being processed through IDES are being considered/processed for MEDCON order issuance (and extensions if applicable) if they are not already serving on active orders. When situations of concern arise that cannot not be solved or answered at the Airman's local unit/medical level, CMT members should seek guidance and assistance from either the ARC Case Management Division (CMD).

14.2. Incapacitation Pay (INCAP)

14.2.1. INCAP provides pay and allowances for Reserve Component Airmen who are not medically qualified 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 RC Airmen who are fit to perform military duties but experience a loss of earned civilian income because of an injury, illness, or disease incurred or aggravated in the line of duty.

14.2.2. INCAP can be requested by the Airman in 15-day or 30-day increments based on the Airman's needs. The following documents are required to initiate payment for the first six months of INCAP: Application for INCAP, Duty Status, Finance and medical documents, LOD(s), statement from treating physician, AF Form 469 (Duty Limiting Condition Report)

14.2.3. The following documents are accomplished every 15 or 30 days as applicable: The Airman must provide a statement of income from their civilian employer and certify whether there are any private protection insurance plans in place. If the Airman is self-employed they must provide a statement from the physician that their inability to perform their self-employment functions are a direct result of the injury, illness or disease identified in the LOD. The Airman must provide a statement from their civilian employer identifying the

amount of gross earnings lost and any income from sick leave. If the Airman is deemed unfit for duty, the civilian employer must certify whether the Airman can perform full or limited duties in their civilian job.

14.2.4. An extension request beyond 6 months should be initiated by the Airman at the 4-month mark if the expected recovery period extends past the initial 6 months. The AF Form 469 profile release date must coincide with the dates of the request. All previously listed documentation is required for the extension request along with: INCAP extension affidavit, and INCAP checklist.

14.3. AFR and Air National Guard A&FRCs are expected to provide the highest level of transitional support to Airmen. This includes either giving them the same transitional program guidance/support provided on active duty installations, or if unable to do so locally making arrangements with the Airman's unit to send the Airman to the closest supporting active duty A&FRC, even if that entails the unit paying for temporary duty travel/lodging/per diem for week-long TAP, pre-separation and Survivor Benefit Program counseling if applicable.

14.3.1. The Airman's unit should be supporting their Airman's transition into the civilian community to the largest extent possible. This includes providing necessary encouragement and cutting through red tape to make sure their Airman receives the highest quality of transitional counseling and support. Units have an obligation to fund TDY travel when necessary to the closest active duty installation to participate in their TAP, Survivor Benefit Counseling or other transitioning/outprocessing requirements.

DANIEL R. SITTERLY, SES
Principal Deputy Assistant Secretary
(Manpower and Reserve Affairs)

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

National Defense Authorization Act of 2008

AFPD 34-11, *Service to Survivors*, 1 May 2000

AFPD 36-31, *Personal Affairs*, 27 September 1993

AFI 33-322, *Records Management Program*

AFI 33-129, *Web Management and Internet Use*

AFI 34-242, *Mortuary Affairs Program*, 2 April 2008

AFI 36-3002, *Casualty Services*, 22 February 2011

AFI 36-2501, *Officer Promotion and Selective Continuation*, 16 June 2004

AFI 36-2502, *Airman Promotion/Demotion Programs*, 31 December 2009

AFI 36-2910, *Line of Duty (Misconduct) Determination*, 4 October 2002

AFI 36-3009, *Airman and Family Readiness Centers*, 18 January 2008

AFI 36-3212, *Physical Evaluation for Retention, Retirement and Separation*

AFI 52-101, *Planning and Organizing*, 10 May 2005

AFI 52-104, *Chaplain Service Readiness*, 26 April 2006

ANGI 36-2502, *Promotion of Airmen*, 17 June 2010

ANGI 36-3001, *Air National Guard Incapacitation Benefits*, 31 May 1996

AFMAN 33-363, *Management of Records*, 1 March 2008

DoDI 1300.24, *Recovery Coordination Program*, 1 December 2009

TSGLI Website: **http://benefits.va.gov/insurance/tsgli.asp**

Prescribed Forms

None

Adopted Forms

AF Form 847, Recommendation for Change of Publication

AF Form 77, Letters of Evaluation (LOE)

DD Form 214, Certificate of Release or Discharge from Active Duty

DoD Form 2648, PreSeparation Counseling Checklist for Active Component Service Members

DoD Form 2648-1, PreSeparation Counseling Checklist for Reserve Component Service Members Released from Active Duty

Form 2870, Authorization for Medical or Dental Information

Abbreviations and Acronyms

ADL—Activities of Daily Living

AFMAO—Air Force Mortuary Affairs Operations

AFA—Air Force Association

AFAS—Air Force Aid Society

AFPC—Air Force Personnel Center

AFPD—Air Force Policy Directive

AFRC—Air Force Reserve Command

A&FRC—Airman & Family Readiness Center

AFW2—Air Force Wounded Warrior Program

AGR—Active Guard Reserve

ANG—Air National Guard

ARC—Air Reserve Component

C&P—Compensation and Pension

CAR—Casualty Assistance Representative

CAT—Category

CCAF—Community College of the Air Force

CED—Contingency Exercise Deployment

CMR—Casualty Morning Report

CMS—Case Management System

CMT—Care Management Team

CONUS—Continental United States

CRC—Community Readiness Consultant

CRP—Comprehensive Recovery Plan

CSA—Career Summary Account

DFAS—Defense Finance and Accounting System

DoD—Department of Defense

DoDI—Department of Defense Instruction

DOS—Date of Separation

E2I—Employment and Education Initiative

EFMT—Emergency Family Member Travel

FLO—Family Liaison Officer

FRC(P)—Federal Recovery Coordinator (Program)

HHG—Household Goods

HIPAA—Health Insurance Portability and Accountability Act

IAW—In Accordance With

IRILO—Initial Review in Lieu of

ICP—Interagency Comprehensive Plan

IDES—Integrated Disability Evaluation System

JTFR—Joint Travel Federal Regulation

LAS—Limited Assignment Status

LC—Lead Coordinator

LOD—Line of Duty

MAJCOM—Major Command

MCF—Master Case File

MCM—Medical Case Manager

MEB—Medical Evaluation Board

MEDCON—Medical Continuation

MOU—Memorandum of Understanding

MSC—Medical Service Coordinator

MTF—Medical Treatment Facility

MilPDS—Military Personnel Data System

NMCM—Non-Medical Care Manager

NOK—Next-of-Kin

NRD—National Resource Directory

NSI—Not Seriously Ill/Injured

OCONUS—Outside the Contiguous United States

OMC—Outreach Communication and Marketing Coordinator

OWF—Operation Warfighter

PAC—Pay and Allowance Continuation

PCM—Primary Care Manager

PEB—Physical Evaluation Board

PEBLO—Physical Evaluation Board Liaison Officer

PHI—Personal Health Information

PII—Personal Identifiable Information

PTSD—Post Traumatic Brain Injury

RAMP—Recovering Airman Mentorship Program

RCC—Recovery Care Coordinator

RCP—Recovery Coordination Program

RCP—SS – Recovery Coordination Program Support Solution

RI—Reporting Identifiers

RSM—Recovering Service Member

CMT—Recovery Team

SCAADL—Special Compensation for Assistance with Activities of Daily Living

SI—Seriously Ill/Injured

SJA—Staff Judge Advocate

SME—Subject Matter Expert

TAMP—Transition Assistance Management Program

TAP—Transition Assistance Program

TBI—Traumatic Brain Injury

TIG—Time-in-Grade

TIS—Time-in-Service

TSGLI—Servicemember's Group Life Insurance Traumatic Injury Protection Program

VA—Veteran Affairs

VR&E—Vocational Rehabilitation and Employment

VRC—Vocational Rehabilitation Counselor

vRED—Virtual Record of Emergency Data

VSI—Very Seriously Ill/Injured

WII—Wounded, Ill or Injured

Terms

Airman/Airmen— As used in this document refers to uniformed members of the active Air Force, Air National Guard, AF Reserves, and those individuals who are retired or medically separated due to an illness or injury incurred or exacerbated while serving in any component of the USAF.

Family Liaison Officer— FLOs are appointed to assist seriously ill and injured Airmen and their families and the families of Airmen who die while on active duty. FLOs help families of ill and injured Airmen navigate the various agencies involved in recovery, rehabilitation and reintegration. In the case of Airmen who die while on active duty, FLOs may assist the family

with navigating the various organizations necessary to receive entitlements and benefits. FLOs remain engaged as long as the family needs assistance.

Medical Case Manager (MCM)— MCMs develop an individualized plan of care and facilitate communication and coordination between members of the healthcare team.

Non-Medical Case Manager— NMCM provides a wide range of flexible proactive personnel advocacy and services to support seriously ill or injured Airmen. These services include comprehensive information, assistance and guidance on all benefits/ entitlements for those remaining on active duty or transitioning back into the civilian sector. Additionally, they help resolve problems related to finances, benefits and compensation, administrative and personnel paperwork, housing and transportation and other matters that arise.

Recovery Care Coordinator— The ultimate purpose of the RCC is to ensure that Airmen and families understand the likely path of the Airman's recovery, the types of care and services that will be needed and provided, and how much time recovery may take. RCCs oversee the development and implementation of the ICP and work with the MCM involved in various aspects of care for the Airman and advocate for the Airman across locations and agencies.