



HQDA Army Family Action Plan Conference Report Out

4 February 2011



Mobilization, Deployment and Family Readiness Strengths



1. Strong Bonds Marriage Enrichment Training
 2. Army Wounded Warrior Program
 3. Army Community Service and Reserve Component Family Programs
 4. Army Emergency Relief
 5. Keeping the Army Family Covenant - demonstrated through surveys seeking input and making adjustments to programs
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Mobilization, Deployment and Family Readiness Challenges



1. High Suicide Rate
 2. Length of Deployments
 3. Lack of In-Depth Post Traumatic Stress Disorder Screening at Medical Treatment Facilities
 4. Short Length of Dwell Time
 5. Rising Divorce Rate
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Most Critical Active AFAP Issues



1. Issue #524 Military Spouse Unemployment Compensation
 2. Issue #596 Convicted Sex Offender Registry OCONUS
 3. Issue #648 Behavioral Health Services Shortages
 4. Issue #626 Traumatic Servicemembers' Group Life Insurance for Post Traumatic Stress Disorder, Traumatic Brain Injury and Uniplegia
 5. Issue #553 Survivor Benefit Plan and Dependency & Indemnity Compensation Offset
 6. Issue #621 Minimum Disability Retirement Pay for Medically Retired Wounded Warriors
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Workgroup Briefings



Work Group: Education and Awareness

Spokesperson: Janet Masseth



TITLE: Formal Standardized Training for Designated Caregivers of Wounded Warriors

SCOPE: There is no formal standardized training for Designated Caregivers of Wounded Warriors on self-care, stress reduction, burnout and prevention of abuse /neglect. A November 2010 study *Caregivers of Veterans- Serving on the Homefront* showed, "Providing care to a veteran (under the age of 65) with a service-related condition has widespread impacts on the caregiver's health." This study also reported increased stress or anxiety (88%) or sleep-deprivation (77%) among Caregivers. The Department of Veteran Affairs recognizes this issue and is developing training for Family Caregivers of Wounded Warrior Veterans. Designated Caregivers with no formal training experience stress, anxiety, and burnout, which may lead to Wounded Warriors abuse/neglect.

RECOMMENDATION: Implement formal standardized, face-to-face training for Designated Caregivers of Wounded Warriors on self-care, stress reduction, burnout and prevention of abuse/neglect.



TITLE: Reimbursement for Public School Transportation for Active Component (AC) Army Families

SCOPE: AC Army Families residing in some public school districts are charged for transportation to and from school. According to *The American School Bus Council*, 13 states allow local school districts to charge transportation fees. The average annual fee per child for school transportation in Southern California is \$500, Hawaii is \$360, and Massachusetts is \$520. More and more public school districts nationwide are charging parents for school transportation due to the state of the economy. Without reimbursement, school districts charging fees for school transportation may cause undue financial hardship for AC Army Families.

RECOMMENDATION: Authorize reimbursement to AC Army Families for the cost of public school transportation.



Work Group: Employment

Spokesperson: Nickayla Myers-Garner



TITLE: "Virtual" Locality Pay for Department of the Army Civilians (DACs) Retiring Outside the Continental United States (OCONUS)

SCOPE: Because DACs retiring OCONUS do not receive locality pay, their retirement annuity is less than the annuity of a DAC of comparable grade who retires from a CONUS location. When calculating "annuity pay" for a DAC employee located in CONUS, base pay plus the locality pay is used. When calculating "annuity pay" for a DAC employee located OCONUS, only base pay is used. The purpose of "Virtual" Locality Pay is to achieve equity of retirement pay of CONUS and OCONUS employees at the end of the employees' career. "Virtual" Locality Pay would enable overseas employees to have their annuity benefits calculated as if they received CONUS based locality pay in the computation for their "high three years" of average salary.

RECOMMENDATION: Authorize "Virtual" Locality Pay to DACs for computing retirement annuities when retiring OCONUS.



TITLE: Strong Bonds Program for Deployed Department of Army Civilians (DACs) and Family Members

SCOPE: Department of Army Civilians (DACs) are not authorized to utilize the Strong Bonds program. DACs are being deployed into Overseas Contingency Operations (OCO) and combat zones. As a result, deployed DACs and their Families undergo many of the same stresses and have similar relationship issues related to long-term separations and difficult experiences as Soldiers and their Families. Permitting the use of the Strong Bonds program will allow deployed civilians and their Families the benefits of creating strong support groups, building resilient relationships, and promoting healthy Families.

RECOMMENDATION: Authorize deployed DACs and their Families use of the Strong Bonds program during pre-deployment, deployment and/or reintegration.



Work Group: Family Support I

Spokesperson: Tyrone Upshaw



TITLE: Military Child Development Program (MCDP) Fee Cap

SCOPE: Some Military Families utilizing Military Child Development Programs pay greater than 25% of their monthly income for childcare. For example estimated gross monthly income (not including living expenses or taxes as of January 2011): E-5 Single Parent, 3 children under 5 years old, Pay w/allowances \$3,575 Cat 3 , MCDP Fees (3 children) \$1,060 = 29%. 2LT with spouse w/minimum wage job 3 children under 5 years old, pay w/allowances \$3,856, wife's pay \$1,075, total combined income \$4,931 Cat 5, MCDP Fee (3 children) \$1,300 = 26%. Military Child Development Program fees are based on Total Family Income (TFI). Establishing a MCDP cap of 25% of TFI will minimize financial hardship caused by the disparity of the gross income to childcare cost ratio.

RECOMMENDATION: Cap Military Child Development Program Fees at 25% of the Military Family's TFI.



TITLE: Space-Available (Space-A) Travel for Survivors Registered in Defense Enrollment Eligibility Reporting System (DEERS)

SCOPE: Survivors are not authorized to travel Space-A on Air Mobility Command (AMC) aircraft after the loss of their sponsor. The Space-A Program was established to support Uniformed Servicemembers as an avenue of respite from rigors of duty. Recent changes allow Family members in certain categories to travel Space-A without being accompanied by their sponsor. Extending Space-A travel to Survivors registered in DEERS maintains the travel benefit they were privileged to while their sponsor was alive.

RECOMMENDATION: Authorize Space-A travel for Survivors registered in DEERS.



Work Group: Family Support II

Spokesperson: Daniel Middlebrooks



TITLE: Eligibility Benefits for the Unremarried Former Spouses of Temporary Early Retirement Authority (TERA) Soldiers

SCOPE: The unremarried former spouses of Soldiers who retired under Temporary Early Retirement Authority (TERA) are not entitled to benefits under the 1982 Uniformed Services Former Spouses' Protection Act (USFSPA). The TERA allowed Servicemembers (SM) to receive retirement benefits at fewer than 20 years however it did not protect unremarried former spouses. Minimum eligibility requirements for full benefits currently include 20 years of marriage, 20 years of credible service and 20 years of overlap. The minimum eligibility requirements under the USFSPA were not updated to reflect the TERA. For example, a SM and spouse who were married for 18 years while SM served 18 years of credible service and the SM retired with full benefits at 18 years. When they divorced, the SM retains full benefits but the spouse does not. Unremarried former spouses of a SM who retired under TERA deserve full retention of benefits.

RECOMMENDATION: Authorize unremarried former spouses of SMs who retire under TERA to receive benefits.



TITLE: Identification (ID) Cards for Surviving Children with Active Duty Sponsor

SCOPE: There is no way to annotate dependent survivor status (DB, DEC) and active duty status (AD) on a survivor children dependent ID cards. As a result, surviving dependents must present their active duty dependent ID and additional documentation to be given Army Family Covenant (AFC) survivor-specific services. Without a visible dual identifier, surviving active duty status Families are caused undue emotional stress when they must justify their survivor status.

RECOMMENDATION: Annotate both dependent survivor status and AD status on survivor children dependent ID cards.



Work Group: Medical & Dental I

Spokesperson: Veronica Durst



TITLE: Full Time Medical Case Managers for Reserve Component (RC) Soldiers

SCOPE: The number of full time Reserve Component (RC) medical case managers is not adequate to monitor and track RC Soldiers' medical, dental, and behavioral health needs. At any given time, there are between 35,000 and 45,000 Army National Guard (ARNG) and US Army Reserve Soldiers who have been categorized as medically non-deployable during the pre-deployment period and are eligible for a case manager. The case managers assess, plan, coordinate, monitor, and evaluate options and services to meet the health care needs of the non-deployable population. According to the Army National Guard Office of the Chief Surgeon, the average workload for the ARNG is 109 cases per medical case manager, and a formal case management system does not yet exist in the Army Reserve. ARNG research has determined that the targeted ratio is 80 cases per medical case manager. In order to maintain an operational force, it is essential to increase the number of medical case managers to improve RC Soldier readiness by addressing medical, dental and behavioral health needs.

RECOMMENDATION: Increase the number of full time medical case managers for RC Soldiers.



TITLE: TRICARE Medical Coverage for Dependent Parents and Parents-in-Law

SCOPE: Dependent Parents and Parents-in-Law are not entitled to purchase TRICARE medical coverage. Soldiers and their primary dependents are authorized TRICARE benefits, including TRICARE Prime, Standard, Extra, TRICARE Young Adult and TRICARE for Life. Dependent Parents and Parents-in-Law are only authorized care on a space available basis and pharmaceuticals from Military Treatment Facilities (MTF). As a result, Dependent Parents and Parents-in-Law either purchase expensive outside medical insurance, pay out of pocket without reimbursement or neglect their health.

RECOMMENDATION: Authorize Dependent Parents and Parents-in-Law the option to purchase TRICARE medical coverage.



Work Group: Medical & Dental II

Spokesperson: Matt Staton



TITLE: In-Vitro Fertilization (IVF) Reimbursement for Active Duty Soldiers and their Dependant Spouse

SCOPE: TRICARE covers minimal infertility testing and treatment for Active Duty Soldiers and their dependant spouse, but does not cover the procedure(s) which may result in conception, i.e. IVF. While costs vary, a typical IVF cycle in a Military Treatment Facility costs the Soldier's Family approximately \$6,500. The majority of couples require two IVF cycles to achieve successful conception. A reimbursement program currently exists for adoption in accordance with DODI 1341.09, DoD Adoption Reimbursement Policy, paragraph 4.1, "a Service member who adopts a child under 18 years of age may be reimbursed reasonable and necessary adoption expenses, up to \$2,000 per adoptive child, but no more than \$5,000 per calendar year." A similar reimbursement program to assist with the costs of IVF for Active Duty Soldiers and their dependant spouse will help ease a significant financial burden.

RECOMMENDATION: Create a reimbursement program for Active Duty Soldiers and their dependant spouse to assist with the medical costs of up to \$2,000 per In-Vitro Fertilization Cycle performed at Military Treatment Facilities, but no more than \$5,000 per calendar year.



TITLE: TRICARE Medical Entitlement for Contracted Cadets and Their Dependents

SCOPE: Contracted Cadets and their dependents are not eligible for TRICARE medical entitlements. Cadets are only entitled to DoD funded line of duty medical care during training status. Since they are not covered full time, Cadets are required to obtain medical insurance, often from their university. University insurance policies could cost as much as \$435 per month for a Cadet with authorized dependents. Not all university insurance policies offer dependents coverage. "TRICARE Reserve Select (TRS) is a premium-based health plan available worldwide to Selected Reserve members of the Ready Reserve (and their families) who are not eligible for or enrolled in the Federal Employee Health Benefits (FEHB) program (as defined in Chapter 89 of Title 5 U.S.C) or currently covered under FEHB, either under their own eligibility or through a family member." A contracted cadet and their dependents have many of the same health challenges as a Selected Reserve and their dependents. A medical health care entitlement, similar to TRS, for contracted Cadets and their dependents will help to ease a financial burden.

RECOMMENDATION: Authorize contracted Cadets and their dependents enrollment in an entitlement similar to TRICARE Reserve Select.



Work Group: Soldier Support I

Spokesperson: Sarah Jeansimon



TITLE: Comprehensive and Standardized Structured Weight Control Program

SCOPE: Army Regulation (AR) 600-9, The Army Weight Control Program, requires Soldiers who are entered into the program be referred for nutritional counseling, but they are not required to complete any type of comprehensive and standardized medical or nutritional program. The Weight Control Program outlines the administrative requirements and details the Commander's responsibility with regard to the Army Weight Control Program. A Service Member's inability to lose weight under the current regulatory program causes the Service Member to face disciplinary action and possible separation. The value of having a comprehensive and standardized weight control program will increase a Service Member's long-term physical and emotional health.

RECOMMENDATION: Require Soldiers in the Army Weight Control Program to complete a comprehensive and standardized structured weight control program which includes periodic nutritional education and fitness training and leaders to monitor their progression throughout the program.



TITLE: Flexible Spending Accounts (FSA) for Service Members

SCOPE: The Department of Defense does not offer FSA options for Service Members. The Internal Revenue Code allows employers to offer FSAs to employees to cover out-of-pocket expenses such as medical and/or dependent care. FSAs allow employees to make voluntary, pre-tax contributions up to the dollar limit allowable in the Internal Revenue Code. A FSA would allow Service Members to pay authorized expenses with pre-tax dollars, thus reducing the impact of medical and/or dependent care costs.

RECOMMENDATION: Establish Flexible Spending Accounts for Service Members.



Work Group: Soldier Support II

Spokesperson: Victoria Datkuliak



TITLE: Medical Retention Processing 2 (MRP2) Time Restrictions for Reserve Component (RC) Soldiers

SCOPE: RC Soldiers can only apply for MRP2 within six months from their date of release from active duty (REFRAD). Warrior Transition Unit Consolidated Guidance (WTUCG 20 March 2009) states the MRP2 program is designed to return Soldiers back to active duty for the purpose of evaluation, treatment, and/or physical disability evaluation system (PDES) processing. Examples of conditions that might not manifest within six months include Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), and recurring orthopedic injuries. Extending the MRP2 time restriction to five years would allow RC Soldiers to receive proper medical treatment in order to identify and resolve contingency related medical and behavioral health conditions.

RECOMMENDATION: Extend the MRP2 time restriction for RC Soldiers from six months to five years of REFRAD date.



TITLE: Medically Retired Service Member's Eligibility for Concurrent Receipt of Disability Pay (CRDP)

SCOPE: Medically retired service members (SM), with less than 20 years of active service, are not eligible for CRDP. In order to qualify for CRDP, the Soldier must meet the required service time and a 50% or higher Veterans Affairs (VA) disability rating. CRDP eliminates the offset between retirement pay and VA disability compensation. As of June 2010, there were more than 10,000 medically retired Soldiers (statistics were unavailable for all other military branches) with a VA disability rating of 50% or higher who are currently ineligible for CRDP. Removal of the 20 year restriction for CRDP would restore the full retirement pay and VA entitlements to the medically retired SMs.

RECOMMENDATION: Eliminate the time in service requirement for medically retired SMs to be eligible for CRDP.



Top 5 Conference Issues



1. Identification (ID) Cards for Surviving Children with Active Duty (AD) Sponsor
 2. Formal Standardized Training for Designated Caregivers of Wounded Warriors
 3. Medically Retired Service Member's Eligibility for Concurrent Receipt of Disability Pay (CRDP)
 4. Military Child Development Program (MCDP) Fee Cap
 5. Medical Retention Processing 2 (MRP2) Time Restrictions for Reserve Component (RC) Soldiers
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