



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TX 78234-6000

OTSG/MEDCOM Policy Memo 08-016

14 MAY 2008

MCCG-WT

Expires 14 May 2010

MEMORANDUM FOR COMMANDERS, MEDCOM Regional Medical Commands

SUBJECT: Accountability and Management of Soldiers Receiving Care Remote to Army Military Treatment Facilities (MTFs)

1. References:

- a. AR 40-400, Patient Administration, 6 February 2008.
- b. Department of the Army, Warrior Transition Unit (WTU) Consolidated Guidance (Administrative), 1 December 2007.
- c. WTU FM (Draft), Appendix A, Warrior in Transition Program Standards, 21 June 2007.
- d. MEDCOM OPERATION ORDER 07-55 (MEDCOM Implementation of the Army Medical Action Plan (AMAP)), 5 June 2007.
- e. Annex S to MEDCOM OPORD 08-21, Soldier Transfer and Regulating Tracking Center, 07 February 2008.

2. Purpose: To provide guidance to Regional Medical Command (RMC) Commanders for the accountability and management of Soldiers receiving care remote to Army MTFs.

3. Proponent: The proponent for this policy is the Warrior Transition Office (WTO), Office of Warrior Care and Transition.

4. Background: Accountability and management of Soldiers admitted for treatment in remote facilities is a high priority and requires an effective tracking and management system. IAW AR 40-400, Soldiers admitted to a non-Army medical treatment facility will be placed in an Absent Sick status. The MTF Absent Sick Report accounts for all Soldiers on active duty receiving inpatient care in a remote medical facility.

5. Policy: Early accountability and screening of absent sick Soldiers for attachment or assignment to a Warrior Transition Unit are essential to provide the highest standards of care, treatment, and services to our Soldiers. There are multiple scenarios in which Soldiers may receive care and treatment in remote medical facilities. This policy covers all Soldiers assigned/attached to a WTU (including CBHCOs) and all WTU qualified Absent Sick Soldiers whose care is initiated or transferred to healthcare facility locations remote to Army MTFs. For purposes of this policy, a remote facility is defined as any non-Army medical treatment facility (other Sister Services, VA, or civilian). Routine use of local civilian medical facilities to

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augment MTF care for planned admissions. i.e. pregnancies, do not fall under the remote category and do not require reporting.

6. To account and manage Soldiers receiving care in remote medical facilities, the MTF's Patient Administration staff (proponent for the Absent Sick Report) must work in tandem with the MTF's Warrior Transition staff. See enclosure for a schematic view.

7. WTU assignment/attachment for absent sick Soldiers is determined by the following criteria:

a. Generally, if inpatient/outpatient care is anticipated to be 30 days or less and the Soldier's condition is unlikely to result in referral to a MEB, the Soldier will be tracked and case managed by the MTF having geographic responsibility.

b. Generally, if inpatient/outpatient care is anticipated to be greater than 30 days and/or the Soldier's condition will likely result in greater than six months of care, rehabilitation, case management, or referral to an MEB, then the Soldier will be assigned or attached to the WTU with geographic AOR in accordance with AR 40-400 and the Department of the Army, WTU Consolidated Guidance (Administrative).

8. MODS-WT module will be used for the tracking and accountability of all WTs receiving treatment at remote medical facilities.

9. Responsibilities:

a. RMC Commander will ensure:

(1) WTs admitted to remote locations are afforded to the greatest extent possible the same standard of care, treatment, and services as Soldiers co-located with the WTU IAW WTU Program Standards and MEDCOM OPORD 07-55

(2) Procedures for absent sick reporting are IAW reference 1.a. above.

(3) The MODS-WT module is utilized to track and account for Soldiers, regardless of COMPO, assigned or attached to a WTU receiving care in remote medical facilities within the regions' AOR is developed.

(4) Contact with Soldiers receiving care in remote locations is IAW prescribed WTU standards.

(5) Comply with all MEDCOM reporting requirements.

(6) The following fields in the MODS-WT module will be used as indicated below to account for assigned or attached WT Soldiers receiving care in remote medical facilities:

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(a) CURRENT LOCATION (field):

Civilian In-Patient	For all WTs receiving inpatient treatment in a civilian facility.
Civilian Rehab	For all WTs receiving outpatient treatment in a civilian facility.
VA In-Patient	For all WTs receiving inpatient treatment in a VA facility (non-Polytrauma Rehabilitation Centers)
VA Polytrauma Center	For all WTs receiving inpatient treatment at a VA Polytrauma Rehabilitation Center (PRC): Minneapolis, Palo Alto, Richmond, San Antonio, Tampa)
VA Rehab	For all WTs receiving outpatient treatment at any VA medical facility.

(b) CLINICAL COMMENTS (field):

(1) Annotate the specific location of the remote medical facility where the WT Soldier is receiving treatment.

(2) WTU case managers will document each contact with the WT Soldier receiving remote care.

(3) WTU command and staff will document administrative comments regarding visits with WT Soldiers receiving care in a VA PRC.

b. MTF Commander will ensure:

(1) Patient Administration and WTU collaborate to early identify Absent Sick Soldiers who may qualify for attachment or assignment to the WTU.

(2) The responsible provider evaluates the Absent Sick Soldier's clinical status to determine the Soldier's anticipated length of care, case management needs, and WTU eligibility

(3) An assignment or attachment determination is made and appropriate orders approved if Soldier meets WTU criteria.

(4) A Soldier's absent sick status is documented in the appropriate systems, at a minimum, the Composite Health Care System (CHCS) and MODS-WT module (for all WTs).

(5) All Absent Sick WTU Soldiers and their Family will be contacted by an ombudsman within 72 hours of admission notification. These Absent Sick WTs will be given WTU standardized information packets/material.

(6) Provide the RMC Commander with required reporting information.

(7) All Soldiers, whose care is initiated at the Army MTF, being referred to remote medical treatment facilities for care are assigned or attached to the WTU prior to transfer IAW WT policy. Soldiers evacuated from a deployment will be assigned or attached to a WTU prior to transfer to a sister Service, VA, or civilian hospital.

(8) Soldier's unit commander is notified of Soldier's status within 24 hours of admission.

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c. The WTU Commander will ensure:

(1) A qualified WTU Absent Sick Soldier whose care is not initiated at an Army MTF is assigned or attached to a WTU and contacted within 24 hours of notification of admission.

(2) WT assignment or attachment is properly entered into the MODS-WT and eMILPO.

(3) The Soldier's Triad Nurse Case Manager contacts the WT in remote medical facilities every week.

(4) WTU conducts a monthly visit to the VA Polytrauma Rehabilitation Center (PRC) within their area of responsibility.

(5) Provide assigned/attached WTs and/or Family members with standardized WTU information packets/materials and WTU Triad and ombudsman point of contact information.

(6) All WT movements are executed on appropriate orders IAW the current WTU Consolidated Guidance (Administrative).

(7) The WT's Triad and VA PRC Army Liaisons (WTU forward), as applicable, are actively engaged in the WT's discharge planning, transition and follow-on care.

d. Polytrauma Officer and NCO Liaison will ensure:

(1) Soldiers admitted to the VA PRC are assigned or attached to the appropriate WTU.

(2) Active communication is maintained between the WTU, the remote facility treatment team, the WT and their Family. At a minimum, participation in weekly communication with the WT's NCM and will be documented in MODS-WT.

(3) Significant Soldier-related information is entered into MODS-WT.

(4) Facilitate WTU leadership monthly visits and document visit in MODS-WT.

9. Disposition procedures are outlined in AR 40-400, 6 February 2008.

10. Point of contact for this policy is Coordinator, Continuum of Care and Transition, WTO, at commercial (703) 681-3195.

FOR THE COMMANDER:

Encl
Schematic


WILLIAM H. THRESHER
Chief of Staff