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# ***AFAP ISSUE UPDATE BOOK***

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**Active Issues**

**February 2018**

**Active Army Family Action Plan (AFAP) Issues  
Sorted by Subject Area**

#	Issue Title	Status	Subject area	Entered
689	Sexual Assault Restricted Reporting Option for Department of Army Civilians	Active	Employment	21 Apr 14
702	Compassionate Action Requests for Soldiers Married to Department of Army Civilians	Active	Employment	20 Jul 17
705	Military Spouse Preference Program Eligibility	Active	Employment	20 Jul 17
690	Army and Local Community Support for Reserve Component, Geographically Dispersed, and Transitioning Soldiers and Families	Active	Family Support	19-15
693	Remarried Surviving Spouses Retain Survivor Benefit Plan Benefits	Active	Family Support	6 Oct 16
700	Basic Living Allowance for Family Member Victims of Domestic Violence	Active	Family Support	20 Jul 17
641	Over Medication Prevention and Alternative Treatment for Military Healthcare System Beneficiaries	Active	Military Health System	30 Jan 09
694	Remarried Surviving Spouses Retain TRICARE Benefits	Active	Military Health System	6 Oct 16
697	Active Duty Soldier TRICARE Alternative Medical Services	Active	Military Health System	20 Jul 17
698	Active Duty Soldier TRICARE Chiropractic Coverage	Active	Military Health System	20 Jul 17
609	Total Army Sponsorship Program	Active	Soldier Support	17 Nov 06
701	Casualty Assistance Officer for Soldiers Upon Death of a Dependent	Active	Soldier Support	20 Jul 17
708	Soldier Voluntary Leave Transfer Program	Active	Soldier Support	20 Jul 17

## **Issue 609: Total Army Sponsorship Program**

**a. Status.** Active

**b. Entered.** HQDA AFAP Conference, 17 Nov 06

**c. Final action.** No (Updated: 8 Feb 18)

**d. Scope.** The current sponsorship program is not effectively implemented, utilized, monitored, and inspected Army wide. Soldiers arriving at some gaining installations/units do not benefit from having an assigned sponsor. If assigned, the sponsor may not be adequately trained. A Soldier's critical first impression may be negatively impacted due to inadequate sponsorship.

**e. AFAP Recommendations.**

(1) Standardize and enforce Total Army Sponsorship Program (TASP) throughout the Army through the Command Inspection Program (CIP).

(2) Add the TASP to the CIP using AR 600-8-8 Appendix B checklist.

**f. Progress.**

(1) In May 10, a working group was established to identify ways to improve TASP. The group concluded that the guidance in AR 600-8-8 is clear, but requires visibility and enforcement Army wide.

(2) In Jul 10, IMCOM Command Sergeant Major (CSM) met with Department of Defense (DOD) Relocation and Family Programs Division point of contact regarding the new DOD eSponsorship Application and Training (eSAT) web application. Findings concluded that eSAT is an effective training tool, but lacks capability to meet the Army's intended end state of having a live person to monitor the status of the Sponsorship Program Counseling and Information Sheet (DA Form 5434) and, when necessary, engage commands to ensure Soldiers, civilians, and Family members receive a sponsor when transitioning to gaining commands.

(3) In Mar 11, OACSIM requested both the IMCOM Inspector General (IG) and Human Resources Command (HRC) to verify if sponsorship is included in Pre-CIP and CIP, and being inspected. According to the IMCOM IG, the CIP has been postponed due to funding shortages. HRC advised sponsorship inspection is not a HRC requirement; their focus is on training S1/G1's on readiness issues such as reducing non-availables, casualty documents, and personnel systems. In response, in Apr 11, OACSIM requested Services Infrastructure Core Enterprise (SICE) Board's assistance to help address TASP compliance and enforcement issues across the Army.

(4) In Nov 11, the HQDA EXORD 018-12 and DA Form 5434 (revised) were published, including guidance to ensure standardization and sustainability of program operations, inspections through CIP and a requirement for commands to forward an annual assessment to OACSIM.

(5) In Dec 11, transferred lead agency for AFAP Issue #609 TASP to IMCOM to move forward with new guidance for executing TASP, to flow sponsorship process from receipt of assignment instructions to arrival at new unit of assignment, establish roles and responsibilities for integrators, linking sponsorship and in and out processing, ensuring a warm hand off of Soldier and Family members between losing and gaining commands.

(6) In Aug 12, Training and Doctrine Command's (TRADOC) Learning Integration Team analyzed the sponsorship process flow and requirements with the planned effort to align the ACT system with the mission and goals of the TASP. ACT sponsorship will allow the management of the sponsor-to-Soldier(s) relationship; facilitates the updating of DA Form 5434 by the Soldier and sponsor; build reports that allow program managers the ability to report on the program metrics; allows the creation, management, and storage of an online survey to facilitate collection of program metrics; and provides system-generated email notification to transitioning Soldiers and installation sponsorship coordinators.

(7) In Mar 14, IMCOM initiated the ACT sponsorship 90 day pilot to test standardized sponsorship procedures and requirements that enhance the ability to sponsor, receive, and integrate newly arrived Soldiers and their Families into the commands using an automated system. The sponsorship performance metrics were tracked for permanent party Soldiers placed on assignment instructions to designated pilot sites in Europe, Korea, Fort Hood, Fort Stewart, and Joint Base Lewis-McChord (JBLM) and initial military training graduates on assignment instructions to Hawaii, Fort Hood, Fort Stewart, and JBLM.

(8) In Sep 14, formal staffing of the ACT Sponsorship Phased Implementation policy will direct the usage of the ACT system to enforce standardized sponsorship procedures.

(9) On 9 Oct 14, ACT sponsorship training was successfully integrated into the Army Learning Management System. This will enable commanders to track their pool of trained sponsors and make informed sponsor assignment in accordance with AR 600-8-8 and HQDA EXORD 018-12.

(10) OACSIM Installation Services, OACSIM Information Technology, Deputy Chief of Staff G1, IMCOM G1, IMCOM-SICE Infrastructure/Logistics Team, US Army Reserves (USAR), National Guard Bureau (NGB), Forces Command (FORSCOM), and TRADOC continue to meet weekly with focus on the Army-wide deployment of a sponsorship automated system, publication of AR 600-8-8 revision and DA Pam 600-8-8 that will include standardized sponsorship procedures and the requirement to enforce TASP through the CIP using the ACT system.

(11) IMCOM hosted a two-day (2-3 Apr 15) ACT Conference with participation from FORSCOM, TRADOC, USAR, HRC, and other key stakeholders across the Army to finalize the verbiage in the ACT Sponsorship Phased Implementation EXORD. Key areas of concern were discussed/mitigated resulting in a consensus by all participating commands, with the exception of HRC. Continued coordination enabled OACSIM to obtain HRC's concurrence after the "No Sponsor – No Orders" tool was removed from the EXORD. All parties agreed to utilize alternative leveraging tools which could both monitor and report sponsorship metrics while holding gaining commands responsible for timely sponsor assignment.

(12) Headquarters Department of the Army (HQDA) EXORD 161-15 was released on 27 Aug 15, thus

implementing the ACT Sponsorship Module across the Army.

(13) IMCOM hosted a three-day (5-8 Jan 16) meeting with FORSCOM, TRADOC, USAR, HRC, NGB, and other key stakeholders across the Army to determine changes needed in the regulation. Policy and procedural changes required by HQDA EXORD 161-15 were addressed.

(14) IMCOM G1 and the TRADOC ACT team completed ACT Sponsorship training via Defense Collaboration Services for all installations listed in Annex A of the HQDA EXORD 161-15 (Army-Wide Implementation of the TASP ACT Sponsorship Module, Active Component) on 26 Jan 16.

(15) Effective 25 Jan 16, battalion CSMs are added to the ACT Sponsorship module's CSM Visibility feature; facilitating a more direct link to the Soldier's chain of command.

(16) As a result of the inspection of the Military Personnel System, the Department of the Army IG recommends transfer of TASP proponentcy to Army G1. Staffing of the inspection report is complete and all stakeholders concurred with the recommendation. The report was signed and released 3 Mar 16.

(17) Army National Guard and USAR wrote draft chapters for AR 600-8-8 inclusion.

(18) The TASP Program Manager trained over 60 Relocation Program Managers from across the Army from 16-8 May 16. A training template for training Brigade USCs on multiple areas within Army Community Service was developed as a base training packet. IMCOM G1 is responsible for developing an OPORD with training requirements and responsibilities for IMCOM G9 and the Directors of Human Resources.

(19) Effective 1 Jun 16, a link to the AKO White Pages was added to the ACT Sponsorship module to assist gaining commands with initiating the initial contact with inbound Soldiers. AKO was also modified to allow Soldiers the opportunity to add personal emails and phone numbers as additional means of contact.

(20) Fragmentary Order (FRAGO) 1 to HQDA EXORD 161-15 was released 20 Oct 16 and reflects the new business rules for a tiered approach (Tiers I-III) to sponsorship.

(a) Tier I: Advanced Individual Training and Officer Basic Course graduates will have a sponsor prior to publication of orders. Exception to policy (ETP) must be signed by the first general officer in the chain of command.

(b) Tier II: Soldiers, noncommissioned officers, and officers in the grade of E-1 to E-6, O-1 to O-3, W-1 to W-2 will require sponsorship at the unit level prior to conducting their final out at the losing installation. ETP must be signed by first general officer in their chain of command.

(c) Tier III: Noncommissioned officers and officers in the grades of E-7 and above, W3 and above, O-4 and above may request sponsorship, if required.

(d) Senior Mission Commanders may determine that sponsorship is required within their area of responsibility depending on location, type of unit, and the uniqueness or complexity of adapting to the location.

(e) ETP for Tiers I & II remains issue of concern for some commands, mainly the Initial Military Training Command.

(21) Transfer of TASP to DCS, G-1 approved by the Secretary of the Army on 24 Oct 16 and directed by Director of the Army Staff on 28 Nov 16.

(22) Total Army Sponsorship Program Enhancements effective as of 20 Feb 17 include DA Form 5434 available for Initial Military Training (IMT) Soldiers on Day One. It also provides an IMT Summary Report for better TRADOC and gaining unit visibility. Lastly, it incorporates a unit identification code (UIC) capability which provides visibility at the lowest level of assignment.

(23) OACSIM and IMCOM senior leadership met with the Fort Hood Director of Human Resources and staff to determine how sponsorship is implemented at a major Army installation. Visit highlighted Corp level support is vital for successful sponsorship implementation utilizing robust manning available at a large installation and highlighted that the model is not sustainable at smaller installations where manning is not robust.

(24) FRAGO 2 to HQDA EXORD 161-15 released 9 Nov 17. FRAGO authorized the first general officer/senior executive service equivalent in the soldier's chain of command to delegate exception to policy authority down to the brigade commander on a case by case basis.

(25) Draft AR 600-8-8 staffed Army-wide in 3<sup>rd</sup> QTR FY17, submitted to Army Publishing Directorate (APD) for review/processing 1<sup>st</sup> QTR FY18. Currently working with *Records Management and Declassification Agency* on required updates to DA Form 5434 to resubmit to APD for further processing.

#### **g. GOSC review.**

(1) Jan 10. The GOSC declared the issue active to fast track an approach to sponsorship that can function in the current operational environment. TRADOC stated the Army holds off giving Soldiers in the training base their final assignment to try to get it right in terms of ARFORGEN. Even if a unit is trying to implement sponsorship, it has less time to do that effectively. FORSCOM noted the Virtual Installation Movement module would have tracked Soldiers between installations and ensured they are deployable, getting their medical checks and appropriate out-processing. ACSIM stated that IMCOM has to do a better job with the warm handoff for Soldiers and their Families as they move from point A to B and said that sponsorship is one of the many second and third order effects of not doing this correctly. The VCSA noted that the most dangerous period for suicide is transition: transition to go home for leave, from AIT to first unit, between units, and units to school.

(2) Feb 11. The GOSC declared the issue active.

(3) Aug 11. OACSIM will coordinate with IMCOM on using non-deployable Soldiers as sponsor integrators and the design and functionality of an automated system to help commands improve in/out processing and track sponsorship.

(4) Feb 12. VCSA expressed concern that deployments and frequent moves have frayed the Sponsorship Program. Including Sponsorship as an inspection item on the CIP is a good move. IMCOM will implement the TASP STRATCOM, expand in and out

processing to include welcoming new Soldiers and Family Members to commands; and designate personnel to execute sponsorship liaison functions.

(5) Aug 12. The IG commented that Army Sponsorship is among one of the reoccurring issues/concerns across the field. The IG supports IMCOM's work but also notes that Sponsorship is a Commander and a leader responsibility for enforcement. The IG highlighted whether rear detachment commanders are sponsoring new arrivals to a unit. The ACSIM stated that IMCOM is creating the architecture that enables Commanders to execute in conjunction with the Garrison Commander. The IMCOM CSM highlighted the successful sponsorship program in USAREUR and their Sponsorship OPORD. The DAS expressed concern that most AIT Soldiers do not have a pin-point assignment prior to PCS and whether a sponsor will be available once that pin-point is determined. The IMCOM CSM concurred that is the goal in utilizing the Army Career Tracker. The ATEC Commander mentioned the complimentary issue with the Department of the Army Civilian (DAC) workforce. The ACSIM confirmed that IMCOM is building a Continuity of Operation Plan specifically for DAC sponsorship.

(6) Jun 13. Command Sergeants Major have to own this process. The VCSA encouraged IMCOM to incorporate texting into the pilot as the prime way to communicate with Soldiers as most Soldiers do not use AKO or enterprise email. The IMCOM CSM validated that at Fort Drum they went from 200 Soldiers without a sponsor every month to less than 20 Soldiers.

(7) Feb 14. The VCSA directed IMCOM to ensure they are incorporating the best practices of sponsorship developed at installations such as Fort Drum. The DASD(MC&FP) commented that the DoD has created the eSponsorship Application and Training website, called eSAT, to bring standardized sponsorship training to all appointed unit sponsors regardless of service. She extended an invitation for IMCOM to walk through what has been implemented to inform the Army's efforts and perhaps prevent any possible redundancies in the sponsorship program. VCSA expressed concern that DoD and the Army were competing against each other. The IMCOM G-1 clarified they have adopted the eSAT training that is incorporated on Military OneSource. It is the training tool used for every Soldier before they out-process at a duty location.

(8) Feb 15. The VCSA directed an IMCOM-led meeting with FORSCOM, TRADOC, and the RC within 45 days to refine ACT and its role in sponsorship.

(9) Sep 15. The FORSCOM CSM expressed concerns with the process. The FORSCOM CSM stated ACT is driving TASP policy rather than TASP policy dictating ACT functions. The VCSA stated sponsorship has been broken throughout his career but the Army should leverage technology to facilitate the sponsorship process. The VCSA tasked G-1 to take the lead on re-shaping the process, and requested FORSCOM and Training and Doctrine Command clearly articulate what TASP policy should include and align ACT to meet the TASP policy. Additionally, the VCSA directed AFAP GOSC members to make TASP a leadership priority. The VCSA directed ACSIM to accelerate the TASP regulation publication.

The Installation Services Director stated a draft regulation would be available in FY16. The Director of the Army Staff agreed to accelerate the APD process.

(10) Apr 16. The SMA stated that "no sponsor, no orders" will be implemented Army wide following a successful pilot. Additionally, sponsorship requirements will be tied to the Soldier's risk category. A specialist would be Tier 1 and required to have a sponsor before orders are issued. A colonel would be Tier 3 and would not be required to have a sponsor. Senior commanders also have the discretion to make a geographic area Tier 1 for all personnel based on unique assignments, such as Kwajalein Atoll. The Chief of Chaplains concurred that transition is a risk time. The SMA closed by stating that the ACT now has White Pages where Soldiers can enter their personal cell phone numbers and email addresses so gaining units can reach the Soldiers.

(11) Oct 16. The SMA highlighted that ACT added white pages which allows the individual Soldier to update their personal contact information within ACT. The gaining organization can use the ACT white page to view the contact information and make direct contact with the individual Soldier. The contact will give the command the eligibility to cut orders from basic training and Advanced Individual Training for subsequent assignment to the installation. Soldiers also must have a sponsor prior to the permanent change of station as a final out check before the Soldier leaves the installation. The Forces Command Sergeant Major voiced concerns that Soldiers must have a DoD Self Service Login to access ACT and the inbound command has limited access to the Soldier due to training requirements at the Soldier's current duty location. TRADOC stated another key component is battalion commander visibility on assignments to ensure sponsors are assigned.

(12) Jul 17. The VCSA reiterated the first 90 days at a new station are the most important. The U.S. Army Forces Command (FORSCOM) representative requested ACT develop a report that shows by Unit Identification Code how units are doing in terms of sponsorship. TRADOC, who has proponentcy for ACT, acknowledged the FORSCOM request.

(13) Feb 18. The GOSC declared the issue active.

- h. Lead agency.** OACSIM
- i. Support agency.** IMHR-M

#### **Issue 641: Over Medication Prevention and Alternative Treatment for Military Healthcare System Beneficiaries**

- a. Status.** Active
- b. Entered.** HQDA AFAP Conference, 30 Jan 09
- c. Final action.** No (Updated: 8 Feb 18)
- d. Scope.** No comprehensive strategy exists for over medication prevention and alternative treatment options for Military Healthcare System beneficiaries. Those suffering from injuries/illnesses are often over medicated because alternative treatment options are not readily available. Patients, Families and providers are not adequately educated about over medication and alternative treatment options. The lack of alternative treatment options and/or rehabilitative resources for all

beneficiaries contributes to over medication and adversely impacts function and quality of life.

**e. Conference Recommendation.** Authorize and implement a comprehensive strategy to optimize function and manage pain including but not limited to alternative therapy and patient/provider education for all Military Healthcare System beneficiaries.

**f. Progress.**

(1) In Aug 09, The Surgeon General chartered the PMTF to focus resources and attention on the issue of pain management. The FY10 National Defense Authorization Act (NDAA) mandates that no later than 31 Mar 11, the Secretary of Defense shall develop and implement a comprehensive policy on pain management.

(2) In May 10, PMTF completed its report. The Health Executive Council (HEC) directed the establishment of the DoD-VA Pain Management Work Group to provide a platform for continued inter-Service and Veterans Health Administration (VHA) collaboration to implement policy. Tri-Service Charter was signed in May 14.

(3) The Comprehensive Pain Management Campaign Plan directed implementation of the PMTF with recommendations for holistic, multidisciplinary and multimodal pain management in Sep 10.

(a) MEDCOM directed to establish Interdisciplinary Pain Management Centers (IPMCs). IPMCs represent the highest tier of pain management integrative modalities. Services offered include acupuncture, bio-feedback, yoga, and massage therapy to decrease over-reliance on medication-only treatment of pain.

(b) Use of Project ECHO ensures MEDCOM synchronization and inclusion of remote medical treatment facilities (MTF).

(4) MEDCOM strategy continues to partner with several other Army initiatives, including Allied Clinical Services (Polypharmacy), Intrepid Spirits, Performance Triad, Army Medical Homes, and Behavioral Health.

(5) Some integrative modalities of the Comprehensive Pain Management Campaign Plan are not TRICARE-approved. Presently, IPMCs prioritize Active Duty beneficiaries and see other beneficiaries as space-available. Future opportunities will allow for work through TRICARE to increase network availability.

(6) Standardized drug testing is being addressed through the HEC pain work group.

(7) During the Apr 16 AFAP GOSC the VCSA expressed concerns regarding commanders' receiving notification of Soldiers on medical limiting conditions; particularly those with opioid prescriptions. To address this concern, MEDCOM offers the following information and recommendations:

(a) Prescriptions issued through MTF and Network are captured and tracked. Within service facilities, chronic narcotic prescriptions are monitored through CHUP (Chronic Pain, High Utilizer, Polypharmacy) data pulls. In accordance with Army Regulation (AR) 40-501 (Standards of Medical Fitness), identified prescriptions and conditions result in an e-Profile, which is made available to the Commanders.

(b) E-Profile is an integral tool for documenting Soldiers' medical conditions. In an effort to improve commander-provider communications and reduce

unwarranted variance, MEDCOM published Operations Order 10-75 (e-Profile Implementation), which provided commanders access to view Soldiers on profile for limiting medical conditions/prescriptions.

(c) All Army Activities (ALARACT) Message 017/2011 (ALARACT HQDA EXORD 055-11, Army Implementation of Electronic Profile (e-Profile)) provided guidance to Soldiers and Unit Commanders on registration and access to e-Profile records.

(8) At the Oct 16 AFAP GOSC the VCSA expressed concern that at the company grade level only 50 percent of commanders are accessing e-Profile because of the multiple systems commanders are expected to track. The VCSA directed G-3 to confirm that the 13 systems can be cross-walked into one main system for commanders to monitor. At the Jul 17 AFAP GOSC the concern was closed.

(9) MEDCOM established an enduring strategy for pain management. Proposed measures of effectiveness to track final implementation include the Pain Assessment Screening Tool and Outcomes Registry (PASTOR), a National Institute of Health collaborative data collection platform that tracks progress of patients with pain. Evaluation will be reported via the Strategic Management System (SMS).

(10) On 26 Oct 17, the President of the United States published a Presidential Memorandum, "Combatting the National Drug Demand and Opioid Crisis." Among those on Active Duty, there was a slight decrease in the rate of diagnosed opioid use disorder from FY15 to FY16, from 0.17% to 0.15%. The prevalence of Opioid Use Disorder is substantially lower in the Army than in the general population (0.90% of the U.S. adult population).

(11) MEDCOM published the Opioid Profiling Standardization HQDA EXORD 224-17 in 3<sup>rd</sup> QTR FY17. The EXORD directs medical providers to use e-Profile to communicate a Soldier's capabilities and limitations to commanders when prescribing an opioid medication using e-Profile. The EXORD is intended to continue to improve the communication from provider to Commander when a Soldier is placed on an opioid medication. The EXORD requires providers to issue a profile in e-Profile when an opioid medication is prescribed. Furthermore the EXORD will help the Commander assess at risk Soldiers, and improve medical care.

(12) Preliminary data assessment of the EXORD implementation from Aug 17 reveals: 45.71% of opioid prescriptions for active duty members in Aug 17 were associated with a new e-Profile during the same period. The pharmacovigilance data must go through processing/quality assurance prior to analysis, which results in an approximately six-month lag-time between real-time and processed data suitable for analysis. The EXORD published in June with a reasonable data assessment window of Aug17 to January 2018. Thus, the analysis of success is expected to take until Jul 18.

**g. GOSC review.**

(1) Jan 10. The GOSC declared the issue active pending policy development and standardization across the Army.

(2) Aug 11. OTSG will conduct phased implementation of CPMCP across MEDCOM.

(3) Feb 12. The SA stressed the importance of working in concert with DoD on the legislative requirement. The IG representative noted that they will be looking at pain management as one of the subsets of a WTU inspection. The SMA asked how we incorporate Guard and Reserve Soldiers in Community Based Warrior Transition Units. Both the IG representative and the Chief, Army Reserve said they would look into it. The VCSA directed OTSG to follow up on DoD interface; refine objectives; address pain management for RC Soldiers from a holistic perspective. OTSG will establish Regional Medical Command Interdisciplinary Pain Management Centers and embed WTU/MTF pain augmentation teams.

(4) Aug 12. Issue remained active.

(5) Jun 13. Issue remained active.

(6) Feb 14. The VCSA directed G-1 for an update on the risk reduction task force pilot at Fort Bragg. The Military District of Washington Commander requested that OTSG include in their review how extra medicine leads to Soldier disciplinary problems. The ACSIM requested the IPMCs integrate efforts with the Army Substance Abuse Program (ASAP). OTSG confirmed polypharmacy will be added to the commander's risk reduction task force.

(7) Feb 15. The VCSA directed OTSG to look at the transparency of information exchange with civilian healthcare providers to ensure the military healthcare system knows what is being prescribed by civilian providers.

(8) Sep 15. The DHA representative applauded the Army's work as ground breaking not just in DoD but also in the civilian sector. The VCSA directed OTSG to clearly state the metric that will be used to determine successful completion and close the issue.

(9) Apr 16. The Surgeon General stated that the Medical Readiness Assessment Tool will have indicators to generate command reports on Soldiers utilizing opioids. The reports will be distributed to healthcare teams to ensure healthcare teams have visibility on network provider prescriptions. MEDCOM is developing a pilot program to track who buys opioids out of pocket and out of the network to close the loop on those Soldiers using out-of-network civilian providers.

(10) Oct 16. The VCSA expressed concern at the company grade level only 50% of commanders are accessing eProfile because of the multiple systems, a minimum of 13 systems, commanders are expected to track. The VCSA directed G-3 to confirm the 13 systems can be cross walked into one main system for commanders to monitor.

(11) Jul 17. The VCSA stated it is a three-pronged issue. The first is to maintain the downturn in opioid use in the military. The second is to use eProfiles as a holistic approach to assess how many non-deployables we have in the Army and where in their career they became non-deployable and why. Third to follow the FORSCOM model of treating Soldiers like athletes by providing Soldiers with physical therapists and occupational therapists treatment options.

(12) Feb 18. The Surgeon General shared the Director of the Army's Public Health Center met with the U.S. Surgeon General to discuss how we can

incorporate and how the civilian sector can work with the military on our opioid programs.

**h. Lead agency.** DASG-HSZ

### **Issue 689: Sexual Assault Restricted Reporting Option for Department of Army Civilians (DACs)**

**a. Status.** Active

**b. Entered.** Command Focus Group, 21 Apr 14

**c. Final action.** No (Updated: 8 Feb 18)

**d. Scope.** DACs are not included in AR 600-20 "Army Command Policy" and Department of Defense (DoD) Directive 6495.01 "Sexual Assault Prevention and Response (SAPR) Program" for restricted reporting of sexual assault. Restricted reporting allows the sexual assault victim to obtain counseling, medical care, and victim advocacy without launching a formal investigation. Authorizing restricted reporting of sexual assault empowers DAC victims to decide how they want to report their case, utilize advocacy services, and receive treatment.

**e. Recommendation.** Authorize restricted reporting of sexual assault for DACs.

**f. Progress.**

(1) The issue of extending restricted reporting to Army civilians was initially addressed as a request for exception to policy from US Army Europe (USAREUR) dated September 2009. DoD and Army approved a one year pilot test allowing civilians to file restricted reports of sexual assault. During the pilot, the DoD Office of General Counsel (OGC) opined that restricted reporting for Federal civilians is contradictory to Title VIII of the Civil Rights Act, Federal employee's equal opportunity laws, and mandates to maintain a safe work place.

(2) DoD Instruction 6495.02, *Sexual Assault Prevention and Response (SAPR) Program Procedures* was published in March 2013, stating that civilian employees are not eligible for restricted reports. The Army may not promulgate policy inconsistent with a DoD regulation without first garnering DoD approval.

(3) The VCSA instructed the issue of civilian restricted reporting be pursued as a legislative revision during the Feb 15 AFAP General Officer Steering Committee (GOSC). Since the AFAP GOSC, the Sexual Harassment/Assault Response Program (SHARP) office has held many meetings with other offices germane to the subject – i.e., Assistant Secretary of the Army (Manpower & Reserve Affairs).

(4) The issue at hand is DoD Civilians and their 18 years and older dependents who are victims of sexual assault (SA). OCONUS locations do not typically provide DoD civilians with culturally equivalent medical care, forensic technology, techniques, and laws. Additionally, attitudes toward rape and response can be unsympathetic. DoD Civilians and their 18 and older dependents who are supporting the Army in remote and isolated locations may have to travel hundreds of miles for sexual assault medical care and crisis response. Further, if DoD Civilians feel empowered to report sexual assault, whether restricted or unrestricted, commands could address potential safety issues that might have contributed to the situation.

(5) The HQDA legislative submission seeks to authorize DoD Civilians and their adult dependents access to SHARP Services. Enactment of this proposal will accomplish:

- (a) Restricted Reporting (RR);
- (b) Unrestricted Reporting (UR);
- (c) Sexual Assault Response Coordinator (SARC);
- (d) SHARP Victim Advocate (VA);
- (e) The National Defense Authorization Act (NDAA)

FY16 authorized DoD Civilians access to Special Victims' Counsel (SVC) which provides legal advocacy limited to incidents involving Uniformed Service Member. DoD tasked the Services with developing implementing guidance that has not been released.

(6) In coordination with OTJAG and OGC, the Army prepared a legislative submission in 2015 that would not contradict compliance with Title VII of the Civil Rights Act and Equal Employment Opportunity laws. The Army must continue to exercise reasonable care to correct and prevent sexual harassment and sexual assault. The cost benefit analysis (CBA) and unified legislation and budgeting (ULB) proposal was submitted to Office of the Chief Legislative Liaison (OCLL) in Aug 15. The ASA(M&RA) approved the submission in Sep 15 and the proposal was forwarded by OCLL to OSD.

(7) The Army was advised in early Feb 16 that OSD Personnel and Readiness (P&R) disapproved the Army's legislative proposal request. The OSD (P&R) revised their disapproval to a "defer" in order to allow the Army to revise and resubmit their proposal for FY19. The ULB was revised and re-submitted to OCLL in May 16. The Army requested meetings with DoD SAPR and the other Services to ensure ULB support.

(8) The U.S. Air Force (USAF) agreed to take the lead for the FY19 ULB submission rather than the Army submit a redundant proposal. Unfortunately, the USAF FY19 legislative proposal was rejected by OSD (P&R) and Navy. OSD(P&R) recommended SAPRO conduct an assessment on the USAF and Army pilot program to better assess the real cost and benefits of extending full advocacy services to DoD civilians and their dependents 18 and over. Further, OSD(P&R) advised that until a more thorough assessment is completed, the matter is effectively handled by SAPR policy.

(9) The Army Exception to Policy (ETP) to DoD request was approved by USD(P&R) in Feb 16 allowing the Army to authorize DACs with access to restricted reporting, SARCs, and VAs for a one year pilot. The Army published Army Directive 2017-02 dated 5 Jan 17. The G-1 memorandum providing implementing policy was released 24 Jan 17. DoD SAPRO authorized the Army to extend the pilot through 8 Mar 19 and we are staffing a second Army Directive to authorize the ETP for DACs.

(10) Since release of the guidance (5 Jan 17) through 24 Jan 18, the SHARP program has received 45 DAC sexual assault reports, with a majority being unrestricted:

- (a) Civilian Restricted Reports = 6
- (b) Civilian Unrestricted Reports = 39

(11) The Army is staffing a memorandum from the Secretary of the Army to USD(P&R) requesting a permanent ETP authorizing DACs restricted and unrestricted reporting.

#### **g. GOSC Review.**

(1) Feb 15. The VCSA directed G-1 to draft a legislative proposal, as he sees a double standard for Soldiers and DACs.

(2) Sep 15. The VCSA directed G-1 to contact the Air Force so the Army can duplicate their civilian exception to policy.

(3) Apr 16. The Army submitted a legislative proposal not supported by the Navy and the Air Force. The sister services are concerned about liability. The VCSA questioned the difference between Soldier and DACs restricted reports. The Acting Secretary of the Army stated the Feres Doctrine bars claims against the federal government by members of the Armed Forces and their Families for injuries to a member arising from or in the course of activity incident to military service. Actions by DACs are not protected by the Feres Doctrine. The OTJAG stated DACs electing a restricted report, under the pilot, will complete a waiver form. The DAC restricted report concern is that Army supervisors will not be able to take Title 7 mandated corrective action because the Army will not be aware if there is a hostile work environment. The Inspector General questioned whether the Army is liable if the offender assaults someone else. OTJAG stated that the liability would be no different than the current situation when a Soldier makes a restricted report. The VCSA directed G-1 to obtain an OSD deferred versus denied status on the legislative proposal. Additionally, the VCSA directed the Provost Marshal General to discuss the issue with his service counterparts to determine if they would support a future legislative proposal.

(4) Oct 16. The VCSA directed the issue remain active.

(5) Jul 17. The VCSA directed G-1 to continue to monitor the pilot and look for a permanent resolution.

(6) Feb 18. The VCSA directed G-1 to keep the issue active.

**h. Lead agency.** DAPE-SH

**i. Support Agency.** ASA(M&RA), OTJAG, OCLL

#### **Issue 690: Army and Local Community Support for Reserve Component (RC), Geographically Dispersed (GD), and Transitioning Soldiers and Families**

**a. Status.** Active

**b. Entered.** Ready and Resilient Campaign GOSC, 19 May 15

**c. Final action.** No (Updated: 8 Feb 18)

**d. Scope:** The Army does not synchronize Army provided and local community support for RC, GD, and transitioning Soldiers and Families. Many Army efforts, such as Army OneSource, Soldier For Life, Army Wounded Warrior Community Support Network, Community Covenant, and Joining Community Forces inspire local community action but often communities struggle to connect with RC, GD, or transitioning Soldiers and Families in need. Constrained resources highlight the need to synchronize existing Army and local community support to provide a warm hand off to ensure RC, GD, and transitioning Soldiers and Families are connected to trusted, available local support.

**e. AFAP Recommendation:** Establish a process to connect RC, GD, and transitioning Soldiers and Families to local community support.

**f. Progress.**

(1) The BHMC/JCF Core Team selected Minnesota, Florida, New Mexico, Indiana, Maryland, Oklahoma, and Mississippi as test states. The pilot includes three interventions: a state coordinator, information campaign, and health technology.

(2) The BHMC/JCF pilot leverages geographically dispersed resources such as National Guard Family Assistance Centers and Fort Family to all service members and Families in the pilot states to better connect them to trusted community resources. It also leverages a variety of communication channels to inform RC and GD Soldiers and Families in those states to available government and community resources.

(3) The BHMC/JCF team hosted state coordinator pilot training Nov 16 and Mar 17 at NGB Headquarters in Arlington, VA. The training focused on understanding the BHMC/JCF pilot, organizational roles, state coordinator expectations, and pilot state rapid needs assessments (RNA). The next state coordinator training is tentatively set for Feb 18. Training is scheduled approximately every six months.

(4) BHMC/JCF received permission to talk to Department of Defense (DoD) officials in pilot states, but is still waiting on Office of Management and Budget approval for non-DoD entities. State rapid needs assessment visits are tentatively set for Jan 18.

(5) All Army geographically dispersed stakeholders are invited to attend BHMC/JCF meetings with OSD.

(6) BHMC/JCF team is developing a strategic communication plan for pilot states and Army will help implement and complement with Army messages in FY18. The web site will launch 1<sup>st</sup> QTR FY18. The resource guide is live.

(7) OSD requires State Coordinators to develop an action plan to further BHMC efforts. OSD is currently reviewing/refining the plans. Implementation ~ 1<sup>st</sup> QTR 18.

(8) BHMC is leaning on OSD's Community Capacity Inventory (CCI), which is an online survey that helps assess statewide military family readiness needs. Service providers use results to improve the quality and quantity of resources available within communities.

(9) Continue to participate in BHMC/JCF efforts and monitor Army communication efforts to better inform Soldiers and Families of available resources.

**g. GOSC Review.**

(1) Sep 15. The VCSA directed a common operating system where a Soldier can look at a map and know what resources are available.

(2) Apr 16. TRADOC and USAR requested to be included in working group discussions.

(3) Oct 16. The VCSA commented that success will be driven by communicating availability and accessibility at the pilot states and how the total force connects pilot lessons learned in establishing a nationwide network. The Army must synchronize and integrate the tools available.

(4) Jul 17. The VCSA directed the issue remain active.

(5) Feb 18. The VCSA directed the issue remain active.

**h. Lead agency.** DAIM-ISS

**i. Support Agency.** ARNG, USAR and IMCOM

**Issue 693:** Remarried Surviving Spouses Retain Survivor Benefit Plan Benefits

**a. Status.** Active

**b. Entered.** Army Survivor Advisory Working Group, 6 Oct 16

**c. Final action.** No (Updated: 8 Feb 18)

**d. Scope.** Remarried surviving spouses lose their Survivor Benefit Plan (SBP) benefits if they remarry before age 55. SBP provides eligible beneficiaries with a benefit called an annuity. An annuity is a monthly payment for the lifetime of the beneficiary. If the Soldier dies while on Active Duty, the annuity is calculated as if the Soldier retired with hundred percent disability. Authorizing remarried surviving spouses to retain SBP benefits regardless of age eliminates an age penalty.

**e. Recommendation.** Authorize remarried surviving spouses to retain SBP benefits regardless of age.

**f. Progress.**

(1) SBP is a DoD program that applies to active duty deaths and retired members. Dependency and Indemnity Compensation (DIC) is a Department of Veterans Affairs (VA) program that applies to the survivors of all veterans whose death is service connected.

(2) United States Code (USC), Title 10 requires the termination of spouse SBP if remarried prior to age 55. USC, Title 38 requires termination of the VA's DIC when remarried before age 57. Spouse SBP is offset dollar for dollar by DIC.

(3) Army Retirement Services Office (RSO) submitted a legislative proposal to eliminate the termination of SBP when remarried before age 55. The legislative proposal was submitted to Army Office of the Chief Legislative Liaison on 22 Dec 16.

(4) During the Army Principals' review of the legislative proposal the Army G-8 non-concurred. The Defense Human Resources Board, Office of the Secretary of Defense, and the other Uniformed Military Services did not support the proposed legislation. Based on the lack of support from the Defense Human Resource Board and the Army G-8 non-concurrence, the legislative proposal was withdrawn.

(5) The 20 Jul 17 AFAP General Officer Steering Committee directed the legislative proposal be resubmitted.

(6) The Army RSO resubmitted the legislative proposal to the Army Office of the Chief Legislative Liaison on 3 Nov 17.

(7) The 8 Feb 18 General Officer Steering Committee directed the continued advancement of the legislative proposal.

(8) The Department of Defense (DoD) Actuary Office determined that for FY20 the cost of eliminating the termination of SBP for surviving spouses who remarry before age 55 at \$1.5 million for 200 Army surviving spouses.

(9) The total cost for FY20-FY24 for the Army is \$31.3 million and would provide SBP in FY24 to 571 surviving spouses who remarried prior to age 55.

(10) The DoD Actuary Office identified two costs for eliminating the loss of SBP due to remarriage prior to age 55. Surviving spouses who previously would have lost SBP at remarriage prior to age 55 would cost the Army \$6.2 million for FY20-FY24. There is a \$25.3 million cost to the Army for FY20-24 to replace with SBP the DIC paid by the VA that previously offset the SBP. Spouses who remarry before age 55 and retain SBP, lose the DIC that previously offset SBP dollar for dollar. The laws governing DIC require loss of DIC if marriage is prior to age 57. When SBP is offset by DIC, any SBP premiums paid for SBP coverage offset by DIC are refunded to the surviving spouse.

(11) The DoD Actuary Office identified a small savings for this proposed legislative change. To restart SBP previously offset by DIC, the surviving spouse must first repay any SBP premiums previously refunded due to the offset of SBP by DIC. For the period FY20-24, this results in a repayment of previously refunded SBP premiums of \$0.22 million from Army surviving spouses who now would retain SBP but forfeit DIC.

(12) Increased SBP costs would be paid from the DoD Military Retirement Fund. Total cost to DoD for FY20-24 to eliminate the loss of SBP for remarriage before age 55 is \$58.7 million.

#### **g. GOSC Review.**

(1) 20 Jul 17. The Chairperson of the Chief of Staff, Army Retired Soldier Council, requested the AFAP GOSC continue the fight to honor those who sacrificed. G-1 requested the support of the Army Secretariat and senior Army leaders in securing support for future legislative proposals.

(2) 8 Feb 18. The VCSA stated the issue would remain active.

#### **h. Lead agency.** DAPE-MPL-RS

### **Issue 694: Remarried Surviving Spouses Retain TRICARE Benefits**

**a. Status.** Active

**b. Entered.** Army Survivor Advisory Working Group, 6 Oct 16

**c. Final action.** No (Updated: 8 Feb 18)

**d. Scope.** Surviving spouses of Service Members who die on Active Duty lose all Title 10 TRICARE medical and dental benefits upon remarriage to a non-Title 10 USC eligible beneficiary. Surviving spouses who remarry after age 55 retain Survivor Benefit Plan benefits. Surviving spouses who remarry after age 57 retain Dependency and Indemnity Compensation. Authorizing surviving spouses to retain TRICARE benefits upon remarriage to a non-Title 10 USC eligible beneficiary aligns with retention of other government benefits.

**e. Recommendation.** Authorize surviving spouses to retain TRICARE benefits upon remarriage to a non-Title 10 USC eligible beneficiary.

#### **f. Progress.**

(1) The issue was generated at the 6 Oct 16 Army Survivor Advisory Working Group.

(2) Medical Benefits: Spouses of Service Members who die on Active Duty are entitled to the same medical/TRICARE benefits they received as an Active Duty Family Member (ADFM). This continued ADFM status is retained for a three-year period and is classified as "transitional survivor." Transitional survivors remain eligible for TRICARE Prime, TRICARE Prime Remote for Active Duty Family Members, and TRICARE Standard and TRICARE Extra in the United States, and TRICARE Overseas Program (TOP) Prime, TOP Prime Remote, and TOP Standard overseas. After the three-year transitional period, the spouse's beneficiary status changes from ADFM to Retiree Family Member.

(3) Dental Benefits: When a sponsor dies while on Active Duty, surviving Family Members are eligible for the TRICARE Dental Program (TDP) Survivor Benefit. Eligible surviving Family Members do not pay TDP premiums; these costs are covered 100% (Family Members are still responsible for any applicable cost-shares). The surviving spouse is eligible to receive survivor benefits for up to three years from the sponsor's date of death, regardless of the TDP Survivor Benefit enrollment coverage start date. When the Survivor benefit ends, surviving spouses may be eligible for the TRICARE Retiree Dental Program.

(4) Surviving unmarried dependent children retain TRICARE Prime coverage until they age out of TRICARE at 21 or 23 if a full-time student or retain TRICARE Young Adult coverage until 26. Surviving unmarried dependent children are not affected by the parent's remarriage.

(5) OTSG submitted a legislative proposal to allow surviving spouses to retain existing TRICARE medical and dental benefits upon remarriage. The legislative proposal was submitted to OCLL on 22 Dec 16.

(6) On 5 Jun 17, OTSG was informed the legislative proposal was withdrawn from the FY19 NDAA cycle. This is the result of the Army G-8 non-concurring during Army principle staffing by OCLL because funding for this proposal was not included in FY19-23 Program Objective Memorandum.

(7) At the 20 July 17 AFAP GOSC, the VCSA directed Army Medicine re-submit the legislative proposal for FY20. Army Medicine re-scoped the legislative proposal for survivors of Active Duty sponsors only, TRICARE coverage would be suspended upon remarriage. However, such coverage would be reinstated if that marriage ends due to divorce or death of the new spouse. This TRICARE change would achieve parity with the existing Survivor Benefit Program and Dependency and Indemnity Compensation benefits which allow beneficiaries to re-apply if their marriage later ends due to death or divorce.

(8) The Defense Health Agency estimated the FY20 cost for this new benefit would be \$105M and would be funded through the Defense Health Program.

#### **g. GOSC Review.**

(1) 20 Jul 17. DHA supported submitting a legislative proposal for FY20.

(2) 8 Feb 18. OTSG re-scoped the legislative proposal for survivors of Active Duty sponsors only, TRICARE coverage would still be suspended upon remarriage however, TRICARE coverage would be

reinstated if the marriage ends due to divorce, annulment, or death of the new spouse.

**h. Lead agency.** DASG-HSZ

**i. Support Agency.** DHA

#### **Issue 697: Active Duty Soldier TRICARE Alternative Medical Services**

**a. Status.** Active

**b. Entered.** FY16 AFAP Command Prioritization Group, 20 Jul 17

**c. Final action.** No (Updated: 8 Feb 18)

**d. Scope.** Active duty Soldiers only receive alternative medical services such as massage therapy, hydrotherapy, and acupuncture at designated Military Treatment Facilities (MTF). If the MTF does not offer alternative medical services or the Soldier is geographically dispersed, TRICARE will not authorize nor fund a civilian alternative medical service referral. TRICARE coverage of active duty Soldier alternative medical services could minimize or eliminate medical profiles, drug dependency, invasive medical procedures, and overall medical costs.

**e. Recommendation.** Authorize TRICARE coverage of active duty Soldier alternative medical services.

**f. Progress.**

(1) In Aug 09, The Surgeon General chartered the Pain Management Task Force (PMTF) to focus resources and attention on the issue of pain management. The Fiscal Year (FY) 2010 National Defense Authorization Act mandates that no later than 31 Mar 11, the Secretary of Defense shall develop and implement a comprehensive policy on pain management.

(2) In May 10, the PMTF completed its report. The Health Executive Council (HEC) directed the establishment of the DoD-Veterans Administration Pain Management Work Group to provide a platform for continued inter-Service and Veterans Health Administration collaboration to implement policy. Tri-Service Charter was signed in May 14.

(3) The Comprehensive Pain Management Campaign Plan directed implementation of the PMTF recommendations for holistic, multidisciplinary, and multimodal pain management in Sep 10. With this campaign plan, US Army Medical Command (MEDCOM) directed the establishment of Integrative Pain Management Clinics (IPMCs). The IPMCs represent the highest tier of pain management through comprehensive and integrative medicine (CIM) or alternative therapies such as acupuncture, biofeedback, yoga, and massage therapy to the active duty population. CIM therapies are aimed at decreasing the over-reliance on medication-only treatment of pain, minimizing or eliminating medical profiles, assisting in treating drug dependency, augmenting invasive medical procedures, and reducing overall medical costs.

(4) CIM therapies are not TRICARE-approved. In geographically remote locations, Soldiers are referred to a Pain Specialist who provides interventional and conventional medical treatments. CIM therapies are not provided.

(5) In July 2017, the FY16 AFAP Command Prioritization Group recommended TRICARE authorize

Active Duty Soldiers CIM services. The DHA representative supported the request and the VCSA approved the request. A business case analysis from the DHA will be requested.

(6) The Military Health System continues to conduct analysis and research to measure the effectiveness of CIM services. A legislative change would be needed to get TRICARE benefits for Soldiers to receive network alternative medical services.

**g. GOSC Review.** 8 Feb 18. DHA stated it has been clearly shown the services must move to non-pharmacological management of pain and the Director of DHA supports the legislative proposal.

**h. Lead agency.** DASG-HSZ

**i. Support Agency.** DHA

#### **Issue 698: Active Duty Soldier TRICARE Chiropractic Coverage**

**a. Status.** Active

**b. Entered.** FY16 Command Issue Prioritization Group, 20 Jul 17

**c. Final action.** No (Updated: 8 Feb 18)

**d. Scope.** The National Defense Authorization Act (NDAA) of Fiscal Year (FY) 2001 authorizes active duty (AD) Soldiers chiropractic services only at designated Military Treatment Facilities (MTF). If the MTF does not offer chiropractic care, or the Soldier is geographically dispersed, TRICARE will not authorize a civilian chiropractic referral under TRICARE Prime or TRICARE Prime Remote. Failure to authorize AD Soldiers TRICARE chiropractic coverage may compromise continuity of care if a Soldier cannot afford to continue treatment as an out-of-pocket expense.

**e. Recommendation.** Authorize AD Soldiers TRICARE chiropractic coverage.

**f. Progress.**

(1) In the FY01 NDAA, Congress directed the Secretary of Defense (SECDEF) to provide chiropractic services at designated MTFs for active duty Service Members (ADSM) ADSM. These Department of Defense (DoD) sites included 49 MTFs, 17 of which were Army (Forts Benning, Carson, Jackson, Sill, Drum, Meade, Bragg, Campbell, Stewart, Gordon, Knox, Leonard Wood, Hood, Bliss, and Lewis; Walter Reed Army Medical Center; and Schofield Barracks).

(2) The FY09 NDAA directed the SECDEF to identify an additional 11 sites to offer chiropractic care to ADSMs. DoD expanded services and began providing chiropractic care at 60 MTFs (23 Army). The six additional Army sites included Forts Riley, Rucker, Polk, Wainwright, and *Europe Regional Medical Command* sites Baumholder and Vilseck.

(3) In Mar 13, Health Affairs (HA) issued Policy Memo 13-001 (Expansion of the Chiropractic Program) expanding the Chiropractic Program at MTFs that did not offer services. The expansion of services recognized several MTF requests to add chiropractic services and incorporate chiropractic care into various pain management programs. Any expansion of services was subject to military department approval procedures and available funding.

(4) HA's Policy Memo 13-001 further stated chiropractic care remains available only to ADSM and did not expand eligibility to any other beneficiary category. The policy indicated that no private chiropractic services were authorized and discontinuation of services at any MTF required Tricare Management Activity (TMA) approval.

(5) In May 17, MEDCOM's Congressional Affairs Contact Office (CACO) requested an update of Army Chiropractic programs for possible inclusion in legislative actions. The analysis revealed the Army has 49 chiropractors working in 28 clinics.

(6) FY16 data indicates there were 143,616 chiropractic encounters. 85% of ADSMs are enrolled to Army MTFs offering chiropractic care. 97.6% of the chiropractic clinics meet specialty access to care standards for new evaluation appointments. Evaluation and treatment efforts focus on manipulation (85% of workload). The remaining 15% of intervention consists of hot/cold therapy, therapeutic exercise, electrical stimulation, self-care training, massage therapy, mechanical traction, and infrared therapy. Chiropractors also refer to other specialists, order diagnostic labs, and other radiologic studies relating to the musculoskeletal system.

(7) At the 20 Jul 17 AFAP General Officer Steering Committee, the results of the FY16 AFAP Command Prioritization Groups were announced. One issue elevated seeks to authorize AD Soldiers TRICARE chiropractic coverage. The DHA representative supported the request. A business case analysis from the DHA will be requested.

(8) The Military Health System continues to conduct analysis and research to measure the effectiveness of chiropractic treatment. A legislative change is needed to authorize AD Soldiers TRICARE chiropractic coverage.

**g. GOSC Review.** 8 Feb 18. The VCSA stated the issue would remain active.

**h. Lead agency.** DASG-HSZ

**i. Support Agency.** DHA

### **Issue 700: Basic Living Allowance for Family Member Victims of Domestic Violence**

**a. Status.** Active

**b. Entered.** FY16 AFAP Command Prioritization Group, 20 Jul 17

**c. Final action.** No (Updated: 8 Feb 18)

**d. Scope.** Army Regulation (AR) 608-99 (Family Support, Child Custody and Paternity) requires a Soldier to provide housing to Family member victims of domestic violence, but not basic living allowances. When a Soldier is accused of domestic violence, the Soldier is often removed from the home for 72 hours or more pending investigation. Family member victims of domestic violence have the rent or mortgage paid by the Soldier but are not authorized a basic living allowance to cover utilities and food. Some Family member victims of domestic violence may choose to not report the abuse to ensure they and their children have basic needs in their homes.

**e. Recommendation.** Mandate Soldiers provide a basic living allowance to Family member victims of domestic abuse.

**f. Progress.**

(1) AR 608-99 prescribes Army policy on financial support of Families when the Soldier and Family are no longer living together. In the absence of a court order imposing a support obligation or an agreement between the parties concerning the terms of support, AR 608-99 establishes interim support requirements. The intent of the interim support requirement is to provide some level of support until the parties can reach an agreement or obtain court ordered support. AR 608-99 does not separately address support requirements in cases involving domestic violence. The interim support requirements are defined in terms of the Non-Locality Basic Allowance for Housing (BAH). If there is just one Family unit to support, the Soldier is required to provide support in the amount equal to the Non-Locality BAH. Department of Defense (DOD) mandates minimum support payment for Families as the BAH-DIFF (the difference between BAH at the "with dependents" rate and BAH at the "without dependents" rate). DOD recognizes the Services may establish their own, higher, support requirements. The BAH, which the Army requires the Soldier to pay, is in every case more than the BAH-DIFF. If the Family is residing in on-post housing, the Soldier forfeits an amount equal to local BAH, which generally is higher than the Non-Locality BAH, thus satisfying the interim support requirement. If the Family is not residing in on-post housing, the amount of support may or may not be sufficient to cover the rent or mortgage and the amount of interim support required by AR 608-99 may be greater or less than a spouse might be awarded by a court order. Outside of DOD, we are unaware of any employer that requires to support of Families in these circumstances.

(2) Domestic violence is defined in the Glossary of AR 608-18 as an offense under the United States Code, the Uniform Code of Military Justice, or state law that involves the use, attempted use, or threatened use of force or violence against a person or a violation of a lawful order issued for the protection of a person who is

(a) A current or former spouse

(b) A person with whom the abuser shares a child in common

(c) A current or former intimate partner with whom the abuser shares or has shared a common domicile.

(3) The issue contemplates ordering the Soldier to pay "a basic living allowance" to the Family, in addition to Non-Locality BAH, when a Soldier is removed from the home because of a report of domestic violence. There is no requirement that an investigation has been completed, let alone an adjudication that the Soldier committed an offense. For a commander to order a Soldier to pay more than the amount the Army has determined is adequate for Family support, based on the allegation of a crime, runs afoul of the presumption of innocence and raises due process concerns. Also, financial support to Families is important in all circumstances and interim support amounts are presumed to be based on financial considerations. Making this change would put the Army

in the position of essentially saying that non-locality BAH is adequate to support an off-post Family when a Soldier moves out of the home and no domestic violence is involved. But that same amount is inadequate to support the same Family in the same location when domestic violence occurs or is alleged. Absent evidence that Family member victims are failing to report Soldiers for domestic violence because they know they will receive only BAH, it could also be supposed that supplementing BAH where domestic violence is alleged could lead to false reports by spouses already contemplating separation. The latter perception could make prosecution of domestic violence cases more difficult. For these reasons, implementation of the AFAP recommendation is not viable.

**g. GOSC Review.** 8 Feb 18. The VCSA instructed OTJAG to relook the policy to ensure Families are not without food and other resources and to consider partnerships with non-governmental organizations. US Army Europe (USAREUR) expressed concern the non-locality BAH may not be equal to the overseas housing allowance for Families living off post. Additionally, Families living on post would not receive any monetary support from the Soldier. USAREUR also was troubled with the challenges a spouse could face securing English speaking legal assistance in some Outside Continental United States (OCONUS) locations. The Sergeant Major of the Army (SMA) asked the VCSA to consider re-scoping the issue from providing a Soldier funded basic living allowance to support options for Family member victims of domestic violence. During GOSC discussion, Army Emergency Relief (AER) loans were offered as a source for monetary assistance. Per the "AER Section Reference Manual," spouses are only authorized to take out an AER loan if they have a valid Special Power of Attorney from their sponsor granting them authority to act as the sponsor's attorney-in-fact to establish, change, or stop allotments. If a Soldier is not providing the Family member financial support, it is unlikely the Soldier will authorize an AER loan allotment.

**h. Lead agency.** DAJA-LA

### **Issue 701: Casualty Assistance Officer (CAO) for Soldiers upon Death of a Dependent**

**a. Status.** Active

**b. Entered.** FY16 AFAP Command Issue Prioritization Group, 20 Jul 17

**c. Final action.** No (Updated: 8 Feb 18)

**d. Scope.** Soldiers are not provided a CAO if a Family member dies. Army Regulation 638-8 (Army Casualty Program) only authorizes a CAO upon a Soldier's death to the personnel eligible to receive the Soldier's effects and the Soldier's next of kin receiving benefits or entitlements. Soldiers may be left unassisted in working with the Army to secure removal of the dependents remains and transportation of the remains to the burial site. Soldiers may also have to navigate the Family Service Members' Group Life Insurance (FSGLI) settlement process alone. Failure to provide a Soldier a CAO if a dependent dies subjects the Soldier to undue

emotional distress during a tragic period when trained CAOs are available.

**e. Recommendation.** Authorize Soldiers a CAO upon the death of a dependent.

**f. Progress.**

(1) The FY06 National Defense Authorization Act (NDAA) § 562(a)(1) and Department of Defense Instruction (DoDI) 1300.18 (Military Personnel Casualty Matters, Policies, and Procedures) require the Department of Defense (DoD) to have uniform casualty assistance and only authorize a CAO upon the death of an Active Duty Soldier. Issue as currently written will require a DoD policy change and potential law change. Office of the Secretary of Defense (OSD) staffers have informally non-concurred with this initiative. Casualty and Mortuary Affairs Operations Division (CMAOD) recognize that Soldiers who experience a dependent death may need assistance with processing FSGLI claims, with mortuary services, and the transportation of remains.

(2) Currently CACs assist the surviving Soldier with processing the FSGLI. FSGLI is a program that provides term life insurance coverage to the spouses and dependent children of Soldiers insured under Service Members' Group Life Insurance (SGLI). The Soldier pays the premium for spousal coverage. Coverage for the child is provided at no cost until the child is 18, unless the child is a full-time student or becomes permanently and totally disabled and incapable of self-support prior to age 18. FSGLI provides up to a maximum of \$100,000 of insurance coverage for spouses, not to exceed the Soldiers' SGLI coverage amount, and \$10,000 for dependent children.

(3) The CAC also supports the Soldier with obtaining mortuary services from the military or local commercial mortuary service vendors. Mortuary services can include embalming and preparation of remains for shipment to the interment site. If the military provides the mortuary service, the Soldier reimburses the government. If mortuary services are provided by a local commercial vendor, the costs are paid by the Soldier directly to the service provider at the Soldier's own expense. The average OCONUS mortuary services Soldiers repay to the government include \$9.00 for embalming, \$1,044.00 for a casket, and/or \$75.67 for a cremation box. The Army cannot pay for cremation and does not capture those costs.

(4) The CAC also assists with transporting the dependent's remains to the continental United States if OCONUS or within the United States. The government pays the transportation costs from the Soldier's duty assignment to the Family member's interment site. If an OCONUS-based Family member is not command sponsored, the Soldier will incur the transportation costs.

(5) Numerous Army offices/programs are also available to Soldiers who experience the death of a dependent: the Soldier's chain of command, unit Care Team, Installation Chaplain's Office, Military OneSource, military treatment facilities, etc.

(6) OTJAG opined the assignment of a CAO to a Soldier upon the loss of a dependent is not authorized under the casualty assistance program and doing so would result in an unauthorized expenditure.

(7) CMAOD will develop a STRATCOM to assist commanders with assisting Soldiers.

(8) CMAOD will coordinate expanding the role of unit Family Readiness Liaison (FRL) to serve as a liaison between the surviving Soldier, command, CAC and other Army agencies. The FRL is a Soldier who serves as an official command representative charged with providing communication between unit members, their Families, and the command. The FRL could ensure continued unit situational awareness of surviving Soldier needs during this difficult time. FRL should have Casualty Assistance Officer (CAO) training.

(9) CMAOD will codify the CACs role in AR 638-8, but will not be ready until 3rd Qtr FY19 due to Army Publishing Division procedures.

**g. GOSC Review.** 8 Feb 18. USAREUR requested to be included in the pilot. USAR and ARNG asked G-1 to review the comparable authorities and regulations for the RC.

**h. Lead agency.** AHRC-PDC-P

**i. Support Agency.** IMCOM G-1

## **Issue 702: Compassionate Action Requests for Soldiers Married to Department of the Army Civilians**

**a. Status.** Active

**b. Entered.** FY16 AFAP Command Issue Prioritization Group, 20 Jul 17

**c. Final action.** No (Updated: 8 Feb 18)

**d. Scope.** Soldiers married to Department of the Army Civilians (DAC) are not authorized to enroll in the Married Army Couple Program (MACP) per Army Regulation (AR) 614-200 (Enlisted Assignments and Utilization Management). Under the MACP, when one Soldier is considered for reassignment, the other Soldier is automatically considered for assignment to the same location or area. A May 2016 Human Resources Command data call found that 48,090 Army spouses are Department of Defense (DoD) employees. The 2014 DoD Demographic Report states the Army has 26,815 dual military Families. DAC spouses serve the military just as a Soldier spouse does and should be afforded the same opportunity to enroll in the MACP.

**e. Recommendation.** Expand enrollment in the MACP to include DAC spouses.

**f. Progress.**

(1) In early 1985, Human Resources Command developed a program to give consideration to the joint assignment and domicile of married Army couples that resulted in the codification of the MACP. Participation in the program guarantees assignment consideration; however, it does not guarantee that the couple will be assigned together at the same location and/or at the same time. It was not developed as a Total Force Policy.

(2) AR 614-200 pertains to the Assignment of Enlisted Soldiers and contains the parameters of the Army Married Couples Program for enlisted Soldiers. AR 614-100 (Officer Assignment Policies, Details, and Transfers) contains the MACP for officers. The program applies to Active Component Soldiers in that, each Soldier's information is entered into the personnel database which then identifies a Soldier spouse upon permanent change of station orders. Soldiers married to Reserve

Component or members of another branch of the military may request reassignment to join their spouse, however it is a manual process. The needs of the Army is the final determining factor.

(3) The methodology for reassigning Soldiers is vastly different than employment laws for DACs. For example, Soldiers may be reassigned to and from the continental United States, every 36 months or sooner based on the demand. The probability of a vacant DAC position, for which the spouse is qualified and would be accepted, and enabling them to travel with the Soldier is remote. Army would have to be willing to commit to freezing positions to ensure availability of vacant positions in which to reassign DACs. These differences in reassignment methodologies for military and civilian personnel, coupled with the costs, time, and manpower required to develop a mechanism that combines DAC employment vacancies with associated Soldier assignments during a period of personnel and fiscal reductions preclude adopting the recommendation. Lastly, Soldiers married to spouses that work for other Service's would be excluded.

(4) The Military Family Act of 1985 was established to increase employment opportunities for spouses of members of the Armed Forces. The intent is to lessen the employment and career interruptions of spouses who relocate with their military sponsors through the Military Spouse Preference Program (MSP). MSP provides world-wide employment preference for spouses of active duty military members of the U.S. Armed Forces who are relocating to accompany his/her military sponsor on a Permanent Change of Station move to an active duty assignment.

(5) The Deputy Assistant Secretary of Defense (Civilian Personnel Policy) established an enterprise PPP Course of Action (COA) Focus Group to formulate options for streamlining the PPP and optimizing career transition assistance for civilians. One result of this focus group was that Components agreed to changes in the program that would empower military spouses to selectively exercise hiring preference through the application process for all jobs in the United States and overseas. This will be a change from the current process in which the military spouse doesn't have much control. The change in process will enable Military spouses to be more selective with regard to use of preference, which should enable a "good fit" during the application process.

(6) This COA was approved by the Undersecretary of Defense for Personnel and Readiness on 14 June 2016. Updates to the Department of Defense Instruction and the DoD PPP Handbook are underway to reflect this change. Anticipated completion date has been accelerated to 3<sup>rd</sup> Quarter of FY18.

**g. GOSC Review.** 8 Feb 18. The VCSA directed DCS, G-1 to look at how the Army can leverage the Integrated Personnel and Pay System (IPPS-A) in identifying Soldiers with DAC spouses because the Army is going to have to compete for talent as it goes forward. The representative from the Assistant Secretary of the Army for Manpower and Reserve Affairs suggested creating a mechanism to provide some consideration for a Soldier to identify they are married to a DAC similar to Senior Executive Service

spouse identification. The SMA stated we have to manage Soldiers' expectations as part of our jobs as leaders and this recommendation would be very difficult to achieve.

**h. Lead agency.** DAPE-CP

### **Issue 705: Military Spouse Preference (MSP) Program Eligibility**

**a. Status.** Active

**b. Entered.** FY16 AFAP Command Issue Prioritization Group, 20 Jul 17

**c. Final action.** No (Updated: 8 Feb 18)

**d. Scope.** Per Department of Defense Instruction (DODI) 1400.25 (Department of Defense Civilian Personnel Management System: Employment of Spouses of Active Duty Military) MSP program eligibility terminates upon refusal of a position in the Federal service for which the spouse registered or applied for employment, whether or not preference was applied. The MSP, established under the Military Family Act of 1985, offers employment placement preference in Department of Defense civilian personnel positions to military spouses. A spouse can only use MSP once at each new duty station. Spouses should not have MSP eligibility terminated if the spouse refuses a position if it becomes clear the position is not a good fit.

**e. Recommendation.** Authorize MSP eligibility if the spouse refuses a position in the federal service for which the spouse registered or applied for employment.

#### **f. Progress.**

(1) The Military Family Act of 1985 implemented measures to increase employment opportunities for spouses of members of the Armed Forces. The intent is to lessen the employment and career interruptions of spouses who relocate with their military sponsors. MSP provides world-wide employment preference for spouses of active duty military members of the U.S. Armed Forces who are relocating to accompany his/her military sponsor on a Permanent Change of Station (PCS) move to an active duty assignment. MSP provides priority in the employment selection process for military spouses who are relocating as a result of his/her military spouse's PCS. Spouse preference eligibility begins 30 days prior to the sponsor's reporting date to the new duty station and continues throughout the tour until the spouse accepts or declines a continuing (permanent) appropriated or non-appropriated fund position from any Federal agency in the commuting area. Military spouses most commonly exercise preference via PPP through which they are automatically referred for positions for which they are best qualified.

(2) Executive Order 13473, Noncompetitive Appointment for Certain Military Spouses, allows agencies to appoint eligible military spouse without competitive examining competition. Agencies can choose to include this authority in the area of consideration of merit promotion/internal job announcements when filling competitive service positions on a temporary (not to exceed one year), term (more than one year but not more than four years), or permanent basis. This authority does not convey preference, but

Military spouses who are also eligible for preference may use their preference with this authority.

(3) The current process for military spouses to exercise preference under merit promotion procedures within the United States is to first register in the PPP during a counseling session at the local Civilian Personnel Advisory Center (CPAC). During registration, the CPAC assists the spouse in determining which occupations s/he qualifies for; the grades s/he qualifies for; and the locations within the commuting area for which s/he will be registered. An automated program then "matches" the spouse to vacancies that may be available, and the spouse is given instruction to apply for the matched position. This assists the CPAC in determining whether s/he is ranked among the best-qualified. If the spouse is determined by the CPAC to be among the best-qualified for the position, the spouse receives a job offer but is not given the opportunity to interview and ask specifics about what the job duties entail. At such time, preference is considered to be terminated for that Permanent Change of Station, regardless of acceptance or declination of the offer. Under this process, Veterans' Preference does not apply.

(4) The Deputy Assistant Secretary of Defense (Civilian Personnel Policy) established an enterprise PPP Course of Action (COA) Focus Group to formulate options for streamlining the PPP and optimizing career transition assistance for civilians. One result of this focus group was the Services agreed to changes in the program that would empower military spouses to selectively exercise hiring preference through the application process for all jobs in the United States and overseas. This will be a change from the current process in which the military spouse registers in PPP and does not have much control over exercising preference. The change in process will enable military spouses to be more selective with regard to use of preference, which should enable a "good fit" during the application process. To exercise MSP through the new proposed process, spouses would need to apply directly to the Job Opportunity Announcements for which they are interested and available. In cases where Veterans' Preference applies (for instance, announcements that are open to All U.S. Citizens), candidates with Veterans' Preference cannot be passed over to select military spouses.

(5) The COA was approved by the Undersecretary of Defense for Personnel and Readiness on 14 June 2016. Updates to DODI 1400.25 and the DOD PPP Handbook are underway to reflect this change. Anticipated completion date has been accelerated to 3rd Quarter of FY18.

**g. GOSC Review.** 8 Feb 18. The VCSA stated the issue would remain active.

**h. Lead agency.** DAPE-CP

### **Issue 708: Soldier Voluntary Leave Transfer Program**

**a. Status.** Active

**b. Entered.** AFAP GOSC, 20 Jul 17

**c. Final action.** No (Updated: 8 Feb 18)

**d. Scope.** A Soldier cannot voluntarily transfer leave to another Soldier who has a personal or Family medical emergency and has exhausted their leave. Under the

U.S. Office of Personnel Management Voluntary Leave Transfer Program, a Department of the Army Civilians (DAC) may donate annual leave directly to another DAC who has a personal or Family medical emergency and has exhausted their paid leave. Authorizing a Soldier the same ability to voluntarily transfer leave to another Soldier who has a personal or Family medical emergency provides an opportunity for fellow Soldiers to reduce a comrade's stress during a time of personal crisis such as bereavement.

**e. Recommendation.** Authorize a Soldier to voluntarily transfer leave to another Soldier.

**f. Progress.**

(1) The issue was created during the 20 Jul 17 AFAP GOSC.

(2) A Soldier is authorized 30 days of annual leave per year. Department of Defense Instruction 1326.07 (leave and Liberty Policy and Procedures) provides authority for the Commander to authorize a Soldier with a medical emergency to use advanced leave, excess leave, and the authority to grant a one-time 14 days non-chargeable leave when the Soldier has exhausted all their annual leave.

(3) Commanders also have the discretion to authorize three to four day passes to alleviate some of the burden associated with a Soldier needing additional time to take care of an emergency if within the local area.

(4) Deputy Chief of Staff (DCS), G-1 will propose transferring the collective lost leave balance from all Army Soldiers into a leave bank. The leave bank would be used to distribute no more than 14 days of leave within a Soldier's career to assist Soldiers with Family emergencies and reduce stress during a time of personal crisis such as bereavement if the Soldier has exhausted all available leave.

(5) No policy exists for Soldier leave transfer. The Army would no longer have Soldiers with negative leave balance and it could potentially prevent stress due to personal Family emergencies.

(6) Pending OSD assessment, G-1 will work with the Office of the Chief Legislative Liaison for a legislative proposal submission.

**g. GOSC Review.** 8 Feb 18. The ARNG recommended the voluntary leave transfer as a solution to the bereavement leave issue. Forces Command advocated keeping leave at the commander level through solutions such as permissive temporary duty. The DAS cautioned against unintended effects such as leaders who look for opportunities to donate leave and never take leave.

**h. Lead agency.** DAPE-PRC