

# Army Family Action Plan In Progress Reviews



## Army Family Action Plan (AFAP) Issue Paper

DAPE-MPL-RS  
24 January 2019

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

**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.

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

#### **Required Actions:**

1. Update cost estimates based on the Department of Defense (DoD) Actuary updated cost analysis.

2. Receive AFAP GOSC guidance for way ahead.

#### **Milestones:**

2nd QTR FY19

3rd QTR FY19

#### **Cost Analysis:**

1. The Department of Defense (DoD) Actuary Office determined the Army's total cost for FY21-FY25 is \$11.38 million and would provide SBP in FY25 to 275 surviving spouses who remarried prior to age 55 on or after the law change. The Army's FY21 cost of eliminating the termination of SBP for surviving spouses who remarry before age 55 is \$.4 million for 32 Army surviving spouses. Total cost to DoD for FY21-25 for this proposal is \$22.01 million.

2. The DoD Actuary analysis identified that \$3.34 million of the \$11.38 million FY21-25 Army cost is for SBP to replace the SBP that previously was offset by Dependency and Indemnity Compensation (DIC) paid by the Department of Veterans Affairs (VA). Surviving spouses who remarry prior to age 55 who receive DIC would lose the DIC due to remarriage prior to age 57 but now qualify for the SBP that was previously offset by DIC.

3. Surviving spouse of retired members who now retain SBP for remarriage prior to age 55 and lose the DIC for remarriage prior to age 57, must pay back any SBP premiums refunded for the portion of SBP previously offset by DIC. This results, for the period FY21-25, in a repayment of \$0.35 million previously refunded SBP premiums from Army surviving spouses whose SBP was previously offset by DIC.

4. Increased SBP costs would be paid from the DoD Military Retirement Fund.

**Progress:**

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

2. SBP is a DoD program that applies to active duty deaths and retired members. DIC is a VA program that applies to the survivors of all veterans whose death is service connected.

3. 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.

4. 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.

5. 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 this lack of support, the legislative proposal was withdrawn.

6. The 20 Jul 17 AFAP General Officer Steering Committee directed the legislative proposal be resubmitted and on 3 Nov 17 the Army RSO resubmitted the legislative proposal as directed.

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

8. The Acting Assistant Secretary of the Army (Manpower and Reserve Affairs) declined to sponsor the legislative proposal due to the resubmitted proposal not addressing the budgetary concerns and any indication the other Services have changed their opposition to the proposal.

9. The 17 Jul 18 AFAP General Officer Steering Committee directed the issue remain active to show the Army's continued support for surviving spouses.

**Status Recommendation:** Unattainable.

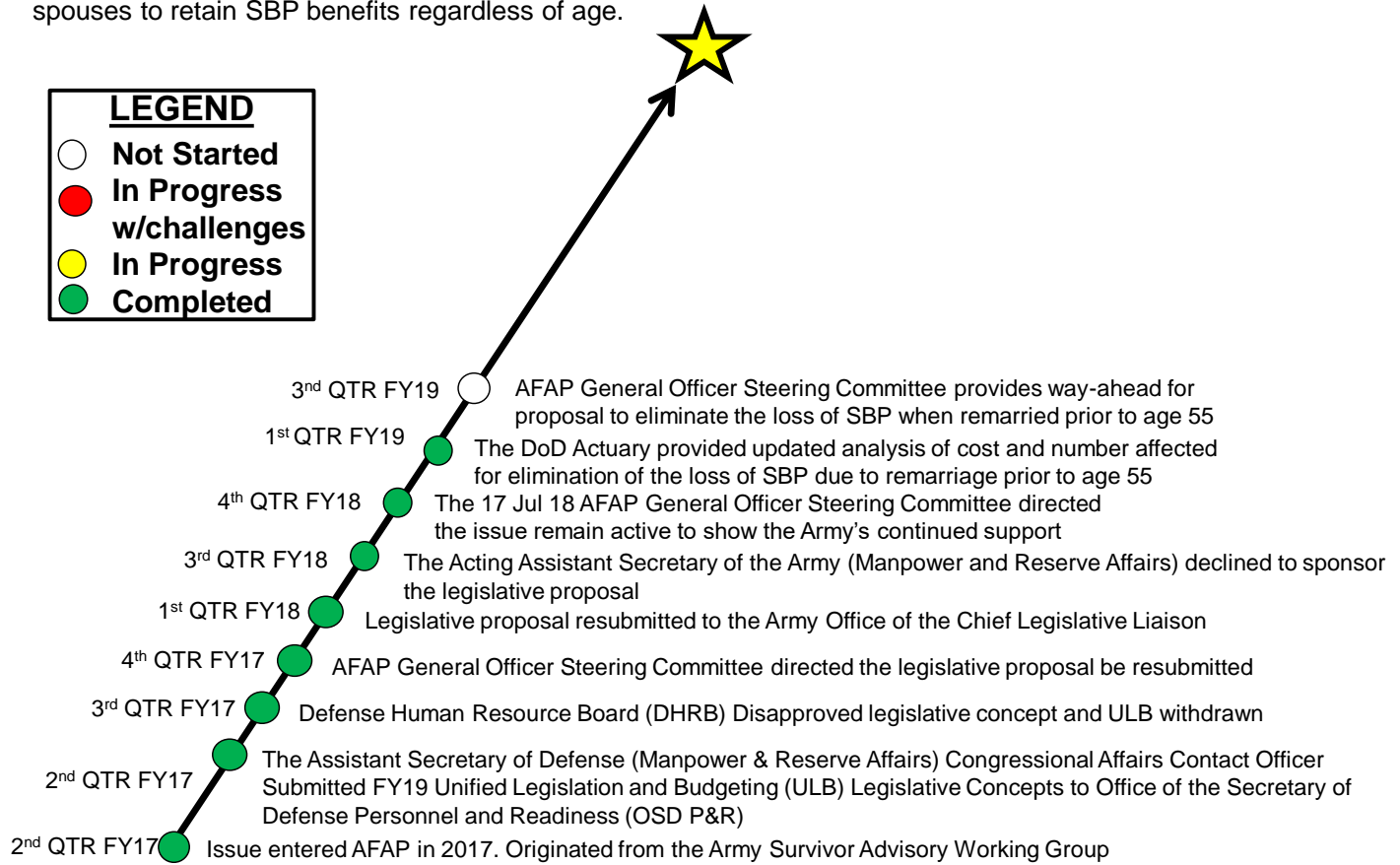
**Lead Agency:** Army Retirement Services Office (DAPE-MPL-RS)

**Approved By:** Mr. Mark E. Overberg, Director Army Retirement Services

**Action Officer/Phone:** Mr. William Hursh/(703) 571-7236

## Issue #693: Remarried Surviving Spouses Retain Survivor Benefit Plan (SBP) Benefits

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



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

**Issue:** 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.

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

**Accomplishments:**

1. The issue was generated at the 6 Oct 16 Army Survivor Advisory Working Group.
2. SBP is a Department of Defense (DoD) program that applies to active duty deaths, retired members, Reservists who die on inactive duty for training, or Reservists who qualify for non-regular retirement.
3. United States Code (USC), Title 10 requires the termination of spouse SBP if the surviving spouse remarries prior to age 55.
4. Army Retirement Services Office resubmitted a legislative proposal in FY17 and FY18 to eliminate the termination of SBP when the surviving spouse remarries before age 55.
5. The legislative proposals were not supported by DoD or the other services.

**Entered AFAP:** 2017

**Recommended Status:** Unattainable  
**Estimated Cost:** The DoD Actuary Office determined the FY21 cost of eliminating the termination of SBP for surviving spouses who remarry before age 55 at \$.4M for 32 Army surviving spouses. The total cost for FY21-25 for the Army is \$11.38M and would provide SBP in FY25 to 275 surviving spouses who otherwise would have lost the SBP at remarriage before age 55. Increased SBP costs would be paid from the DoD Military Retirement Fund.

**Justification:** The 17 Jul 18 AFAP General Officer Steering Committee directed the issue remain active to show the Army's continued support for surviving spouses.

## Army Family Action Plan (AFAP) Issue Paper

DAPE-SH  
24 Jan 2019

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

**Scope:** DACs are not included in Army Regulation 600-20 (Army Command Policy) and Department of Defense (DoD) Directive 6495.01 (Sexual Assault Prevention and Response 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 utilize on-post victim advocacy services and decide whether they want to report their case law enforcement.

**AFAP Recommendation:** Authorize restricted reporting of sexual assault for DACs.

### Required Action:

SecArmy request to USD P&R for 2 year Exception to Policy (ETP) to provide Sexual Harassment/Assault Response and Prevention (SHARP) Services for DACs while concurrently pursuing decision on permanent ETP, or at a minimum a permanent ETP for OCONUS DACs

### Milestones:

3<sup>rd</sup> QTR FY19

**Cost Analysis:** There is no anticipated increase in manpower or cost to the Army. Current HQDA SHARP personnel resources are sufficient to provide victim services to DACs.

### Progress:

1. DoD Instruction (DoDI) 6495.02 (Sexual Assault Prevention and Response Program Procedures) in May 17, stating DoD civilian employees are not eligible to make restricted reports. The Army may not promulgate policy inconsistent with a DoD regulation without first garnering DoD approval.
2. The issue at hand is DoD civilians and their 18 years and older dependents who are victims of sexual assault. 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 years 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. Service Member's dependents 18 years and older, who are also DoD employees, are afforded restricted reporting as a benefit of being a dependent.

3. The issue of extending restricted reporting to DACs was initially addressed as a request for ETP from U.S. Army Europe (USAREUR) in Sep 09. DoD and Army approved a one-year pilot test allowing DACs 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 VII of the Civil Rights Act, Federal employee's equal opportunity laws, and mandates to maintain a safe work place.

4. In addition to a change in policy, a change in law is necessary. The Equal Employment Opportunity Commission's implementation of Title VII through its regulations at section 29 of the Code of Federal Regulations Part 1614 and its guidance, requires a civilian employee's management to promptly investigate and correct sexual harassment (sexual assault being an extreme form). The addition of a new §1565b (b)(3) will protect a DoD civilian employee's request for restricted reporting by ensuring that it will not be construed as imputing actual or constructive knowledge or notice to the DoD for purposes of triggering a requirement to promptly investigate and correct the sexual harassment/assault. Authorizing SHARP resources, specifically restricted reporting, would not preclude leadership from initiating an investigation should they become aware of a workplace related sexual assault.

5. The Vice Chief of Staff, Army directed the issue of DAC restricted reporting be pursued as a legislative proposal during the Feb 15 AFAP General Officer Steering Committee (GOSC). Since the AFAP GOSC, the SHARP office held many meetings with other offices germane to the subject – i.e., Assistant Secretary of the Army (Manpower & Reserve Affairs) [ASA(M&RA)], Equal Employment Opportunity Office, Army OGC, Office of the Judge Advocate General (OTJAG), U.S. Army Medical Command, USAREUR, etc.

6. The 2015 Headquarters, Department of the Army legislative submission for legislative submission cycle FY18 sought to authorize DoD civilians and their adult dependents access to SHARP Services. Enactment of this proposal would have accomplished:

- Restricted Reporting;
- Unrestricted Reporting;
- Sexual Assault Response Coordinator (SARC);
- SHARP Victim Advocate (VA);

7. HQDA SHARP prepared the legislative submission in coordination with OTJAG and OGC, ensuring it would not contradict compliance with Title VII of the Civil Rights Act and Equal Employment Opportunity laws. The cost benefit analysis and legislative

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 the Office of the Secretary of Defense (OSD).

8. 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 legislative cycle FY19. The legislative proposal was revised and re-submitted to OCLL in May 16. The Army requested meetings with DoD Sexual Assault Prevention and Response Office (SAPRO) and the other Services to ensure legislative proposal support.

9. The U.S. Air Force (USAF) agreed to take the lead for the FY19 legislative proposal 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 SAPR 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.

10. The FY16 National Defense Authorization Act authorized DoD civilians access to Special Victims' Counsel (SVC) which provides legal advocacy limited to incidents involving Uniformed Service Members. SVC services for civilians was implemented via Secretary of the Army Directive 2017-16 (Civilian Employee Eligibility for the Special Victims' Counsel Program).

11. In January 2016, in conjunction with seeking a legislative revision, the Secretary of the Army submitted a request to DoD seeking a permanent ETP to allow DACs SHARP services (Restricted Reporting, Unrestricted Reporting and the assistance of a SARC and VA). In February 2016, the Under Secretary of Defense (USD) (P&R) approved a one-year pilot allowing the Army to authorize DACs with access to SHARP services. The Army published Army Directive 2017-02 dated 5 Jan 17. The G-1 memorandum providing implementing policy was released 24 Jan 17. On 1 March 2018, the DoD authorized the Army to extend the pilot through 8 Mar 19. However staffing of a second Army Directive to extend SHARP services to DACs was delayed in staffing rendering the DoD extension impractical. During the pilot, from 5 Jan 17 through 24 Jan 18, the SHARP program received 45 DAC sexual assault reports, with a majority being unrestricted:

- Civilian Restricted Reports = 6
- Civilian Unrestricted Reports = 39

12. On 10 April 2018, the Secretary of the Army submitted a report on the pilot and again requested a permanent ETP authorizing DACs restricted and unrestricted



reporting. Meetings with the DoD SAPRO, OSD Office of General Counsel (OGC), and Defense Civilian Personnel Advisory Service (DCPAS) to discuss the request continue to result concerns given Title VII laws affording DoD civilians with workplace safety. DoD OGC explained that Title VII requires management to take immediate, appropriate, and corrective actions when they become aware of sexual harassment (sexual assault is an egregious form of sexual harassment). OGC stated allowing restricted reporting could result in an offender continuing to harassing their victims and potentially other employees, thus violating legal safety provisions afforded DoD civilians under Title VII which could result in governmental liabilities. In addition to concerns expressed by legal, SAPRO stated the DCPAS office is the appropriate organization to address the potential liabilities and implications of DoD civilian restricted reporting under its civilian workplace violence policy. To date, the Army has not received a formal response to the permanent ETP.

13. Through action officer channels, the Army has requested an update from DoD. The Army will prepare a memorandum for Secretary of the Army signature to DoD USD(P&R), through SAPRO and DCPAS, requesting another ETP that would be effective for 2 years, to provide program stability and give time to staff an Army Directive. The Army continues to work with DoD and Army stakeholders to pursue a means to provide Army civilians restricted reporting or at a minimum a permanent ETP for Army civilians working in OCONUS locations.

**Status Recommendation:** Active

**Lead Agency:** DAPE-SH

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

**Approved By:** MG Tammy Smith, SHARP, Ready, and Resilient (SR2) Directorate

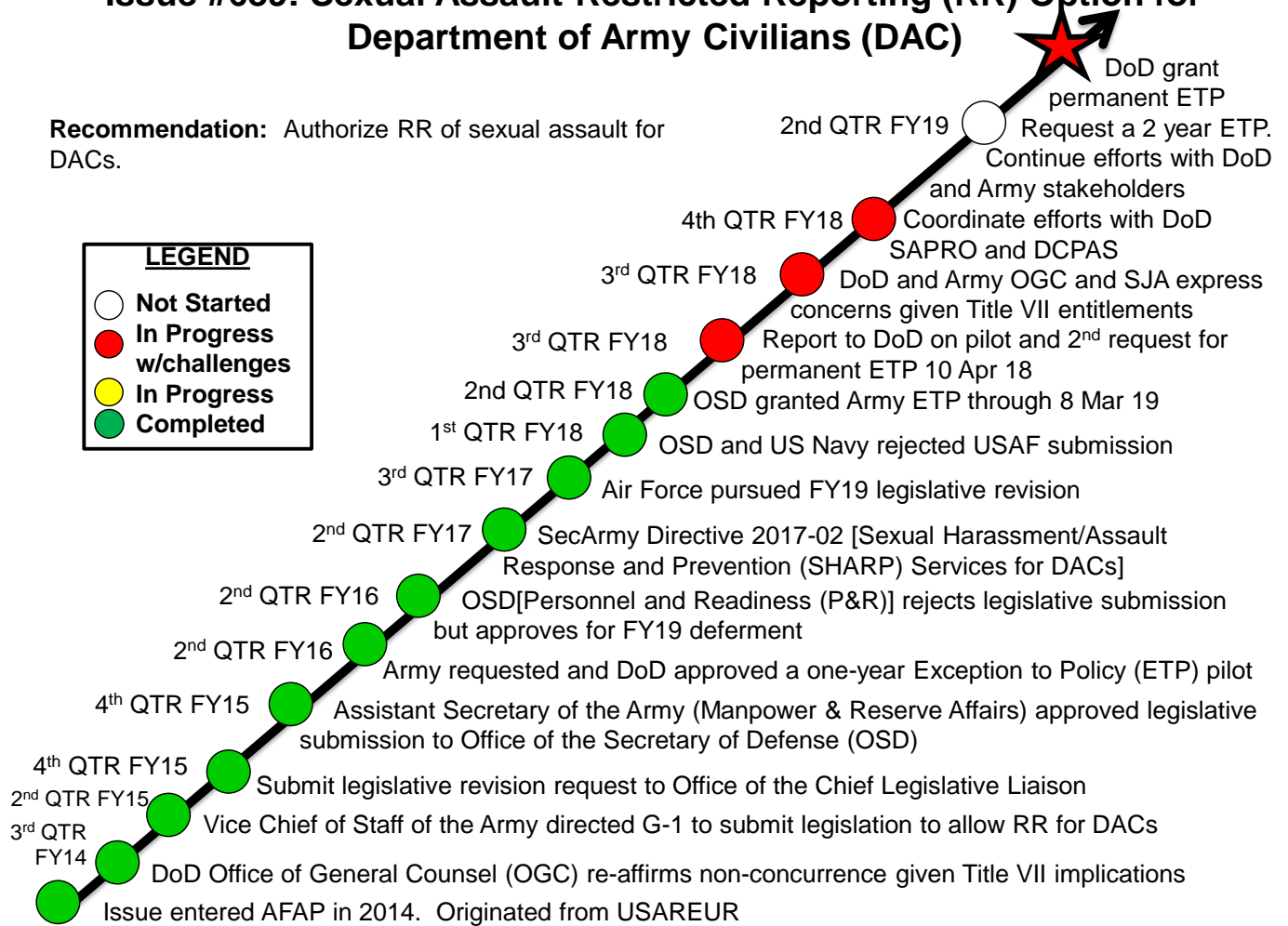
**Action Officer/Phone:** Ms. Jan Morgan/ (703) 571-7339

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

**Recommendation:** Authorize RR of sexual assault for DACs.

**LEGEND**

- Not Started
- In Progress w/challenges
- In Progress
- Completed



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

**Issue:** DACs are not included in Army Regulation (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.

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

**Accomplishments:**

1. Secretary of the Army Directive 2017-02 [Sexual Harassment/ Assault Response and Prevention (SHARP) Services for DACs] authorized DACs access to Sexual Assault Response Coordinators, SHARP Victim Advocates, RR, and Unrestricted Reporting.
2. Office of the Secretary of Defense Personnel and Readiness (OSD(P&R)) Exception to Policy (ETP) (one year pilot) allowing DACs RR options expired 24 Jan 18.
3. Reports filed through 24 Jan 18: 45 Reports -- (6 Restricted Reports and 39 Unrestricted Reports).
4. OSD(P&R) approved a second ETP through 8 Mar 19. Publishing of a SecArmy Dir was delayed in staffing rendering extended SHARP services unattainable.
5. Sec Army submitted a report on pilot and a second request for permanent ETP to DoD on 10 Apr 18.
6. DoD and Army OGC and SJA offices continue to express legal and liability concerns given Title VII laws. DoD SAPRO recommended the ETP request is more appropriately addressed to the Defense Civilian Personnel Advisory Services (DCPAS).
7. Several meetings with DoD (SAPRO, DCPAS) have resulted in a non-committal to approving a permanent ETP.

**Entered AFAP:** 2014

**Recommended Status:** Active

**Way Ahead:**

1. Secretary of the Army memo to DoD requesting a 2-year ETP while pursuing a final decision on a permanent ETP, or at a minimum, a permanent ETP for OCONUS Army civilians.

## Army Family Action Plan (AFAP) Issue Paper

DAPE-CP  
31 January 2019

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

**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.

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

**Required Actions:**

Recommendation is unattainable.

**Milestones:**

2<sup>nd</sup> Qtr FY19  
(Unattainable)

**Cost analysis:** The administrative costs of developing a DAC preferential hiring program.

**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 worldwide 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 Priority Placement Program (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 does not 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 course of action was approved by the Undersecretary of Defense for Personnel and Readiness on 14 Jun 16. Updates to the Department of Defense Instruction and the DoD PPP Handbook are underway to reflect this change. Anticipated completion date is 2<sup>nd</sup> Quarter of FY19.

**Status Recommendation:** Unattainable

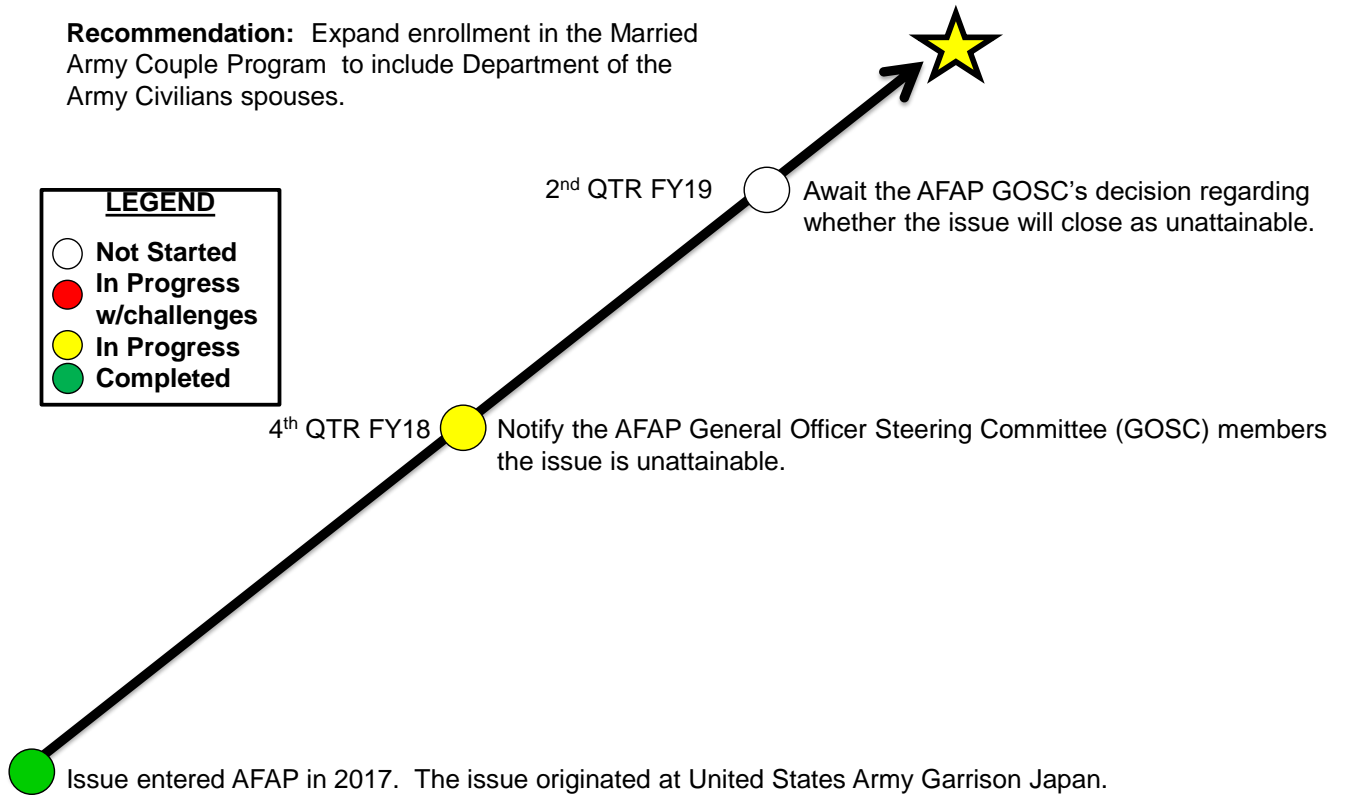
**Lead Agency:** DAPE-CP

**Approved By:** Mr. Michael E. Reheuser, Assistant G-1 for Civilian Personnel

**Action Officer/Phone:** Ms. Megan [Crone/703-806-3878/megan.e.crone.civ@mail.mil](mailto:megan.e.crone.civ@mail.mil)

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

**Recommendation:** Expand enrollment in the Married Army Couple Program to include Department of the Army Civilians spouses.



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

**Issue:** Soldiers married to DACs are not authorized to enroll in the Married Army Couple Program (MACP) per Army Regulation (AR) 614-200 (Enlisted Assignments and Utilization Management). 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.

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

**Accomplishments:**

1. The Deputy Assistant Secretary of Defense (Civilian Personnel Policy) established an enterprise Priority Placement Program (PPP) Course of Action Focus Group to formulate options for streamlining the PPP and optimizing career transition assistance for civilians.
2. The Services agreed to PPP changes that would empower military spouses to selectively exercise hiring preference through the application process for all jobs in the United States and overseas.

**Entered AFAP:** 2017

**Recommended Status:** Unattainable

**Estimated Cost:** Not determined

**Justification:** The differences in reassignment methodologies for military and civilian personnel, coupled with the costs, time, and manpower required to develop a mechanism to combine DAC employment vacancies with associated Soldier assignments during a period of personnel and fiscal reductions preclude adopting the recommendation.

## Army Family Action Plan (AFAP) Issue Paper

DAPE-CP  
31 January 2019

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

**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.

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

#### **Required Action:**

Department of Defense (DOD) is implementing changes to the Priority Placement Program (PPP) which would allow military spouses to selectively exercise hiring preference through the application process for all jobs in the United States and overseas. DOD has advised that implementation is anticipated to 2<sup>nd</sup> Qtr, FY19.

#### **Milestone:**

2<sup>nd</sup> Qtr, FY19  
(Ongoing)

**Cost analysis:** No cost associated with implementing the issue recommendation.

#### **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 is 2<sup>nd</sup> Quarter of FY19.

**Status Recommendation:** Active

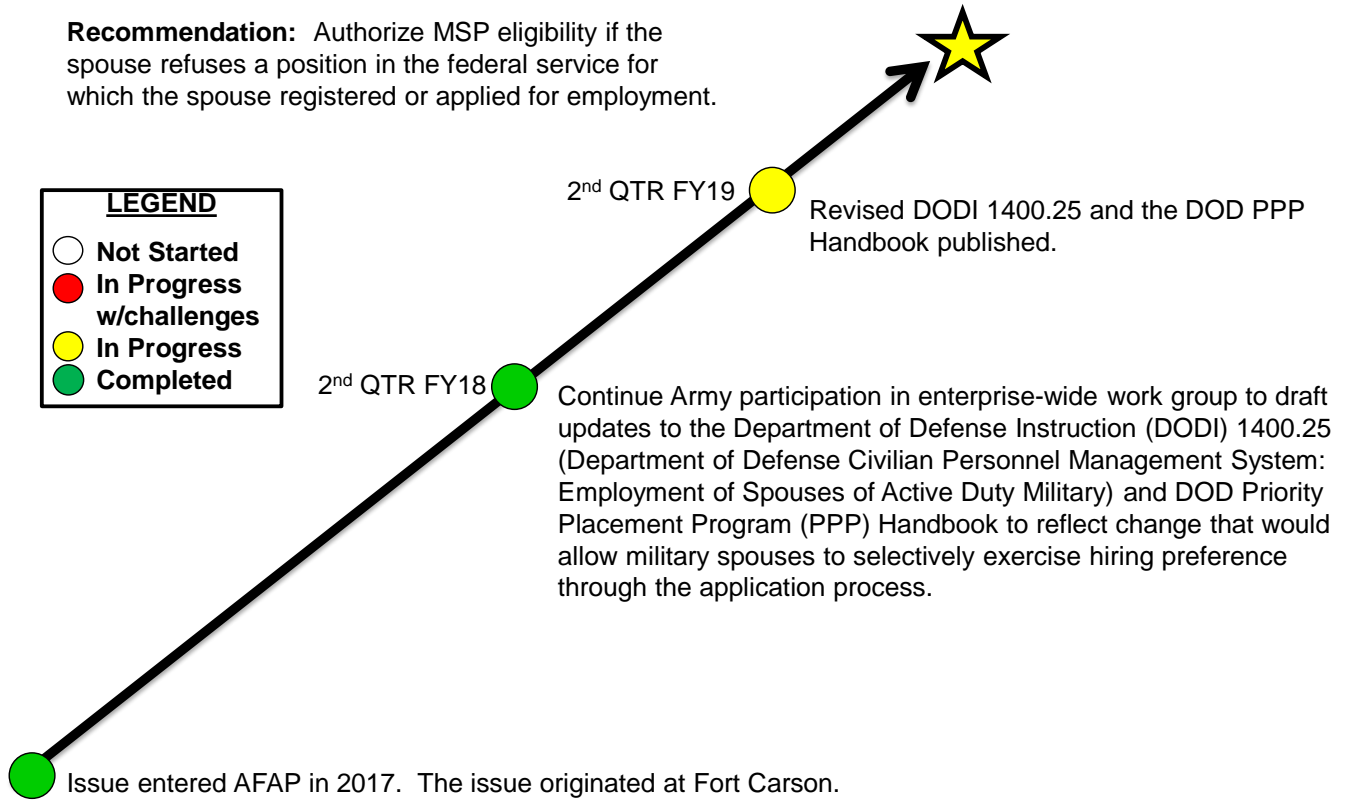
**Lead Agency:** DAPE-CP

**Approved By:** Ms. Stephanie Fallarme-Dove, Acting Staffing and Classification Chief, AG-1CP

**Action Officer/Phone:** Ms. Megan Crone/ [megan.e.crone.civ@mail.mil](mailto:megan.e.crone.civ@mail.mil)/ 703-806-3878

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

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



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

**Issue:** 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. 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.

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

**Accomplishments:**

1. The Deputy Assistant Secretary of Defense (Civilian Personnel Policy) established an enterprise Priority Placement Program (PPP) Course of Action Focus Group to formulate options for streamlining the PPP and optimizing career transition assistance for civilians.
2. The Services agreed to changes that would empower military spouses to selectively exercise hiring preference through the application process for all jobs in the United States and overseas. The change in process will enable Military spouses to be more selective with regard to use of preference, which could enable a "good fit."

**Entered AFAP:** 2017

**Recommended Status:** Active

**Estimated Cost:** None

**Way Ahead:** The Undersecretary of Defense for Personnel and Readiness approved streamlining PPP which would allow military spouses to selectively exercise hiring preference through the application process. Updates to the DODI and DOD PPP Handbook are underway. The anticipated completion date is 2<sup>nd</sup> Quarter Fiscal Year 2019.

## Army Family Action Plan (AFAP) Issue Paper

AHRC-PDC-P  
30 Jan 19

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

**Scope:** Soldiers are not provided a CAO if a Family member dies. Army Regulation (AR) 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.

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

### Required Actions:

### Milestones:

- |  |                           |
|--|---------------------------|
| 1. Phase 1: Complete. Plan adjusted due to lack of supportability.   | 2 <sup>nd</sup> Qtr FY18  |
| 2. Phase 2: Plan, coordinate, develop strategic communications (STRATCOM).   | 2 <sup>nd</sup> Qtr FY19  |
| 3. Phase 3:<br>- Provide information to Unit Commanders to assign their Family Readiness Liaison (FRL) to support Soldiers.  | 3 <sup>rd</sup> Qtr FY19  |
| Codify Casualty Assistance Center’s (CAC) role in AR 638-2 (Army Mortuary Affairs Program) and AR 638-8. Update AR 608-1 to codify the FRL program and this new Support requirement, | 4 <sup>th</sup> Qtr FY 20 |
| FORSCOM and TRADOC OPORDs updated to reflect FRL’s expanded role.  | TBD                       |
| 4. Phase 4: Implementation.  | TBD                       |

**Cost analysis:** Cost analysis to be determined based on the implementation of the use of FRL. The Army experiences approximately 759 Family member deaths annually.

## **Background:**

1. The FY06 National Defense Authorization Act and Department of Defense Instruction 1300.18 (Military Personnel Casualty Matters, Policies, and Procedures) requires 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 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 support processing FSGLI claims, with mortuary services, and the transportation of remains.
2. CACs support 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 may also support 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 Outside Continental United States (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 could support transporting the dependent's remains to the continental United States if OCONUS or within the United States. The government can pay 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 all transportation costs.
5. Numerous Army offices/programs may potentially be 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.

## **Progress:**

1. The Office of the Judge Advocate General 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.
2. CMAOD explored the role of unit 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.
3. CMAOD will codify the CACs role in AR 638-2 and AR 638-8, the codification is already in AR 638-2, but will not be ready until 4<sup>th</sup> Qtr FY20 due to Army Publishing Division procedures.
4. CMAOD will develop a STRATCOM to assist commanders with supporting Soldiers.
5. Forces Command (FORCOM) and Training & Doctrine Command (TRADOC) will update their respective command operation order to expand the FRL's role to support Soldiers. FRL will not be a CAO, but will have the knowledge and contact information to support Soldiers and commanders through their serving CAC for support and information. FRLs can attend CAO training given by their local CAC but will not receive CAO certification.
6. CMAOD will publish the following message on the S1 Net: "Commanders, S1s, and Family Readiness Liaisons can contact their local CAC for assistance to support Soldiers who have experienced a death of a dependent Family member."

**Status Recommendation:** Active

**Lead Agency:** AHRC-PDC-P

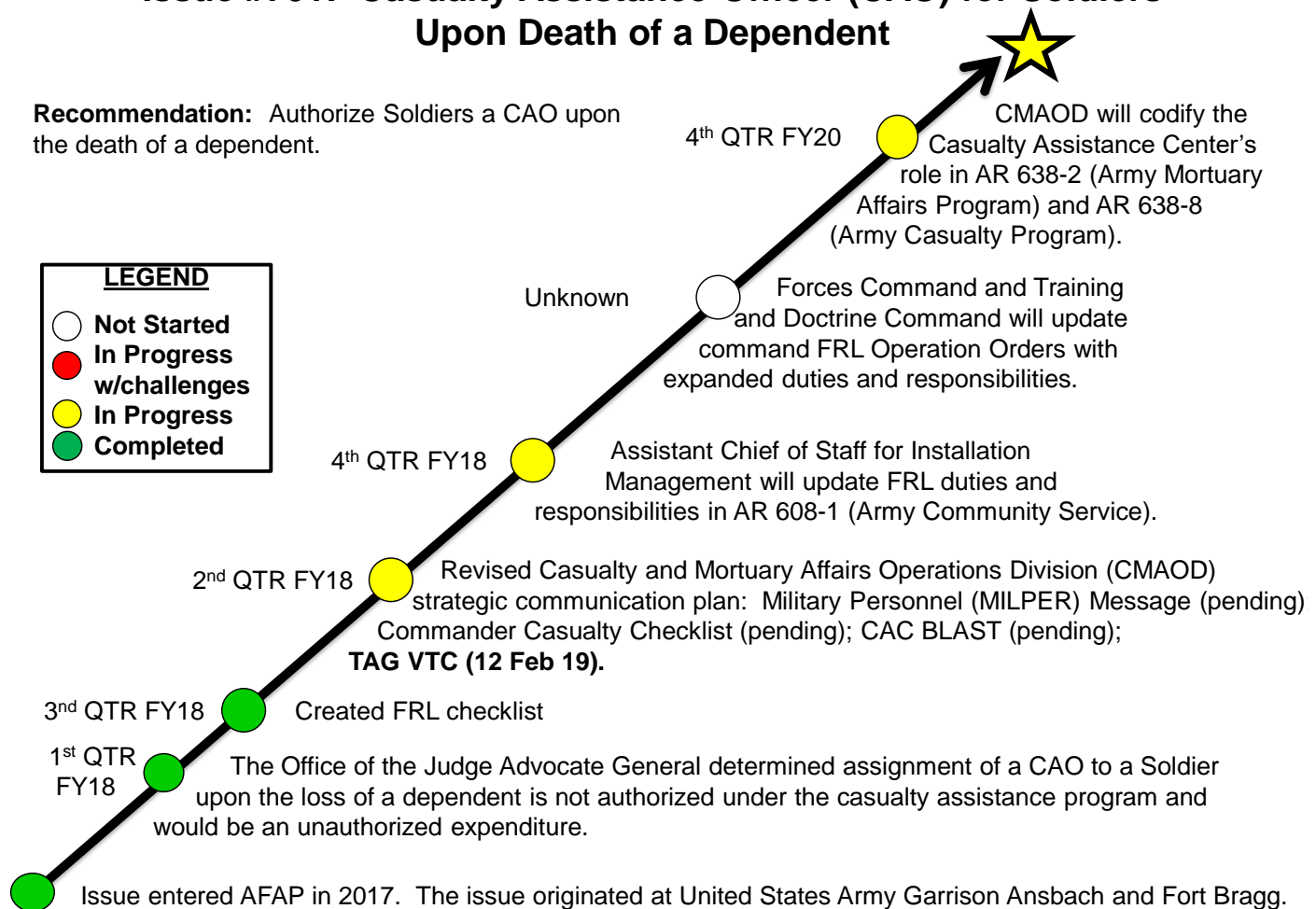
**Support Agency:** Installation Management Command, G1, Assistant Chief of Staff for Installation Management, FORSCOM, and TRADOC

**Approved By:** COL Cheryl Martinez, Director, Casualty and Mortuary Affairs Operations Division

**Action Officer/Phone:** Mrs. Theresa Lever, Theresa.s.lever.civ@mail.mil, 502-613-8338

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

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





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

**Issue:** Soldiers are not provided a CAO if a Family member dies. 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.

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

### **Accomplishments:**

1. Casualty and Mortuary Affairs Operations Division (CMAOD) recognizes Soldiers who experience a dependent death may need assistance with processing FSGLI claims, with Casualty Assistance Center (CAC) mortuary services, and the transportation of remains. CACs provide this service.
2. The Office of the Judge Advocate General determined assignment of a CAO to a Soldier upon the loss of a dependent is not authorized under the casualty assistance program and would be an unauthorized expenditure.
3. CMAOD developed a strategic communication plan where a Military Personnel (MILPER) Message will be placed on the S1NET list serve to direct Commanders to assign unit Family Readiness Liaisons (FRL) to assist Soldiers upon the death of a dependent.

**Entered AFAP:** 2017

**Recommended Status:** Active

**Estimated Cost:** Not determined.

### **Way Ahead:**

1. Release MILPER Message.
2. CMAOD will codify the CAC's role in Army Regulation (AR) 638-2 (Army Mortuary Affairs Program) and AR 638-8 (Army Casualty Program).
3. Assistant Chief of Staff for Installation Management will update FRL duties and responsibilities in AR 608-1 (Army Community Service).
4. Forces Command and Training and Doctrine Command will update command FRL Operation Orders with expanded duties and responsibilities.

## Army Family Action Plan (AFAP) Issue Paper

DAPE-PRC  
4 Feb 19

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

**Issue 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 Civilian (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.

**AFAP Recommendation:** Authorize a Soldier to voluntarily transfer leave to another Soldier.

### **Required Actions:**

1. Coordinate with Office of the Chief Legislative Liaison (OCLL) for fiscal year (FY) 20 legislative proposal submission.
2. Leave bank proposal will be discussed at the Services Compensation Chief meeting.
3. Office of the Secretary of Defense for Personnel and Readiness (OSD-PR) was not supportive of the proposal in Apr 18.

**Cost Analysis:** No incremental costs associated with authority for transferring leave. However, there is a cost in terms of lost productivity for the period of absence that a Soldier is not on duty. There may also be a cost to change the Integrated Personnel and Pay System (IPPSA).

### **Progress:**

1. A Soldier is authorized 30 days of annual leave per year. Department of Defense Instruction 1327.06 (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.
2. 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.

3. 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 with Soldiers with Family emergencies and reduce stress during a time of personal crisis such as bereavement if the Soldier has exhausted all available leave.

4. No statute 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.

5. G-1 DAPE-PR is staffing a memorandum thru DCS G-1 to M&RA to support this proposal. If granted the support to move forward, the mechanics will include the following as a minimum:

- 1). The Leave Bank will be a Commanders program and managed by DFAS.
- 2). The Commander can authorize leave in 14 day increments not to exceed 30 days in a year.
- 3). The leave will be for Soldiers with documented personal or family medical emergency that have exhausted all of their leave.
- 4). The leave bank will be capped and replenished annually.
- 5). The process for this program will be similar to Army MPLP.

**Status Recommendation:** Active

**Lead Agency:** DAPE-PRC

**Approved By:** Dr. Robert L. Steinrauf, Director P&R

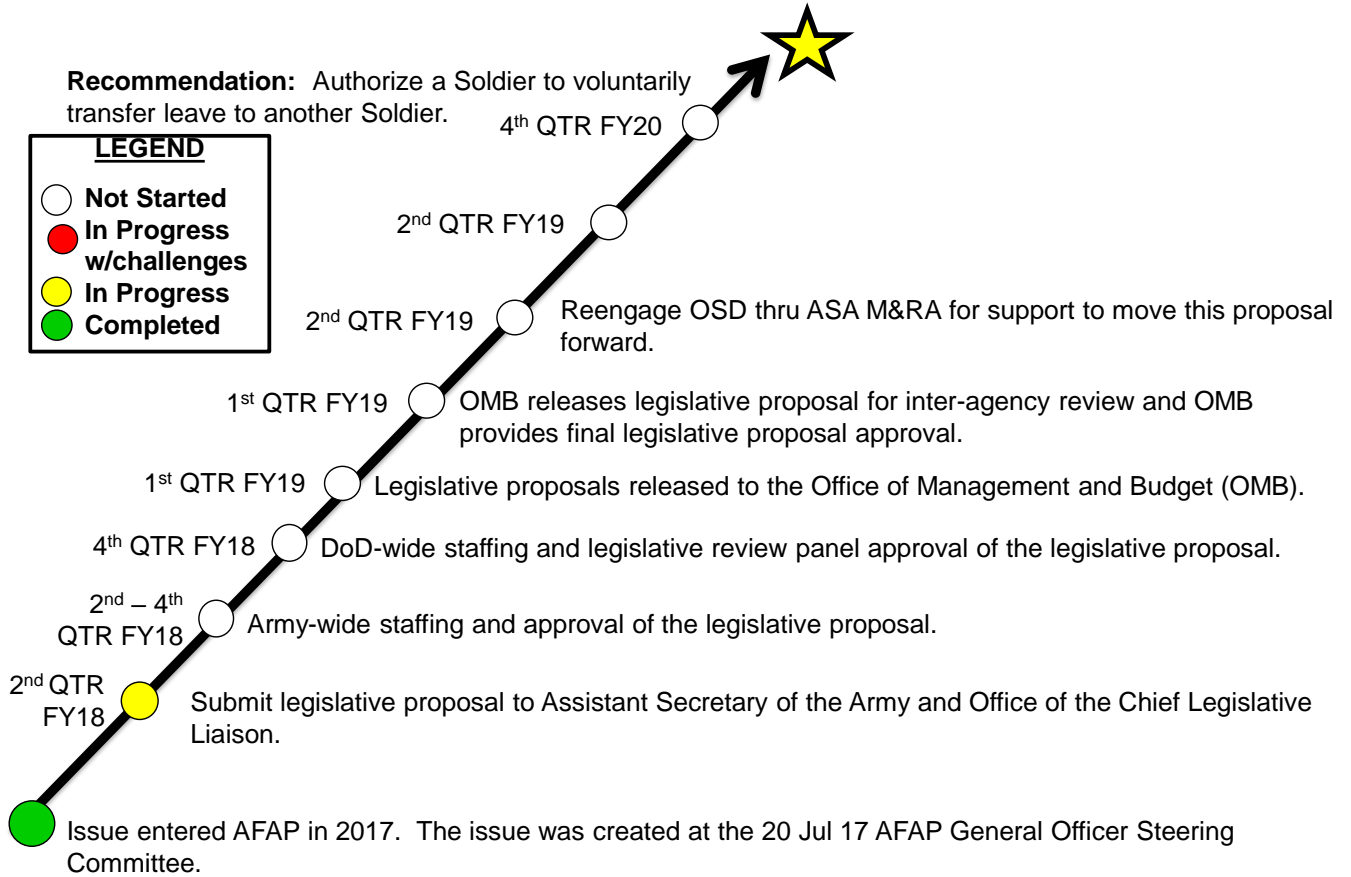
**Action Officer/Phone:** Mrs. Sherry D. Simmons-Coleman / 703-692-6888/  
[sherry.d.simmons.civ@mail.mil](mailto:sherry.d.simmons.civ@mail.mil)

# Issue #708: Soldier Voluntary Leave Transfer Program

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

**LEGEND**

- Not Started
- In Progress w/challenges
- In Progress
- Completed



## Issue #708: Soldier Voluntary Leave Transfer Program

**Issue:** A Soldier cannot voluntarily transfer leave to another Soldier who has a personal or family medical emergency and has exhausted their leave. A Department of the Army Civilian (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.

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

**Accomplishment:**

- 1). Commanders can authorize three to four day passes to alleviate the burden associated with a Soldier needing additional time to take care of an emergency if within local area.
- 2). Deputy Chief of Staff, G-1 seeks to transfer the collective lost leave balance from 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 when they have exhausted all available leave during a time of emergency.
- 3). Working through ASA M&RA to gain support of the proposal to move forward.

**Entered AFAP:** 2017

**Recommended Status:** Active

**Estimated Cost:** No incremental costs associated with authority for transferring leave. However, there is a cost in terms of lost productivity for the period of absence a Soldier is not on duty. Potential cost to change the Integrated Personnel and Pay System.

**Way Ahead:** Garner support from OSD to move the proposal forward.

**OTJAG, OACSIM  
AND  
OTSG ISSUES**

## Army Family Action Plan (AFAP) Issue Paper

DAJA-LA  
30 JAN 19

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

**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.

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

### Required Action:

1. Review the underlying legal issues.
2. Course of action selection.
3. Draft Army Directive (AD) revision to AR 608-99
4. Formal Staffing of AD
5. Adjudicate comments & submit to APD
6. Initiate staffing to SECARMY for action

### Milestone:

- 1<sup>st</sup> Quarter Fiscal Year (FY) 18
- 3<sup>d</sup> Quarter FY18 (June AFAP GOSC)
- 4<sup>th</sup> Quarter FY18
- 1<sup>st</sup> Quarter FY19
- 2<sup>nd</sup> Quarter FY19
- 3<sup>d</sup> Quarter FY19

**Cost analysis:** There is no cost to the Army.

### 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, no employer is known to require support of Families in similar 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; or (c) A current or former intimate partner with whom the abuser shares or has shared a common domicile.

3. Issue 700 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 Non-Locality BAH, it could also be supposed that supplementing Non-Locality 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.



4. Spouses within the United States can seek temporary child support from their local Child Support Enforcement Office. This is an inexpensive administrative process that can result in garnishment of the Soldier's pay to enforce the order. Spouses without children must seek spousal support. This will generally require assistance from an attorney. Some spousal shelters will offer assistance in obtaining spousal support. Outside of the United States, local national child support offices may offer assistance in obtaining child support orders. In Germany, the Jugendamt has relations with stateside Child Support Enforcement Offices and Jugendamt Child Support Orders may be easily domesticated and enforced in local US jurisdictions. OCONUS Families who have been the victims of domestic violence may also request Early Return of Dependents which will allow for government paid return of overseas dependents prior to the Soldier's normal PCS. This will allow the Family to return home where there is a support network and they will have access to US courts to pursue support actions.

5. At the February 2018 GOSC, US Army Europe (USAREUR) asked to keep the Issue open to explore ways to provide additional support recognizing the limited employment options for USAREUR Families and the challenges of getting a foreign court to order support. USAREUR separately indicated that their concern was not limited to situations where the Family separated due to domestic violence. Discussion at the GOSC turned to attempts to identify additional sources that could provide interim support to Families who had separated due to domestic violence. AER was identified as one possible source for such support. AER subsequently indicated that they do not provide either grants or loans to Family Members. Any aid given to a Soldier in such a case would be in the nature of a loan and not a grant. USAREUR suggested establishment of an organization to accept donations to be used to support Families separating due to domestic violence; this would be a command solution not requiring action by AFAP.

6. At the June 2018 GOSC, the Office of the Judge Advocate General (OTJAG) proposed a change to the interim support requirements in AR 608-99 to provide for an additional transitional support amount, equal to BAH-DIFF, for the first month of separation and for Families located in foreign countries without access to a court that could order support. For an E6 in 2019, BAH-DIFF is \$321.90. The BAH-DIFF is adjusted annually for inflation. The GOSC directed initiation of this course of action.

7. OTJAG subsequently determined the most expeditious method of implementing this course of action was through an Army Directive, as opposed to including it as part of a major revision to AR 608-99. The Army Directive has been drafted, and staffing has been initiated. If approved, the Army Directive will be incorporated into the next major revision of AR 608-99.

**Status Recommendation:** Active

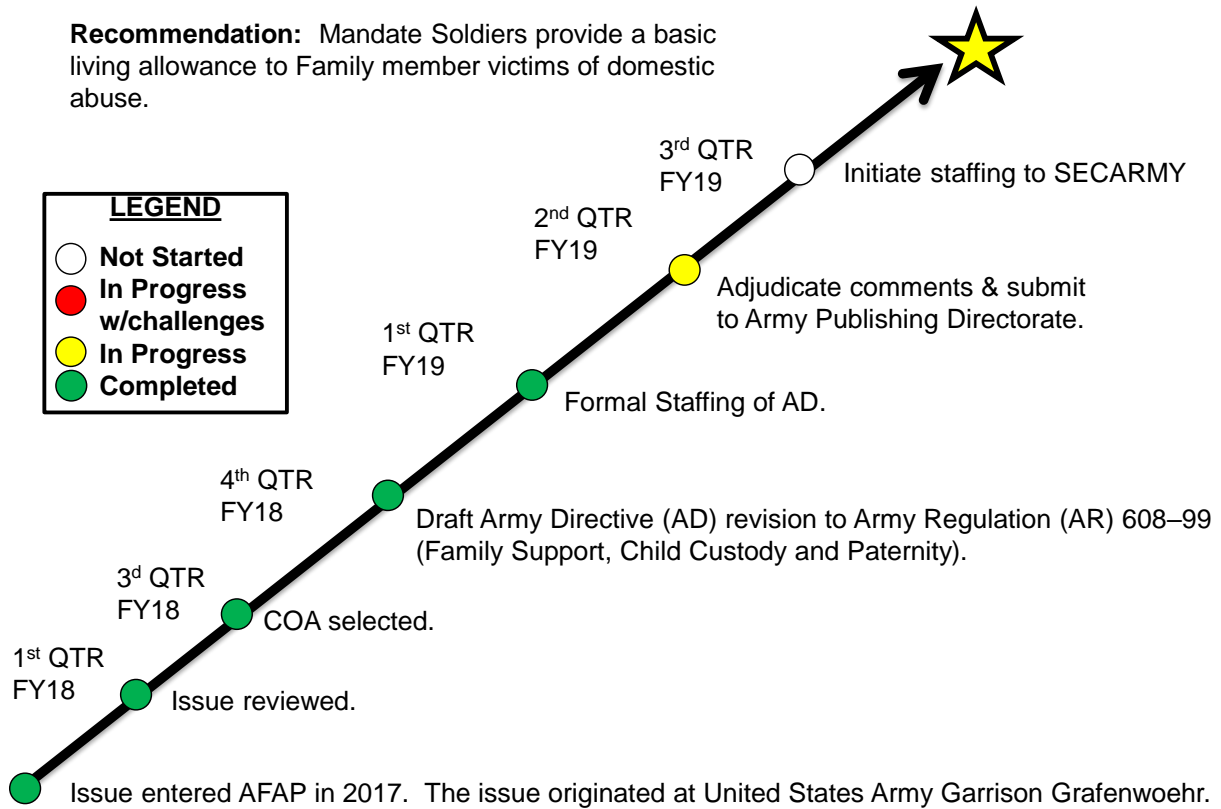
**Lead Agency:** DAJA-LA

**Approved By:** Mr. Mortimer Shea, Director Soldier and Family Legal Services/ SES

**Action Officer/Phone:** MAJ Matthew Wright/ [matthew.e.wright10.mil@mail.mil](mailto:matthew.e.wright10.mil@mail.mil)/ 571-256-8065

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

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



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

**Issue:** 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. 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.

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

**Accomplishments:**

1. The issue contemplates ordering the Soldier to pay “a basic living allowance” to the Family, in addition to Non-Locality Basic Allowance for Housing (BAH), when a Soldier is removed from the home because of a domestic violence report.
2. The Army cannot force a Soldier to pay additional support based on an unproven charge of domestic violence.
3. Army Emergency Relief does not grant assistance to Families, only to Soldiers.
4. It may be appropriate to provide additional transitional support to Families until they have access to a court to request court ordered support.

**Entered AFAP:** 2017

**Recommended Status:** Active

**Estimated Cost:** None

**Justification:** AR 608-99 policy will be revised to include an additional transitional support amount for the first month of separation and for Families located in foreign countries without access to a court that could order support.

## Army Family Action Plan (AFAP) Issue Paper

DAIM-ISS  
7 January 2019

### Issue #609: Total Army Sponsorship Program

**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 assigned sponsors. If assigned, sponsors may not be adequately trained. A Soldier's critical first impression may be negatively impacted due to inadequate sponsorship.

### AFAP Recommendations:

1. Standardize and enforce the Total Army Sponsorship Program (TASP) throughout the Army through the Command Inspection Program (CIP).
2. Add the TASP to the CIP using Army Regulation (AR) 600-8-8 (The Total Army Sponsorship Program), Appendix B, checklist.

### Required Actions:

### Milestones:

- |   |   |
|---|---|
| 1. Finalize the Execution Order (EXORD) and Installation Management Command (IMCOM) Operations Order (OPORD) that establishes an IMCOM sponsorship integrator functional requirement and mandates sponsorship for Soldiers in the grades of E-1 to O-6, civilians in grades GS-15 and below, and offers sponsorship to Family members when sponsors are deployed. | 1 <sup>st</sup> QTR FY12<br>(Completed) |
| 2. Revise Department of the Army (DA) Form 5434, Sponsorship FY12 Program Counseling Sheet, to make relevant to permanent changes of station issues faced in today's Army.  | 1 <sup>st</sup> QTR<br>(Completed)      |
| 3. Design an enterprise automated system to track sponsorship FY12 performance metrics and provide updates as required.   | 2 <sup>nd</sup> QTR<br>(Completed)      |
| 4. Develop procedures to capture feedback from the field in accordance with HQDA EXORD 018-12 in support of Office of the Assistant Chief of Staff for Installation Management (OACSIM) requirement to revise AR 600-8-8.   | 4 <sup>th</sup> QTR<br>(Completed)      |

5. Publish revised AR 600-8-8 to incorporate policy and procedure 2<sup>nd</sup> QTR FY13 changes and operating tasks using the Army Career Tracker (ACT) (Ongoing) system.

**Cost Analysis:** The program had a one time \$169K Training and Doctrine Command (TRADOC) expense for ACT system enhancements and training materials.

**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 was clear, but required visibility and enforcement Army wide.

2. In Jul 10, the 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 an HRC requirement; their focus is on training S-1/G-1'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, link sponsorship and in and out processing, ensure a warm handoff 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 plans to align the ACT system with the TASP mission and goals. ACT sponsorship will allow the management

of the sponsor-to-Soldier relationship; facilitate updating DA Form 5434 by the Soldier and sponsor; build reports that allow program managers the ability to report on te program metrics; allow the creation, management, and storage of an online survey to facilitate collection of program metrics; and provide system-generated email notifications 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 Families into the commands using an automated system. The sponsorship performance metrics were tracked for permanent party Soldiers 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 enables commanders to track their pool of trained sponsors and make informed sponsor assignments in accordance with AR 600-8-8 and HQDA EXORD 018-12.

10. OACSIM Deputy Chief of Staff G-1, IMCOM, US Army Reserve (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 stakeholders to finalize the verbiage in the ACT Sponsorship Phased Implementation EXORD. Areas of concern were mitigated resulting in a consensus by all stakeholders, 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 stakeholders to determine if changes were needed to the

regulation. Policy and procedural changes required by HQDA EXORD 161-15 were addressed.

14. IMCOM G11 and the TRADOC ACT teams 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 Inspector General recommends TASP proponency be transferred to the Deputy Chief of Staff G-1. 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 8-16 May 16. A template for training brigade Unit Sponsor Coordinators on multiple areas within Army Community Service was developed as a base training packet. IMCOM G-1 is responsible for developing an OPORD with training requirements and responsibilities for IMCOM G-9 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 help gaining commands initiate 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 assignment orders. Exceptions to policy (ETP) must be signed by the first general officer in the chain of command.

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

c. Tier III: Noncommissioned officers and officers in the grades of E-7 and above, W-3 and above, O-4 and above may request sponsorship, if required.



d. Senior Mission Commanders may determine that sponsorship is required within their areas of responsibility depending on location, types of unit, and the uniqueness or complexity of adapting to their locations.

e. ETPs for Tiers I & II remains a concern for some commands, mainly the Initial Military Training Command due to short time frames between completion of training and receipt of assignments.

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. TASP Enhancements effective as of 20 Feb 17 include DA Form 5434 available for Initial Military Training (IMT) Soldiers on Day One of training. It also provides an IMT summary report for better TRADOC and gaining unit visibility. Lastly, it incorporates a Unit Identification Code (UIC) capability that provides visibility at the lowest levels of assignment.

23. OACSIM and IMCOM 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 that corp-level support is vital for successful sponsorship implementation using robust manning available at a large installations and that the model is not sustainable at smaller installations where manning is not as robust.

24. FRAGO 2 to HQDA EXORD 161-15 released 9 Nov 17. This FRAGO authorized the first general officer/senior executive service equivalent in the Soldier's chain of command to delegate ETP authority 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 and submitted to Army Publishing Directorate (APD) for review/processing in 1<sup>st</sup> QTR FY18. OACSIM adjudicated comments from OGC and OTJAG in Jan 19 and returned the draft to APD.

26. OACSIM submitted a decision brief to SA on Courses of Action to ensure first-term and junior enlisted Soldiers have sponsors upon arrival at an installation in Jan 19.

27. A draft Army Directive was developed to require Senior Commanders / Senior Leaders to issue guidance to subordinate Army Elements to establish procedures requiring units to assign reactionary sponsors within 24 hours for any First Term or Junior Enlisted Soldiers arriving without an assigned sponsor. The directive should be released Feb 19.

28. A TASP TIER I and Junior Enlisted Assessment, will be conducted from 1 Jan to 31 Mar 19. A team of subject matter experts will review this vulnerable population moving mainly from TRADOC to assignments within FORSCOM Bdes. The assessment will

emphasize improving the key processes of assigning sponsors, to decrease risk behaviors and actions during the period of transition to a new assignment or installation.

29. A Department of the Army Inspector General Inspection of Total Army Sponsorship Program will be conducted at CONUS and OCONUS locations starting in May 19 to: 1) Assess the adequacy of oversight, systems, and policies that govern the TASP, 2) Assess compliance with and execution of the TASP throughout the Army, 3) Determine if the implementation of the TASP effectively meets the needs of commanders, Soldiers, DA Civilians, and their families

**Status Recommendation:** Active

**Lead Agency:** DAIM-ISS

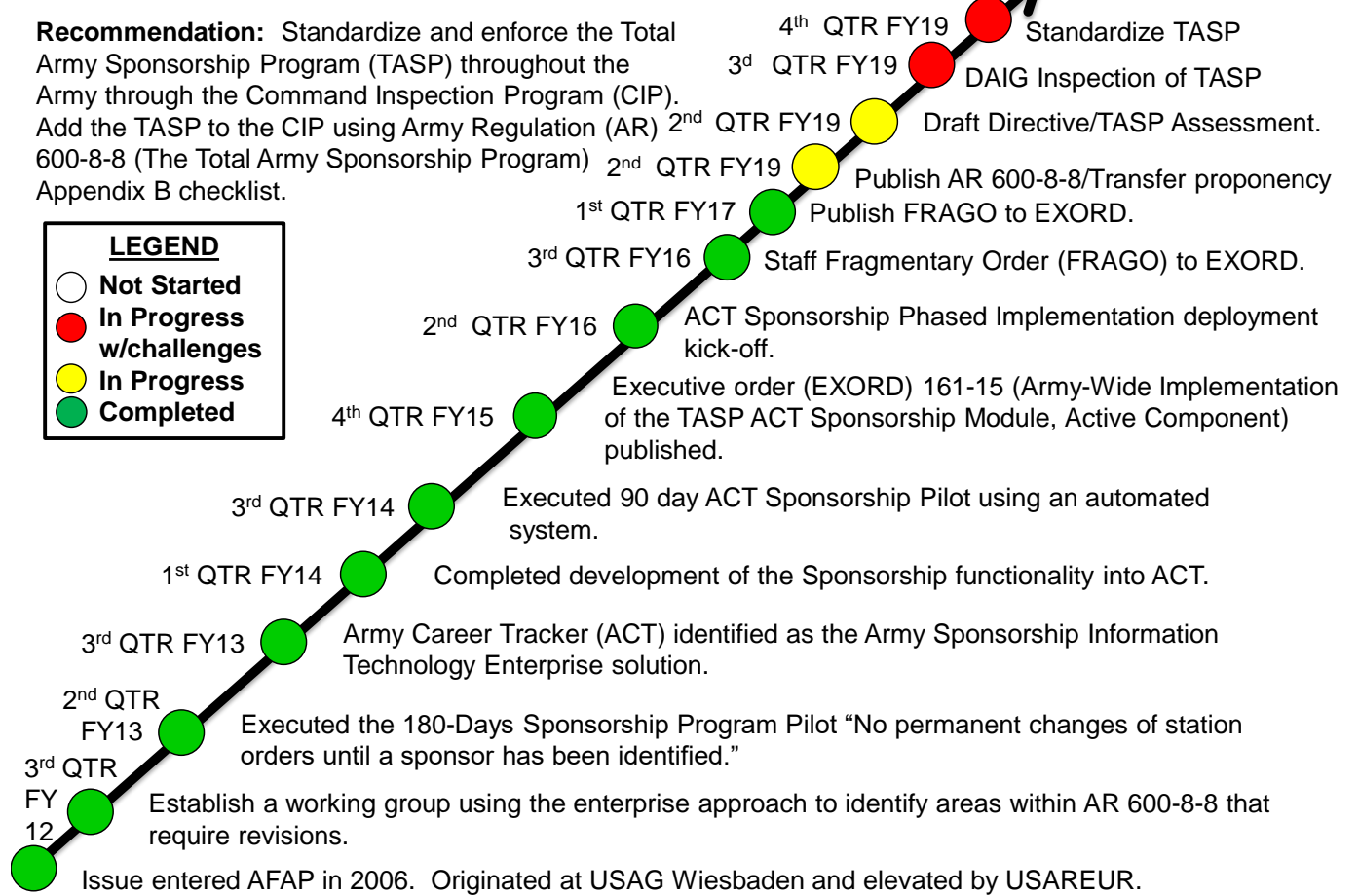
**Support Agency:** DAPE-MP and IMHR-M

**Approved By:** Ms. Helen Roadarmel / Acting Chief, Soldier & Family Readiness Division, OACSIM

**Action Officer/Phone:** Mr. Robert Bush/571-256-8691

## Issue #609: Total Army Sponsorship Program (TASP)

**Recommendation:** Standardize and enforce the Total Army Sponsorship Program (TASP) throughout the Army through the Command Inspection Program (CIP). Add the TASP to the CIP using Army Regulation (AR) 600-8-8 (The Total Army Sponsorship Program) Appendix B checklist.



## Issue #609: Total Army Sponsorship Program (TASP)

**Issue:** 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.

**Recommendations:** Standardize and enforce TASP throughout the Army through the Command Inspection Program (CIP). Add the TASP to the CIP using Army Regulation (AR) 600-8-8 (The Total Army Sponsorship Program) Appendix B checklist.

**Accomplishments:**

1. Submitted Decision brief to SA on COAs to ensure First Term and Junior Enlisted Soldiers have sponsors assigned upon arrival at an installation.
2. Developed a draft Army Directive to establish procedures requiring units to assign reactionary sponsors within 24 hours for any First Term or Junior Enlisted Soldiers arriving without an assigned sponsor. The directive should be released Feb 19.
3. A TASP TIER I and Junior Enlisted Assessment, will be conducted from 1 Jan to 31 Mar 19. The assessment will emphasize improving the key processes of assigning sponsors

**Entered AFAP:** 2006

**Recommended Status:** Active

**Estimated Cost:** The program had a one time \$169K Training and Doctrine Command expense for Army Career Tracker system enhancements and training materials. Sustainment costs TBD

**Way Ahead:**

1. Coordinate Tier I Assessment and conduct review of data.
2. OACSIM will continue to work with DCS G-1 and IMCOM to improve TASP and ensure it is effectively implemented.
3. Transfer AR 600-8-8 proponency to DCS, G-1 upon publication.

## Army Family Action Plan (AFAP) Issue Paper

DAIM-ISS  
25 Jan 19

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

**Scope:** The Army does not have an enterprise approach to synchronize Army provided and local community support for RC, GD, and transitioning Soldiers and Families. Many national 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. Additionally, there is no single “hub” for HQ Army efforts to coordinate with nor point Soldier and Families to in the local community. 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.

**AFAP Recommendation:** Explore a process to better connect RC, GD, and transitioning Soldiers and Families to government and community support.

### Required Actions:

### Milestones:

- |   |   |
|---|---|
| 1. Reconvene working group to explore policy and resource implications to using Army National Guard (ARNG) Family Assistance Centers (FACs), U.S. Army Reserve (USAR) and USAR Fort Family as a “hub” to connect community support to geographically dispersed and transitioning Soldiers and Families. | 4 <sup>th</sup> QTR FY15                              |
| 2. Collaborate with the Office of Executive Director for Force Resiliency (OEDFR), Undersecretary of Defense (Personnel and Readiness), and the National Guard Bureau (NGB) on Building Healthy Military Communities (BHMC)/Joining Community Forces (JCF)  | 1 <sup>st</sup> – 4 <sup>th</sup> QTR FY18            |
| 3. Train State Coordinators (Mar 17, Jul 17, Feb 18 Aug 18)   | Every six months                                      |
| 4. BHMC web site launch and resource guide  | 4 <sup>th</sup> QTR FY 17 – 1 <sup>st</sup> QTR FY 18 |
| 5. Command BHMC/JCF update.   | Every quarter   |

- |  |   |
|--|---|
| 6. State rapid needs assessments (RNA)   | 2 <sup>nd</sup> QTR FY18 – 3 <sup>rd</sup> QTR FY18 |
| 7. Analyze RNA data – develop quick wins   | 4 <sup>th</sup> QTR FY18                            |
| 8. Reserve Component Total Force Fitness (TFF) Capabilities-Based Assessment (CBA) | 1 <sup>st</sup> and 2 <sup>nd</sup> QTR 19          |
| 8. Develop comprehensive communication plan to improve RC/GD                       | 2 <sup>nd</sup> QTR FY19                            |
| 9. Implement plan and track progress   | 2 <sup>nd</sup> QTR FY19                            |

**Cost analysis:** OSD funded.

**Progress:** The BHMC/JCF pilot continues to move forward, updates follows:

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, Mar 17, Feb 18 and Aug 18 at NGB Headquarters in Arlington, VA. The training focuses on the BHMC/JCF pilot, planning, and state plans.
4. BHMC/JCF State rapid needs assessments (RNA) are complete for pilot states; Mississippi, Indiana, Oklahoma, Florida, Minnesota, Maryland, and New Mexico.
5. Following State RNA visits, OSD hosted a strategic planning session to review RNA results (24 Sep 18). Some general trends across the states focus on the lack of communication, mental and physical health, transportation for rural Service Members and Families, Service member and spouse employment, and synchronization between community service providers.
6. Mid-October, OSD kicked off the validation phase of the RC Total Force Fitness (TFF) Capabilities-Based Assessment (CBA) and hosted a shortfalls review with RC/GC stakeholders to validate literature review, survey, and RNA data. The draft report was sent 30 Nov 18, with a follow-on meeting 29-30 Jan 19.

7. One key issue from the RNA and CBA is communication. Army stakeholders agreed (22 Jan 19) a strategic communication effort was needed to help with awareness of existing resources. The group will start to work this with OACSIM as lead and include other resource providers.

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

9. The BHMC web site is live along with a resource guide.

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

**Status Recommendation:** Active

**Lead Agency:** DAIM-ISS

**Support Agencies:** ARNG, USAR, TRADOC, FORSCOM, USARC, USACC and IMCOM

**Approved By:** Mr. Grant Cleveland, Acting Chief, Soldier and Family Readiness Division

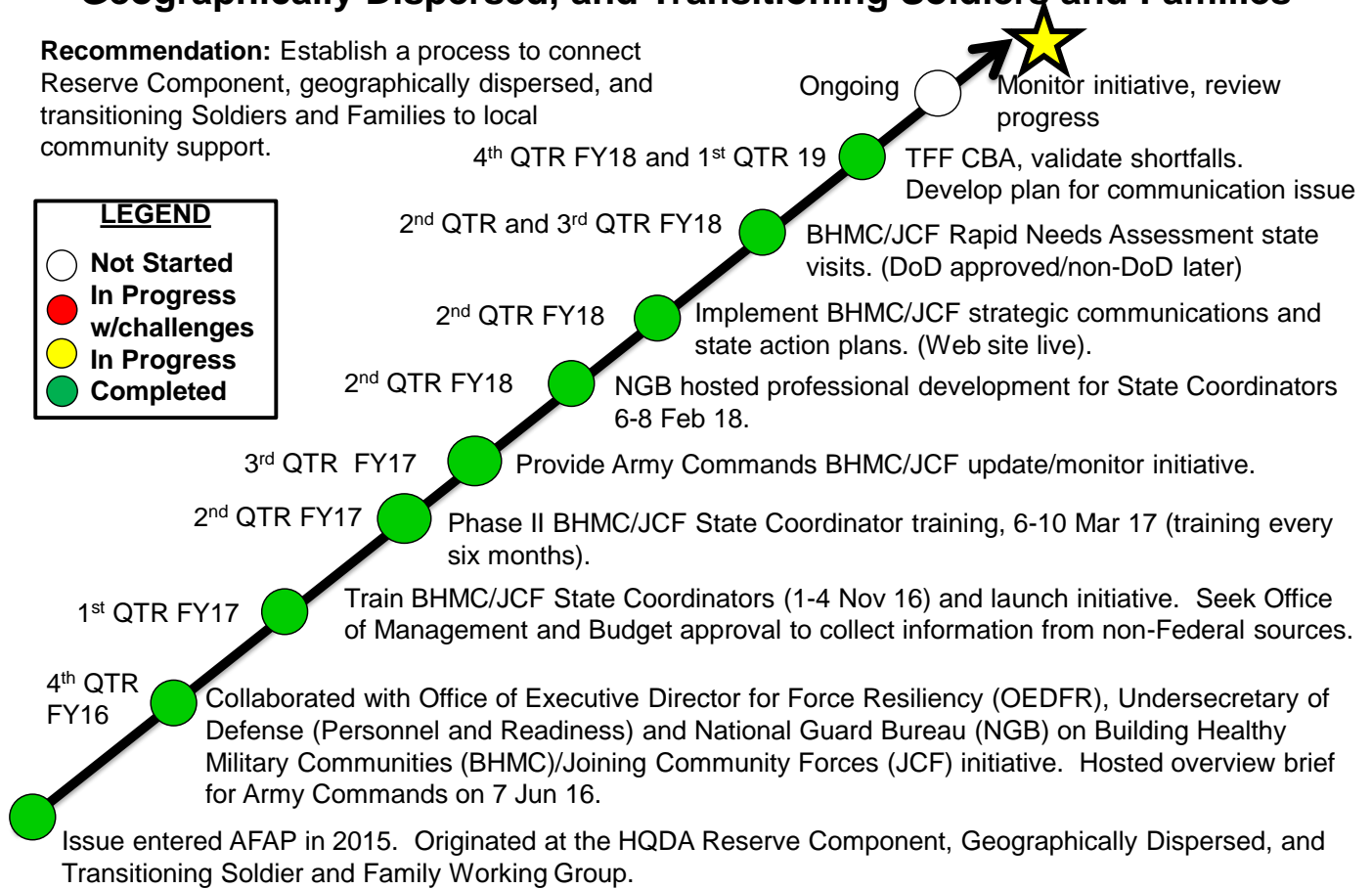
**Action Officer/Phone:** Mr. Rob Hansgen, [robert.e.hansgen.civ@mail.mil](mailto:robert.e.hansgen.civ@mail.mil), 571-256-8686

# Issue #690: Army and Local Community Support for Reserve Component, Geographically Dispersed, and Transitioning Soldiers and Families

**Recommendation:** Establish a process to connect Reserve Component, geographically dispersed, and transitioning Soldiers and Families to local community support.

**LEGEND**

- Not Started
- In Progress w/challenges
- In Progress
- Completed





## Issue #690: Army and Local Community Support for Reserve Component, Geographically Dispersed, and Transitioning Soldiers and Families

**Issue:** The Army does not synchronize Army provided and local community support for Reserve Component (RC), geographically dispersed (GD), and transitioning Soldiers and Families. Many Army efforts 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.

**Recommendation:** Explore a process to better connect RC, GD, and transitioning Soldiers and Families to local government and community support.

<p><b>Accomplishments:</b></p> <ol style="list-style-type: none"> <li>1. The Building Healthy Military Communities (BHMC)/Joining Community Forces (JCF) hosted state coordinator training Nov 16, Mar 17, Jul 17, and Feb 18, Aug 18.</li> <li>2. State rapid needs assessment (RNA) complete for pilot states Mississippi, Indiana, Oklahoma, Florida, Minnesota, Maryland, and New Mexico.</li> <li>3. Key RNA Family trends revolve around communication, mental and physical health, transportation for rural Soldiers and Families, Service member and spouse employment, and synchronization between community service providers. There are other issues outside the portfolio, i.e. TRICARE.</li> <li>4. The BHMC/JCF resource web site is live.</li> <li>5. OSD validating the data through a capabilities based assessment and identifying gaps.</li> </ol>	<p><b>Entered AFAP:</b> 2015</p> <p><b>Recommended Status:</b> Active</p> <p><b>Estimated Cost:</b> OSD funded.</p> <p><b>Way Ahead:</b></p> <ol style="list-style-type: none"> <li>1. Collaborate on BHMC/JCF initiative.</li> <li>2. State coordinators implementing action plans.</li> <li>3. BHMC/JCF team analyzed RNA results/identified initial gaps.</li> <li>4. OSD to continue RC Total Force Fitness Capabilities-Based Assessments.</li> <li>5. Communication of resources is a challenge, Army stakeholders to develop communication effort.</li> <li>6. Provide Army Commands BHMC/JCF updates.</li> </ol>
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## Army Family Action Plan (AFAP) Issue Paper

DASG-HSZ  
15 Jan 19

**Issue #641:** Over Medication Prevention and Alternative Treatment for Military Health System (MHS) Beneficiaries

**Scope:** No comprehensive strategy exists for over medication prevention and alternative treatment options for MHS beneficiaries. Patients, Families and providers are not adequately educated about over medication and alternative treatment options. The lack of alternative treatment options/rehabilitative resources for all beneficiaries contributes to over medication and adversely impacts the function and quality of life.

**AFAP 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 MHS beneficiaries.

### Required Actions:

### Milestones:

1. Office of The Surgeon General (OTSG), Rehabilitation and Reintegration Division:
  - a. Establish Pain Management Work Group to assess current state of pain management in Army medicine 1<sup>st</sup> QTR FY09 (Completed)
  - b. Assess US Army Medical Command (MEDCOM) policies relating to evaluation and utilization of alternative rehabilitative/reintegration treatment and therapy programs 3<sup>rd</sup> QTR FY09 (Completed)
  - c. Establish enduring partnership with DoD, Veterans Administration (VA), civilian agencies, non-profit organizations, etc. to establish process to safely/legally provide access to alternative treatment/therapy programs 4<sup>th</sup> QTR FY15 (Completed)
2. OTSG Pain Management Task Force (PMTF) conducts site visits at Military Treatment Facilities (MTF), VA Hospitals and civilian medical facilities 1<sup>st</sup> QTR FY11 (Completed)
3. PMTF completes report 3<sup>rd</sup> QTR FY10 (Completed)
4. MEDCOM publishes Pain Management Campaign Plan Operations Order 4<sup>th</sup> QTR FY10 (Completed)
5. Establish Regional Health Command (RHC) Interdisciplinary Pain Management Centers (IPMC) 2<sup>nd</sup> QTR FY15 (Completed)

6. MEDCOM establish Extension for Community Healthcare Outcomes (ECHO) tele-mentoring hub in all RHCs	4 <sup>th</sup> QTR FY14 (Completed)
7. MEDCOM policy and updated All Army Activity (ALARACT)/HQDA Executive Order (EXORD) for Medical Readiness Reporting and electronic profile (e-Profile)	3 <sup>rd</sup> QTR FY16 (Completed)
8. Publish Opioid e-Profile Policy/EXORD	3 <sup>rd</sup> QTR FY17 (Completed)
9. Validate Opioid e-Profile EXORD implementation.	4 <sup>th</sup> QTR FY18 (Completed)
10. Publish OPORD 19-09 Army Comprehensive Pain Program Management Program.	1 <sup>st</sup> QTR FY19 (Completed)

### **Cost analysis:**

1. Cost for phased implementation of PMTF Recommendations: FY13-17: \$31.5M (annual). FY18 budget allocation \$33.2M. Defense Health Agency (DHA) allocated \$23-26M from FY17-21. MEDCOM is currently funding additional costs in excess of DHA allocation. Initial budget projections for the IPMCs did not account for absorbing the funding costs for Pain Physicians and required support personnel from the legacy pain clinics. Legacy pain clinic personnel were previously funded under Surgical Services but are now funded with Army Pain Management Program funds. Additionally, in FY17, funding transitioned from the High Interest Program to Readiness portfolio resulting in management of funds at the MTF level.

3. Current staffing of the IPMCs range from 34% to 90%. Staffing shortages are a result of funding issues in addition to local decisions requiring prioritization of positions in the MTF due to the MEDCOM civilian hiring cap, hiring freeze under continuing resolutions, and enforcement of the five-year Overseas Tour Extension limit. These staffing shortages limit the access to direct care. From 2015-2017, the average purchased care cost for interventional pain services for active duty service members was \$1.4M annually.

### **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 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 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. These recommendations have shaped MEDCOMs comprehensive pain management mission to provide a comprehensive, holistic, multimodal, multidisciplinary pain management strategy across the clinical continuum. This mission is executed through the use of the Stepped Care Model, Primary Care Pain Champions, IPMCs, and Project ECHO. Standardized drug testing is being addressed through collaboration with Defense Health Agency and HEC pain work group. The pain strategy also promotes collaboration with additional Army initiatives, including Allied Clinical Services (Polypharmacy), Intrepid Spirits, Performance Triad, Army Medical Homes and Behavioral Health.

4. During the Apr 16 Army Family Action Plan (AFAP) General Officer Steering Committee (GOSC) meeting the Vice Chief of Staff of the Army (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. Chronic narcotic prescriptions were previously tracked by using the CHUP (Chronic Pain, High Utilizer, Polypharmacy) report. With the transition to Defense Health Agency (DHA), opioid prescriptions, including long-term (chronic) prescriptions, are queried at the point-of-care and at enterprise level through the Opioid Registry in CarePoint. Prescription data is also available to military healthcare providers on all prescriptions in which a patient uses the Tricare benefit in the electronic health record through the Pharmacy Data Transaction Service.

b. 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 between providers and Commanders when a Soldier is placed on an opioid medication. The EXORD requires providers to issue an e-Profile when an opioid medication is prescribed.

5. 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 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.

6. On 26 Oct 17, the President of the United States published a Presidential Memorandum, "Combatting the National Drug Demand and Opioid Crisis." Opioid exposure rates for Active Duty Service Members, indicated by one or more prescriptions for an opioid in the given year of reporting, peaked in 2012 at 29.0% and decreased in 2017 to 20.8%. Chronic opioid use, defined as greater than or equal to 90 days of opioids dispensed in a 6-month time frame, also decreased from 11.2% in 2012 to 5.1% in 2017. Less than 1% of Active Duty Service Members who are prescribed an opioid develop an opioid use disorder (OUD). This rate is significantly lower than the U.S. adult population of 8-12 % who develop an OUD from a prescription (SAMHSA). MEDCOM's pain management and opioid safety strategy aligns with the Military Health System (MHS) strategy acknowledging the critical role that quality pain management plays in addressing one of the major root causes of the national opioid epidemic.
7. Over 70% of unit commanders (or commander designee) are registered in the commander's portal allowing visibility of e-Profile with over 62% accessing the system within the previous 30 days. This data was obtained through the Medical Operational Data System (MODS) at the installation level.
8. Data assessment of the HQDA EXORD 224-17 implementation from Aug 17 to Dec 17 reveals an overall average of 45% of opioid prescriptions for active duty members 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.
9. Strategic communications with Regional Health Command Leaders and publication of OPORD 19-09, Army Comprehensive Pain Management Program, Annex D: Electronic Profiling for Opioids will continue to improve compliance with electronic opioid profiling.
10. MEDCOM's pain management and opioid safety strategy aligns with the Military Health System (MHS) strategy acknowledging the critical role that quality pain management plays in addressing one of the major root causes of the national opioid epidemic. Army Medicine follows the Center for Disease Control (CDC), VA-DoD Clinical Practice Guidelines for Chronic Opioids and MHS Opioid Prescribing guidelines (published in June 2018), for acute pain which recommends less than a 5-day supply of short-acting opioids for acute pain episodes and minor procedures and less than a 10-day supply of short-acting opioids for major procedures. Renewals are limited, after clinical re-evaluation, to a 3-day and a 7-day supply, respectively.

**Status Recommendation:** Complete

**Lead Agency:** OTSG

**Approved By:** COL Matthew B. Garber, Director, Rehab and Reintegration Division,  
OTSG

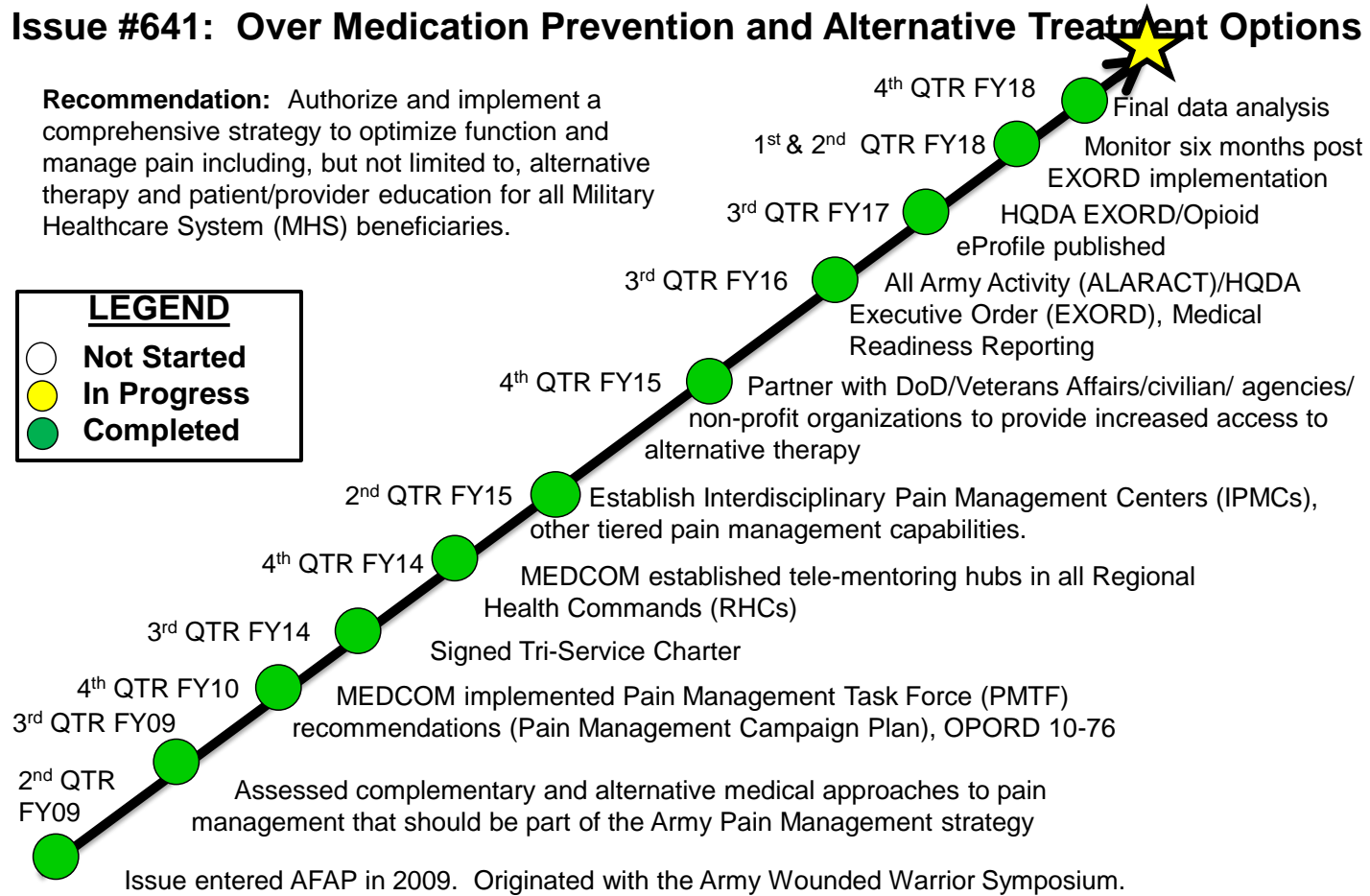
**Action Officer/Phone:** LTC Sharon L. Rosser / (703) 681-5852

# Issue #641: Over Medication Prevention and Alternative Treatment Options

**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 (MHS) beneficiaries.

**LEGEND**

- Not Started
- In Progress
- Completed



## **Issue #641: Over Medication Prevention & Alternative Treatment for Military Healthcare System (MHS) Beneficiaries**

**Issue:** No comprehensive strategy exists for over medication prevention and alternative treatment options for MHS beneficiaries. Patients, Families, and providers are not adequately educated about over medication and alternative treatment options.

**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 MHS beneficiaries.

### **Accomplishments:**

1. The FY10 National Defense Authorization Act directed DoD to develop a comprehensive pain management strategy.
2. The Comprehensive Pain Management Campaign Plan directed implementation of the Pain Management Task Force with recommendations for holistic, multidisciplinary, and multimodal pain management.
3. U.S. Army Medical Command (MEDCOM) efforts lead DoD Health Executive Council Pain Working Group and ongoing Tri-Service/Veterans Affairs pain initiatives (Tri-Service Charter signed May 14).
4. MEDCOM established an Interdisciplinary Pain Management Center (IPMC) network and tiered pain management teams to include Pain Champions in Medical Homes.
5. MEDCOM established Pain Management tele-mentoring hubs in all Regional Health Commands.
6. MEDCOM published Opioid e-Profile Executive Order (EXORD) in 3<sup>rd</sup> QTR FY17.
7. MEDCOM provided Commanders access to e-Profile system.
8. MEDCOM published OPORD 19-09, Army Comprehensive Pain Management Program.

**Entered AFAP:** 2009

**Recommended Status:** Complete

**Estimated Cost:** \$33.2M programmed annually and included in FY17-22 Program Objective Memorandum. MEDCOM funds program requirements beyond Defense Health Agency allocation.

### **Way-Ahead:**

1. Continue the comprehensive approach to pain management and opioid safety through the Military Health System Stepped Care Model.
2. Army Medicine continues to shape provider education, beneficiary education, standardized informed consent for opioid therapy and opioid prescription monitoring in support of MHS.



## The Army Family Action Plan (AFAP) Issue Paper

DASG-HSZ  
15 Jan 19

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

**Scope:** Active duty service members (ADSM) 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 service member is geographically dispersed, TRICARE will not authorize nor fund a civilian alternative medical service referral. TRICARE coverage of ADSM alternative medical services could minimize or eliminate medical profiles, drug dependency, invasive medical procedures, and overall medical costs.

**AFAP Recommendation:** Authorize TRICARE coverage of alternative medical services for ADSM.

#### Required Actions:

1. Office of the Surgeon General's (OTSG) Rehabilitation And Reintegration Division requests Defense Health Agency (DHA) Deputy Director, TRICARE Health Plan for Independent Government Cost Estimate and support with legislative proposal.

2. Fiscal Year (FY) 20 legislative proposal submitted to Army Office of the Chief Legislative Liaison (OCLL).

3. Legislative proposal sponsored by Assistant Secretary of the Army for Manpower & Reserve Affairs [ASA (M&RA)] Proposal Advisory Council.

4. Defense Health Agency (DHA) determined a rule change could be used to authorize acupuncture coverage through the TRICARE Basic benefit. Legislative proposal withdrawn.

5. DHA began drafting proposed rule change to add acupuncture to the TRICARE Basic benefit.

#### Milestones:

1<sup>st</sup> QTR FY18  
(Complete)

2<sup>nd</sup> QTR FY18  
(Complete)

3<sup>rd</sup> QTR FY18  
(Complete)

3<sup>rd</sup> QTR FY18  
(Complete)

3<sup>rd</sup> QTR FY18  
(Pending)

**Cost analysis:** The DHA cost estimates from January 2017 estimated additional health care costs to be nearly \$12 million from FY20 to FY24 with the Army accounting for more than \$4 million of this cost or 37 percent. These estimates accounted for only active duty service members.

#### 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 FY10 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 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, U.S. Army Medical Command directed the establishment of Interdisciplinary Pain Management Centers (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. CIM therapies are not TRICARE-approved. In geographically remote locations, service members are referred to a Pain Specialist who provides interventional and conventional medical treatments.

4. In July 2017, the FY16 AFAP Command Prioritization Group recommended TRICARE authorize ADSMs CIM services. The DHA representative supported the request and the VCSA approved the request.

5. In 3<sup>rd</sup> QTR FY18, OTSG submitted a FY20 legislative proposal to authorize ADSMs TRICARE coverage for alternative medical services which obtained sponsorship by ASA (M&RA). Subsequently, the DHA determined a legislative proposal was not needed and initiated the rule change process to add acupuncture to the TRICARE Basic benefit. Additional complementary and alternative therapies, if warranted, will require future coordination with DHA.

**Status Recommendation:** Active

**Lead Agency:** DASG-HSZ

**Support Agency:** DHA

**Approved By:** COL Matthew Garber, Director, Rehabilitation and Reintegration Division

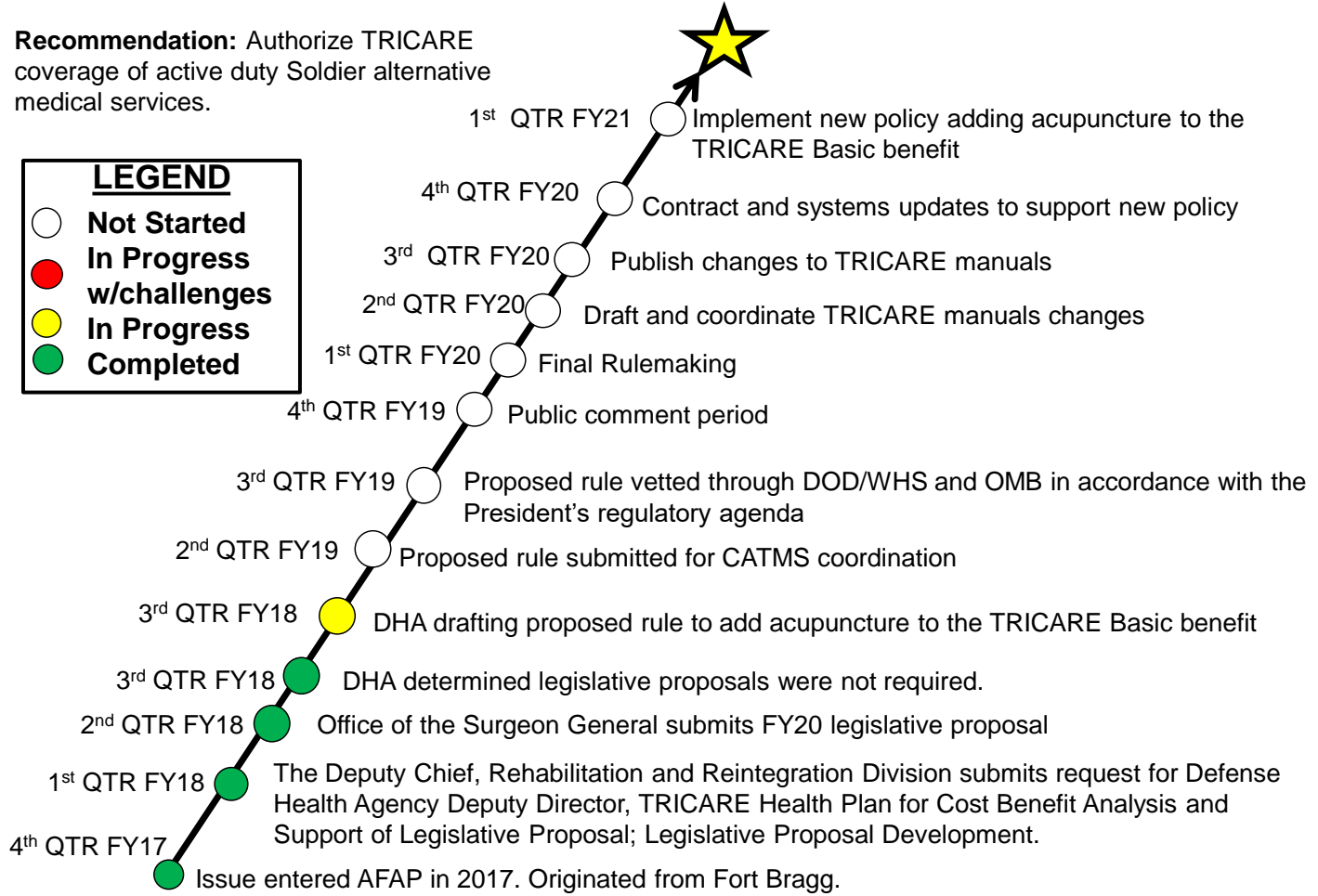
**Action Officer/Phone:** LTC Sharon L. Rosser, Director, Army Comprehensive Pain Management Program / sharon.l.rosser.mil@mail.mil / 703-681-5852

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

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

**LEGEND**

- Not Started
- In Progress w/challenges
- In Progress
- Completed



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

**Issue:** Active duty Soldiers only receive alternative medical services such as massage therapy, hydrotherapy, and acupuncture at designated Military Treatment Facilities (MTFs). 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.

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

**Accomplishments:**

1. In first quarter Fiscal Year (FY) 18, requested an Independent Government Cost Estimate (IGCE) from the Defense Health Agency (DHA).
2. In the second quarter FY18, received IGCE from the Deputy Director, TRICARE Health Plan, DHA.
3. In the second quarter FY18, Office of the Surgeon General (OTSG) submitted a FY20 legislative proposal to authorize Active Duty Service Members (ADSM) TRICARE coverage for alternative medical services.
4. In the third quarter FY18, DHA determined legislative proposal is not needed; rule change can be used to authorize TRICARE acupuncture coverage.
5. Other alternative medical services requires further coordination with DHA.

**Entered AFAP:** 2017

**Recommended Status:** Active

**Estimated Cost:** The Defense Health Agency estimated the FY20 to FY24 additional health care costs as \$12 million, with the Army accounting for more than \$4 million or 37 percent.

**Way Ahead:** DHA is drafting a proposed rule to add acupuncture to the TRICARE Basic benefit which require regulatory change. Projected to enter CATMS then end of 2<sup>nd</sup> QTR FY19.

## Army Family Action Plan (AFAP) Issue Paper

DASG-HSZ  
15 Jan 19

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

**Scope:** The National Defense Authorization Act (NDAA) of Fiscal Year (FY) 2001 authorizes active duty 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 active duty service members (ADSM) TRICARE chiropractic coverage may compromise continuity of care if a service member cannot afford to continue treatment as an out-of-pocket expense.

**AFAP Recommendation:** Authorize TRICARE chiropractic coverage for active duty service members.

#### **Required Actions:**

#### **Milestones:**

- |  |   |
|--|---|
| 1. Office of the Surgeon General's (OTSG) Rehabilitation and Reintegration Division (R2D) requests Defense Health Agency (DHA) Deputy Director, TRICARE Health Plan for an Independent Government Cost Estimate and support with legislative proposal. | 1 <sup>st</sup> QTR FY18<br>(Completed) |
| 2. Fiscal Year (FY) 20 Legislative proposal submitted to Army Office of the Chief Legislative Liaison (OCLL).  | 2 <sup>nd</sup> QTR FY18<br>(Complete)  |
| 3. Legislative proposal sponsored by Assistant Secretary of the Army for Manpower & Reserve Affairs [ASA (M&RA)] Proposal Advisory Council.  | 3 <sup>rd</sup> QTR FY18<br>(Complete)  |
| 4. Defense Health Agency (DHA) determined a rule change could be used to authorize chiropractic services through the TRICARE Basic benefit. Legislative proposal withdrawn.  | 3 <sup>rd</sup> QTR FY18<br>(Complete)  |
| 5. DHA began drafting proposed rule change to add chiropractic services to the TRICARE Basic benefit.  | 3 <sup>rd</sup> QTR FY18<br>(Pending)   |

**Cost analysis:** The DHA cost estimates from January 2017 estimated additional health care costs to be over \$56 million from FY20 to FY24 with the Army accounting for more than \$24 million of this cost or 37 percent. These estimates accounted for only active duty service members.

## Progress:

1. In the FY01 NDAA, Congress directed the Secretary of Defense (SECDEF) to provide chiropractic services at designated MTFs for 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, US Army Medical Command's Congressional Affairs Contact Office 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 ADSM TRICARE chiropractic coverage. The DHA representative supported the request and the VCSA approved the request.

8. OTSG submitted a FY20 legislative proposal to authorize ADSMs TRICARE coverage for alternative medical services which obtained sponsorship by Assistant Secretary of the Army for Manpower and Reserve Affairs in 3<sup>rd</sup> QTR FY18.

10. In 3<sup>rd</sup> QTR FY18, OTSG submitted a FY20 legislative proposal to authorize ADSMs TRICARE coverage for chiropractic services which obtained sponsorship by ASA (M&RA). Subsequently, the DHA determined a legislative proposal was not needed and initiated the rule change process to add chiropractic services to the TRICARE Basic benefit.

**Status Recommendation:** Active

**Lead Agency:** OTSG

**Support Agency:** DHA

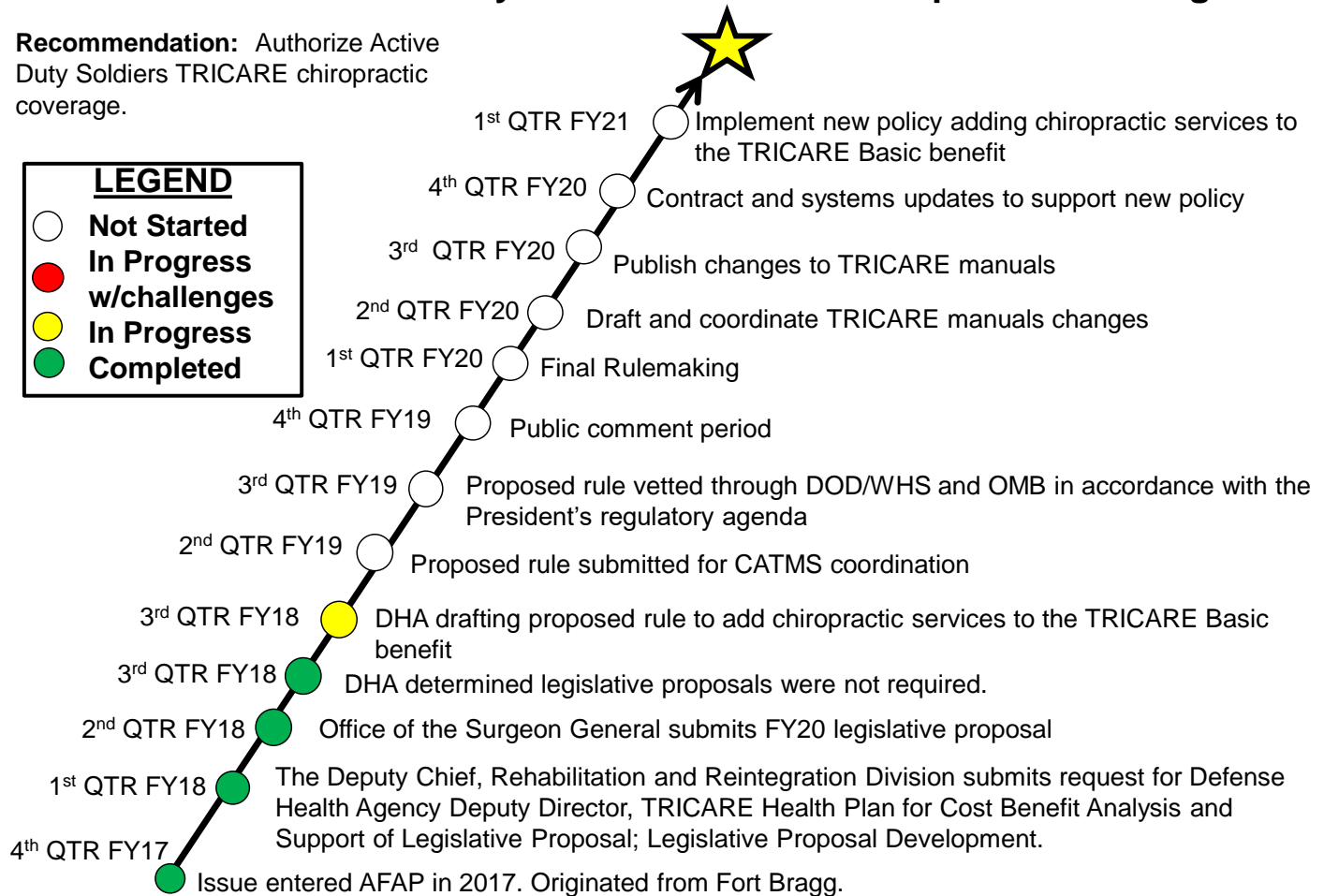
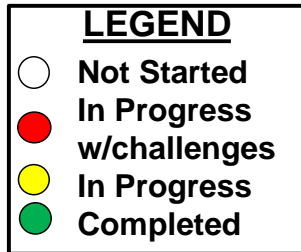
**Approved By:** COL Matthew Garber, Director, Rehabilitation and Reintegration Division

**Action Officer/Phone:** LTC Sharon L. Rosser, Director, Army Comprehensive Pain Management Program / sharon.l.rosser.mil@mail.mil / 703-681-5852



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

**Recommendation:** Authorize Active Duty Soldiers TRICARE chiropractic coverage.



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

**Issue:** The Fiscal Year 2001 National Defense Authorization Act authorizes active duty 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 active duty Soldiers TRICARE chiropractic coverage may compromise continuity of care if a Soldier cannot afford to continue treatment as an out-of-pocket expense.

**Recommendation:** Authorize active duty Soldiers TRICARE chiropractic.

**Accomplishments:**

1. In first quarter Fiscal Year (FY) 2018, the Office of the Surgeon General (OTSG) requested an Independent Government Cost Estimate (IGCE) from the Defense Health Agency (DHA).
2. In the second quarter FY18, received IGCE from the Deputy Director, TRICARE Health Plan, DHA.
3. In the second quarter FY18, Office of the Surgeon General (OTSG) submitted a FY20 legislative proposal to authorize Active Duty Service Members (ADSM) TRICARE coverage for chiropractic services.
4. In the third quarter FY18, DHA determined legislative proposal is not needed; rule change can be used to authorize TRICARE chiropractic coverage.

**Entered AFAP:** 2017

**Recommended Status:** Active

**Estimated Cost:** The Defense Health Agency estimated the FY20 to FY24 additional health care costs as nearly \$56million, with the Army accounting for more than \$24 million or 37 percent.

**Way Ahead:** DHA is drafting a proposed rule to add chiropractic care to the TRICARE Basic benefit which require regulatory change. Projected to enter CATMS then end of 2<sup>nd</sup> QTR FY19.

## Army Family Action Plan (AFAP) Issue Paper

DASG-HSZ  
16 JAN 19

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

**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.

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

#### **Required Actions:**

#### **Milestones:**

- |  |  |
|--|--|
| 1. Fiscal Year (FY) 19 Legislative proposal submitted to Army Office of the Chief Legislative Liaison (OCLL)   | 1 <sup>st</sup> QTR FY17<br>(Complete) |
| 2. On 5 Jun 17, Office of the Surgeon General (OTSG) was informed that the legislative proposal was withdrawn from the FY19 National Defense Authorization Act (NDAA) cycle as a result of the Army G-8 non-concurring during Army principle staffing by OCLL. | 3 <sup>rd</sup> QTR FY17<br>(Complete) |
| 3. Resubmit FY20 Legislative proposal submitted to Army OCLL.  | 2 <sup>nd</sup> QTR FY18<br>(Complete) |
| 4. Legislative proposal not sponsored by Assistant Secretary of the Army for Manpower & Reserve Affairs (ASA M&RA) and was withdrawn for FY20 submission.  | 3 <sup>rd</sup> QTR FY18<br>(Complete) |
| 5. Resubmit FY21 Legislative proposal to Army OCLL.  | 1 <sup>st</sup> QTR FY19<br>(On-Going) |

**Cost Analysis:** The Defense Health Agency (DHA) estimated the FY21 cost for this new benefit would be \$39M and would be funded through the Defense Health Program.

## **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 ADFM, TRICARE Select in the United States, TRICARE Overseas Program (TOP) Prime, TOP Prime Remote, and TOP Select 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 Army OCLL on 22 Dec 16.
6. On 5 Jun 17, OTSG was informed that the legislative proposal was withdrawn from the FY19 NDAA cycle. This is the result of the Army G-8 non-concurring during Army principal staffing by OCLL because funding for this proposal has not been 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 that TRICARE coverage would continue to be suspended upon remarriage. However, TRICARE coverage would be reinstated if the remarriage is later terminated by death, divorce, or annulment. The TRICARE change would achieve parity with the existing Survivor Benefit Program and Dependency and Indemnity Compensation (DIC) benefits which allow beneficiaries to re-apply if their marriage is later terminated by death, divorce, or annulment.

8. Some remarried surviving spouses whose marriage is later terminated by death, divorce, or annulment have another option. In most cases, the surviving spouse will apply for DIC with the Department of Veterans Affairs (VA) regional office. Upon the approval of their DIC request, the spouse will be notified that they may be eligible for Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) benefits. CHAMPVA is a health benefits program where the VA shares the cost of certain health care services and supplies with eligible beneficiaries. CHAMPVA is managed by the Veterans Health Administration (VHA) Office of Community Care (VHA CC) which processes CHAMPVA applications, processes medical claims, determines eligibility, and authorizes benefits.

9. The VHA CC determines eligibility for CHAMPVA, not DoD. To be eligible for CHAMPVA, the beneficiary cannot be eligible for TRICARE. The beneficiary may become eligible for CHAMPVA after losing TRICARE due to remarriage but the date of remarriage plays a part in eligibility. For the surviving spouse of a service member who died on active duty:

a. If they remarry over the age of 55, they lose TRICARE on the date of remarriage but they can apply for CHAMPVA and become eligible the date after they lose TRICARE – no break in medical coverage.

b. If they remarry under the age of 55, they lose TRICARE on the date of remarriage but they can apply for CHAMPVA and become eligible on the first date of the following month the remarriage ends – with a break in medical coverage.

c. Some exclusions apply for CHAMPVA eligibility when the beneficiary is Medicare eligible.

10. CHAMPVA provides coverage to the spouse or widow(er) and to the children of a Veteran who died while in an active duty status and in the line of duty, not due to misconduct. The term “active duty” may include periods of inactive duty for training. CHAMPVA provides coverage to the spouse or widow(er) and to the children of a Veteran who:

a. Is permanently and totally disabled (P&T) because of an adjudicated service-connected disability, or

b. Died as a result of an adjudicated service-connected disability or who at the time of death was rated P&T due to service-connected conditions, or

c. Died while in an active duty status and in the line of duty, not due to misconduct. The term “active duty” may include periods of inactive duty for training.

11. While CHAMPVA is similar to TRICARE, it is not identical. Differences exist in the coverage of some medical services, payment methodologies, and beneficiary population.

12. CHAMPVA does not include dental benefits.

13. OTSG re-submitted FY20 legislative proposal to Army OCLL.

14. In 3<sup>rd</sup> Quarter FY18, OTSG received notification that this revised legislative proposal again did not receive ASA M&RA sponsorship and was withdrawn for FY20 submission.

15. In 4<sup>th</sup> Quarter FY18, OTSG resubmitted a new legislative proposal with one significant change:

a. The legislative proposal submitted was for surviving spouses of Soldiers killed on active duty, **regardless of marital status** to maintain their TRICARE benefits up to the age of 65.

**Status Recommendation:** Active

**Lead Agency:** US Army Medical Command (DASG-HSZ)

**Support Agency:** DHA

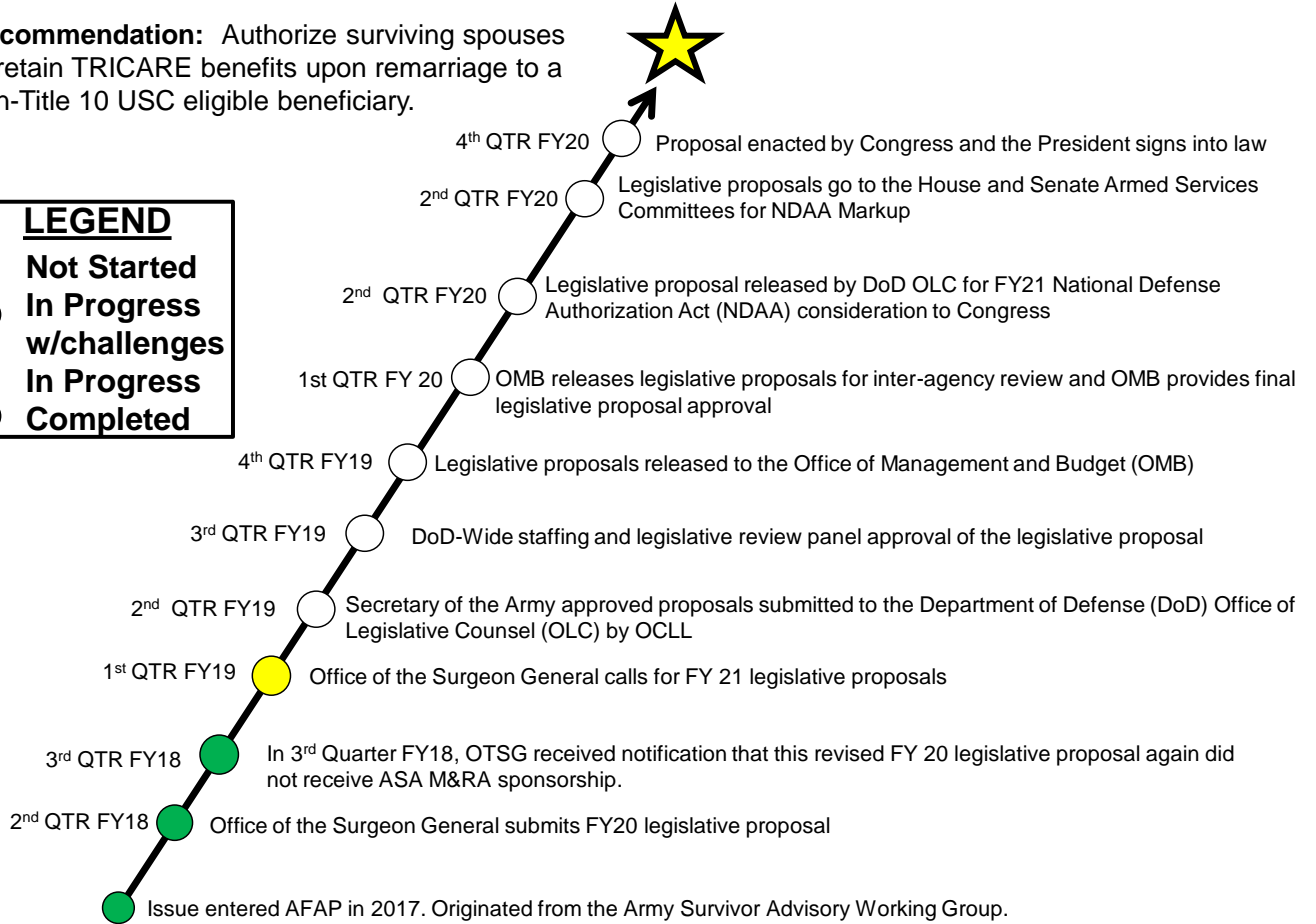
**Approved By:** COL Hugh McLean, Chief Health Plan Management Division, OTSG

**Action Officer/Phone:** LTC Jon L. Camp/703-681-9549

# Issue #694: Remarried Surviving Spouses Retain TRICARE Benefits

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

LEGEND	
○	Not Started
●	In Progress w/challenges
●	In Progress
●	Completed



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

**Issue:** Surviving spouses of Service Members who die on Active Duty lose all TRICARE 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 aligns with retention of other government benefits.

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

### **Accomplishments:**

1. Un-remarried surviving spouses are entitled to the same medical/TRICARE benefits they received as an Active Duty Family Member (ADFM) for a three-year period. After three years, the spouse's beneficiary status changes from ADFM to Retiree Family Member in TRICARE. Remarried surviving spouses forfeit TRICARE benefits upon remarriage.
2. Office of the Surgeon General (OTSG) submitted a Fiscal Year (FY) 2019 legislative proposal to allow remarried surviving spouses to retain TRICARE medical and dental benefits. Army G-8 non-concurred during Army Principal review. Office of the Secretary of Defense and the Services also did not support.
3. Upon direction of the VCSA, OTSG re-scoped and re-submitted the legislative proposal for FY21. New submission would allow spouse to keep TRICARE regardless of marital status up to the age of 65 and reduce cost from \$105M to \$39M.

**Entered AFAP:** 2017

**Recommended Status:** Active

**Estimated Cost:** The Defense Health Agency (DHA) estimated the FY21 cost for this new benefit would be \$39M and would be funded through the Defense Health Program.

**Way Ahead:** OTSG re-scoped and re-submitted the legislative proposal again for survivors of Active Duty sponsors only. New submission would allow spouse to keep TRICARE regardless of marital status up to the age of 65. Upon termination of TRICARE eligibility, surviving spouses would be eligible for Medicare.