AFAP ISSUE UPDATE BOOK

Completed and Unattainable Issues

September 2015

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

#	Issue Title	Status	Subject area	Entered	Closed
21	CDS - Availability of Child Care (for DA Civilians)	Completed	Child & Youth	FY 85	FY 89
22	CDS - Extended Services	Completed	Child & Youth	FY 84	FY 85
23	CDS – Facilities	Completed	Child & Youth	FY 84	FY 89
24	CDS - Quality of Care	Completed	Child & Youth	FY 86	FY 88
25	CDS - Standards of Care	Completed	Child & Youth	FY 84	FY 85
34	Consistency of Curriculum and Evaluative Criteria in DODDS	Completed	Child & Youth	Jan-06	Apr-94
50	DoDDS Counseling Services are Inadequate	Completed	Child & Youth	FY 89	FY 90
51	DoDDS Student Scholarship Opportunities	Completed	Child & Youth	FY 87	FY 88
52	Physical Education in DODEA Schools	Completed	Child & Youth	Mar-02	FY 87
53	DoDDS Transfer to Department of Education	Completed	Child & Youth	FY 85	FY 86
60	Equitable Child Care Fees CONUS/OCONUS	Completed	Child & Youth	FY 88	FY 89
63	Exceptional Family Member Student Services	Completed	Child & Youth	FY 87	FY 88
91	High Quality, Standard DoDDS Curriculum	Completed	Child & Youth	FY 84	FY 85
99	Sensitivity to the Child Care Needs of Sole/Dual Military Parents	Completed	Child & Youth	FY 88	FY 89
123	OCONUS Truancy Law	Completed	Child & Youth	FY 88	FY 89
124	Orientation for RC, AGR, and USAREC Youth	Completed	Child & Youth	FY 89	FY 90
126	Parent Communication with Schools	Completed	Child & Youth	FY 86	FY 87
163	School Lunch Program	Completed	Child & Youth	FY 84	FY 88
164	School Transportation	Completed	Child & Youth	FY 86	FY 87
174	Special Education - Gifted and Talented	Completed	Child & Youth	FY 84	FY 85
191	Transfer of Credits	Completed	Child & Youth	FY 86	FY 87
205	Youth Services Program	Completed	Child & Youth	FY 84	May-91
209	Affordable Child Care Services	Completed	Child & Youth	Oct-89	Oct-92
213	Child Care Funding for RC and USAREC Nonpaid Staff	Completed	Child & Youth	Oct-89	Jun-92
214	DODDS Curriculum	Completed	Child & Youth	Oct-89	Apr-94
215	DODDS Teacher and Administrator Performance	Completed	Child & Youth	Oct-89	Oct-91
223	Fees Charged by FCC Providers	Completed	Child & Youth	Oct-89	Oct-94
230	Inadequate Educational Information for Relocating Youth	Completed	Child & Youth	Oct-89	Jun-92
252	Summer School Program in DODDS	Completed	Child & Youth	Oct-89	Apr-94
259	Communication of DODDS Policies is Inadequate	Completed	Child & Youth	Oct-90	Jun-92
277	Quality Child Care for the Total Army Family	Completed	Child & Youth	Oct-90	Oct-94
284	Shortage of Mental Health Professionals to Work with Youth	Completed	Child & Youth	Oct-90	May-99
314	Teen Program Under-Utilization	Completed	Child & Youth	Oct-91	Nov-99
335	Safe Sex/AIDS: Teens Educating Teens	Completed	Child & Youth	Oct-92	Mar-97
336	Section 6 Schools: Special Exception to Attendance Eligibility	Completed	Child & Youth	Oct-92	Oct-95
352	Equitable Child Care Fees	Completed	Child & Youth	Oct-93	Apr-95
359	Reinstate Social Worker Positions in DoDDS	Completed	Child & Youth	Oct-93	May-99
379	Impact Aid to Schools	Completed	Child & Youth	Oct-94	Jun-04
390	Substance Abuse and Violence Impacting Youth in the Army Community	Completed	Child & Youth	Oct-94	May-99
404	Inadequately Trained Personnel for Teen Programs	Completed	Child & Youth	Oct-95	Nov-99
413	Separate Center/Age Appropriate Space for Teens	Completed	Child & Youth	Oct-95	Nov-00
426	Certification of OCONUS Schools	Completed	Child & Youth	Mar-97	May-99
432	Full Day Kindergarten	Completed	Child & Youth	Mar-97	Nov-04

#	Issue Title	Status	Subject area	Entered	Closed
439	Teen Program Standardization	Completed	Child & Youth	Mar-97	Jan-09
447	Audio/Video Surveillance for Child Development Centers	Completed	Child & Youth	Nov-99	Dec-07
449	Child Care Funds for Family Member Training	Completed	Child & Youth	Nov-99	Jun-04
453	Education Transition Assistance for K - 12 Military Family Members	Completed	Child & Youth	Nov-99	Nov-03
456	Graduation Requirements for Transitioning High School Family Members	Completed	Child & Youth	Nov-99	Mar-02
478	DoDDS Tuition for Family Members of DoD Contractors and NAF Employees	Completed	Child & Youth	Nov-00	Dec-07
502	Funding for Installation and Regional Youth Leadership Forums	Completed	Child & Youth	Mar-02	Jun-06
503	DoDDS Tuition Costs for Dependents of Retirees	Completed	Child & Youth	Mar-02	Jun-04
513	Lack of Available Child Care for Geographically Isolated Active Duty Soldiers	Completed	Child & Youth	Mar-02	N/A
566	Childcare Fee Category	Completed	Child & Youth	Nov-04	Feb-11
569	Child Care to Support Army OneSource and Garrisons Impacted by Transformation	Completed	Child & Youth	Nov-04	Jun-10
573	Funding for DODDS Summer School for Kindergarten through Twelfth Grade (K-12)	Completed	Child & Youth	Nov-04	Jun-06
613	Academic Tutoring for Active Duty School Age Children	Completed	Child & Youth	Dec-07	Jun-10
620	Medical Entitlements for College Age Family Members	Completed	Child & Youth	Dec-07	Feb-11
635	Dedicated Special Needs Space in CYSS	Completed	Child & Youth	Jan-09	Jun-10
647	Availability of 24/7 Child Care in CYSS Delivery Systems	Completed	Child & Youth	Jan-10	Jun-10
671	Military Child Development Program (MCDP) Fee Cap	Completed	Child & Youth	Feb-11	Feb-12
683	Staffing Ratios in Child, Youth and School Services (CYSS) Facility-Based Programs for Children with Special Needs	Completed	Child & Youth	Feb-12	Jun-13
688	Resilience Training for Army Children	Completed	Child & Youth	Apr-14	Sep-15
54	DoDDS Tuition Costs for Dependents of Retirees	Unattainable	Child & Youth	FY 87	FY 89
55	Drivers Training	Unattainable	Child & Youth	FY 87	FY 88
57	Elected School Boards, OCONUS	Unattainable	Child & Youth	FY 88	FY 89
110	Longer School Day for DoDDS Kindergarten	Unattainable	Child & Youth	FY 88	FY 89
196	Unattended Children in Housing Areas	Unattainable	Child & Youth	FY 89	FY 90
262	Course Selection & Graduation Requirements Complicated by Relocation	Unattainable	Child & Youth	Oct-90	May-91
356	High School Diplomas for Transferring DOD Students	Unattainable	Child & Youth	Oct-93	Apr-94
368	Child Care Cost	Unattainable	Child & Youth	Oct-94	Oct-95
369	Department of Defense Non-Resident Diploma Program	Unattainable	Child & Youth	Oct-94	Oct-95
489	Allocation of Impact Aid to Individual Schools	Unattainable	Child & Youth	Mar-02	Nov-02
587	Employment Opportunities for Military Affiliated Youth	Unattainable	Child & Youth	Jan-06	Jun-08
592	Post Secondary Visitation for OCONUS Students	Unattainable	Child & Youth	Jan-06	Aug-11
672	Reimbursement for Public School Transportation for Active Component (AC) Army Families	Unattainable	Child & Youth	Feb-11	Jun-13
1	AAFES Catalog Not Available to Authorized Users	Completed	Community Support	Sep-88	Oct-89
30	Chapels of the Year Program	Completed	Community Support	FY 87	FY 88
35	Consumer Affairs Program	Completed	Community Support	FY 84	FY 85
39	CFSC Staffing	Completed	Community Support	FY 85	FY 86
85	General Officers Steering Committee (GOSC)	Completed	Community Support	FY 84	FY 85
95	Housing Operations Management System	Completed	Community Support	FY 84	FY 86
100	Insure Family Action Plan Implementation	Completed	Community Support	FY 84	FY 85

#	Issue Title	Status	Subject area	Entered	Closed
103	Lack of Guidance on AFAPs and Community-Level Quality of Life Programs	Completed	Community Support	FY 89	Oct-94
106	Laundry Facilities in Billets	Completed	Community Support	FY 86	FY 88
231	Inadequate Hours of Commissary Operations	Completed	Community Support	Oct-89	FY 90
233	Installation Video Library	Completed	Community Support	Oct-89	May-91
240	ARNG and USAR Representation and Involvement at AFAP Conference	Completed	Community Support	Oct-89	FY 90
242	OCONUS Banking Services	Completed	Community Support	Oct-89	May-91
255	Army Family Action Plan	Completed	Community Support	Oct-90	Oct-91
289	AAFES Home Layaway Program (HLP) Too Limited	Completed	Community Support	Oct-91	Oct-92
293	Deferred Payment Plan (DPP) Not Available AAFES-wide	Completed	Community Support	Oct-91	Apr-94
318	Convenience of Services on Military Installations	Completed	Community Support	Oct-92	May-93
334	Reduced Funding Downgrades MWR Programs and Facilities	Completed	Community Support	Oct-92	Apr-95
360	Scheduled Bus Service to Main Post Support Facilities	Completed	Community Support	Oct-93	May-99
406	Management of Commissaries by Defense Commissary Agency	Completed	Community Support	Oct-95	Oct-96
409	Off-Shore Acquired Line Items in Overseas Commissaries	Completed	Community Support	Oct-95	Oct-97
430	Distribution of Army Simplified Dividends	Completed	Community Support	Mar-97	May-00
446	Army and Air Force Exchange Service Limited Clothing Selection	Completed	Community Support	Nov-99	Nov-00
241	Nonavailability of Government Furniture in CONUS	Unattainable	Community Support	Oct-89	Oct-91
320	Federal Beverage Procurement Laws Reduce NAF Profits	Unattainable	Community Support	Oct-92	May-93
546	Funding for Army-wide Arts and Crafts Programs	Unattainable	Community Support	Nov-03	Dec-07
14	Availability of Army Jobs Especially OCONUS	Completed	Employment	FY 84	FY 85
19	Career Intern Program	Completed	Employment	FY 84	FY 85
38	Family Member Employment in the Civil Service System	Completed	Employment	Oct-88	Jan-10
58	Employment Information/Assistance	Completed	Employment	FY 85	May-91
70	Family Member Career Development	Completed	Employment	FY 84	FY 85
102	Job Sharing	Completed	Employment	FY 84	FY 85
116	NAF Employment Reinstatement Eligibility	Completed	Employment	FY 89	FY 90
117	NAFI Reinstatement	Completed	Employment	FY 85	FY 86
121	Noncompetitive Appointment	Completed	Employment	FY 85	FY 86
131	Portability of Civil Service Test Results	Completed	Employment	FY 89	Mar-97
194	Travel to Home of Record Upon Death of Civilian Sponsor	Completed	Employment	FY 86	May-93
202	Volunteer Experience (Employment credit)	Completed	Employment	FY 84	FY 85
206	Youth Employment Availability	Completed	Employment	FY 89	Oct-91
207	Youth Employment-Summer, Part-Time	Completed	Employment	FY 84	FY 85
217	Employment Assistance for Spouses of Junior Enlisted Soldiers	Completed	Employment	Oct-89	May-91
257	Civilian Personnel Office Program Information	Completed	Employment	Oct-90	Oct-91
261	Cost of Living for Civilian Employees	Completed	Employment	Oct-90	May-91
282	Revise Civilian Sick Leave Policy	Completed	Employment	Oct-90	Apr-95
313	Sick Leave Restoration	Completed	Employment	Oct-91	Apr-95
315	Waiting Period for Background Investigation	Completed	Employment	Oct-91	Oct-94
317	Clarification of Spouse Employment Preference Programs	Completed	Employment	Oct-92	Nov-98
328	Marketing the Military Family Work Force	Completed	Employment	Oct-92	Apr-96
332	Portability of Benefits Act for NAF Employees of 1990	Completed	Employment	Oct-92	Nov-02
342	Civilian Employee Exceptional Family Member Program	Completed	Employment	Oct-93	Oct-96
370	Dissemination of Federal Employment Information	Completed	Employment	Oct-94	Nov-98
403	Honor Current Federal Civilian Retirement Benefits	Completed	Employment	Oct-95	Mar-97

#	Issue Title	Status	Subject area	Entered	Closed
405	Limitations of Health Promotion Programs	Completed	Employment	Oct-95	Mar-97
433	Geographically Separated Military Spouse Employment Preference	Completed	Employment	Mar-97	May-01
479	Equal Compensatory Time for Full-Time NAF Employees	Completed	Employment	Nov-00	Dec-07
498	Employment Status for OCONUS Family Members	Completed	Employment	Mar-02	N/A
524	Military Spouse Unemployment Compensation	Completed	Employment	Nov-02	Aug-11
530	Selective Use of Military Spouse Preference	Completed	Employment	Nov-02	May-05
539	Dental and Vision Insurance Coverage for Federal Employees	Completed	Employment	Nov-03	Nov-06
541	Employment Protection for Spouses of Deployed/Mobilized Service Members	Completed	Employment	Nov-03	Jun-04
591	Military Spouse Preference Across All Federal Agencies	Completed	Employment	Jan-06	Jan-10
615	Donation of Leave for Department of Defense (DoD) Civilian Employees	Completed	Employment	Dec-07	Aug-11
617	Federal Hiring Process for Wounded Warriors	Completed	Employment	Dec-07	Feb-11
631	Career Coordinators for Army Wounded Warrior Soldiers, Family Members & Caregivers	Completed	Employment	Jan-09	Aug-11
634	Death Gratuity for Beneficiaries of Department of the Army Civilians	Completed	Employment	Jan-09	Feb-12
13	Total Integration of Family Members of DA Civilians into Army Family	Unattainable	Employment	FY 84	FY 87
147	Regulatory and Legislative Employment Initiative	Unattainable	Employment	FY 86	Oct-97
301	Inadequate Civilian Insurance Coverage Options	Unattainable	Employment	Oct-91	Apr-96
316	Civil Service Employees in Career-Conditional Status at Remote Sites	Unattainable	Employment	Oct-92	Apr-96
337	Thrift Savings Plan Deposits for Civil Service Retirement System Members	Unattainable	Employment	Oct-92	Oct-94
340	AAFES/MWR Privileges for DOD Civilian Employees	Unattainable	Employment	Oct-93	Apr-95
362	Summer Youth Employment Selection Process	Unattainable	Employment	Oct-93	Oct-95
364	Unemployment Benefits for Displaced Family Members	Unattainable	Employment	Oct-93	Apr-96
377	Family Member Career Status Eligibility	Unattainable	Employment	Oct-94	Apr-96
481	Federal Employee Paid Parental Leave	Unattainable	Employment	Nov-00	Mar-02
499	Federal vs Non-Federal Pay Comparability	Unattainable	Employment	Mar-02	Nov-04
500	FERS Employee Sick Leave for Retirement Annuity Computation	Unattainable	Employment	Mar-02	Nov-02
518	Effects of A76 on Military Spouse Preference	Unattainable	Employment	Nov-02	Nov-03
545	Federal Retiree Pre-Tax Health Insurance Premiums	Unattainable	Employment	Nov-03	Feb-11
582	Windfall Elimination Provision	Unattainable	Employment	Nov-04	Jun-10
649	Compensatory Time for Department of the Army Civilians	Unattainable	Employment	Jan-10	Aug-11
674	Strong Bonds Program for Deployed Department of Army Civilians and Family Members	Unattainable	Employment	Feb-11	Jun-13
677	"Virtual" Locality Pay for Department of the Army Civilians Retiring OCONUS	Unattainable	Employment	Feb-11	Feb-12
2	Abandoned Families	Completed	Family Support	FY 85	FY 88
5	ACS Automated Database	Completed	Family Support	FY 85	FY 88
7	ACS Quality of Staff	Completed	Family Support	FY 85	FY 88
9	Adoption Assistance for Military Families	Completed	Family Support	FY 88	FY 89
17	Bi-Cultural Family Adjustment	Completed	Family Support	FY 84	FY 87
33	Community Life Communications	Completed	Family Support	FY 84	FY 88
37	Crowded Living Conditions in Family Housing	Completed	Family Support	FY 88	FY 89
41	Death Gratuity Payment to Survivors of Soldiers	Completed	Family Support	FY 88	FY 89

#	Issue Title	Status	Subject area	Entered	Closed
45	Design of Family Quarters	Completed	Family Support	FY 84	FY 85
46	Dining Facility Surcharge	Completed	Family Support	FY 85	FY 86
49	Distaff Development Project	Completed	Family Support	FY 85	FY 86
56	Effects of CFC Rules and Regulations on Family Support Programs	Completed	Family Support	FY 89	FY 89
61	Establishment of DoD Reserve Component Family Member ID Card	Completed	Family Support	FY 87	Oct-91
62	Exceptional Family Member Program	Completed	Family Support	FY 84	FY 86
65	Family Advocacy Program	Completed	Family Support	FY 84	FY 86
66	Family Housing Deficiencies	Completed	Family Support	FY 87	FY 88
67	Family Housing Deficit Elimination	Completed	Family Support	Jul-98	Jun-04
68	Family Housing Standards	Completed	Family Support	FY 84	FY 85
69	Family Life Centers	Completed	Family Support	FY 85	FY 86
71	Family Member Education Opportunities	Completed	Family Support	FY 86	FY 87
72	Family Member Insurance	Completed	Family Support	FY 86	FY 88
73	Benefits for Family Member Victims of Abuse	Completed	Family Support	FY 87	Oct-97
74	Family Member Support Groups, Installation or Unit	Completed	Family Support	FY 84	FY 88
75	Family Member Transportation Upon Death of a RC Member	Completed	Family Support	FY 87	FY 89
77	Family Safety	Completed	Family Support	FY 84	FY 87
78	Family Support at Mobilization	Completed	Family Support	FY 85	FY 89
80	Financial Aid Counseling (for education)	Completed	Family Support	FY 84	FY 85
81	Financial Support of Family	Completed	Family Support	FY 85	FY 86
82	First Term Family Initiatives	Completed	Family Support	FY 85	FY 88
84	Funded Student (Family Member) Travel	Completed	Family Support	FY 84	May-01
101	Invitational Travel Orders for Family Members	Completed	Family Support	FY 87	FY 88
114	Multiple Unit Training Assemblies (MUTA) for Families	Completed	Family Support	FY 85	FY 88
118	Network Progress on Family Support Initiatives	Completed	Family Support	FY 87	FY 90
119	New Manning System Family Support	Completed	Family Support	FY 84	FY 85
127	Parental Kidnapping	Completed	Family Support	FY 84	FY 86
133	Preventive Orientation	Completed	Family Support	FY 84	FY 86
136	Quarters Maintenance	Completed	Family Support	FY 84	FY 86
142	RC Dependent ID Cards	Completed	Family Support	FY 85	FY 86
149	Reimbursement of Volunteer Expenses	Completed	Family Support	FY 85	FY 88
152	Relocation Licensing of Vehicles and Drivers	Completed	Family Support	FY 89	Oct-94
157	Reserve Retirement Benefits for Surviving Spouses	Completed	Family Support	FY 87	May-91
160	Resourcing USAR Family Support Programs	Completed	Family Support	FY 89	Apr-95
162	Safety in Government Quarters	Completed	Family Support	FY 89	Apr-94
165	Second Move for Army Widows/Spouses Who Must Vacate Quarters	Completed	Family Support	FY 88	Oct-91
167	Security Precautions Against Acts of Terrorism	Completed	Family Support	FY 86	FY 88
168	Self-Help Program	Completed	Family Support	FY 84	FY 85
169	Sexual Molestation	Completed	Family Support	FY 85	FY 87
171	Family Fitness Programs	Completed	Family Support	FY 85	FY 87
172	Sole Parent Escort Travel with Dependent Children	Completed	Family Support	FY 87	FY 87
177	Spouses Signing for Quarters w/out Power of Attorney or Notarized Statement	Completed	Family Support	FY 84	FY 85
180	STARC Training (for Family Support)	Completed	Family Support	FY 86	FY 89
184	Support for Volunteers	Completed	Family Support	Oct-88	Nov-04
186	Survivor's Assistance	Completed	Family Support	FY 85	FY 86

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188	Training for Army Life	Completed	Family Support	FY 84	FY 85
192	Transportation of Retiree Spouse Remains	Completed	Family Support	FY 89	Jun-92
193	Transportation Support	Completed	Family Support	FY 84	May-91
201	Volunteer Banks	Completed	Family Support	FY 84	FY 86
218	Entitle Nonpaid Staff Access to Army Correspondence Courses	Completed	Family Support	Oct-89	Oct-92
220	Exceptional Family Member Program	Completed	Family Support	Oct-89	Nov-06
222	Treatment/Counseling to Support Total Force and Their Families	Completed	Family Support	Oct-89	Oct-93
224	Financial Assistance for Family Member Education	Completed	Family Support	Oct-89	FY 90
234	Insufficient RC Survivor Assistance Information Support	Completed	Family Support	Oct-89	Jun-92
235	Liability Responsibilities for Command Sponsored Family Activities	Completed	Family Support	Oct-89	Oct-93
236	Meal Surcharges	Completed	Family Support	Oct-89	Oct-92
250	Continuation of SSI Entitlements for OCONUS Family Members	Completed	Family Support	Oct-89	Apr-90
253	Housing for Families on Medical Compassionate Reassignments	Completed	Family Support	Oct-89	FY 90
265	Family Programs for the Total Army Family	Completed	Family Support	Oct-90	Apr-95
288	Volunteer Support Legislation	Completed	Family Support	Oct-90	Nov-04
295	Exceptional Family Member Program Shortcomings	Completed	Family Support	Oct-91	Oct-93
296	Family Support Group Mailing Restrictions	Completed	Family Support	Oct-91	Apr-95
297	Family Support During Mobilization/Deployment	Completed	Family Support	Oct-91	Nov-99
298	Funding for ARNG/USAR Family Programs	Completed	Family Support	Oct-91	Nov-04
304	Inconsistent Access/Use of All DOD Facilities	Completed	Family Support	Oct-91	Apr-95
308	Insufficient Resources for Increased Roles of FSG During Transition	Completed	Family Support	Oct-91	Apr-96
322	Funding Access for Family Assistance During All Stages of Mobilization	Completed	Family Support	Oct-92	Oct-97
355	Government Travel for Spouses to Attend Pre-Retirement Briefing	Completed	Family Support	Oct-93	Apr-95
380	Inadequate Support of Family Readiness Groups	Completed	Family Support	Oct-94	Nov-06
389	Shortage of Funding for Army Family Housing	Completed	Family Support	Oct-94	Oct-97
391	Survivor Benefits for Service Connected Deaths	Completed	Family Support	10-194	Jun-04
398	Distribution of Funding For Army Family Housing	Completed	Family Support	Oct-95	Oct-97
412	Policy and Benefits of Legal Guardians	Completed	Family Support	Oct-95	Apr-96
416	Tuition Assistance for Overseas Spouses	Completed	Family Support	Oct-95	Mar-02
421	AFAP and AFTB Program Resources	Completed	Family Support	Mar-97	Nov-03
422	AFTB Funding for RC and Geographically Separated Units	Completed	Family Support	Mar-97	Nov-03
438	Special Supplemental Food Program for WIC for OCONUS Personnel	Completed	Family Support	Mar-97	Nov-03
440	Revitalize All Army Family Housing and Eliminate the Deficit by 2010	Completed	Family Support	Apr-98	Jun-04
460	Official Mail Limitations of Family Readiness Group Newsletters	Completed	Family Support	Nov-99	Mar-02
466	Program Standards for AFAP and AFTB	Completed	Family Support	Nov-99	Nov-03
467	State Laws Impacting Military Families	Completed	Family Support	Nov-99	Jun-04
476	Adoption Reimbursement in Overseas Areas	Completed	Family Support	Nov-00	Nov-03
480	Family Sponsorship During Unaccompanied Tours	Completed	Family Support	Nov-00	Jun-07
491	Army Community Service (ACS) Manpower Authorizations and Funding	Completed	Family Support	Mar-02	Jun-08
497	Distribution of Montgomery GI Bill Benefits to Dependent(s)	Completed	Family Support	Mar-02	Jan-10
501	Funding for Exceptional Family Member Program Respite Care	Completed	Family Support	Mar-02	Jun-08
515	Application Process for Citizenship/Residency for Soldiers and Families	Completed	Family Support	Nov-02	Jun-13

#	Issue Title	Status	Subject area	Entered	Closed
516	Application Process for Dependency Determination	Completed	Family Support	Nov-02	Jun-06
519	Family Care Plan Provider Access to Military Installations	Completed	Family Support	Nov-02	Jan-06
521	In-State College Tuition	Completed	Family Support	Nov-02	Jan-10
527	Army Reserve Component Mobilization Preparation and Support	Completed	Family Support	Nov-02	Jul-09
531	Spouse Professional Weight Allowance	Completed	Family Support	Nov-02	Jan-09
540	Duration of Transitional Compensation for Abused Dependents	Completed	Family Support	Nov-03	Jun-10
542	Extension of Educational Benefits for Surviving Spouses	Completed	Family Support	Nov-03	Jan-06
543	Family Readiness Group Deployment Assistant	Completed	Family Support	Nov-03	Dec-07
544	Family Readiness Group Training	Completed	Family Support	Nov-03	Jun-10
549	Lodging & Subsistence for Family Members of Hospitalized Service Members	Completed	Family Support	Nov-03	May-05
554	Survivor Benefit Plan and Social Security Offset	Completed	Family Support	Nov-03	May-05
562	Army One Source	Completed	Family Support	Nov-03	Jun-10
571	Family Member Access to Army e-Learning Programs	Completed	Family Support	Nov-04	Dec-07
574	Funding for Reserve Component Reunion and Marriage Enrichment Classes	Completed	Family Support	Nov-04	Aug-11
576	Legality of the Family Care Plan	Completed	Family Support	Nov-04	Jan-10
584	Alternate Local Caregiver for the Family Care Plan	Completed	Family Support	Jan-06	Jul-09
585	Casualty Assistance for Families of RC Soldiers in Inactive Status	Completed	Family Support	Jan-06	Jan-09
595	Wounded Soldier Updates	Completed	Family Support	Jan-06	Jun-07
606	Temporary Lodging for Single Servicemembers with Partial Custody/Visitation	Completed	Family Support	Nov-06	Jun-08
622	Operations Security Training for Family Members	Completed	Family Support	Dec-07	Jun-10
625	Transitional Compensation Benefits for Pre-existing Pregnancies of Abused Family	Completed	Family Support	Dec-07	Sep-15
630	Availability of Standardized Respite Care for Wounded Warrior Caregivers	Completed	Family Support	Jan-09	Feb-11
632	Community Support of Severely Wounded, Injured and Ill Soldiers and Their Families	Completed	Family Support	Jan-09	Feb-11
652	Family Readiness Group External Fundraising Restrictions	Completed	Family Support	Jan-10	Aug-12
659	Standardization of Privatized Housing Application Process	Completed	Family Support	Jan-10	Jun-10
660	Supplemental Mission Funds for Reserve Component Family Readiness Groups	Completed	Family Support	Jan-10	Jun-10
667	Identification Cards for Surviving Children with Active Duty Sponsor	Completed	Family Support	Feb-11	Feb-12
680	Gold Star Identification Card for Gold Star Lapel Button Recipients	Completed	Family Support	Feb-12	Jun-13
6	ACS Facilities	Unattainable	Family Support	FY 85	FY 88
16	Benefits for Family Members when RC Soldiers Disabled in Line of Duty	Unattainable	Family Support	FY 88	Oct-91
59	English as a Second Language	Unattainable	Family Support	FY 84	FY 86
79	Family Travel--at RC Mobilization	Unattainable	Family Support	FY 84	FY 86
83	Food Stamp Eligibility	Unattainable	Family Support	FY 85	FY 88
120	Noncommand Sponsored Dependents	Unattainable	Family Support	FY 85	FY 86
173	Space Available Travel	Unattainable	Family Support	FY 87	FY 88
178	Spouses Signing to Ship HHG	Unattainable	Family Support	FY 88	Oct-95
181	State Residency Requirements	Unattainable	Family Support	FY 85	FY 88
226	Foodstamps	Unattainable	Family Support	Oct-89	May-91

#	Issue Title	Status	Subject area	Entered	Closed
254	Travel Entitlements for Service and Family Members Stationed OCONUS	Unattainable	Family Support	Oct-89	May-91
270	Grandparents as Immediate Family for Authorization of Emergency Leave	Unattainable	Family Support	Oct-90	May-91
274	MAC Travel for Family Members Without Their Sponsors	Unattainable	Family Support	Oct-90	May-91
286	Tuition Assistance for Military Spouse Education	Unattainable	Family Support	Oct-90	Apr-94
330	Multi-Language Translation of Family Support/Family Care Plan Documents	Unattainable	Family Support	Oct-92	Apr-94
343	Command Sponsorship for Families with Special Education Needs	Unattainable	Family Support	Oct-93	Apr-94
350	Donations of Used Items at the Army Community Service Lending Closet	Unattainable	Family Support	Oct-93	Oct-94
354	GI Bill Benefits	Unattainable	Family Support	Oct-93	Apr-95
373	Educational Financial Aid Eligibility for Family Members	Unattainable	Family Support	Oct-94	Nov-98
401	Funded Respite Care for Exceptional Family Member Program Families	Unattainable	Family Support	Oct-95	Mar-97
452	Crisis Care for Family Members	Unattainable	Family Support	Nov-99	May-01
475	Active Duty Spouse Tuition/Education Assistance	Unattainable	Family Support	Nov-00	Nov-03
520	Funding for Reserve Component Family Member Training	Unattainable	Family Support	Nov-02	Nov-04
538	Death Benefits for Stillborn Infants	Unattainable	Family Support	Nov-03	Jun-06
553	Survivor Benefit Plan and Dependency & Indemnity Compensation Offset	Unattainable	Family Support	Nov-03	Aug-11
600	Family Care Plan Travel and Transportation Allowances	Unattainable	Family Support	Nov-06	Aug-11
663	Eligibility Benefits for the Unremarried Former Spouses of Temporary Early Retirement Authority Soldiers	Unattainable	Family Support	Feb-11	Feb-12
673	Space-Available (Space-A) Travel for Survivors Registered in Defense Enrollment Eligibility Reporting System	Unattainable	Family Support	Feb-11	Jun-13
684	Survivor Investment of Military Death Gratuity and Service Members' Group Life Insurance (SGLI)	Unattainable	Family Support	Feb-12	Sep-15
686	Appropriated Funds for Food at Family Readiness Group Events	Unattainable	Family Support	Aug-12	Jun-13
3	Access to Primary Medical Care	Completed	Military Health System	FY 87	Apr-96
8	ADAPCP Residential Treatment	Completed	Military Health System	FY 86	FY 88
15	Availability of (Medical) Facilities	Completed	Military Health System	FY 84	FY 86
20	Catastrophic Health Coverage (for families and retirees)	Completed	Military Health System	FY 87	FY 88
27	CHAMPUS (to Include Physical Exams and Immunizations)	Completed	Military Health System	FY 84	Apr-94
36	Cost and Availability of Civilian Medical Care OCONUS	Completed	Military Health System	FY 85	Oct-96
43	Dental Care for the Total Army Family	Completed	Military Health System	FY 87	Apr-98
44	Dental Space A	Completed	Military Health System	FY 84	FY 85
64	Expand CHAMPUS to Include Physical Exams & Immunizations	Completed	Military Health System	FY 87	Apr-94
89	Health Care Package for Sponsor and Family on Completion of Active Duty	Completed	Military Health System	FY 87	FY 88
90	Costs Associated with Obtaining Medical Care in CONUS	Completed	Military Health System	FY 89	Oct-94
96	Impact of AIDS on Family Members	Completed	Military Health System	FY 87	FY 88
104	Lack of Medical Support in the OB/GYN Specialty	Completed	Military Health System	FY 88	May-91
105	Language Difficulties in Health Care	Completed	Military Health System	FY 85	FY 88
111	Medical and Medical Support Staffing	Completed	Military Health System	FY 84	FY 88
112	Military Organ Donor Program	Completed	Military Health System	FY 87	FY 88
122	Nonsubsidized RC Group Health and Dental Insurance	Completed	Military Health System	Oct-88	Jun-08
130	Pharmacy Services	Completed	Military Health System	FY 87	FY 88

#	Issue Title	Status	Subject area	Entered	Closed
139	RC CHAMPUS at Mobilization	Completed	Military Health System	FY 85	FY 88
154	Remote Site Family Medical Costs	Completed	Military Health System	FY 85	Oct-94
183	Suicide Prevention Strategy	Completed	Military Health System	FY 85	Mar-97
212	CHAMPUS Deficiencies	Completed	Military Health System	Oct-89	Apr-94
229	Inadequate Dental Care for the Total Army Family	Completed	Military Health System	Oct-89	Apr-95
239	Needs of MEDEVAC Families Not Being Met	Completed	Military Health System	Oct-89	Oct-92
251	Substance Abuse Throughout Total Force	Completed	Military Health System	Oct-89	Oct-91
260	Comprehensive Dental Care Available to the Total Army Family	Completed	Military Health System	Oct-90	Apr-95
264	Expand Dependents Dental Plan Insurance Coverage and Eligibility	Completed	Military Health System	Oct-90	Apr-95
273	Insufficient Staffing Levels at Army Dental Facilities	Completed	Military Health System	Oct-90	Apr-95
283	Self-funded Group Health Plan for RC	Completed	Military Health System	Oct-90	N/A
294	Deficiencies in DDP Coverage	Completed	Military Health System	Oct-91	Oct-94
300	Inadequate CHAMPUS Eye Care Benefits	Completed	Military Health System	Oct-91	Apr-95
303	Inadequate Staffing and Training of Health Benefits Advisors	Completed	Military Health System	Oct-91	Apr-95
309	Lack of Aggressive CHAMPUS Marketing and Training	Completed	Military Health System	Oct-91	Apr-95
324	Health Care Deficiencies for Other Than Active Duty Personnel	Completed	Military Health System	Oct-92	Oct-94
325	Inaccessible/Limited Medical Care Impacts Negatively on Quality of Life	Completed	Military Health System	Oct-92	Oct-94
326	Initiatives to Increase CHAMPUS Awareness and Decrease Financial Burden	Completed	Military Health System	Oct-92	Apr-94
341	Catastrophic Health Care (for retirees)	Completed	Military Health System	Oct-93	May-01
348	DDP Coverage for Family Members of Active Duty Personnel	Completed	Military Health System	Oct-93	Apr-95
353	Erosion of Health Care Benefits for Military Beneficiaries	Completed	Military Health System	Oct-93	Apr-96
366	Access to Military and Civilian Health Services	Completed	Military Health System	Oct-94	Apr-96
375	Erosion of Retiree/Survivor Health Benefits	Completed	Military Health System	Oct-94	May-01
376	Payment of Active Duty Health Care from Civilian Sources	Completed	Military Health System	Oct-94	May-01
378	Health Services for Base Realignment and Closure Installations	Completed	Military Health System	Oct-94	Apr-96
386	No Cost to the Government Dental Insurance (for retirees and reservists)	Completed	Military Health System	Oct-94	Apr-98
393	Active Duty Subjected to CHAMPUS Maximum Allowance Charges	Completed	Military Health System	Oct-95	Mar-97
402	Health Care Benefits for Retirees Age 65 and Over	Completed	Military Health System	Oct-95	Mar-02
408	Medical Care at Remote Locations (for family members)	Completed	Military Health System	Oct-95	Nov-02
411	Persian Gulf Illness	Completed	Military Health System	Oct-95	Apr-96
423	Authorization for Dental Treatment (Active Duty Personnel)	Completed	Military Health System	Mar-97	Oct-97
427	Dental Insurance for Mobilized Reserve Component Personnel	Completed	Military Health System	Mar-97	Nov-00
428	Deployment Medication	Completed	Military Health System	Mar-97	Mar-02
436	Prescription Printout	Completed	Military Health System	Mar-97	Nov-99
443	Lack of Choice in Family Member Dental Plan	Completed	Military Health System	Apr-98	Nov-00
445	Shortage of Professional Marriage and Family Counselors (OCONUS)	Completed	Military Health System	Apr-98	Nov-02
459	OCONUS Retiree and DOD Civilian Dental Care	Completed	Military Health System	Nov-99	Nov-00
465	RC Post Mobilization Counseling	Completed	Military Health System	Nov-99	Jun-10
468	TRICARE Chiropractic Services	Completed	Military Health System	Nov-99	Mar-02
469	TRICARE Co-Payments for Emergency Room Services	Completed	Military Health System	Nov-99	May-01
470	TRICARE Personnel Training	Completed	Military Health System	Nov-99	Mar-02
471	TRICARE Standard/Extra Deductible Categories	Completed	Military Health System	Nov-99	May-01

#	Issue Title	Status	Subject area	Entered	Closed
474	Shortage of CONUS Professional Marriage and Family Therapists (M&FTs)	Completed	Military Health System	May-00	Jun-08
477	Dissemination of Accurate TRICARE Information	Completed	Military Health System	Nov-00	Nov-02
484	OCONUS Medical/Dental Personnel Shortages	Completed	Military Health System	Nov-00	Nov-03
487	TRICARE Services in Remote OCONUS Locations	Completed	Military Health System	Nov-00	Nov-03
490	Annual Vision Readiness Screening	Completed	Military Health System	Mar-02	May-05
505	Regional Portability of TRICARE Boundaries	Completed	Military Health System	Mar-02	May-05
508	TRICARE Coverage for Prescribed Nutritional Supplements	Completed	Military Health System	Mar-02	Nov-03
510	TRICARE for Reserve Components	Completed	Military Health System	Mar-02	Jul-09
517	Availability of TRICARE Authorized and Network Providers in Remote Areas	Completed	Military Health System	Nov-02	Dec-07
522	Marriage and Family Counseling Services in Remote Areas	Completed	Military Health System	Nov-02	Dec-07
532	Standardized Army-wide Pregnancy Program for Soldiers	Completed	Military Health System	Nov-02	Jan-10
533	Timeliness of Dental Pre-Authorizations	Completed	Military Health System	Nov-02	May-05
534	TRICARE Coverage of Autologous Blood Collection and Processing	Completed	Military Health System	Nov-02	Nov-03
536	TRICARE Referrals and Authorization Process	Completed	Military Health System	Nov-02	Nov-03
537	Availability of Authorized TRICARE Providers	Completed	Military Health System	Nov-03	Jun-10
552	Reserve Component Dental Readiness	Completed	Military Health System	Nov-03	Jun-07
563	Availability of Refractive Eye Surgery	Completed	Military Health System	Nov-04	Jun-06
568	Dental Services for Retirees Overseas	Completed	Military Health System	Nov-04	Jun-08
570	Expiration of TRICARE Referral Authorizations	Completed	Military Health System	Nov-04	Jun-06
583	Advanced Life Support Services on CONUS Army Installations	Completed	Military Health System	Jan-06	Aug-11
590	Health Processing of Demobilizing Army Reserve Component Soldiers	Completed	Military Health System	Jan-06	Jan-10
603	RC Combat Stress Related Reintegration Training	Completed	Military Health System	Nov-06	Jun-10
608	Timeliness of TRICARE Referral Authorizations	Completed	Military Health System	Nov-06	Jun-10
610	Traumatic Brain Injury Rehabilitation at Military Medical Centers of Excellence	Completed	Military Health System	Nov-06	Feb-11
616	Enhanced Survivor Family Dental Benefits	Completed	Military Health System	Dec-07	Jun-10
618	Army Wellness Centers	Completed	Military Health System	Dec-07	Feb-14
619	Medical Care Access for Non-Dependent Caregivers of Severely Wounded Soldiers	Completed	Military Health System	Dec-07	Jul-09
623	Staffing to Support the Physical Disability Evaluation System	Completed	Military Health System	Dec-07	Jun-08
627	TRICARE Network Provider Access to Military Medical Records	Completed	Military Health System	Dec-07	Jun-10
629	24/7 Out of Area TRICARE Prime Urgent Care Authorization & Referrals	Completed	Military Health System	Jan-09	Jun-13
644	Shortages of Medical Providers in Military Treatment Facilities	Completed	Military Health System	Jan-09	Jun-13
646	Active Duty Family Members Prescription Cost Share Inequitability	Completed	Military Health System	Jan-10	Aug-11
648	Behavioral Health Services Shortages	Completed	Military Health System	Jan-10	Jun-13
661	TRICARE Allowable Charge Reimbursement of Upgraded/ Deluxe Durable Medical Equipment	Completed	Military Health System	Jan-10	Jun-13
666	Full Time Medical Case Managers for Reserve Component Soldiers	Completed	Military Health System	Feb-11	Feb-12
523	Medical Coverage for Activated RC Families	Completed	Military Health System	Nov-02	Jun-06
535	TRICARE Pre/Postnatal Benefits Information	Completed	Military Health System	Nov-02	Jan-06
665	Formal Standardized Training for Designated Caregivers of Wounded Warriors	Completed	Military Health System	Feb-11	Sep-15

#	Issue Title	Status	Subject area	Entered	Closed
26	CHAMPUS Program for Exceptional Family Members of Retirees	Unattainable	Military Health System	FY 87	FY 88
28	CHAMPUS Supplement Program	Unattainable	Military Health System	FY 87	FY 88
88	Health Care After 65 for OCONUS Retirees	Unattainable	Military Health System	FY 87	May-93
109	Long Distance Phone Access to MTF	Unattainable	Military Health System	FY 86	FY 88
237	Health Care Benefits for Retirees and their Families	Unattainable	Military Health System	Oct-89	May-91
247	Shortage of Health Care Personnel/Facilities	Unattainable	Military Health System	Oct-89	FY 90
256	CHAMPUS Cost Share Inequities	Unattainable	Military Health System	Oct-90	May-91
287	Utilization of Reserve Component Physicians	Unattainable	Military Health System	Oct-90	May-91
374	Equitable and Lower Dependent Dental Plan Costs	Unattainable	Military Health System	Oct-94	Oct-95
394	Binding Arbitration for Medical Malpractice Claims	Unattainable	Military Health System	Oct-95	Apr-96
399	Extension of Family Dental Plan Upon Separation	Unattainable	Military Health System	Oct-95	Nov-98
424	Beneficiary Expansion for TRICARE Prime Remote	Unattainable	Military Health System	Mar-97	Mar-02
472	TRICARE Vision Plan	Unattainable	Military Health System	Nov-99	May-01
488	TRICARE Prime Remote for Family Members Not Residing with Military Sponsor	Unattainable	Military Health System	Mar-02	Aug-11
509	TRICARE Dental Benefit Enhancement	Unattainable	Military Health System	Oct-95	Jun-08
511	TRICARE Prime Enrollment Fees for Retirees Under Age 65	Unattainable	Military Health System	Mar-02	Nov-02
555	TRICARE as Second Payer	Unattainable	Military Health System	Nov-03	Jun-04
556	TRICARE Coverage for School Required Enrollment Physicals	Unattainable	Military Health System	Nov-03	Jun-08
557	TRICARE Coverage to DEERS Enrolled Parents and Parents-in-Law	Unattainable	Military Health System	Nov-03	Jun-04
558	TRICARE Prime Travel Cost Reimbursement for Specialty Referrals	Unattainable	Military Health System	Nov-03	Aug-11
572	Family Member Eyeglass Coverage	Unattainable	Military Health System	Nov-04	Feb-11
579	Pregnancy Termination Option for Lethal Congenital Anomalies	Unattainable	Military Health System	Nov-04	May-05
586	Chiropractic Services for All TRICARE Beneficiaries	Unattainable	Military Health System	Jan-06	Jun-10
594	TRICARE Dental Program Enrollment Requirements for the RC	Unattainable	Military Health System	Mar-02	Dec-07
597	Co-Pay for Replacement Parts of Durable Medical Equipment and Prosthetics	Unattainable	Military Health System	Nov-06	Feb-11
602	Medical Malpractice Compensation for Service Members	Unattainable	Military Health System	Nov-06	Jun-07
638	Medical Nutrition Therapy (MNT) Benefits for All TRICARE Beneficiaries	Unattainable	Military Health System	Jan-09	Jun-13
651	Extended Transitional Survivor Spouses' TRICARE Medical Coverage	Unattainable	Military Health System	Jan-10	Feb-11
668	In-Vitro Fertilization Reimbursement for Active Duty Soldiers and their Dependant Spouse	Unattainable	Military Health System	Feb-11	Feb-12
675	TRICARE Medical Coverage for Dependent Parents and Parents-in-Law	Unattainable	Military Health System	Feb-11	Feb-12
676	TRICARE Medical Entitlement for Contracted Cadets and Their Dependents	Unattainable	Military Health System	Feb-11	Aug-12
685	Transportation and Per Diem for Service Member's Family to Attend Family Therapy Sessions	Unattainable	Military Health System	Feb-12	Feb-14
4	Access to Surplus Government Furniture	Completed	Soldier Support	FY 87	FY 89
12	Alcohol and Drug Abuse	Completed	Soldier Support	FY 84	FY 86
18	Capital Gains Protection	Completed	Soldier Support	FY 84	FY 85
29	Change Applicability in AR 608-1 to Include Reserve Components	Completed	Soldier Support	FY 89	FY 90
31	Claims (Powers of Attorney)	Completed	Soldier Support	FY 85	FY 86
32	Claims Payment Process	Completed	Soldier Support	FY 84	FY 85
40	Dayrooms	Completed	Soldier Support	FY 86	FY 87

#	Issue Title	Status	Subject area	Entered	Closed
48	Disparate Eligibility Qualifications for PCS and Funded Student Travel	Completed	Soldier Support	FY 89	Jun-92
86	Gray Area Retirees (Commissary and AAFES benefit)	Completed	Soldier Support	FY 86	May-91
87	G.I. Bill (Publicity of MGIB)	Completed	Soldier Support	FY 85	FY 86
92	Higher Education for Soldiers Who Spend Extensive Time in the Field	Completed	Soldier Support	FY 87	FY 88
94	Household Goods Damage and Depreciation	Completed	Soldier Support	FY 87	FY 89
97	Inadequate DA Guidance for Family Care Plans	Completed	Soldier Support	FY 89	May-91
98	Income Tax Assistance	Completed	Soldier Support	FY 86	FY 87
107	Leadership Training on Sensitivity to Soldier and Family Issues	Completed	Soldier Support	FY 88	Oct-94
108	Leadership Initiatives for Single/Unaccompanied Soldiers in Barracks/BEQs/BOQs	Completed	Soldier Support	FY 88	FY 89
113	MSA Facilities (Space Criteria)	Completed	Soldier Support	FY 86	FY 87
125	Overseas Orientation	Completed	Soldier Support	FY 84	FY 89
128	PCS Education	Completed	Soldier Support	FY 85	FY 86
129	PCS Temporary Housing	Completed	Soldier Support	FY 89	Oct-90
132	Power of Attorney	Completed	Soldier Support	FY 84	FY 85
134	Pre and Post Retirement Assistance	Completed	Soldier Support	FY 87	FY 88
135	Quarters Cleaning	Completed	Soldier Support	FY 86	FY 88
137	Quarters Termination	Completed	Soldier Support	FY 84	FY 85
138	RC Burial Rights	Completed	Soldier Support	FY 86	Oct-94
140	RC Commander/Leader Training	Completed	Soldier Support	FY 85	Oct-94
141	RC Commissary Privileges	Completed	Soldier Support	FY 86	FY 87
143	RC Information	Completed	Soldier Support	FY 85	FY 86
144	RC Legal Services	Completed	Soldier Support	FY 86	FY 87
145	RC Use of Fitness Facilities	Completed	Soldier Support	FY 88	FY 89
146	Recreation Programs (for Single Soldiers)	Completed	Soldier Support	FY 86	FY 87
150	Relocation Benefits (Temporary Lodging Expense)	Completed	Soldier Support	FY 87	Apr-94
151	Relocation Costs (Temporary Lodging Expense)	Completed	Soldier Support	FY 87	FY 88
153	Relocation Services	Completed	Soldier Support	FY 89	Oct-93
155	Research Topics	Completed	Soldier Support	FY 84	FY 85
156	Reserve Component Retirement Orientation	Completed	Soldier Support	FY 88	Jun-92
159	Resource Trends	Completed	Soldier Support	FY 84	FY 85
161	Retired Serviceman's Family Protection Plan Inequities	Completed	Soldier Support	Oct-89	Oct-93
166	Security Deposits	Completed	Soldier Support	FY 85	FY 86
170	Single/Unaccompanied Soldier Representation at All Levels	Completed	Soldier Support	FY 88	May-91
176	Sponsorship	Completed	Soldier Support	FY 84	FY 86
189	Training for Chain of Command	Completed	Soldier Support	FY 84	FY 85
190	Training for the Chain of Concern	Completed	Soldier Support	FY 87	Apr-95
195	Unaccompanied Living Space	Completed	Soldier Support	FY 86	FY 88
198	Use of MSA Facilities	Completed	Soldier Support	FY 85	FY 86
199	Variable Housing Allowance	Completed	Soldier Support	FY 85	FY 86
200	Veterans Group Life Insurance	Completed	Soldier Support	FY 88	May-93
203	Weight Allowance Disparity	Completed	Soldier Support	FY 88	Oct-88
204	Weight Allowances	Completed	Soldier Support	FY 84	FY 86
208	Acquisition of GRHP Limited to Sq Foot Requirements & Cost Limitations	Completed	Soldier Support	Oct-89	May-91
216	Dual Compensation Restrictions	Completed	Soldier Support	Oct-89	Oct-91

#	Issue Title	Status	Subject area	Entered	Closed
219	Equity for Soldiers and Former Spouses Under FSPA	Completed	Soldier Support	Oct-89	May-91
221	Extension of Mileage for Housing Entitlements	Completed	Soldier Support	Oct-89	May-91
225	Financial Hardship on Service Members When Relocating	Completed	Soldier Support	Oct-89	Apr-94
227	Group Auto Insurance for Junior Enlisted	Completed	Soldier Support	Oct-89	May-91
228	Improve COLA	Completed	Soldier Support	Oct-89	May-91
232	Incapacitation Pay Procedures	Completed	Soldier Support	Apr-94	Jan-96
238	Military Mass Transportation Support	Completed	Soldier Support	Oct-89	May-91
243	Reduction of Tour Length for Alaska and Hawaii	Completed	Soldier Support	Oct-89	May-91
244	Reinstatement of Leased Housing Program	Completed	Soldier Support	Oct-89	Oct-91
245	Require Specialized Training and Personnel for Relocation	Completed	Soldier Support	Oct-89	Oct-93
246	Early Awareness of Retirement Needs and Benefits	Completed	Soldier Support	Oct-89	May-91
249	Source Data Utilized for VHA Computation	Completed	Soldier Support	Oct-89	May-91
258	Clothing Replacement Allowance	Completed	Soldier Support	Oct-90	Oct-92
263	Dual Military BAQ Settlement Upon Separation and Divorce	Completed	Soldier Support	Oct-90	Oct-91
266	Force Reductions	Completed	Soldier Support	Oct-90	Jun-92
267	Inadequate Housing Allowance	Completed	Soldier Support	Oct-90	Apr-98
268	Inadequate Housing for Unaccompanied Personnel	Completed	Soldier Support	Oct-90	Oct-95
269	Inadequate Temporary Lodging Expense Allowance	Completed	Soldier Support	Oct-90	Apr-94
271	Increase Servicemen's Group Life Insurance Benefits	Completed	Soldier Support	Oct-90	May-91
272	Insufficient Awareness of Survivor Benefit Plan	Completed	Soldier Support	Oct-90	51-91
275	Mandatory Relocation Counseling Emphasizing Financial Planning	Completed	Soldier Support	Oct-90	May-99
276	Need for Adequate Military Fares for Discretionary Leave	Completed	Soldier Support	Oct-90	May-91
278	Reduce Tour Length for Alaska and Hawaii	Completed	Soldier Support	Oct-90	May-91
281	Reserve Component Unlimited Use of Commissary/PX	Completed	Soldier Support	Oct-90	May-91
285	Spending Authority for NAF Capital Purchase/Minor Construction	Completed	Soldier Support	Oct-90	May-93
290	Compensation for Maintenance and Repair of Basic Issue	Completed	Soldier Support	Oct-91	Oct-92
291	Confusion about Retirement Entitlements and Benefits	Completed	Soldier Support	Oct-91	May-93
292	DEERS Deficiencies	Completed	Soldier Support	Oct-91	Apr-94
299	Government Owed Debts Deducted from Pay	Completed	Soldier Support	Oct-91	Oct-95
302	Inadequate Installation Support During Restructuring	Completed	Soldier Support	Oct-91	Nov-98
306	Inequitable Military Pay	Completed	Soldier Support	Oct-91	Nov-99
307	Inferior Shipment of Household Goods	Completed	Soldier Support	Oct-91	Jun-10
310	Lack of Non-Chargeable Paternity/Adoption Leave	Completed	Soldier Support	Oct-91	Apr-92
311	Montgomery G.I. Bill Enrollment Period	Completed	Soldier Support	Oct-91	Jun-92
321	Financial Hardship While on TDY Enroute to New Permanent Duty Station	Completed	Soldier Support	Oct-92	Oct-93
323	Guaranteed Cost of Living Adjustment for Retirees	Completed	Soldier Support	Oct-92	Oct-96
327	Management of Enlisted Soldiers and Their Assignments	Completed	Soldier Support	Oct-92	Mar-02
329	Moving Expenses Exceed Reimbursement	Completed	Soldier Support	Oct-92	Apr-94
331	Multiple Permanent Change of Station Moves	Completed	Soldier Support	Oct-92	Oct-93
333	Promotion Points	Completed	Soldier Support	Oct-92	Oct-93
338	Transition Information and Assistance for the Total Army Family	Completed	Soldier Support	Oct-92	Oct-93
339	Unlimited Commissary Privileges for Reserve Component	Completed	Soldier Support	Oct-92	May-99
344	Commissary Benefits for Soldiers, Family Members, Retirees and the RC	Completed	Soldier Support	Oct-93	Apr-95
345	Compatibility Between DEERS and SIDPERS	Completed	Soldier Support	Oct-93	Apr-95

#	Issue Title	Status	Subject area	Entered	Closed
346	Continental United States Cost of Living Allowance	Completed	Soldier Support	Oct-93	Oct-95
347	Continue Army Career and Alumni Program and Broaden Eligibility	Completed	Soldier Support	Oct-93	Oct-96
349	Dislocation Allowance for Base Realignment and Closure Moves	Completed	Soldier Support	Oct-93	Apr-96
357	Insufficient Transition Time for Soldiers Separating Due to Disability	Completed	Soldier Support	Oct-93	Oct-97
361	Special Meal Charge Exemption for Retirees and DA Civilians	Completed	Soldier Support	Oct-93	Oct-96
363	Temporary Lodging Expense for Move to First Permanent Change of Station	Completed	Soldier Support	Oct-93	Mar-02
365	Variable Housing Allowance	Completed	Soldier Support	Oct-93	Apr-98
367	Ordered Moves	Completed	Soldier Support	Oct-94	Oct-97
371	Earned Income Tax Credit Overseas	Completed	Soldier Support	Oct-94	Apr-95
372	Education on Retirement Benefits and Entitlements	Completed	Soldier Support	Oct-94	Apr-96
381	Increased Commissary Access for Reserve Component Personnel	Completed	Soldier Support	Oct-94	May-99
382	Lease Assistance Program	Completed	Soldier Support	Oct-94	Apr-98
383	Military Pay Diminished by Inflation	Completed	Soldier Support	Oct-94	Nov-99
385	Montgomery GI Bill for Veterans Education Assistance Program Era	Completed	Soldier Support	Oct-94	Jan-09
387	Privately Owned Vehicle Storage	Completed	Soldier Support	Oct-94	Oct-96
388	Rate System for Variable Housing Allowance	Completed	Soldier Support	Oct-94	Apr-98
392	Unaccompanied Personnel Housing Funding	Completed	Soldier Support	Oct-94	Apr-96
395	Continental U.S. Cost of Living Allowance Threshold	Completed	Soldier Support	Oct-95	Mar-97
397	Dependency and Indemnity Compensation Excludes RC Members	Completed	Soldier Support	Oct-95	Apr-98
400	First Time Permanent Change of Station Dislocation Allowance	Completed	Soldier Support	Oct-95	Mar-02
407	Management of Tuition Assistance at Installation Level	Completed	Soldier Support	Oct-95	Nov-98
414	Standardization of Army Barracks Policies	Completed	Soldier Support	Oct-95	Mar-97
417	Uniformity of Better Opportunities for Single Soldiers Programs & Procedures	Completed	Soldier Support	Oct-95	Oct-97
418	Variable Housing Allowance Computation	Completed	Soldier Support	Oct-95	Apr-98
425	Carrying Shoulder Bags in Uniform	Completed	Soldier Support	Mar-97	Nov-98
431	Family Separation Allowance	Completed	Soldier Support	Mar-97	May-99
434	Military Savings Plan	Completed	Soldier Support	Mar-97	Mar-02
435	Montgomery GI Bill Enrollment	Completed	Soldier Support	Mar-97	Apr-98
441	Financial Planning Education	Completed	Soldier Support	Apr-98	Jun-04
442	Lack of Benefits Due to Geographic Location	Completed	Soldier Support	Apr-98	May-05
444	Retirement Benefits/Entitlements -- Perception of Erosion	Completed	Soldier Support	Apr-98	Nov-99
448	Basic Allowance for Housing Appropriation and Data Collection Criteria	Completed	Soldier Support	Nov-99	Mar-02
454	Execution of Sponsorship Program	Completed	Soldier Support	Nov-99	May-05
461	Pay Table Reform	Completed	Soldier Support	Nov-99	Jun-04
462	Personnel Tempo / Deployment Tempo	Completed	Soldier Support	Nov-99	Nov-03
463	Quality Military Clothing	Completed	Soldier Support	Nov-99	Mar-02
473	Untimely Finance Transactions	Completed	Soldier Support	Nov-99	Dec-07
482	Full Replacement Costs for Household Goods Shipments	Completed	Soldier Support	Nov-00	N/A
486	Tax Credit for Employers of RC Soldiers on Extended Active Duty	Completed	Soldier Support	Nov-00	Jan-09
492	Army Retirement Benefits Awareness	Completed	Soldier Support	Mar-02	Jan-06
493	Basic Allowance for Housing for Activated Reserve Component	Completed	Soldier Support	Mar-02	Nov-06

#	Issue Title	Status	Subject area	Entered	Closed
495	Concurrent Receipt of Retired Military and Veterans Affairs Disability Pay	Completed	Soldier Support	Mar-02	Nov-02
496	DEERS Status Notification	Completed	Soldier Support	Mar-02	May-05
504	Recalculation of Dislocation Allowance	Completed	Soldier Support	Mar-02	Nov-02
506	Reserve Component Retired Pay	Completed	Soldier Support	Mar-02	Jun-08
512	Unique Relocation Expenses OCONUS	Completed	Soldier Support	Mar-02	Jun-10
525	Montgomery GI Bill Expiration Date	Completed	Soldier Support	Nov-02	Jan-09
529	Retirement Services Officer Positions at Regional Support Commands	Completed	Soldier Support	Nov-02	Feb-14
547	Higher Education Relief Opportunities for Students Act Awareness for Reserve Component	Completed	Soldier Support	Nov-03	Jan-06
548	Housing for Active Duty Pregnant Single Soldiers	Completed	Soldier Support	Nov-03	May-05
550	Mandatory Review of Weight Allowance for PCS Moves	Completed	Soldier Support	Nov-03	Jun-04
559	Unit Ministry Team Force Structure	Completed	Soldier Support	Nov-03	Jun-10
561	Funding for eArmyU	Completed	Soldier Support	Nov-03	Jan-06
565	Calculation of Family Subsistence Supplemental Allowance OCONUS	Completed	Soldier Support	Nov-04	N/A
567	Completion of Deployment Cycle Support Program by Individual Returnees	Completed	Soldier Support	Nov-04	Jun-10
575	Leave Accrual	Completed	Soldier Support	Nov-04	Jun-08
577	Non-Chargeable Leave for Deployed Soldiers	Completed	Soldier Support	Nov-04	Dec-07
578	Paternity Permissive TDY	Completed	Soldier Support	Nov-04	Jul-09
581	Stabilization from Major Training Exercises after Deployment	Completed	Soldier Support	Nov-04	Jun-06
588	Family Servicemembers' Group Life Insurance Premiums for Dual Military	Completed	Soldier Support	Jan-06	Jul-09
589	Funding for Barracks Sustainment, Restoration, and Modernization & Military Construction	Completed	Soldier Support	Jan-06	Jun-10
598	Education Regarding Living Wills and Healthcare Powers of Attorney	Completed	Soldier Support	Nov-06	Jul-09
599	Enlisted Promotion Points Submission	Completed	Soldier Support	Nov-06	Jun-08
605	TDA Position for Garrison BOSS Program	Completed	Soldier Support	Nov-06	Jun-10
607	Terminal Leave Restrictions for Physical Disability Evaluation System Soldier	Completed	Soldier Support	Nov-06	Dec-07
612	Army Career and Alumni Funding	Completed	Soldier Support	Nov-06	Aug-12
624	Standardized Army Wounded Warrior Information Packet	Completed	Soldier Support	Dec-07	Jan-09
636	Funding for Better Opportunities for Single Soldiers	Completed	Soldier Support	Jan-09	Jun-10
637	Homeowners Assistance Program Expansion	Completed	Soldier Support	Jan-09	Jun-10
639	Deferment of Advanced Individual Training Soldiers with Exceptional Family Members	Completed	Soldier Support	Nov-09	Feb-11
640	Official and Semi-Official Photographs for All Soldiers	Completed	Soldier Support	Jan-09	Jun-10
642	Secure Accessible Storage for Soldiers Residing in Barracks	Completed	Soldier Support	Jan-09	Jun-10
645	Temporary Lodging Expense Duration	Completed	Soldier Support	Jan-09	Jun-10
653	Funding Service Dogs for Wounded Warriors	Completed	Soldier Support	Jan-10	Jun-13
654	Monthly Stipend to Ill/Injured Soldiers for Non-Medical Caregivers	Completed	Soldier Support	Jan-10	Feb-12
657	Reserve Component Inactive Duty for Training Travel and Transportation Allowances	Completed	Soldier Support	Jan-10	Jun-13
658	Standard Level of Security Measures in Barracks	Completed	Soldier Support	Jan-10	Jun-10

#	Issue Title	Status	Subject area	Entered	Closed
662	Comprehensive and Standardized Structured Weight Control Program	Completed	Soldier Support	Feb-11	Jun-13
669	Return to Active Duty Reserve Component Medical Care Time Restrictions for Reserve Component Soldiers	Completed	Soldier Support	Feb-11	Sep-15
681	Recoupment Warning on Department of the Army Form 5893 “Soldier's Medical Evaluation Board/Physical Evaluation Board Checklist”	Completed	Soldier Support	Feb-12	Feb-15
687	Active Duty Enlisted Soldier Compassionate Reassignment Stabilization	Completed	Soldier Support	14-Apr	Feb-15
ASB1	Increase Length of Duty Tours	Completed	Soldier Support	Oct-89	Oct-91
ASB2	Increase Pinpoint Assignments	Completed	Soldier Support	Oct-89	Oct-93
ASB3	Training of Unit Leaders on Impact on Soldiers Performance by Families	Completed	Soldier Support	Oct-89	Oct-94
ASB4	Treatment of Single/Married Soldiers and Single/Nonsingle Parents	Completed	Soldier Support	Oct-89	Oct-93
ASB5	Personal Skills Training for New Enlistees	Completed	Soldier Support	Oct-89	Oct-91
ASB6	Policies that Permit Differential Treatment of Soldiers	Completed	Soldier Support	Oct-89	Oct-93
10	AER for Reserve Components	Unattainable	Soldier Support	FY 86	FY 87
11	AGR Housing	Unattainable	Soldier Support	FY 85	FY 86
42	Deferred Use of Travel for Reserve Component	Unattainable	Soldier Support	FY 86	FY 87
47	Directory of Quality of Life Entitlements	Unattainable	Soldier Support	FY 84	FY 89
76	Family Quarters for Single Pregnant Soldiers	Unattainable	Soldier Support	FY 89	FY 90
93	House Hunting Compensation	Unattainable	Soldier Support	FY 84	FY 88
115	MWR Dividends for Inactive Duty for Training	Unattainable	Soldier Support	FY 87	FY 88
148	Reimbursement for Real Estate	Unattainable	Soldier Support	FY 84	FY 88
158	Reservists Representation on CFSC Staff	Unattainable	Soldier Support	FY 87	FY 89
175	Specialty Code Development	Unattainable	Soldier Support	FY 84	FY 85
179	Standard Outline of RC Benefits and Entitlements	Unattainable	Soldier Support	FY 88	FY 89
182	Storage Space	Unattainable	Soldier Support	FY 86	FY 87
185	Survivor Benefits Plan - Reserve Components	Unattainable	Soldier Support	FY 87	FY 89
187	Timely Receipt of Assignment Instructions	Unattainable	Soldier Support	FY 88	FY 89
197	Compensation for Soldiers Assigned to Remote Areas in Civilian Communities	Unattainable	Soldier Support	FY 89	Oct-94
210	APO Limitations for Retirees	Unattainable	Soldier Support	Oct-89	Oct-90
211	Army Green Uniform	Unattainable	Soldier Support	Oct-89	FY 90
248	Sole Parents Discriminated Against in Job Assignments	Unattainable	Soldier Support	Oct-89	FY 90
279	Reduction of Tour Length for Okinawa	Unattainable	Soldier Support	Oct-90	Oct-91
280	Reinstate Quarters Cleaning Initiative (CONUS)	Unattainable	Soldier Support	Oct-90	Oct-91
305	Inequitable Combat Zone Tax Exclusion	Unattainable	Soldier Support	Oct-91	Oct-95
312	No Standard Casualty Assistance Policy	Unattainable	Soldier Support	Oct-91	Jun-92
319	Dislocation Allowance for Single Soldiers	Unattainable	Soldier Support	Oct-92	Oct-94
351	Emergency Relief for Reserve Components	Unattainable	Soldier Support	Oct-93	Jun-08
358	Occupational Income Loss Insurance	Unattainable	Soldier Support	Oct-93	Apr-98
384	Montgomery G.I. Bill Benefits Distribution	Unattainable	Soldier Support	Oct-94	Oct-95
396	Degree Completion Program for Enlisted Soldiers	Unattainable	Soldier Support	Oct-95	Oct-96
410	Partial Basic Allowance for Quarters	Unattainable	Soldier Support	Oct-95	Oct-96
415	Ten Year Cap on Montgomery G.I. Bill for Reservists	Unattainable	Soldier Support	Oct-95	Oct-97
419	Dining Facility Meal Rates	Unattainable	Soldier Support	Oct-96	Mar-97

420	Privately Owned Vehicle Storage During OCONUS Assignment	Unattainable	Soldier Support	Oct-96	Oct-97
429	Dislocation Allowance for Retiring Soldiers	Unattainable	Soldier Support	Mar-97	May-99
437	Reserve Component Retirement Pay Options	Unattainable	Soldier Support	Mar-97	Nov-99
450	Clothing Replacement Allowance	Unattainable	Soldier Support	Nov-99	May-01
451	CONUS Cost of Living Allowance Threshold Index	Unattainable	Soldier Support	Nov-99	May-05
455	Extension of Temporary Lodging Expense	Unattainable	Soldier Support	Nov-99	Nov-04
457	Modification of Weight Allowance Table	Unattainable	Soldier Support	Nov-99	Feb-11
458	Newly Acquired Dependent Travel Entitlement	Unattainable	Soldier Support	Nov-99	Feb-11
464	Reserve Component Commissary Benefits	Unattainable	Soldier Support	Nov-99	May-01
483	Incentives for Reserve Component Military Technicians	Unattainable	Soldier Support	Nov-00	Feb-11
485	Single Parent Accession	Unattainable	Soldier Support	Nov-00	May-01
494	Career Recognition Program	Unattainable	Soldier Support	Mar-02	Nov-03
507	Running Shoe Allowance	Unattainable	Soldier Support	Mar-02	Jun-08
514	Active Versus Reserve Parachute Jump Pay	Unattainable	Soldier Support	Nov-02	Jun-04
526	OCONUS Shipment of Second POV for Accompanied Tours	Unattainable	Soldier Support	Nov-02	Jun-10
528	Retirement Dislocation Allowance	Unattainable	Soldier Support	Nov-02	May-05
#	Issue Title	Status	Subject area	Entered	Closed
551	Mortgage Relief for Mobilized Reserve Component Service Members	Unattainable	Soldier Support	Nov-03	Jun-08
560	Veterans Group Life Insurance Premiums	Unattainable	Soldier Support	Nov-03	Jan-06
564	Calculation of Family Subsistence Supplemental Allowance	Unattainable	Soldier Support	Nov-04	Jan-09
580	Reimbursement for Rental Car for OCONUS Permanent Change of Station Moves	Unattainable	Soldier Support	Nov-04	Jan-06
593	Relocation of Pets from OCONUS	Unattainable	Soldier Support	Jan-06	Jun-07
601	Full Compensation for Uniform Changes	Unattainable	Soldier Support	Nov-06	Jan-09
604	Retroactive Traumatic Service Members' Group Life Insurance Compensation	Unattainable	Soldier Support	Nov-06	Jun-10
621	Minimum Disability Retirement Pay for Medically Retired Wounded Warriors	Unattainable	Soldier Support	Dec-07	Aug-11
626	Traumatic Servicemembers' Group Life Insurance for Post Traumatic Stress Disorder, Traumatic Brain Injury, and Uniplegia	Unattainable	Soldier Support	Dec-07	Jun-13
628	Bereavement Permissive TDY	Unattainable	Soldier Support	Jan-09	Jun-10
633	Cost of Living Allowance Dependents Cap	Unattainable	Soldier Support	Jan-09	Aug-11
643	Service Members Group Life Insurance Cap	Unattainable	Soldier Support	Jan-09	Feb-11
656	Reserve Component Government Employees' and their Family Members' Access to TRICARE Reserve Select	Unattainable	Soldier Support	Jan-10	Feb-11
664	Flexible Spending Accounts for Service Members	Unattainable	Soldier Support	Feb-11	Jun-13
670	Medically Retired Service Member's Eligibility for Concurrent Receipt of Disability Pay	Unattainable	Soldier Support	Feb-11	Jun-13
678	Commissary, Armed Services Exchange and Morale, Welfare and Recreation Privileges for Honorably Discharged Disabled Veterans with 10% or Greater Disability	Unattainable	Soldier Support	Feb-12	Aug-12
682	Retention of Wounded, Ill and Injured Service Members to Minimum Retirement Requirement	Unattainable	Soldier Support	Feb-12	Aug-12

Issue 1: AAFES Catalog Not Available to Authorized Users
a. Status. Completed.
b. Entered. AFAP V; Nov 87.
c. Final action. AFAP VII; Oct 89.
d. Scope. AAFES catalogs are not available for authorized Reserve Component (RC) personnel living at sites remote to exchanges.
e. AFAP recommendation. Revise DoD Instruction 1015.2 to permit catalog mailing.
f. Progress.
(1) DoD Instruction 1015.2 was changed to allow the purchase of AAFES catalogs through the mail. This will allow eligible RC customers who do not have access to AAFES facilities to obtain catalogs and place orders.
(2) Articles were written for the Army Reserve magazine, Carnotes, and Army Families to explain the procedures. Guidance was provided to the field.
g. Lead agency. DAAR-PE/NGB.
h. Support agency. AAFES.

Issue 2: Abandoned Families
a. Status. Completed.
b. Entered. AFAP II; Nov 84.
c. Final action. AFAP V; Nov 87.
d. Scope. Family members are deprived of entitlements as a result of soldier misconduct. This occurs when a soldier is AWOL, in confinement, or has otherwise lost entitlements due to misconduct. The family is thereby deprived of entitlements such as transportation of household goods and, in some cases, Government quarters.
e. AFAP recommendation. Allow transportation of family members and household goods to home of record upon certification of loss of entitlements due to soldier misconduct.
f. Progress. The FY87 Defense Authorization Act allows the Services to provide dependent travel and household goods shipment to the family member's home upon certification of loss of entitlements due to soldier misconduct.
g. Lead agency. DAPE-MBB-C.
h. Support agency. CFSC-FSA.

Issue 3: Access to Primary Medical Care
a. Status. Completed.
b. Entered. AFAP IV; Nov 86.
c. Final action. AFAP XIII; Apr 96.
d. Scope. There are problems in the primary medical care system. Examples given include inadequate number of appointments to meet patient need; inefficient means to allocate appointments; and inadequate patient awareness of how to access the health care system.
e. AFAP recommendation.
(1) Implement systems to efficiently allocate appointments.
(2) Improve programs to educate patients on means of accessing primary care.
f. Progress.
(1) Combined issues. The ASB issue, "Use of Civilian Medical Services," was incorporated into five AFAP issues: Issue 104, "Lack of Medical Support in the OB/GYN Specialty"; Issue 3, "Access to Primary Medical Care"; Issue 27, "CHAMPUS (To Include Physical Exams and Immunizations)"; Issue 154, "Remote Site Family Medical Costs"; and Issue 36, "Cost and Availability of Civilian Medical Care OCONUS." This issue was combined with Issue 366, “Access to Military and Civilian Health Services” in 2nd Qtr FY95 due to similarity of scope.
(2) Access to care.
(a) Managed care. The key to resolving access problems, particularly in the downsizing environment and operating under resource constraints, lies within the principles of managed care. The objective of DoD managed care is to ensure the most effective execution of the military health care mission while recognizing the need to ensure access to a secure, quality health care benefit, control costs, and respond to changing national military and health care priorities.
(b) Access to primary care. Regional TRICARE contractors establish a timeframe for accessing medical services. See Issue 366 for additional information.
(c) Allocation of patient appointments. All Army inpatient medical treatment facilities implemented the Composite Health Care System (CHCS) during FY95. The CHCS contains an enhanced appointment scheduling module and an automatic call distribution system.
(3) Beneficiary education. Managed Care Support Contracts contain a requirement to educate patients on availability and access to care.
(4) GOSC review.
(a) Oct 92. Army will track the expansion of GTC and the automated appointment system.
(b) Oct 94. Army will continue to evaluate access to care.
(5) Resolution. This issue was resolved when the Apr 96 GOSC declared Issue 366 completed. See Issue 366 for additional information.
g. Lead agency. MCHO-CL.
h. Support agency. OASD(HA).

Issue 4: Access to Surplus Government Furniture
a. Status. Completed.
b. Entered. AFAP IV; Nov 86.
c. Final action. AFAP VI; Oct 88.
d. Scope. Soldiers in need of household furnishings do not have priority access to Government furniture identified for disposal.
e. AFAP recommendation. Review procedures that govern disposal of surplus Government furniture and revise regulations to allow soldiers to purchase these items on a priority basis.
f. Progress.
(1) Related issue. Issue relates to Issue 241, "Nonavailability of Government Furniture in CONUS."
(2) Resolution. The recommendation proved incapable of completion. As an alternative, in Mar 88, ODCSLOG and the Chief of Engineers (COE) sent a joint message to all CONUS MACOMs encouraging them to make excess Government household furniture available to married junior soldiers before turn-in to the installation Defense Revitalization and Marketing Office (DRMO). They asked that the initiative be made part of each MACOM installation policy. The hand receipt policy for furniture is outlined in AR 710-2. AR 210-50 will include this change for married

junior grade soldiers.
g. Lead agency. DALO.
h. Support agency. COE.

Issue 5: ACS Automated Database
a. Status. Completed.
b. Entered. AFAP II; Nov 84.
c. Final action. AFAP V; Nov 87.
d. Scope. Lack of automated data capability for installation Consumer Affairs, Information and Referral, Relocation, Exceptional Family Member, Family Member Employment, and Waiting Family programs degrades the efforts to support soldiers and their families.
e. AFAP recommendation. Fund an automated data system to link ACS Centers worldwide.
f. Progress.
(1) PDIP. A Program Development Increment Package (PDIP) to automate the ACS program Army-wide did not survive the prioritization process.
(2) Support. A survey revealed that many ACS Centers had purchased automated systems and "off-the-shelf" software with FY 86 funding provided in ACS PDIPs. It was determined that sufficient funding was available in program budget guidance for FY 87 to procure automated capability for ACS programs. MWR Automation Update, Apr 86, published guidelines for procuring hardware and software to support ACS programs.
(3) Directory. In Jun 87, CFSC distributed an automatic data processing (ADP) directory, an inventory of existing automated systems and software used in ACS programs, to ACS centers. The directory was the nucleus for an informal ACS automation users group to share ADP software and information Army-wide.
g. Lead agency. CFSC-FSA.
h. Support agency. DISC4

Issue 6: ACS Facilities
a. Status. Unattainable.
b. Entered. AFAP II; Nov 84.
c. Final action. AFAP V; May 88.
d. Scope. Army Community Service (ACS) Centers have not, in many locations, kept pace with facility upgrade efforts. This causes reduced usage due to poor location and unattractive buildings.
e. AFAP recommendation. Develop a Program Development Incremental Package (PDIP) based on budget data submitted from the MACOM.
f. Progress. Funding for this program was not approved. Building renovation of ACS facilities must be programmed and funded at MACOMs or installations.
g. Lead agency. CFSC-FSA.
h. Support agency. DAEN.

Issue 7: ACS Quality of Staff
a. Status. Completed.
b. Entered. AFAP II; Nov 84.
c. Final action. AFAP V; Nov 87.
d. Scope. The quality of services provided by ACS at installations is adversely affected by staff recruitment, retention, and training problems.
e. AFAP recommendation.
(1) Conduct a study to determine the most efficient and effective means for improving civilian personnel management of the ACS program.
(2) Implement the findings of the study.
f. Progress. In Sep 86, the Civilian Personnel Center completed the study. In Apr 87, a staffing guide for ACS was distributed to MACOM CPOs and ACSs Army-wide
g. Lead agency. DAPE-CPE.
h. Support agency. CFSC-FSA/TAPC-CPF-S.

Issue 8: ADAPCP Residential Treatment
a. Status. Completed.
b. Entered. AFAP III; Oct 85.
c. Final action. AFAP V; Nov 87.
d. Scope. As part of the Alcohol and Drug Abuse Prevention and Control Program (ADAPCP), the spouse is sometimes required to attend the final 2 weeks of residential treatment program for the soldier to successfully complete treatment and return to active duty. Limited funding is provided for spouse attendance, further exacerbating the situation.
e. AFAP recommendation. Develop, staff, and submit action to provide funding for a soldier's spouse to participate in the last 2 weeks of residential ADAPCP treatment.
f. Progress.
(1) Regulatory change. Revisions were made to the regulations and guidelines allowing spouse admission to residential facilities with "boarder" status during the last 2 weeks of patient treatment, eliminating the need for patients to bear the expense of this beneficial facet of the treatment.
(2) Resolution. AR 40-3 was published in Jul 88.
g. Lead agency. DAPE-MPH.
h. Support agency. CFSC-FSA/TAPC-CPF-S.

Issue 9: Adoption Assistance for Military Families
a. Status. Completed.
b. Entered. AFAP V; Nov 87.
c. Final action. AFAP VI; Oct 88. (Updated: Jul 94)
d. Scope. Military families are often not able to adopt children through State agencies because they lose adoption residency eligibility upon PCS. The frequent moves unique to military families have a direct impact on the eligibility of military families to adopt children. The alternative is private adoption agencies that charge fees prohibitive for most military families.
e. AFAP recommendation. Include State adoption residency requirements as justification for deferment of PCS moves when a soldier has demonstrated good faith intent to complete adoption procedures prior to receipt of PCS orders.
f. Progress.
(1) As a result of federal legislation, AR 614-100 and AR 614-200 were changed in Jul 84 to include provisions for deferring soldiers who have initiated the adoption process. The change reads as follows, "The following conditions normally warrant approval: Adoption cases in which the home study (deciding if the child is to be placed) has been completed and a child is scheduled to be placed in the soldier's home within 90 days. Additionally, the soldier must have initiated the adoption proceedings before

assignment notification." AR 614-30 was updated in Apr 88 to change policy to coincide with AR 614-100 and AR 614-200.

(2) As of Jul 94, updates for AR 614-30 (1 Apr 88), AR 614-100 (17 Oct 90), and AR 614-200 (17 Oct 90), contain provisions to defer soldiers who have initiated adoption proceedings prior to receiving assignment instructions. Proponents for all three regulations indicate there are no plans to change or remove the adoption deferment provisions from the regulations.

g. Lead agency. TAPC-EPC-O.

h. Support agency. None.

Issue 10: Army Emergency Relief (AER) for Reserve Components

a. Status. Unattainable.

b. Entered. AFAP III; Oct 85.

c. Final action. AFAP IV; Nov 86.

d. Scope. AR 930-4 authorizes AER assistance for members of the RC only when they are on continuous active duty for more than 30 days.

e. AFAP recommendation. Coordinate with AER for Board of Managers for policy change to make RC personnel eligible for AER assistance after 72 hours continuous active duty.

f. Progress. The present 30-day active duty requirement for AER eligibility was judged adequate to fulfill RC needs for AER. This issue is further explored in AFAP Issue 351, “Emergency Relief for Reserve Components.”

g. Lead agency. DAAR-PE.

h. Support agency. DAPE-HRP/DAAR-PE.

Issue 11: AGR Housing

a. Status. Unattainable.

b. Entered. AFAP II; Nov 84.

c. Final action. AFAP III; Oct 85.

d. Scope. Full-time manning (FTM) and Active Guard Reserve (AGR) personnel are frequently assigned to Army National Guard (ARNG) or United States Army Reserve (USAR) units that are located in high-cost areas or isolated from military installations. Depending on the rank of the soldier, such an assignment may create a financial hardship where the cost of housing exceeds Basic Allowance for Quarters (BAQ) and Variable Housing Allowance (VHA) authorized. Availability of housing would reduce financial hardships and thereby promote retention and readiness.

e. AFAP recommendation. Conduct a review of policies and constraints impacting on providing Government housing for FTM and AGR personnel assigned to high-cost or isolated areas.

f. Progress. FTM and AGR personnel have the same benefits and privileges as active duty soldiers. BAQ and VHA are designed to compensate for the cost of living variance where housing is unavailable.

g. Lead agency. DAAR-PE/NGB-ARP.

h. Support agency. DAEN.

Issue 12: Alcohol and Drug Abuse

a. Status. Completed.

b. Entered. AFAP I; Jul 83.

c. Final action. AFAP III; Oct 85.

d. Scope. The Alcohol and Drug Abuse Program needs adequate funding and manpower to effectively serve the Army family member population.

e. AFAP recommendation.

(1) Continue efforts to increase resources in the FY 86-90 programming process.

(2) Develop additional low-cost alternatives that capitalize on existing structures.

f. Progress.

(1) Issue 251, "Substance Abuse throughout Total Force," and Issue 8, "ADAPCP Residential Treatment," relate to this issue.

(2) The ADAPCP family counseling courses established at Health Services Command were expanded to USAREUR in 3rd Qtr FY 85.

g. Lead agency. DAPE-MPH-A.

h. Support agency. DASG/HSC/PERSCOM.

Issue 13: Assure Total Integration of Family Members of DA Civilians into Army Family

a. Status. Unattainable.

b. Entered. AFAP I; Jul 83.

c. Final action. AFAP IV; Nov 86.

d. Scope. The need exists to include family members of DA civilian employees in Army programs designed to address family member needs.

e. AFAP recommendation. Develop a plan of action to address child care, sponsorship and relocation, employment information and referral, and overseas considerations.

f. Progress.

(1) Issue was studied and based on input from the field, initiatives in support of civilian employees and their family members were identified for further action.

(2) Key initiatives were integrated into active AFAP issues, thereby dispensing the need for a separate issue.

(a) Civilian medical care was pursued in Issue 36, “Cost and Availability of Civilian Medical Care OCONUS.”

(b) Civilian spouse preference was pursued in Issue 147, “Regulatory and Legislative Employment Initiative.”

g. Lead agency. TAPC-CPF-S.

h. Support agency. CFSC-FS/DAPE-CPP.

Issue 14: Availability of Army Jobs Especially OCONUS

a. Status. Completed.

b. Entered. AFAP I; Jul 83.

c. Final action. AFAP II; Mar 84.

d. Scope. Opportunities for employment, career development, and advancement in overseas areas are generally more limited for family members than for other Army employees. Knowledge of application procedures for OCONUS employment and updated information for CPOs are required.

e. AFAP recommendation.

(1) Provide instruction for family members seeking employment OCONUS, including addresses of OCONUS CPOs.

(2) Review State Department employment model for possible application.

f. Progress. Employment information for all Army installations, CONUS and OCONUS, was developed and distributed to all CPOs in Jan 83. Distribution also included reference sets for ACS to use in their relocation services to family members.
g. Lead agency. DAPE-CP.
h. Support agency. TAPC-CPF-S.

Issue 15: Availability of Facilities
a. Status. Completed.
b. Entered. AFAP I; Jul 83.
c. Final action. AFAP III; Mar 85.
d. Scope. The original scope, "Insufficient and inadequate medical facilities," was rewritten in AFAP II, as follows. Family members have expressed concern about the availability of medical facilities. Money for construction and renovation of medical facilities are in the budget.
e. AFAP recommendation. Identify facilities scheduled for construction or renovation.
f. Progress. In 1984, Congress authorized $164.8 million and Fort Hood received a hospital addition and health clinics were built at Fort Ord and Benning. The 1986-1990 budget request included $904 million for construction and renovation of eight medical facilities.
g. Lead agency. DASG.
h. Support agency. None.

Issue 16: Benefits for Family Members when RC Soldiers Disabled in Line of Duty
a. Status. Unattainable.
b. Entered. AFAP V; Nov 87.
c. Final action. AFAP IX; Oct 91.
d. Scope. Reserve Component (RC) family members lack basic benefits when soldiers are disabled by injury, illness, or disease in line of duty while in a duty or travel status. In some instances, RC soldier hospitalization at a distant location causes separation from family members. A recent change to 37 USC 411h recognized the need for Active Component (AC) soldiers, but RC soldiers and families were not included in this change because of the structure of this statute. Recent training accidents reveal that spouses of injured RC soldiers either have had to commute long distances or in some instances relocate to a place near the military hospital. Such families receive no compensation for travel or per diem and are not authorized access to exchange, commissary, or other facilities as are their AC counterparts.
e. AFAP recommendation.
(1) Draft a legislative proposal to allow the Secretary of the Army to order to active duty, with consent, an RC soldier disabled by injury or disease when it is in the interest of fairness and equity.
(2) Request Secretary of the Army designee status for family members when visiting injured soldiers.
f. Progress.
(1) Legislative proposal. Legislation calling to active duty any RC soldier who is seriously injured in the line of duty was submitted, but not included, in the FY91/92 Legislative Contingency package due to fiscal constraints.
(2) Authorization. 37 USC 411h provides for transportation of family members of RC soldiers who are disabled by injury, illness, or disease while performing active duty, inactive duty training, or while traveling to or from such duty or training. Transportation is authorized between home and MTF when authorized by the attending physician.
(3) Exceptions. An ODCSPER request for Secretary of the Army blanket designee status for medical care for this category of personnel was denied in Jun 91 by OTSG and ASA(M&RA) because AR 40-3, paragraph 4-59 authorizes emergency medical care. Individual designee requests may be submitted per AR 40-3, paragraph 4-55 at the discretion of the MTF commander.
(4) Resolution. The Oct 91 GOSC determined this was unattainable because it could not be validated. Legislation authorizes transportation for family members of RC soldiers when injury is duty related.
g. Lead agency. DAPE-MBB-C.
h. Support agency. None.

Issue 17: Bi-Cultural Family Adjustment
a. Status. Completed.
b. Entered. AFAP I; Jul 83.
c. Final action. AFAP IV; Nov 86.
d. Scope. Facilitate adjustment of bi-cultural families to American culture to preclude onset of family dysfunction and increase individual and unit readiness.
e. AFAP recommendation. Determine scope of problem, analyze alternatives, and recommend course of action.
f. Progress. DA Pam 608-44 contains guidance on outreach to bicultural spouses. English-as-a-Second Language is included in the program.
g. Lead agency. CFSC-FSA.
h. Support agency. None.

Issue 18: Capital Gains Protection
a. Status. Completed.
b. Entered. AFAP I; Jul 83.
c. Final action. AFAP II; Nov 84.
d. Scope. Military families selling primary residences experience difficulty in reinvesting the capital gains realized. Currently, a soldier has 4 years to reinvest; DoD seeks re-evaluation of this period for military home buyers.
e. AFAP recommendation. Secure passage of DoD 98-14.
f. Progress. Public Law 98-369 (Jul 84) extends the rollover period of proceeds from the sale of a primary residence until 8 years after the sale for those assigned overseas or to Government quarters.
g. Lead agency. DAPE-MBB-C.
h. Support agency. None.

Issue 19: Career Intern Program
a. Status. Completed.
b. Entered. AFAP I; Jul 83.
c. Final action. AFAP II; Mar 84. Updated in July 1994.
d. Scope. Current Army regulations state that intern positions in overseas areas can be filled only by employees who have career or career-conditional status. Procedural changes can be made to permit nonstatus family members in overseas areas to compete for existing intern po-

sitions.
e. AFAP recommendation. Change Army regulations to permit nonstatus family members in overseas areas to compete for existing intern positions.
f. Progress.
(1) Resolution. AR 690-50 and AR 690-300 were changed in 1984 to open intern positions OCONUS to non-status family members.
(2) 1994 update. The drawdown in Europe resulted in fewer civilian positions and consequently fewer intern positions. Intern programs decreased from over 100 positions in the 1980s to 11 positions in 1994.
g. Lead agency. TAPC-CPF-C.
h. Support agency. None.

Issue 20: Catastrophic Health Coverage
a. Status. Completed.
b. Entered. AFAP IV; Nov 86.
c. Final action. AFAP V; May 88.
d. Scope. The present CHAMPUS program does not provide full coverage for catastrophic family member illness or catastrophic illness and injury coverage for retirees.
e. AFAP recommendation. Investigate providing active duty military families catastrophic health coverage and ensure comparable coverage for retirees.
f. Progress. Congress established catastrophic caps of $2,500/yr for AD and $10,000/yr for retirees.
g. Lead agency. DASG.
h. Support agency. CFSC-FSR.

Issue 21: CDS--Availability of Child Care (for DA Civilians)
a. Status. Completed.
b. Entered. AFAP II; Nov 84.
c. Final action. AFAP VI; Oct 88.
d. Scope. Current child care center capacities are insufficient to support DA civilians. Circumstances restricting the availability of civilian child care for soldiers' families also apply to DA civilians assigned to that command; that is, isolated areas with few, if any, child care resources in the civilian community, high costs prohibitive to the lower Department of Army civilian grades, and so on. Presently, military members are given highest priority in use of installation child care facilities. Having adequate child care resources available for all Government employees, military and civilian, would promote efficiency and effectiveness of work performance, hence readiness.
e. AFAP recommendation. Develop CDS policy guidance regarding center-based child care for civilians while continuing to provide required levels of service to soldiers.
f. Progress.
(1) Related issues. Issue 209, "Affordable Child Care Services"; 223, "Fees Charged by FCC Providers"; and 277, "Quality Child Care For Total Army Family" are similar.
(2) Need. Though many children of military and civilian personnel are cared for in centers and certified homes, the need has not been met. Initiatives continue to develop low-cost alternatives to current programs. In FY87, utilization was 93% military and 7% civilian.
(3) DoD. Representatives from CDS and CPO served on a DoD committee to evaluate options and implement child care services for DoD employees in the National Capitol Region. The project established a child care center at the Pentagon.
(4) Resolution. A DoD directive permitting local commanders the option of providing child care services for civilian employees in addition to services already being provided to active duty personnel was staffed with the Services and consolidated with DoD Directive 6062.2 for military child care.
g. Lead agency. CFSC-FSC.
h. Support agency. DAPE-MPH/TAPC-CPF-S.

Issue 22: CDS--Extended Services
a. Status. Completed.
b. Entered. AFAP I; Jul 83.
c. Final action. AFAP II; Nov 84.
d. Scope. Training and unit mission time is being lost due to conflicting parental responsibilities and unit requirements. Additional adequate extended child care services are needed, both at installations and in family child care homes. Implementing a quarters-based system on each installation remains the primary means of providing affordable extended care.
e. AFAP recommendation. Provide supplemental funding for Family Child Care (FCC) directors.
f. Progress.
(1) Issue 209, "Affordable Child Care Services"; 277, "Quality Child Care For Total Army Family"; 223, "Fees Charged by FCC Providers," and 21, "Availability of Child Care" are related to this issue.
(2) Resources were included in the FY 86-90 budget for contracting FCC coordinators. Standing Operating Procedures for baby sitting co-ops were completed and distributed to the field in the 3rd Qtr FY 85.
g. Lead agency. CFSC-FSC.
h. Support agency. DAPE-MBB.

Issue 23: CDS--Facilities
a. Status. Completed.
b. Entered. AFAP I; Jul 83.
c. Final action. AFAP VI; Oct 88.
d. Scope. The majority of installation facilities used for child care programs are not safe or suitable.
e. AFAP recommendation. .
(1) Develop a plan to capture necessary resources in the programming process during FY 86-90.
(2) Develop criteria to ensure project scope and prioritization of CDS Military Construction, Army (MCA) projects are consistent Army-wide.
(3) Develop standard designs in seven sizes for MCA child development projects.
(4) Monitor facility status and take corrective action to ensure renovation upgrade and waiver corrections continue per DoD and DA requirements.
f. Progress.
(1) Issues 277, "Quality Child Care for Total Army Family," and Issue 21, "Availability of Child Care," relate to this issue.

(2) Standard facility design. In 1986, CDS construction project guidance was released that addressed documentation and design criteria. Standard facility designs are prepared in seven sizes for use with CDS projects FY 88 and beyond. Two facility models of the standard designs were completed. The standard design brochure was disseminated through OCE and CDS channels.

(3) Evaluation. In 1988, at the direction of the Director of the Army Staff, the Army Child Care Actions Group was formed to review child care facilities, program execution, and FCC systems Army-wide. The fact finding group is the Army Child Care Evaluation Team (ACCET). Most ACCET findings relate to health, safety, fire, and facility issues in CDS center and home settings.

(4) Compliance. A message was released by Headquarters, U.S. Army Corps of Engineers Army Branch, Construction, requesting all new CDS construction projects be reviewed for compliance with requirements. A one-source document was drafted, consolidating requirements in one instrument. Beginning in 1988, an annual inspection of CDS facilities is conducted by community functional proponents. HQDA developed guidelines for MACOMs to obtain variances to facility standards.

g. Lead agency. CFSC-FSC.

h. Support agency. DAPE-MBB/DAEN.

Issue 24: CDS--Quality of Care

a. Status. Completed.

b. Entered. AFAP III; Oct 85.

c. Final action. AFAP V; May 88.

d. Scope. The quality of child care provided by installation child development programs is directly affected by staff training, recruitment and retention, and by program assessment.

e. AFAP recommendation.

(1) Develop and implement a CDS Standard Training Plan addressing training for center-based and quarters-based staff.

(2) Review and update existing CDS action plans to implement operational and monitoring initiatives.

f. Progress.

(1) History. In AFAP III, two issues, "CDS (New) Staffing" and "CDS Quality of Staff", were combined and renamed "CDS Quality of Care".

(2) Job descriptions. Model job descriptions for CDS management personnel were completed in Jan 84. Standard job descriptions for direct services positions were distributed.

(3) Educational specialists. USACFSC successfully defended the PDIP (FY 87-91) for early childhood educational specialists to develop and implement center curriculum and train care givers.

(4) Training. Training packets were distributed to the field in Jun 84, and standard training for Child Development Associate credentialing is in place. Training for Education Program Specialists was conducted.

(5) Program assessment. Risk assessment tools for both centers and FCC and multi-media program materials to evaluate the quality of care in FCC homes are being developed.

g. Lead agency. CFSC-FSC.

h. Support agency. None.

Issue 25: CDS--Standards of Care

a. Status. Completed.

b. Entered. AFAP I; Jul 83.

c. Final action. AFAP II; Nov 84.

d. Scope. Facilities, quality of staff, and service availability for CDCs need a set of minimum standards to eliminate variations from installation to installation.

e. AFAP recommendation.

(1) Publish AR 608-10 to establish minimum CDC standards.

(2) Develop program materials and provide training to assure full implementation of installation Development Assessment Teams.

f. Progress.

(1) Issue 277, "Quality Child Care for the Total Army Family," is related to this issue.

(2) Regulatory change. In 1983, AR 608-10, regarding minimum standards, was published. CFSC will continue efforts to increase resources for facilities upgrade and construction in programming process.

(3) Standards compliance. The Developmental Assessment Tool is used at all installations to ensure compliance with Army standards. Action plans to implement operational guidance and monitor initiatives to support quality child care were developed.

g. Lead agency. CFSC-FSC.

h. Support agency. None.

Issue 26: CHAMPUS Program for Exceptional Family Members of Retirees

a. Status. Unattainable.

b. Entered. AFAP IV; Nov 86.

c. Final action. AFAP VI; Oct 88.

d. Scope. CHAMPUS covers exceptional family members of active duty personnel. Exceptional family members of retirees are not covered, subjecting those retirees to enormous financial hardships or reduced quality of care.

e. AFAP recommendation. Amend CHAMPUS to include exceptional family members of retirees.

f. Progress. DASG initiated a proposal to expand the CHAMPUS EFMP coverage to retirees. However, under PL 94-142, each State has primary responsibility for many of the services covered under the (CHAMPUS) Program for the Handicapped (TPFH). Active duty families, in many cases, are obliged to live in States where they cannot establish residency or meet other criteria for State benefits, and therefore have access to TPFH. Recommendation was made to delete this issue from AFAP as an unattainable issue.

g. Lead agency. SGPS-CP-P.

h. Support agency. None.

Issue 27: CHAMPUS (To Include Physical Exams and Immunizations)

a. Status. Completed.

b. Entered. AFAP I; Jul 83.

c. Final action. AFAP XI; Apr 94.

d. Scope. Soldiers and family members are dissatisfied with CHAMPUS. Family members have reported experi-

ences with CHAMPUS that indicate CHAMPUS reimbursement is inadequate, updates to the schedule are not accomplished on a timely basis, and they have a difficult time finding civilian physicians who will accept CHAMPUS patients on assignment as participating providers. Physical exams and immunizations are not covered under CHAMPUS, and "space available" physical examinations for retirees at military facilities are practically nonexistent. Preventive medicine is cost effective. CHAMPUS is viewed by health care providers and beneficiaries as a severely inadequate health care insurance plan. There are major deficiencies in administrative processing areas as well as clinical services.

e. AFAP recommendation.

(1) Administrative processing problems.

(a) Maintain an ongoing training program for claims processing personnel.

(b) Installations need to focus on continuing education of beneficiaries on services, proper claims procedures, and CHAMPUS supplements.

(2) Clinical problems.

(a) Continue the process of CHAMPUS Reform Initiative (CRI) and demonstration projects; and expedite information gathering and decision making about comprehensive preventive medical coverage.

(b) Introduce variable medical expense provision to compensate for inequitable cost-sharing induced by geographical location.

f. Progress.

(1) Issues combined. Four AFAP issues: "CHAMPUS"; "CHAMPUS Reimbursement Schedule Update/Physicians Participation"; Issues 64, "Expand CHAMPUS to Include Physical Exams and Immunizations"; and 212, "CHAMPUS Deficiencies," are combined in this one issue.

(2) Training for claims personnel.

(a) Contracts require CHAMPUS Fiscal Intermediaries ensure ongoing training programs for claims processing personnel and regional civilian provider populations. Contracts include performance incentives (subject to financial bonuses or penalties) for speed and accuracy in processing claims.

(b) OCHAMPUS provides year-round training to Health Benefits Advisors (HBAs) in Denver and in regional areas OCONUS and CONUS. Upon request, an OCHAMPUS training team will travel to a specific location to conduct classes.

(3) Beneficiary education. The HBAs and OCHAMPUS are primary sources for providing information such as the CHAMPUS Handbook, fact sheets, news releases, and slide and video presentations. Articles covering changes in the CHAMPUS program appear regularly in "CHAMPUS Newsletters", "Army Times", and other Army association publications. The HBA is responsible for assisting beneficiaries understand CHAMPUS benefits and is the key to educating soldiers and their families.

(4) CHAMPUS Reform Initiative (CRI) demonstration projects. A Rand Corporation study on the cost and accessibility of care under CRI, published in 1993, indicated--

(a) Government costs for the average adult beneficiary were 9% higher in CRI areas than control areas using standard CHAMPUS. Under CRI, costs were lower for active duty spouses, but higher for retirees and their dependents.

(b) CRI increased access, especially to civilian care, but at increased cost. Retirees and dependents enrolled in CHAMPUS Prime, which resembles a Health Maintenance Organization (HMO), had high utilization rates.

(c) Beneficiaries enrolled in CHAMPUS Prime had fewer access problems and reported higher satisfaction with all aspects of MTF care than beneficiaries in control areas.

(5) Variable expenses. On 1 May 92, CHAMPUS introduced the National Average Prevailing Charge method of paying outpatient costs. This permits adjustment of the total bill paid to the clinician by "locality."

(6) Preventive medicine. HMOs provide more preventive services than fee-for-service physicians. HMO populations may, in fact, utilize fewer hospital days than the general population--assumed to be uncovered for most preventive care. Analysts differ on whether the lower hospital days and attendant lower cost are attributable to preventive care and referrals. Studies have not demonstrated the cost effectiveness of physical exams in preventing more expensive medical services. OCHAMPUS has no estimates of the funding required to cover physical exams in the absence of symptoms. However, this benefit is known to be costly and, if authorized under standard CHAMPUS, is likely to be well utilized, even by persons who would not normally use the program.

(7) Managed care.

(a) Gateway to Care (GTC). The logical progression of maximizing the best of both military and civilian health care systems resulted in the development of GTC. All sites were operational by FY 93. GTC offered physicals, immunizations, and eye exams to encourage beneficiary commitment/enrollment in the managed care program.

(b) TRICARE. The DoD managed care program, TRICARE, organized CONUS into 12 health care regions, serviced by regional managed care support contracts. The basic tenet of TRICARE is that beneficiaries will have some freedom of choice in how they obtain health care.

(8) GOSC review. This issue was briefed at the Jun 92 GOSC. The VCSA directed that this issue remain active until full implementation of the GTC program.

(9) Resolution. The Apr 94 GOSC determined this issue, and the issues combined with it, are completed based on improvements in HBA training and beneficiary education, implementation of locality billing, and the inclusion of preventive medicine in managed care initiatives.

g. Lead agency. SGPS-PSA.

h. Support agency. AUSA.

Issue 28: CHAMPUS Supplement Program

a. Status. Unattainable.

b. Entered. AFAP IV; Nov 86.

c. Final action. AFAP V; May 88.

d. Scope. CHAMPUS does not fully fund medical costs without supplemental civilian insurance. Soldiers and retirees need a planned medical program to cover their family needs throughout their lives.

e. AFAP recommendation. Review the stated problem

and report findings.
f. Progress. Preliminary findings in the study on the feasibility of a Government-sponsored supplemental insurance policy was viewed as being in direct competition with policies already offered by military associations. Such a policy would not eliminate the 20% co-payment that is required by CHAMPUS medical treatment.
g. Lead agency. SGPS-PSA.
h. Support agency. CFSC-FSR.

Issue 29: Change Applicability in AR 608-1 to Include Reserve Components
a. Status. Completed.
b. Entered. AFAP VI; Oct 88.
c. Final action. AFAP VII; 1989.
d. Scope. AR 608-1 does not address RC family programs. Because of their geographical dispersion, the RC must usually rely on local community resources rather than Army installation support. RC family programs are almost totally dependent on volunteer services for implementation and sustainment. HQDA regulatory guidance is needed to incorporate viable family support and services.
g. AFAP recommendation. Incorporate the RC in all pertinent paragraphs of AR 608-1.
h. Progress.
(1) CFSC-FSA published Interim Change No. 101 in Dec 89 incorporating the RC in all pertinent applicability paragraphs of AR 608-1.
(2) All paragraphs in AR 608-1, except those dealing with volunteer corps orientations and installation volunteer corps training, are pertinent to the USAR. These sections are specific to the ACS volunteer corps.
(3) DA PAM 608-47 addresses both Active and RC Family Support Group volunteer training requirements.
i. Lead agency. CFSC-FSA.
j. Support agency. None.

Issue 30: Chapels of the Year Program
a. Status. Completed.
b. Entered. AFAP IV; Nov 86.
c. Final action. AFAP V; Nov 87.
d. Scope. Chapels, mainstays of Army community life, are not available at many locations. In 1984, the Corps of Engineers, Chief of Chaplains, and Chief of Staff Army instituted a Chapel of the Year Program to rectify this situation. Under this program the MACOMs identify their greatest needs for chapel construction. A DA Construction Board then selects the two top projects to send to Congress as part of the appropriate FY MCA budget.
e. AFAP recommendation. Ensure prioritization and funding continue on an annual basis.
f. Progress. A consistent chapel construction program is in place, with priorities set through FY 91; however, budget constraints have placed a hold on future construction plans.
g. Lead agency. DACH.
h. Support agency. COE.

Issue 31: Claims (Powers of Attorney)
a. Status. Completed.
b. Entered. AFAP II; Nov 84.
c. Final action. AFAP III; Oct 85.
d. Scope. A spouse is required to have a power of attorney to initiate a claim with a JAG office. This constrains spouses in their role as responsible adult family members.
e. AFAP recommendation. Review policy and legal constraints that restrict nonmilitary adult family members from initiating claims.
f. Progress. The U.S. Army Claims Service changed existing procedures to allow the spouse of a soldier to initiate the necessary documents for the claims process. A message advising commanders of this change was sent to the field in Sep 85.
g. Lead agency. DAJA.
h. Support agency. Army Claims Service.

Issue 32: Claims Payment Process
a. Status. Completed.
b. Entered. AFAP I; Jul 83.
c. Final action. AFAP II; Mar 85.
d. Scope. Soldiers are paid actual value rather than replacement cost of property which is lost, damaged or destroyed incident to their service.
e. AFAP recommendation. Make reasonably priced supplemental household goods transit insurance coverage available to Army personnel worldwide.
f. Progress. AR 210-7 was changed to allow the local commander to authorize the placement of supplemental insurance information in transportation offices.
g. Lead agency. DAJA.
h. Support agency. None.

Issue 33: Community Life Communications
a. Status. Completed.
b. Entered. AFAP I; Jul 83. Reopened: 1986.
c. Final action. AFAP V; 1987.
d. Scope.
(1) 1983 issue: MACOMs and installations are unaware of Army policy concerning maintenance and use of home address mailing lists. Systems managers (for example, DPCA, club manager, ACS Officer) may use a mailing list to inform family members of official information of a general nature. A HQDA letter, subject: Use of Mailing List for Informing Military Family Members of Official Matters, 5 Oct 83, was forwarded to MACOMs. Privacy Act implications have been addressed (Privacy Act for Bulk Mail).
(2) 1986 issue. Family Support Group (FSG) newsletters, which exchange social news with family members, are an integral part of family communications. While these newsletters are permitted in order to foster morale and esprit de corps, the official indicia mailing of these items is not permitted because the information they contain is unofficial. There is a need to allow use of official indicia mail to support this effort.
e. AFAP recommendation. Permit commanders to use official indicia mail to fulfill their official morale and esprit de corps obligations to family members through authorized newsletters.
f. Progress.
(1) Issue history. In 1983, guidance on use of mailing lists was given to the field, and this issue was completed.

However in 1986, it was discovered that the guidance was not sufficient, and the issue was reintroduced and titled, “Community Life Communications.” Updated newsletter information can be found in Issue 296, “Family Support Group Mailing Restrictions” and Issue 460, “Official Mail Limitations of Family Readiness Group Newsletters”.

(2) Resolution. AR 310-1 (subsequently included in AR 25-30) supports commanders' use of indicia mail for family newsletters that contain information they deem necessary to maintain morale and esprit de corps within their unit provided they do not violate mail regulations. Additionally, family member home addresses can be released for this purpose only. In May 87, a message to this effect was disseminated to all Deputy Chiefs of Staff for Information Management and Directors of Information Management.

g. Lead agency. DISC4.

h. Support agency. CFSC-FSA/DAPE-ZXF.

Issue 34: Consistency of Curriculum and Evaluative Criteria in DoDDS

a. Status. Completed.

b. Entered. AFAP VI; Oct 88.

c. Final action. AFAP XI; Apr 94.

d. Scope. There is a need for remedial programs, for credit make-up courses required toward graduation for students transferring into the DoDDS system, for supplemental courses for academic skills, and for enrichment courses for additional resources into choice subject matter. Content and availability of specialized curricula, such as advanced placement (AP), talented and gifted programs, foreign language offerings, and vocational courses are not consistent among DoDDS regions. The maximum grade point average (GPA) is 4.0, which cannot compete with CONUS AP students with weighted GPAs. Scholarships and university acceptances are based on GPAs.

e. AFAP recommendation.

(1) Survey all communities in OCONUS commands to determine educational programs needed and numbers of students in target groups.

(2) Develop and implement summer school programs from survey results. Consolidate community summer school as needed within feasible limitations. Provide information to relocating families.

(3) Explore mentor program and incorporate it into the summer hire program.

(4) Ensure that college prep, honors, and basic courses remain in all DoDDS locations.

(5) Develop required memorandum for record (MFR) for in- and out-processing briefing for sponsors leaving CONUS and implement MFR through community commanders and school system for all sponsors including those located OCONUS.

f. Progress.

(1) Combined issues. Issue 214, "DoDDS Curriculum," was combined with this issue per the April 1990 GOSC. Issue 252 was combined with this issue per the October 1990 GOSC. Issues 52, "DoDDS Summer School," and 124, "Special Education--Gifted and Talented," relate to this issue.

(2) Survey method. DoDDS initiated a new parent "Report Card" in the spring 1991. (The first survey was in 1989.) The comments section of the survey affords parents the opportunity to address not only summer school issues, but any aspect of the DoDDS system that may concern them.

(3) Summer school. Limited funding precludes DoDDS from offering system-wide summer school as part of the basic program. DoDDS offers summer school on a fee basis where sufficient parent and student interest exists. Summer school programs are marketed through newspaper, radio, and television media and through school newsletters, community publications, and letters to parents. DoDDS instructed counselors to address summer school issues with sponsors as they in-process.

(4) Mentor program. The mentor and summer hire programs are two separate programs that do not readily lend themselves to being combined. The mentor program is a local program. Army encourages its use at local levels when feasible.

(5) Advanced courses.

(a) DoDDS offers a Talented and Gifted Program in all schools. Some programs are more extensive and sophisticated than others, based primarily on school size.

(b) Austere funding, remote locations, and varying school sizes preclude AP classes in every school. Emphasis is on AP in the major disciplines. During SY 93-94, all DoDDS high schools had at least one AP course, and 85% of DoDDS high schools had at least two AP courses. DoDDS is delivering AP instruction in Calculus, Computer Science, and German via telecommunication.

(6) Specialized courses.

(a) Foreign language study is offered to all students in grades 7-12. DoDDS has emphasized the importance of foreign language study by incorporating system-wide 7th and 8th grade language programs in their response to the President's National Goals for education. DoDDS also offers language immersion programs at the elementary level.

(b) DoDDS offers vocational courses to students in grades 9 through 12. These include such courses as home economics, industrial arts, business education, among others.

(7) Weighted grades. Weighted grades were fully implemented throughout DoDDS in the Fall 1993.

(8) Seven period day. DoDDS fully implemented the 7-period day system wide in SY 92-93.

(9) GOSC review. This issue was briefed at the Jun 92 GOSC. It remained active pending further survey results.

(10) Resolution. The Apr 94 GOSC determined that this issue and the issues combined with it are completed based on the results of the Spring 1993 DoDDS Report Card which shows a 65% rating of good/excellent on the quality of DoDDS education. DoDDS provides summer school programs, enriched and AP courses, language and vocational courses, weighted grades and a 7 period day.

g. Lead agency. DoDDS.

h. Support agency. None.

Issue 35: Consumer Affairs Program

a. Status. Completed.

b. Entered. AFAP I; Jul 83.
c. Final action. AFAP II; Nov 84.
d. Scope. An Army Consumer Affairs Program has been mandated by an Executive Order and DoD Directive. In addition, the increasing number of bad checks, AER and Red Cross loans, as well as other financially-related difficulties (such as child and spouse abuse cases) are indicative of the need for a new, proactive expanded educational approach to these problems that detract from unit readiness and cohesiveness.
e. AFAP recommendation. Determine the full extent of the problem and provide alternative, low-cost solutions.
f. Progress.
(1) USDA assistance. In Jan 84, a Memorandum of Understanding (MOU) was signed between DoD and USDA Extension Services. This MOU assists CONUS ACS staff with support from various USDA Extension Service personnel in providing educational assistance to military personnel and their families in such areas as: food and nutrition, financial and resource management, child development and family strength, housing energy, and consumer education.
(2) Positions. The FY 86-90 budget contained resources to hire consumer affairs program coordinators, both CONUS and OCONUS, to provide debt counseling, financial planning and assistance, and to establish a preventive education program in soldier money management and consumerism.
g. Lead agency. CFSC-FSA.
h. Support agency. None.

Issue 36: Cost and Availability of Civilian Medical Care OCONUS
a. Status. Completed.
b. Entered. AFAP II; Nov 84.
c. Final action. AFAP XIII; Oct 96.
d. Scope. Civilian employees OCONUS are required to pay a flat fee regardless of services rendered to them at medical treatment facilities (MTFs). This issue, monitored in 1986, was refocused and reopened in 1987 because cost and availability of medical care are becoming a recruiting and retention concern in the civilian workforce.
e. AFAP recommendation.
(1) Eliminate the flat fee charges.
(2) Improve civilian access to OCONUS medical care through host nation sources.
(3) Determine if impediments to access exist within the Federal Employee Health Benefits Plan.
f. Progress.
(1) History. "Medical Charges--Civilian OCONUS" was renamed "Cost and Availability of Civilian Medical Care OCONUS" in AFAP V.
(2) Billing. Early DASG efforts, submitted through the OSD Comptroller, to lessen restrictions and change the charging methods were unsuccessful. As of 1 Oct 94, policy for the DoD Third Party Collection Program allows for direct billing of care by Diagnostic Related Groups. This will allow billing inpatient hospitalization by specific diagnoses with over 500 applicable rates. This change also allows more than 40 outpatient visit charge rates, dependent upon clinical services. These strategies move the military in line with medical charging methodologies used by most civilian hospitals and insurance companies.
(3) Access to military medical care. The drawdown of military forces overseas will continue to impact access to the military direct care system for both active duty and civilians. Beneficiaries should expect to receive more medical care from host nation physicians. The law states that all beneficiaries, other than active duty, receive care on a space available basis. However, the Army Medical Department and DoD leadership are aggressively implementing managed care principles to optimize access to routine and emergency health care OCONUS.
(4) Host nation care. In Jan 94, the Acting Assistant Secretary of Defense (Health Affairs) visited Europe to assess U.S. Forces capability to provide health care to all beneficiaries. The following initiatives came as a result of that visit:
(a) The increased use of host nation liaison personnel has been a tremendous success for civilians and active duty beneficiaries. The liaison assist beneficiaries negotiate the cultural, language, administrative, financial, and insurance issues when accessing host nation health care. Staffing standards to ensure quality of life, standardized procedures, and 24 hours on-call services guarantee the success of the program.
(b) Redistribution of uniformed medical personnel to support the realignment of active duty forces in Europe resulted in an improved provider-beneficiary ratio for primary care. However, beneficiaries should expect to receive at least some of their care from host nation providers.
(c) DoD(HA) investigated features of the FEHBP which already exist and could be adjusted to improve civilian personnel access and use of host nation health care. Current health insurance policies pose no problems with accessing either military or host nation health care.
(5) Assessment. Interviews conducted in 1996 with a random sample of DoD civilians and contractors in Europe indicate high overall satisfaction with quality of life and cost of living, including health care cost and access.
(6) Resolution. The Oct 96 GOSC determined this issue is completed based on implementation of the variable fee rate and the availability of medical care for civilians OCONUS.
g. Lead agency. MCHO-CL.
h. Support agency. OASD(HA).

Issue 37: Crowded Living Conditions in Family Housing
a. Status. Completed.
b. Entered. AFAP V; Nov 87.
c. Final action. AFAP VI; Oct 88.
d. Scope. Age criteria for bedroom requirements force families with children close in age to live under crowded conditions. The current DoD and DA policy for bedroom requirements is based on age and sex of the children. Two children of the same sex share a room until one is 10 years of age, or share a room until age 6 when they are opposite sexes.
e. AFAP recommendation. Revise Army regulation after DoD revision is received.
f. Progress.

(1) DoD 4165.63-M (Housing Management) deleted the age criteria for bedroom assignments. The deletion can be interpreted to allow one child per bedroom where at all possible. The installation commander may stipulate two family members share a bedroom for equitable allocation of the inventory. Also, soldiers may elect a housing unit where more than one family member shares a bedroom.

(2) AR 210-50 is under revision with age criteria deleted. It is scheduled for publication in Jun 90.

g. Lead agency. DAPE-MPH-S.

h. Support agency. None.

Issue 38: Family Member Employment in the Civil Service System

a. Status. Completed

b. Entered. AFAP VI; 1988

c. Final action. AFAP XXVI, Jan 10

d. Scope. Jobs announced on the Office of Personnel Management (OPM) registers are typically entry-level positions. Jobs of consequence are frequently announced only internally. Since nonstatus Family members are not allowed to apply for internal vacancies, employment of Family members in these jobs is dramatically reduced or delayed. Additionally, Family members hired overseas on an Excepted Appointment to positions designated for US citizens do not have career status and time served in any Excepted Appointment overseas does not count toward the three-year requirement to attain career status.

e. AFAP recommendations. (Inferred since no recommendations were submitted in 1988)

(1) Increase Federal employment opportunities for active duty Family members who do not have prior Federal service.

(2) Allow Family members hired on Excepted Appointments to attain career-conditional/career status.

f. Progress.

(1) Issue history. This issue initially sought to increase employment opportunities in the Army for Family members who have no prior Federal service. The Excepted Appointment component was added in Jan 03 after the Nov 02 GOSC concurred with combining Issue 498 with Issue 38.

(2) Background. Family members must compete with non-Army applicants through OPM registers for initial appointment. The drawdown has reduced recruitment requirements resulting in fewer employment opportunities for non-Army applicants.

(3) Excepted appointments. Under the provisions of Executive Order 12721, Family members who have served on excepted service appointments under Schedule A 213.3106 (b) (6), for at least 52 weeks are eligible for non-competitive career or career-conditional appointments. The 52 week requirement may be shortened to 26 weeks to cover “emergencies” such as acts of terrorism, conflicts, or drawdown.

(4) The Assistant G-1 for Civilian Personnel (AG-1(CP)) requested, and the DoD Civilian Assistance and Re-employment (CARE) office approved on 9 Jul 07, Priority Placement Program registration for currently employed widowed spouses at the spouses’ home of record or wherever they establish residence.

(5) Executive Order (EO) 13473, effective 11 September 2009, authorizes certain noncompetitive appointments for spouses of active duty members authorized a permanent change of station move, a spouse of a 100 percent disabled service member injured while on active duty, or the un-remarried widow or widower of a member of the Armed Forces killed while performing active duty.

(6) GOSC review.

(a) Oct 91. Army will continue to pursue easier ways for Family members to enter Federal employment.

(b) Oct 95. Army will continue to pursue legislation that would make it easier to appoint people.

(c) Oct 97. Issue will explore ways to give non-status employees easier access to federal employment and to track initiatives to reshape the federal workforce.

(d) May 00. Efforts to streamline application for federal employment have been thwarted by concern from special categories (Vets, handicapped) and union bargaining.

(e) Nov 03. The VCSA asked for a review of military spouse preference (MSP) for civilian employee spouses, MSP priorities, and MSP eligibility once in an assignment area.

(f) May 07. The USAREUR representative expressed the value of extending MSP to widows and widowers. The VCSA agreed to add the initiative to the AFAP. A new recommendation will be added to AFAP Issue 591 (MSP Across All Federal Agencies) to target widows and widowers.

(7) Resolution. The January 2010 GOSC declared the issue complete based on Executive Orders that improve employment opportunities for Family Members who do not have prior Federal service.

g. Lead agency. DAPE-CPZ

Issue 39: CFSC Staffing

a. Status. Completed.

b. Entered. AFAP II; Nov 84.

c. Final action. AFAP III; Oct 85.

d. Scope. The USACFSC is charged with developing policy and operating programs to support the total community. The staffing is presently limited to MWR, ACS, CDS, and dependent education.

e. AFAP recommendation. Develop a staffing plan to provide expertise from all specialties that affect community and family support programs.

f. Progress. The USACFSC staff was broadened through realignment of the Table of Distribution and Allowances (TDA) rather than through actual additions. Since Nov 84, personnel have been acquired to establish a Staff Judge Advocate, Inspector General, and Internal Review. A memo from the CG, USACFSC, was sent to other Army agencies asking them to provide a staff officer to join the USACFSC staff. In Oct 85, USACFSC submitted a recommendation for additions to the TDA based on increased missions.

g. Lead agency. CFSC.

h. Support agency. DAPE-CP/DAEN/OCAR.

Issue 40: Dayrooms

a. Status. Completed.

b. Entered. AFAP III; Oct 85.
c. Final action. AFAP IV; Nov 87.
d. Scope. Dayrooms, in their present condition, often do not offer an atmosphere conducive to satisfying leisure time activity.
e. AFAP recommendation. Review the concept for dayrooms and propose alternatives to the Sep 86 GOSC.
f. Progress.
(1) In Jul 86, CFSC-CR forwarded options (for example, managing, monitoring, assisting dayrooms) to MACOMs for comment. MACOM suggestions were as follows:
(a) "Ownership" must be retained by the user.
(b) Dayrooms are the direct responsibility of the unit commander. The recreation staff is available to provide professional assistance.
(c) Commanders can obtain support without generating additional personnel expenses.
(d) Commanders can obtain support based on unique needs.
(2) Policy guidance concerning innovative use of dayrooms to satisfy leisure time activity was published in MWR Update 12, AR 215- 2, Feb 87.
g. Lead agency. CFSC-ZG-R.
h. Support agency. DAEN/DAPE-MPH.

Issue 41: Death Gratuity Payment to Survivors of Soldiers
a. Status. Completed.
b. Entered. AFAP V; Nov 87.
c. Final action. AFAP VI; Oct 88.
d. Scope. The current $3,000 death gratuity payment is inadequate to meet immediate the needs of survivors. At present, Servicemen's Group Life Insurance (SGLI) takes 30-90 days to be received. Bank accounts are frozen in some instances. Sufficient funds are necessary to meet everyday living expenses such as rent and groceries.
e. AFAP recommendation.
(1) Prepare legislative proposal to raise gratuity to $5,000 across the board without consideration of military rank.
(2) Review procedures to expedite SGLI.
f. Progress.
(1) Related issue. Issue 271, "Increase Servicemen's Group Life Insurance (SGLI) Benefits," relates to this issue.
(2) History. The death gratuity was established in 1908 to provide for survivors of soldiers at a time when there was no Government life insurance and commercial insurance often contained war clauses. In 1917, SGLI was authorized, and the death gratuity was repealed. It was reinstated in 1919 because Congress was convinced the earlier repeal constituted a breech of faith to those previously entitled. The last time Congress looked closely at the gratuity was in 1956 when the notion was advanced that the payment was an "emergency fund" intended to tide survivors over until the various benefits began.
(3) Current death gratuity. A major improvement, and one which effectively raises the total death gratuity to about $5,000, became effective in Dec 85 when an additional 3 months of quarters allowance, to include variable housing allowance, was included in the death gratuity computation.
(4) SGLI. Efforts to improve timeliness of SGLI will continue outside of the AFAP process.
g. Lead agency. DAPE-MBB-C.
h. Support agency. TAPC-PEC.

Issue 42: Deferred Use of Travel for Reserve Component
a. Status. Unattainable.
b. Entered. AFAP III; Oct 85.
c. Final action. AFAP IV; Nov 86.
d. Scope. Reservists conducting annual training OCONUS must return to CONUS immediately upon completion of their annual training period.
e. AFAP recommendation. Change AR 350-9 to permit reservists to defer use of their space-required return transportation to CONUS until completion of a vacation as an American tourist with passport status.
f. Progress. An assessment by ODCSOPS indicates that such a regulation change would not be in the best interest of the overseas deployment training (ODT) programs, would impact on OCONUS command, would create significant administrative and travel or transportation problems, and would present an undesirable picture of ODT as a "vacation" opportunity rather than an important training effort.
g. Lead agency. DAMO-TRF.
h. Support agency. DALO-TSP/DAPE-HRP.

Issue 43: Dental Care for the Total Army Family
a. Status. Completed.
b. Entered. AFAP IV; Nov 86.
c. Final action. AFAP XV; Apr 98.
d. Scope. At many installations, dental facilities are not staffed to provide dental care to family members or retirees on a regular basis. Space-available dental care is often inadequate to fulfill needs. On 1 Aug 87, the DoD Active Duty Dental Insurance Plan became effective for active duty family members, but no dental health plan is available for the Total Army family.
e. AFAP recommendation. Attempt to expand the dental care program to the Total Army Family.
f. Progress.
(1) History. This issue was combined with Issue 229, "Inadequate Dental Care for the Total Army Family," in 1989.
(2) Resolution. The staffing and resource concerns expressed in this issue were addressed in the resolution of Issue 229 in Apr 95. Dental insurance for retirees and reservists was tracked in Issue 386, “No Cost to the Government Dental Insurance” which was completed in Apr 98 with the implementation of retiree and RC dental insurance plans.
g. Lead agency. MCDS.
h. Support agency. USAR/NGB.

Issue 44: Dental Space A
a. Status. Completed.
b. Entered. AFAP I; Jul 83.
c. Final action. AFAP II; Mar 85.
d. Scope. Within CONUS, with the exception of dentally

underserved installations, dental care for family members is not available.
e. AFAP recommendation. Develop a strategy to gain congressional approval for space available dental care in CONUS.
f. Progress. An amendment contained in the FY 85 Defense Authorization Bill authorizing worldwide space-available dental care for family members was approved in Jul 85.
g. Lead agency. DASG.

Issue 45: Design of Family Quarters
a. Status. Completed.
b. Entered. AFAP I; Jul 83.
c. Final action. AFAP II; Nov 84.
d. Scope. There is a concern that Government family housing is designed without benefit of a military family member's perspective.
e. AFAP recommendation. Invite family member participation on Family Housing Construction and Design Boards.
f. Progress. Army policy was changed to include the requirement to invite family members to participate in design panels. A message was sent to the field with this information. The Office of the Chief of Engineers expanded participation to all aspects of housing management; that is, project prioritization, housing office renovations and operations, and customer feedback.
g. Lead agency. DAEN.

Issue 46: Dining Facility Surcharge
a. Status. Completed.
b. Entered. AFAP II; Nov 84.
c. Final action. AFAP III; Oct 85.
d. Scope. Dining facility surcharge is a hardship on junior enlisted soldiers and their families.
e. AFAP recommendation. Develop a legislative initiative to eliminate dining facility surcharge for family members of junior enlisted soldiers (rank SPC and below).
f. Progress. DCSLOG initiated a legislative proposal to exempt family members of junior enlisted soldiers from paying the dining facility surcharge. The 1986 DoD Authorization Act provides relief from the surcharge for spouses and dependent children of junior enlisted soldiers.
g. Lead agency. DALO.
h. Support agency. None.

Issue 47: Directory of Quality of Life Entitlements
a. Status. Unattainable.
b. Entered. AFAP I; Jul 83.
c. Final action. AFAP VI; Apr 89.
d. Scope. Benefits and entitlements of soldiers (Active and Reserve Component) are numerous and in some ways complicated or unknown to the soldiers they were designed to aid. Soldiers and families need to be aware of the full range of benefits and entitlements.
e. AFAP recommendation.
(1) Use all command information resources to disseminate information on benefits and entitlements to soldiers and their families.
(2) Develop and produce a directory that is clear, understandable, and oriented to all soldiers and families.
f. Progress.
(1) "Publish List of Benefits" was combined with this issue in AFAP V.
(2) A publicity campaign was conducted to inform soldiers and family members of benefits and actions ongoing to support community and family programs.
(3) USACFSC developed a publication on benefits and entitlements that included benefits for spouses of a deceased soldier. However, the publication was not printed. Research during AFAP V brought to light a commercial book entitled, "Uniformed Services Almanac," detailing benefits for active duty personnel (not Army-specific benefits). It is available under GSA Contract Number GS-01F--09687.
g. Lead agency. CFSC-FSM.
h. Support agency. DAPE-MBB-C.

Issue 48: Disparate Eligibility Qualifications for PCS and Funded Student Travel
a. Status. Completed.
b. Entered. AFAP VI; Oct 88.
c. Final action. AFAP IX; Jun 92.
d. Scope. Although the Joint Federal Travel Regulation (JFTR) authorizes one funded round trip annually from school for students (to age 23) to join their families stationed OCONUS, an eligibility qualification for PCS arbitrarily disqualifies some families from this benefit.
e. AFAP recommendation. Initiate legislative action to bring the age qualifications for the JFTR provisions in line at 23 years of age for full-time students.
f. Progress.
(1) Background. A student 21 years of age was not considered a "dependent" under section 401, title 37 United States Code (37 USC 401), and could not travel under a member's PCS orders.
(2) Definition of “dependent”. The 1989 National Defense Authorization Act directed OSD to study the definition of dependent because of variances in the law (37 USC 401) and Service Regulations (JFTR). OSD recommended to Congress that the definition of dependent in 37 USC 401 be expanded to include full-time students under the age of 23.
(3) Resolution. The Jun 92 GOSC declared this issue completed because the FY92 National Defense Authorization Act changed the definition of dependent to include full-time students under the age of 23.
g. Lead agency. DAPE-MBB-C.

Issue 49: Distaff Development Project
a. Status. Completed.
b. Entered. AFAP II; Nov 84.
c. Final action. AFAP III; Oct 85.
d. Scope. The Army and family members have a partnership. The role of the Army has been defined, and the Army has a plan of action to give the definition substance. The family member's role is not defined. Operationally, many family members are demonstrating their roles in supporting soldiers and civilians and participating in building wholesome communities; however, the family role

needs to be more fully defined, captured, and supported in offering guidance and greater uniformity.

e. AFAP recommendation. Work with family member volunteers to design a Distaff Development Project regarding family members in their partnership role of supporting soldiers and civilians and participating in building a more wholesome community. As a minimum, the project will include assisting family members in establishing "How To" guidelines for organizing family member supported programs.

f. Progress.

(1) History. This issue was part of "Family Member Representatives-- Installation" in AFAP I.

(2) Resolution. DA Pam 608-47, establishing Family Support Groups, was published in Jan 88.

g. Lead agency. CFSC-FSA.

Issue 50: DoDDS Counseling Services are Inadequate

a. Status. Completed.

b. Entered. AFAP VI; Oct 88.

c. Final action. AFAP VII; Oct 90.

d. Scope. The current counselor-to-student ratio of 1 to 600 (kindergarten through grade 6) and 1 to 450 (grades 7 through 12) does not meet the increasing needs of students enrolled in DoDDS.

(1) Statistics from Army OCONUS commands for the 1986-87 school year indicate that there were 15 attempted suicides, 86 teen pregnancies, 2,856 school suspensions, 7,791 behavioral counseling referrals, 38 runaways, 1512 substance abuse cases, and 87 early returns of problem youth.

(2) DoDDS students do not receive adequate information on college and career planning. Computer programs containing related information are not up to date and are not being effectively utilized by counselors or students.

e. AFAP recommendation.

(1) Provide a more efficient counselor-to-student ratio.

(2) Ensure guidance services include identification, prevention, and referral of dysfunctional student behavior and information and programs related to college and career planning.

f. Progress.

(1) Related issue. Refer to Issue 284, "Shortage of Mental Health Professionals to Work with Youth."

(2) Standards. Standards for accreditation as set by the North Central Association are that for grades K through 6, the school provides for guidance services and for grades 7 through 12, there is one counselor for each increment of 450 students. DoDDS exceeds current accreditation standards. The DoDDS ratio for guidance counselors is one counselor for each increment of 600 students in grades K through 6 on a school-wide basis and one counselor for each increment of 450 students in grades 7 through 12 on a school-wide basis.

(3) Information. College and career counseling materials are maintained by the guidance departments of each school. Resources include--

(a) Guidance Information System. Computer-based college and career information program designed to assist students in career and college searches or decisions. (Installed in all high schools in Jul 89; updates made annually).

(b) CASHE-EPSILON. Computer-based college and career information program designed to assist students in career and college searches or decisions. (Installed in all high schools in Jul 89; updates made annually).

(c) College catalog libraries.

(d) Career-Interest Inventory.

g. Lead agency. CFSC-FSY-E.

h. Support agency. DoDDS.

Issue 51: DoDDS Student Scholarship Opportunities

a. Status. Completed.

b. Entered. AFAP IV; Nov 86.

c. Final action. AFAP V; Nov 87.

d. Scope. Students need additional access to scholarship opportunities for both academic and athletic scholarships.

e. AFAP recommendation. Recommend innovative ways to inform DoDDS students of scholarship opportunities.

f. Progress.

(1) In 1985, 25% of graduating seniors received scholarships and financial aid for post-high school education. This represented 45% of the graduating seniors who intended to go to college. Of these students, 59% received these benefits from local groups such as wives' clubs.

(2) Conversely, DoDDS students were not receiving sufficient athletic scholarships in proportion to their athletic abilities. In 1986, letters were dispatched to the National Collegiate Athletic Association and similar organizations requesting assistance or suggestions in obtaining exposure of DoDDS athletes to American colleges and universities.

(3) In 1987, DoDDS funded computer software programs to provide each high school student with personalized, current, and comprehensive information concerning careers, colleges, and other post-high school educational opportunities, scholarships, and financial aid. The programs expand student options through special interest inventories, ability assessments, and provisions for counselor and student interaction.

g. Lead agency. CFSC-FSY-E.

h. Support agency. DoDDS.

Issue 52: DoDDS Summer School

a. Status. Completed.

b. Entered. AFAP III; Oct 85.

c. Final action. AFAP IV; Nov 86; updated in Apr 94.

d. Scope. Multiple problems arise in DoDDS schools because of the lack of opportunity to attend summer school. This impacts especially unfavorably on high school students who fail required subjects in the senior year.

e. AFAP recommendation. Establish a DoDDS summer school program.

f. Progress.

(1) Issue relates to Issue 252, "Summer School Program in DoDDS" and Issue 34, "

(2) Original resolution. Issue was determined unattainable in 1986 because the GOSC was informed that summer school in DoDDS is primarily a regional prerogative based on the needs of individual schools and availability of resources. Disposition is determined by local

principals.

(3) Updated information. The status of this issue was changed to completed based on information provided to the Apr 94 GOSC. Limited funding precludes DoDDS from offering system-wide summer school as part of the basic program. However, DoDDS offers summer school on a fee-only basis where sufficient parent and student interest exists. DoDDS summer school programs are marketed through newspaper, radio, and television media as well as through school newsletters, community publications, and letters to parents. In addition, the DoDDS Director of Pupil Personnel Services instructed counselors to address summer school issues with sponsors as they in-process.

g. Lead agency. DoDDS.

h. Support agency. DAPE-HRP.

Issue 53: DoDDS Transfer to Department of Education

a. Status. Completed.

b. Entered. AFAP II; Nov 84.

c. Final action. AFAP III; Oct 85.

d. Scope. DoDDS is slated to become a part of the Department of Education on 1 May 1986.

e. AFAP recommendation. Monitor this issue and provide data as required to continue to oppose the transfer.

f. Progress. A position of nonsupport for the transfer of DoDDS to the Department of Education was transmitted to Congress. Section 1204 of the FY86 Defense Authorization Act repealed the transfer of DoDDS to the Department of Education. In addition, the Advisory Council on Dependent Education will return to the DoD to be co-chaired by the Secretaries of Defense and Education. As a compromise, each local bargaining unit is permitted to appoint one nonvoting member to each local school advisory committee. Repeal of the transfer became effective at midnight 12 Nov 85.

g. Lead agency. CFSC-FSY-E.

Issue 54: DoDDS Tuition Costs for Dependents of Retirees

a. Status. Unattainable.

b. Entered. AFAP IV; Nov 86.

c. Final action. AFAP VI; Oct 88.

d. Scope. Perception exists that tuition charges to retirees for their dependents is excessive.

e. AFAP recommendation. Re-examine tuition to determine if it is excessive and report findings of re-examination.

f. Progress.

(1) Public Law 95-561, Defense Dependents Education Act of 1978, codified at 20 USC, paragraph 921-932, requires that the Secretary of Defense charge tuition for dependents enrolled on a space-available basis at a rate "not ... less than the rate necessary to defray the average cost of the enrollment of children in the system...," 20 USC paragraph 923(b). Public Law 99-145, paragraph 1404, Department of Defense Authorization Act for FY 86, codified at 20 USC, paragraph 926(d), states that the Secretary may not waive tuition for space-available students (for whom the Secretary authorizes DoDDS to program resources) in order to accommodate space-available enrollment. Accordingly, no part of tuition charged for dependents of retirees may be waived unless the Secretary withdraws authority to program resources. The Secretary has previously declined to waive tuition for retirees in order to avoid inequity. It would be inequitable to grant tuition waivers for retiree dependents and not for dependents of those personnel still actively serving the national interest of the United States overseas.

(2) DoDDS reviewed the formula for calculating tuition fees at the request of the OSD Dependents Education Council. It was agreed that there would be no change in the tuition rate for dependents of retirees because any reduction in the retiree tuition rate would have to be offset by requesting more funds from Congress or from other military programs to compensate for the loss of funds. It is not equitable to reduce tuition rates for this group when higher priority groups are expected to pay their full share of tuition costs.

g. Lead agency. CFSC-FSY-E.

h. Support agency. DoDDS/DAPE-ZXF.

Issue 55: Drivers Training

a. Status. Unattainable.

b. Entered. AFAP IV; Nov 86.

c. Final action. AFAP V; Nov 87.

d. Scope. Drivers' training, with a certificate, is not generally available OCONUS, resulting in increased insurance rates and, in some instances, inability to obtain a drivers' license upon return to the United States.

e. AFAP recommendation. Develop a drivers' education program for students and family members overseas that provides recognized certification in local jurisdictions.

f. Progress. The issue was determined to be a local concern and was closed as an AFAP issue.

g. Lead agency. CFSC-FSY-E.

h. Support agency. DoDDS/DAPE-ZXF.

Issue 56: Effects of CFC Rules and Regulations on Family Support Programs

a. Status. Completed.

b. Entered. AFAP VI; Oct 88.

c. Final action. AFAP VII; Oct 89.

d. Scope. Under the new Office of Personnel Management (OPM) regulations, only programs that are tax exempt and receive less than 51% APF support are eligible to receive Combined Federal Campaign (CFC) funds. As a result, ACS, CDS, and YS will no longer be eligible to receive CFC funding. This funding supports volunteer programs, mayoral programs, emergency food assistance, outreach programs, and transportation support.

e. AFAP recommendation. Pursue legislation to obtain a blanket certification of tax-exempt status for family support programs and exemption to the less than 51% appropriated fund support criterion for CFC funding eligibility.

f. Progress.

(1) CFSC-FSA pursued the tax-exemption issue and found that legislation was not required. Family support programs are part of the U.S. Army and are tax exempt.

(2) The issue of obtaining an exemption to the 51% rule

was raised with OSD in Aug 88.

(3) Guidance was sent to the field in Jul 89 regarding procedure for applying for CFC funds.

g. Lead agency. CFSC-FSA.

Issue 57: Elected School Boards, OCONUS

a. Status. Unattainable.

b. Entered. AFAP V; Nov 87.

c. Final action. AFAP VII; Oct 89.

d. Scope. Parents of children OCONUS do not have an effective forum to influence the establishment and change of school policy. There is presently no local governing school board with parental representation. There is a school advisory council system established, but its purpose is advisory only. Parents of children OCONUS feel they have no influence in major school policies. Parental involvement in schools is seen as a constitutional right. Section 6 schools in CONUS have established governing school boards. The establishment of governing school boards OCONUS will increase parental involvement and commitment.

e. AFAP recommendation. Review current subject regulatory procedures for DoDDS and Section 6 schools.

f. Progress.

(1) At a May 88 meeting of the OSD Dependents Education Council, it was the consensus of the council that the establishment of elected school boards to govern DoDDS was not feasible. In view of the above, the Assistant Secretary of the Army (Manpower and Reserve Affairs) asked the Assistant Secretary of Defense (Force Management and Personnel) to consider the possibility and feasibility of establishing a system that ensures effective parental impact, participation, and influence on DoDDS policies and administration.

(2) Deputy Assistant Secretary of Defense (Family Support, Education and Safety) responded that DoDDS is implementing new parent communication processes at the local school and superintendent levels. Also, DoDDS has implemented new superintendent and principal selection processes involving parents, teachers, and commanders. This should give parents more of a forum to address concerns regarding policy matters relating to the education of their children.

g. Lead agency. CFSC-FSY-E.

h. Support agency. DoDDS.

Issue 58: Employment Information/Assistance

a. Status. Completed.

b. Entered. AFAP I; Jul 83.

c. Final action. AFAP VIII; May 91.

d. Scope. Family members of Army soldiers or civilians lack sufficient employment information and assistance. The working family members of Army soldiers or civilians face substantial hardship when the sponsor is transferred.

e. AFAP recommendation. Publicize Army research evaluation findings on successful initiatives to ACS and CPO personnel.

f. Progress.

(1) History. “Employment Information and Referral" was renamed "Employment Assistance for Junior Enlisted Spouses" in 1984. In 1989, it was combined with Issue 217, "Employment Assistance for Junior Enlisted Spouses."

(2) Marketing. Due to limited resources, the Army Family Research Program could not conduct a study to identify effective Family Member Employment Assistance Program initiatives. However, TAPC-CPF sent a messages to MACOMs and CPOs identifying helpful marketing techniques. A similar message was forwarded to ACSs worldwide by CFSC-FSA. Successful marketing techniques were briefed to the Oct 89 GOSC.

(3) Resolution. Issue 217, into which this issue was incorporated, was declared completed in May 91 because employment resources are now included on in-processing checklists and because ACAP is providing employment-related services.

g. Lead agency. TAPC-CPF-S.

Issue 59: English as a Second Language

a. Status. Unattainable.

b. Entered. AFAP I; Jul 83.

c. Final action. AFAP III; Oct 85.

d. Scope. To provide English language instruction for family members whose native language is other that English. Funds are not currently available for this purpose.

e. AFAP recommendation. Determine the extent of the problem and develop a program, if required, to provide low-cost alternatives with maximum use of existing civilian sector programs.

f. Progress. ESL training was centralized at the Defense Language Institute, which resulted in diminished opportunities for family members. Although funding for this program was not approved, ESL is available as part of the Bicultural Families Program offered through ACS. This program is directed by AR 608-1.

g. Lead agency. DAPE-MPE.

Issue 60: Equitable Child Care Fees CONUS/OCONUS

a. Status. Completed.

b. Entered. AFAP V; Nov 87.

c. Final action. AFAP VI; Apr 89.

d. Scope. Center child care fees OCONUS are an average 10% higher than those charged CONUS. Inability to access the U.S. Department of Agriculture (USDA) Child Care Food Program (CCFP) or use APF for the purchase of food for child care are two primary causes of this increased cost.

e. AFAP recommendation.

(1) Investigate procurement of commodities in OCONUS programs through existing programs.

(2) Submit legislative proposals to Congress requesting expansion of the USDA CCFP to overseas locations.

(3) Request DoD approval to purchase food with APF pending expansion of USDA CCFP.

f. Progress.

(1) Issue 277, "Quality Child Care for the Total Army Family," relates to this issue.

(2) In 1989, supplemental NAF dividends were provided for food service and legislation allowing AAFES procurement for USDA commodities was passed. These initiatives alleviate the costs involved in providing child care.

(3) The use of APF funds to purchase food was stalled due to legal constraints of AR 215-1, but the need was met through the use of NAF for this purpose.
g. Lead agency. CFSC-FSC.

Issue 61: Establishment of DoD RC Family Member ID Card
a. Status. Completed.
b. Entered. AFAP IV; Nov 86.
c. Final action. AFAP IX; Oct 91.
d. Scope. Lack of uniformity in RC family member ID card results in the denial of access to and use of authorized benefits. The existence of several cards results in confusion and misunderstanding among the Services.
e. AFAP recommendation.
(1) Request that DoD standardize the RC family member ID card.
(2) Explore the feasibility of linking the Individual Ready Reserve (IRR) ID card expiration date to the sponsor's expiration of service date.
f. Progress.
(1) DoD RC ID Cards. DoDI 1000.13 implemented DD Form 1173-1 (DoD Guard and Reserve Family Member Identification Card). DoD issued a letter authorizing implementation in Sep 90. The ID card is prescribed for Army users in AR 600-8-14.
(2) Expiration date. Cards expire at end of sponsor's expiration of service date or four years after issuance, whichever is sooner. This is a DoD policy, which was developed based on direction by Congress to create policies and procedures which would reduce fraud and abuse of ID cards. Originally, DoD policy was an expiration date of 6 years. It was determined that 6 years created excessive fraud. DoD is not receptive to amending existing policy.
(3) GOSC review. The Oct 91 GOSC requested ODCSPER explore linking IRR ID card expiration date to sponsor's expiration of service date.
(4) Resolution. This issue was completed by the Jun 92 GOSC because DoD established a standardized RC family member ID card.
g. Lead agency. DAPE-MBB-C.
h. Support agency. DAAR-PE/NGB.

Issue 62: Exceptional Family Member Program (EFMP)
a. Status. Completed.
b. Entered. AFAP I; Jul 83.
c. Final action. AFAP III; Apr 86.
d. Scope. The increasing number of exceptional family members in the Army has created problems in overseas areas for DoDDS and the medical support facilities. There are inadequate staff, technicians, and equipment available for support. Social support structures such as respite care, advocacy, recreational, and cultural programs are also required.
e. AFAP recommendation. Develop a capstone regulation that will describe the responsibilities and limitations of the EFMP program.
f. Progress.
(1) Issue 220, "Exceptional Family Member Program," relates to this issue.
(2) HQDA letters were published revising medical treatment facility (MTF) procedures and stating program policy.
(3) Coverage of DA civilian family members was included in AR 690-300, revised 1 Apr 85.
(4) Resolution. A capstone regulation, AR 600-75, was published in Mar 86, and EFMP became a full program.
g. Lead agency. CFSC-FSA.
h. Support agency. DAPE-CPE.

Issue 63: Exceptional Family Member Student Services
a. Status. Completed.
b. Entered. AFAP IV; Nov 86.
c. Final action. AFAP V; Nov 87.
d. Scope. Exceptional family member students experience educational and physical regression when transferring from one school to another when the receiving school delays implementation of the valid Individualized Education Program (IEP).
e. AFAP recommendation. Establish transfer procedures with local schools for exceptional family member students who relocate.
f. Progress. The requirement to forward complete, coordinated IEPs when families with exceptional family members PCS is published in AR 600-75, paragraph 2-5b (23 Apr 90). State schools, however, retain the right to accept or refuse the IEPs. All possible efforts have been taken for this issue.
g. Lead agency. CFSC-FSA.
h. Support agency. CFSC-FSY-E.

Issue 64: Expand CHAMPUS to Include Physical Exams, Immunizations
a. Status. Completed.
b. Entered. AFAP IV; Nov 86.
c. Final action. AFAP XI; Apr 94.
d. Scope. Physical exams and immunizations are not covered under CHAMPUS, and space-available physical examinations for retirees at military facilities are practically nonexistent. Preventive medicine is cost effective.
e. AFAP recommendation.
(1) Review issue in light of cost-savings of preventive medicine.
(2) Propose including physical exams under CHAMPUS, if review so indicates.
f. Progress.
(1) History. “CHAMPUS Reimbursement Schedule Update/ Physician Participation," was renamed "CHAMPUS" in AFAP II, and was combined with Issue 64, "Expand CHAMPUS to Include Physical Exams, Immunizations." Issue 64 was then combined with Issue 27, "CHAMPUS (To Include Physical Exams and Immunizations)."
(2) Preventive medicine. Studies have not demonstrated the cost effectiveness of physical exams in terms of preventing more expensive medical services. OCHAMPUS has no estimates of the additional funding required to cover physical examinations in the absence of symptoms. However, this benefit is known to be costly and, if authorized under standard CHAMPUS, is likely to be well utilized, even by persons who would not normally

use the program. The Gateway to Care program offers physical and eye examinations as enhancements to encourage involvement in this managed care program.

(3) Resolution. The Apr 94 GOSC determined Issues 64 and 27 are completed based on improvements in HBA training and beneficiary education, implementation of locality billing, and the inclusion of preventive medicine in managed care initiatives.

g. Lead agency. SGPS-PSA.

h. Support agency. None.

Issue 65: Family Advocacy Program

a. Status. Completed.

b. Entered. AFAP I; Jul 83.

c. Final action. AFAP III; Oct 85.

d. Scope. The Family Advocacy Program needs adequate fiscal and personnel resources for effective implementation Army-wide.

e. AFAP recommendation. Design programs and policies to ensure Army has an effective institutional response to family violence.

f. Progress.

(1) Briefing materials for commanders were developed and initial distribution made.

(2) A training course for Family Advocacy staff was developed by U.S. Army Health Services Command Academy of Health Sciences. The first class was taught in Sep 85.

(3) A curriculum for child care and youth activities staff was developed and distributed to the field.

g. Lead agency. CFSC-FSA.

Issue 66: Family Housing Deficiencies

a. Status. Completed.

b. Entered. AFAP IV; Nov 86.

c. Final action. AFAP V; Nov 87.

d. Scope. The quality of quarters construction and materials varies. Potential living space existing in quarters is often not well utilized.

e. AFAP recommendation.

(1) Research living space in quarters (basements, attics) and change regulations and procedures as indicated.

(2) Review quality standards of construction and materials to include appliances.

f. Progress.

(1) In 1986, the attic renovation program began in West Germany. Attics were renovated in 13 communities. With the Government Rental Housing Program (GRHP) in effect, the need for renovation of attic space is less critical.

(2) The quality control portion of this issue was deleted at an AFAP In-process Review (IPR) in Sep 87, because quality control is already a viable, institutionalized program at the Corps of Engineers.

g. Lead agency. CEHSC-HM.

h. Support agency. OCLL.

Issue 67: Family Housing Deficit Elimination

a. Status. Combined.

b. Entered. AFAP I; Jul 83.

c. Final action. AFAP XIV; Oct 97.

d. Scope. Family housing for all families by the end of FY 90 remains a goal of the Army.

e. AFAP recommendation. Aggressively pursue programs and funds to eliminate the family housing deficit.

f. Progress.

(1) Issue history. "Availability of Family Housing" was renamed "Family Housing Deficit Elimination" in 1985. In Oct 97, the GOSC recommended drafting a new housing issue. Issue 440 was developed to address the elimination of the housing deficit and revitalization of Army Family Housing.

(2) Housing deficit reduction. Between 1985 and 1997, Army lowered the housing deficit from 28,500 units to approximately 10,000 units using a combination of construction and leasing. Completion of this issue was consistently slipped from year to year due to inadequate funding.

(3) Business ventures. Using the FY96 Capital Venture Initiatives (CVI) legislation, 20 privatization projects were under development in 1997. This privatization of Army housing is tracked in Issue 440.

(4) Community Homefinding, Relocation, and Referral Service (CHRRS). Until the privatization projects are completed, the Army will continue to emphasize the CHRRS program arena to acquire additional community housing assets. Many installations have introduced programs such as the Set-Aside Program which finds landlords that are interested in renting at soldiers' allowance level and waive credit reports and security deposits.

(5) Housing allowance. In FY98, Congress approved a single housing allowance. This allowance replaces the BAQ, VHA, and OHA system with a single allowance that is tied to location. It will not only simplify the current system, but will assure that overall housing allowances increase in proportion to increases in housing costs experienced by soldiers. This should reduce the portion of the housing deficit that is determined by excessive out-of-pocket costs.

(6) GOSC review.

(a) Jun 92. Alternatives to APF housing construction were explored as a means of reducing the housing deficit.

(b) Oct 95. Army will continue to pursue privatization initiatives and leverage private capital to lease, buy, and barter.

(c) Mar 97. It would take the Army 65 years to reduce the housing deficit in the traditional manner. Through privatization, Army can leverage civilian dollars to build and revitalize housing in a quicker time.

(d) Oct 97. During discussion of a housing funding issue, the GOSC recommended drafting a new housing issue to replace Issue 67. (See Issue #440)

g. Lead agency. DAIM-FDH.

h. Support agency. DAPE-PRR-C.

Issue 68: Family Housing Standards

a. Status. Completed.

b. Entered. AFAP I; Jul 83.

c. Final action. AFAP III; Nov 84.

d. Scope. Family housing adequacy standards need to be reviewed to ensure families have an acceptable living environment.

e. AFAP recommendation. Examine housing adequacy standards, review OSD standards.

f. Progress. A review of family housing adequacy standards revealed that current criteria for new construction are adequate. Substandard units are being upgraded to adequate standards.
g. Lead agency. DAPE-MPH-S.
h. Support agency. None.

Issue 69: Family Life Centers
a. Status. Completed.
b. Entered. AFAP II; Nov 84.
c. Final action. AFAP III; Oct 85.
d. Scope. The Family Life Center concept has proven to be an effective model to assist families. While a plan exists to expand Family Life Centers, action depends on initiation of action by local commanders.
e. AFAP recommendation. Develop a system to publicize procedures for establishing and expanding Family Life Centers.
f. Progress. The CCH approved and distributed Policy No. 12, Family Life Center-Family Life Ministries, in Oct 85.
g. Lead agency. DACH.
h. Support agency. None.

Issue 70: Family Member Career Development
a. Status. Completed.
b. Entered. AFAP I; Jul 83.
c. Final action. AFAP II; Nov 84.
d. Scope. Until recently, many family members employed by the Army encountered significant systemic obstacles to continuous Federal employment. As a result, their opportunities for career development and advancement were limited more than most other Army employees.
e. AFAP recommendation.
(1) Monitor implementation of Executive Order 12362 and ensure that family members are informed of future changes.
(2) Monitor and evaluate Priority Placement Program for family members accompanying sponsor in CONUS.
f. Progress.
(1) The Army successfully implemented Executive Order 12362, which authorizes noncompetitive appointment to competitive positions after serving 24 months in overseas, competitive U.S. Government positions. It facilitated placement in the United States of eligible family members. As of 31 Dec 84, the Army made 1338 noncompetitive Executive Order appointments and exceeded the placements of all other Federal agencies.
(2) A test Priority Placement Program was implemented in Sep 83 to assist family members accompanying sponsors on CONUS to CONUS PCSs. The Priority Placement Program is now a DoD initiative.
g. Lead agency. DAPE-CP.

Issue 71: Family Member Education Opportunities
a. Status. Completed.
b. Entered. AFAP III; Oct 85.
c. Final action. AFAP IV; Nov 86. (Updated: Jul 94)
d. Scope. Family members experience difficulty in obtaining additional education because of frequent moves that disrupt educational programs.
e. AFAP recommendation.
(1) Publicize benefits available through the Army Continuing Education System (ACES); include family member opportunities in ACES marketing.
(2) Determine Army-wide needs.
f. Progress.
(1) History. "Continuing Education for Spouses--GED and College" was renamed "Family Member Education Opportunities" in AFAP III (1985) to reflect appropriate Army terminology. This issue relates to Issue 224, "Financial Assistance for Family Member Education".
(2) Army Continuing Education System (ACES).
(a) ACES was structured and resourced to provide educational programs and opportunities to soldiers, but supports family members as much as is legally permitted on a space-available and cost-reimbursable basis. ACES has increased publicity of programs aimed at family members and is emphasizing family members in training and planning sessions for ACES professionals.
(b) Education center counselors assist family members applying for financial aid, finding appropriate or job-related training, and advising them on degree completion requirements.
(c) Army family members are included in all ACES marketing material. During Desert Shield/Storm many education centers offered basic skills, vocational training and reduced-fee college courses for the spouses of deployed soldiers. All Education Services Officers encourage local colleges and community organizations to sponsor scholarships and tuition reductions for family members.
(3) Degree completion. Service member Opportunity Colleges also authorize family members to initiate the same degree completion agreements as their soldier spouses.
(4) In-state tuition. ACES, as well as DANTES and AUSA, continue to encourage all States to provide in-state tuition rates to soldiers and their family members.
g. Lead agency. TAPC-PDE.
h. Support agency. None.

Issue 72: Family Member Insurance
a. Status. Completed.
b. Entered. AFAP III; Oct 85.
c. Final action. AFAP V; Oct 87.
d. Scope. Soldiers are currently unable to purchase inexpensive group health and life insurance for their spouses and family members through their employer.
e. AFAP recommendation.
(1) Study the viability of a RC group life and health plan.
(2) Seek legislation that would permit soldiers to buy group life insurance through the Servicemen's Group Life Insurance (SGLI) underwriters at no cost to the Government.
f. Progress.
(1) RC health insurance. Health insurance for the RC is contained in Issue 122, “Nonsubsidized RC Group Health and Dental Insurance.”
(2) Analysis. Meetings were held with proponents of SGLI and representatives of major insurance companies to discuss the practicality and procedures necessary to establish a new category for group life insurance.

(3) Resolution. In Sep 87, research revealed numerous low-cost insurance plans existed in the private sector. A letter was sent by ACS to the Insurance Underwriters' Association stating that if any members wished the addresses of ACS centers worldwide for use in distributing their materials, the addresses could be made available.
g. Lead agency. CFSC-FSA.
h. Support agency. NGB/DAAR/CFSC-FSR/ZG.

Issue 73: Benefits for Family Member Victims of Abuse
a. Status. Unattainable: 1987; Completed: 1997.
b. Entered. AFAP IV; Nov 86; Reopened: Oct 94.
c. Final action. AFAP XIV; 1997.
d. Scope. Family members lose entitlement to retirement benefits when punitive discharges occur because of child or spouse abuse.
e. AFAP recommendation. Authorize compensation for family member victims of abuse.
f. Progress.
(1) History. Entitlement to retirement benefits for family members who are victims of abuse was determined unattainable in 1987. This issue was reopened by the Oct 94 GOSC to pursue alternate benefits for abuse victims and was renamed, "Benefits for Family Member Victims of Abuse."
(2) Retirement benefits. In 1987, a review of records revealed that out of 84 soldiers administratively separated or punitively discharged for child or spouse abuse, only four were eligible for retirement. Legislation to provide retirement benefits for this small population is not possible.
(3) Medical care. Public Law 99-661 (Oct 86) authorized uniformed service medical treatment for spouse or child abuse related injuries for a period of 1 year following discharge of the responsible soldier.
(4) Congressional action.
(a) The FY 93 National Defense Authorization Act (PL 102-484), Section 653(e) required DoD to conduct a study to provide statistics and other information relating to the reporting of spouse and child abuse and its consequences and to report on actions taken and planned to be taken to reduce or eliminate disincentives of a dependent of a member of the Armed Forces abused by the member to report the abuse to appropriate authorities. The report was presented to Congress in Jul 94.
(b) The FY 94 National Defense Authorization Act (PL 103-160), Section 554 reduces monetary disincentives for dependents to report abuse by paying Transitional Compensation -- a maximum of 36 monthly payments at the rate specified for Dependency Indemnity Compensation (DIC). The DoD Instruction 1342.24, Transitional Compensation for Abused Dependents, 23 May 95 implements policies, assigns responsibilities and prescribes procedures under 10 U.S.C., 1059 for the payment of monthly transitional compensation to dependents of members separated for dependent abuse.
(6) Army proponency and policy.
(a) In Jun 95, The U.S. Army Community and Family Support Center (USACFSC) assumed proponency of transitional compensation for abused dependents. In Sep 95, USACFSC disseminated an ALARACT message on program implementation and points of contact.
(b) In Feb 97, AR 608-1 regulatory change on transitional compensation was published.
(7) GOSC review. The Oct 95 GOSC agreed this issue will remain active as Army implements transitional compensation.
(8) Resolution. The Oct 97 GOSC determined that this issue is completed based on legislation that authorized medical treatment for one year and established Transitional Compensation for victims of abuse and neglect.
g. Lead agency. CFSC-SFA.

Issue 74: Family Member Support Groups, Installation or Unit
a. Status. Completed.
b. Entered. AFAP I; Jul 83.
c. Final action. AFAP V; May 88.
d. Scope. Guidance on establishing and operating family member support groups at installation (AC) and unit (RC) level is needed.
e. AFAP recommendation.
(1) Develop a pamphlet on establishing and operating family support groups.
(2) Review policy and legal constraints that restrict RC family member travel and provide recommendations and possible changes to allow RC family members funded travel to affiliation programs, briefings, family conferences, etc.
f. Progress.
(1) History. "Family Member Representatives--Installation" from AFAP I was renamed "Family Member Support Groups, Installation or Unit" in AFAP II and was expanded to include active and Reserve Components.
(2) Publication of DA Pam 608-47. Publication of a DA Pam on FSGs was delayed until legal and regulatory issues were resolved. In Feb 87, TJAG determined that "family support groups" were "family support programs" and subject to the 1983 Amendment to 10 USC 1588. This section gives the Service Departments authority to accept voluntary services and cover volunteers under the Federal Tort Claims Act and for Workmen's Compensation. DA Pam 608-47 was published in Jan 88.
(3) RC issues. During AFAP III, it was reported that NGB would handle local travel of family members through State transportation funds and private officer and enlisted associations. OCAR changed training regulations to include family members in one regular unit training activity annually.
g. Lead agency. CFSC-FSA.
h. Support agency. TAPC-CPF-S/OCAR/NGB.

Issue 75: Family Member Transportation Upon Death of a RC Member
a. Status. Completed.
b. Entered. AFAP IV; Nov 86.
c. Final action. AFAP VI; Apr 89.
d. Scope. Reserve Component family members are not authorized transportation, as are Active Component families, to and from the selected burial site of the RC member who dies on duty.
e. AFAP recommendation. Seek legislation to authorize round-trip transportation for immediate family members.

f. Progress.

(1) Legislation, prepared by ODCSPER, was reviewed by the Sixth Quadrennial Review of Military Compensation (6QRMC) in early 1988 and approved for inclusion in the DoD appropriations bill.

(2) The FY 89 National Defense Authorization Act contained amendatory legislation that authorizes round-trip travel and transportation allowances to RC family members to attend burial ceremonies of deceased RC soldiers who die while on active duty or inactive duty. The 30-day stipulation was removed. The Joint Federal Travel Regulation (JFTR) was modified to reflect legislative change.

g. Lead agency. DAPE-MBB-C.

h. Support agency. TAPC-PDZ-X/DAAR/NGB.

Issue 76: Family Quarters for Single Pregnant Soldiers

a. Status. Unattainable.

b. Entered. AFAP VI; Oct 88.

c. Final action. AFAP VII; Oct 89.

d. Scope. Pregnant single soldiers are allowed to place their names on housing lists when pregnancy is verified, but may not move into the quarters until after delivery. In many cases, their living conditions during the later months of pregnancy are unsafe for the unborn baby.

e. AFAP recommendation.

(1) Change AR 210-50 to allow pregnant single soldiers to move to family quarters 3 months before delivery date.

(2) Authorize soldiers to live off post with nondependent basic allowance for quarters (BAQ) until birth if family housing is not available

f. Progress.

(1) Regulatory guidance.

(a) DoD Directive 4165.63-M, Jun 88, states, "Unmarried pregnant service members without dependents may apply for family housing but shall not be assigned to the quarters until the birth of the child."

(b) AR 210-11, Jul 83, states, "Installation commanders may authorize pregnant service members to move off-post and receive housing allowances on written recommendation of medical or social work staff members on an individual basis."

(c) Msg HQDA DAPE-HRP-R, Aug 85, Subject: Family Housing Policy for Pregnant Members Without Family Members, incorporates DoD Directive 4165.63-M into AR 210-50, chapter 3.

(2) Resolution. Installation commanders may request exception to policy to allow assignment of quarters to pregnant single soldiers if the circumstances warrant.

g. Lead agency. DAPE-MPH-S.

h. Support agency. None.

Issue 77: Family Safety

a. Status. Completed.

b. Entered. AFAP I; Jul 83.

c. Final action. AFAP IV; Nov 86. (Updated: Aug 94)

d. Scope. Family safety initiatives are needed to minimize off-duty related accidents (for example, motor vehicle, recreational, and home safety).

e. AFAP recommendation.

(1) Develop a plan of action and milestones to integrate family safety into the overall Army Safety Program.

(2) Contract or develop family safety countermeasures for Army-wide use.

f. Progress.

(1) A family safety survey was conducted at three representative Army installations to evaluate, review, and recommend specific countermeasure programs as well as implementation and control procedures.

(2) USACFSC agreed to be the Army spokesperson for family and recreational safety. Safety management program requirements were integrated in AR 215-2.

(3) A Family Accident Prevention Program was integrated into the Army Safety Program. Key elements included--

(a) Revision of AR 385-10, requiring MACOMs to establish effective family safety programs.

(b) Designation of the installation safety manager as the Family Accident Prevention Program coordinator.

(c) Use of the National Safety Council's Family Safety and Health magazine, with a four-page Army family safety insert, as the major vehicle for disseminating safety information to the homes of Army soldiers.

(d) An installation guide, "Family Accident Prevention Program," with initially 44 individual activity support packages, was distributed to installation safety offices worldwide in 1988.

(4) The Army Safety Program, including family safety, remains viable.

(a) Emphasis has moved from distribution of materials through The National Safety Council magazine to production of various information packets available at all safety offices. Current topics include a Family Burn Program campaign, "Bikes," "Baseball," "Baby Sitting," "Backyard Mechanics," and a family traffic film.

(b) AR 215-2 is being updated to include safety guidance in sports and recreation.

(5) The trend in total military accidents (from 1991-1994) is downward, including POV and recreational accidents.

(6) Service members' on and off- duty accidents that meet established criteria are reported to the U.S. Army Safety Center and are briefed to the CSA/VCSA at quarterly IPRs. The U.S. Army Safety Center does not maintain data on accidents incurred by non service members (family members).

g. Lead agency. DACS-SF.

Issue 78: Family Support at RC Mobilization

a. Status. Completed.

b. Entered. AFAP II; Nov 84.

c. Final action. AFAP VI; Oct 88.

d. Scope. Current Army plans to support families (Total Army) during mobilization (Army Mobilization and Operations Planning System (AMOPS)) do not provide detailed plans to support various levels of mobilization.

e. AFAP recommendation.

(1) Finalize policies and plans that address the full impact of mobilization upon RC families and existing Army support structures.

(2) Develop a handbook to assist families of overseas civilians who are designated as emergency essential and who may be required to remain in the overseas area in

the event of hostilities.
f. Progress.
(1) Reserve Component support.
(a) National Guard points of contact were identified; the National Guard Family Program Pamphlet was published; a PDIP was initiated to staff the Family Support Program at the State level; and further guidelines were developed.
(b) OSD established an inter-Service panel, the Reserve and Guard Subcommittee of the DoD Family Policy Coordinating Committee, to address RC issues.
(c) All States have family support plans based on FORSCOM guidance, coordinated by the major Army areas (CONUSA). Family support planning guidance was refined to specify missions assigned to installations and mobilization stations and to define minimum essential levels of service for all stages of mobilization.
(2) Overseas civilians. A handbook to assist families of overseas civilians was developed.
(3) Resolution. The Fall 88 GOSC determined HQDA actions were completed.
g. Lead agency. OCAR/NGB.
h. Support agency. DAPE-CPE/CFSC-FSA.

Issue 79: Family Travel at RC Mobilization
a. Status. Unattainable.
b. Entered. AFAP I; Jul 83.
c. Final action. AFAP III; Oct 85.
d. Scope. Some U.S. Army Reserve (USAR) and Army National Guard (ARNG) units are programmed to be employed within CONUS during mobilization. Current mobilization plans do not authorize family member travel and household goods (HHG) shipment for USAR and ARNG unit members to first duty station upon mobilization. This blanket policy could be a substantial morale problem for USAR and ARNG units upon mobilization.
e. AFAP recommendation. Conduct a review of policy and provide a recommendation.
f. Progress. The ARNG conducted a review of policy and legal impact and recommended that no changes be made to current travel authorizations. The current policy is that no one is authorized to accompany soldiers to the site of mobilization. Housing for family members will not be available at the mobilization site. However, after mobilization is completed, movement of family members and shipment of household goods may be authorized if the soldier is assigned to an installation where family members are allowed to join the service member.
g. Lead agency. DAAR-PE.

Issue 80: Educational Financial Aid Counseling
a. Status. Completed.
b. Entered. AFAP I; Jul 83.
c. Final action. AFAP II; Nov 84.
d. Scope. Often family members are not aware of the various educational financial aid programs available.
e. AFAP recommendation. Update DA Pamphlet 352-2.
f. Progress.
(1) Issue relates to Issue 224, "Financial Assistance for Family Member Education."
(2) DA Pam 352-2, August 1984, clarifies procedures for obtaining financial assistance for education.
g. Lead agency. CFSC-FSY-E.
h. Support agency. None.

Issue 81: Financial Support of Family
a. Status. Completed.
b. Entered. AFAP II; Nov 84.
c. Final action. AFAP III; Oct 85. (Updated: Feb 96)
d. Scope. Soldiers sometimes fail to support their families. The problem is especially severe among families whose sponsor is on an unaccompanied overseas tour. Extended time often lapses in trying to contact the soldier overseas or enlist the help of the chain of command in assuring family support is provided.
e. AFAP recommendation. Review regulations and policies and recommend changes to support allowances to the spouse in the amount of the soldier’s Basic Allowance for Quarters (BAQ) and Variable Housing Allowance (VHA).
f. Progress.
(1) AR 608-99, published Nov 94, updates and clarifies Army policies with regard to the financial support of family members.
(2) The revision of this regulation directly addresses the concerns raised by this issue. Specifically, this revision--
(a) Implements the transfer of proponent responsibility for this regulation from the ODCSPER to OTJAG.
(b) Continues to require soldiers to obey court orders on financial support of family members and paternity. With regard to the financial support of family members, the regulation requires a soldier to comply with an existing court order, or, in the absence of a court order, with the financial support provisions of a written financial support agreement, or in the absence of an order or agreement, with the financial support provisions of the regulation. These provisions generally require a soldier to pay his or her family members on a monthly basis an amount equal to the soldier's basic allowance for quarters at the with-dependents rate.
(c) Provides that a violation of the financial support provision of a court order, a support agreement, or this regulation is a violation of lawful general regulation under Article 92, Uniform Code of Military Justice. Offenders are subject to the full range of statutory and regulatory sanctions, including trial by court-martial and non judicial punishment.
(d) Requires all commanders, and those on their staffs at every level of the Army, before recommending approval of requests for, or extensions of, military assignments outside the United States, to consider whether the soldier's assignment, or continued assignment, outside the United States will adversely affect the legal rights of others in pending or anticipated court actions against the soldier, or against the soldier's family members, or will result in a repeated or continuing violation of an existing court order or this regulation.
(e) Provides legal authority for terminating a soldier's military assignment outside the United States, consistent with other military requirements, when such assignment adversely affects the legal rights of others in financial support or paternity cases.
(f) Provides guidance to general court-martial con-

vening authorities on assigning installation responsibilities for monitoring compliance with this regulation.

(g) Establishes specific OTJAG responsibility for disseminating--and updating--standard form letters and fact sheets (utilizing the Legal Army-Wide Automation System (LAAWS)) to commanders for use in responding to inquiries under this regulation.

(h) Outlines the role of attorneys providing legal assistance to clients on legal problems and needs relating to the subject area of this regulation.

(i) Implements DoDD 5525.9, "Compliance of DoD Members, Employees, and Family Members Outside the United States with Court Orders," December 27, 1988 on court-related requests for assistance arising from financial support, child custody and visitation, paternity, and related cases.

g. Lead agency. DAJA-LA.

Issue 82: First Term Family Initiatives

a. Status. Completed.

b. Entered. AFAP II; Nov 84.

c. Final action. AFAP V; Oct 88.

d. Scope. With 30% of the soldiers (PVT to SPC) married, the first-term soldiers and their families face special problems, particularly when living off-post away from Army support networks and facilities. There are no standardized Army-wide outreach programs (although many installations have excellent local programs). There is minimal Army policy addressing the needs of these families. While the focus of this issue is on first-term soldiers, many actions will have a positive impact on career soldiers and their families.

e. AFAP recommendation. . Develop an Outreach Program with standard components to be implemented Army-wide.

f. Progress.

(1) Paternity leave. DAPE-HR staffed a proposal for authorization of 10 days nonchargeable paternity leave for soldiers of all ranks. MACOMs did not support the proposal. No further action is planned on the issue at this time.

(2) Outreach. A PDIP to fund an ACS Outreach coordinator was submitted for the FY 87-91 budget cycle. Some commanders reallocated resources to fund this position before the requirement was funded. In 1987, HQDA funding for Outreach was eliminated. Local commanders have authority to fund this program from the ACS MDEP based upon local need.

(3) Resolution. Issue was completed in 1988 because Outreach Program policy and standards were completed and incorporated in AR 608-1, and the WRAIR study was completed, validating the need for an Outreach Program.

g. Lead agency. CFSC-FSA.

h. Support agency. TAPC/DACH/CFSC-FSY-E.

Issue 83: Food Stamp Eligibility

a. Status. Unattainable.

b. Entered. AFAP II; Nov 84.

c. Final action. AFAP V; July 1994.

d. Scope. Personnel living in Government quarters may be eligible for food stamps while personnel living in non-Government quarters may not be, due to the difference in computation of net monthly pay.

e. AFAP recommendation. Eliminate food stamp eligibility inequity by excluding Basic Allowance for Quarters (BAQ) and Variable Housing Allowance (VHA) from the computation of net monthly income.

f. Progress.

(1) Proposed legislation. Legislation was drafted, but it did not receive clearance from DoD.

(2) Inclusion of value of Government quarters. The General Accounting Office (GAO) recommended in an Apr 83 report on military participation in the food stamp program that members residing in Government quarters be required to include the value of Government quarters as income. DoD concurred with the recommendation.

(3) DoD study. A 1992 DoD study indicated that less than 1% of the military force receives food stamps. Food stamp eligibility seems to be more a function of family size than inadequate military income. Military income for the junior enlisted member who is married with one or two children is above the current poverty level. Only when a junior member has four or more dependents does he/she become eligible for this type of public assistance. DoD continues to reject any effort to open this program to scrutiny.

(4) Resolution. This issue was determined unattainable in 1988 in view of the fact that it was rejected by DoD, is contrary to the recommendations of GAO, and pursuit of this issue could lead to scrutiny and possible loss of other benefits.

g. Lead agency. DAPE-MBB-C.

Issue 84: Funded Student (Family Member) Travel

a. Status. Completed.

b. Entered. AFAP I; Jul 83 (Closed in 1989 and reopened in 1996)

c. Final action. AFAP XVII; May 01 (Updated: Jun 01)

d. Scope. Military dependents (under age 23) of soldiers stationed overseas are allowed one trip per year between their school and sponsor's overseas duty location. Travel should be authorized for all military dependents who are enrolled in a full time program of study. This benefit will improve morale significantly and reduce the financial hardship on families stationed overseas.

e. AFAP recommendation. Expand eligibility for funded OCONUS travel to include military dependents under age 23 who are enrolled in a full-time post graduate area of study.

f. Progress.

(1) History.

(a) In AFAP I this issue was named, "Student Travel OCONUS," and was completed based on Nov 83 legislation that authorized funded student travel for military dependents.

(b) The issue was reopened in 1985 when Congress eliminated authority to pay for travel of military dependents in CONUS, thus eliminating funded travel to dependents of Alaska and Hawaii personnel. The issue was completed in 1989 following congressional authorization of the benefit to Alaska and Hawaii personnel.

(c) The issue was reopened by the Oct 96 GOSC to expand travel benefits to military dependents under age

23 who are pursuing post-graduate study.

(2) Legislative initiatives.

(a) This initiative was included in the FY99 Omnibus legislative packet, but was not approved by the House or Senate. The issue was not supported in the FY00 Omnibus DOD legislative package.

(b) The initiative was submitted in the FY01 legislative packet. However, OMB disapproved the proposal for inclusion in the Omnibus. Through alternate channels, the initiative was included in the FY01 NDAA and passed in that bill. Implementation began 1 Apr 01.

(3) Joint Federal Travel Regulation (JFTR) change. The JFTR change includes graduate and vocational programs in the paragraph of approved programs of instruction that qualify for the funded student dependent travel program.

(4) GOSC review.

(a) May 99. Army will resubmit the legislative proposal.

(b) May 00. The House and Senate versions of the FY01 NDAA contain language expanding funded student travel to the identified category of students.

(5) Resolution. The May 01 GOSC declared this issue completed based on the FY01 NDAA and the resulting JFTR change.

g. Lead agency. DAPE-PRR-C.

Issue 85: General Officers Steering Committee (GOSC)

a. Status. Completed.

b. Entered. AFAP I; Jul 83.

c. Final action. AFAP II; Nov 84.

d. Scope. There is currently no structure to ensure top-level involvement in the AFAP execution and future development.

e. AFAP recommendation.

(1) Establish a General Officer--SES Steering Committee to review ongoing actions and provide direction for future initiatives within the plan by 31 January 1984.

(2) Convene, by 1 Oct 84, an annual Family Action Planning Conference to provide input to the plan and identify additional issues facing the Army.

f. Progress. The AFAP General Officer Steering Committee (GOSC) was established in DA Memo 15-32, Boards, Commissions, and Committees, Army Family Action Plan General Officer Steering Committee.

g. Lead agency. CFSC.

Issue 86: Gray Area Retirees.

a. Status. Completed.

b. Entered. AFAP III; Oct 85.

c. Final action. AFAP VIII; May 91.

d. Scope. During the period between retirement from the RC and age 60, RC retirees are in a "gray area" and do not receive most retirement privileges.

e. AFAP recommendation.

(1) Develop a gray area retiree benefits package.

(2) Put RC retirees on a mailing list for "Army Echoes" upon receipt of a "20 year retirement eligibility letter".

f. Progress.

(1) Newsletter. Beginning with the Jan-Feb 1986 issue, RC retirees receive "Army Echoes" following receipt of their "20 year retirement eligibility letter" from the United States Army Reserve Personnel Center.

(2) PX and MWR privileges. In Oct 90, DoDI 1000.13 authorized gray area retirees unlimited access to Exchanges and Morale, Welfare, and Recreation (MWR) facilities.

(3) Legislation. The FY 91 National Defense Authorization Act authorizes unlimited access to Exchanges and MWR facilities and 12 visits per year to commissary stores.

(4) Resolution. This issue was completed because the National Defense Authorization Act for FY 91 authorizes gray area retirees unlimited access to Exchange and MWR facilities and 12 commissary visits per year.

g. Lead agency. DAPE-MBB-C.

h. Support agency. NGB-ARP-RRM/DAPE-HRP.

Issue 87: G.I. Bill (Publicity)

a. Status. Completed.

b. Entered. AFAP II; Nov 84.

c. Final action. AFAP III; Oct 85.

d. Scope. The current GI Bill is scheduled to expire in 1989. A "new" GI Bill will replace the benefits for Vietnam era veterans.

e. AFAP recommendation. Publicize the "new" GI Bill and procedures to convert from the current GI Bill.

f. Progress. The Montgomery GI Bill was successfully implemented on 1 Jul 85. DAPE-MPA continues efforts to publicize the new GI Bill.

g. Lead agency. DAPE-MPA.

Issue 88: Health Care After 65 for OCONUS Retirees

a. Status. Unattainable.

b. Entered. AFAP IV; Nov 86.

c. Final action. AFAP X; May 93.

d. Scope. Retirees lose their CHAMPUS eligibility at age 65 when they become eligible for Medicare. Additionally, retirees living OCONUS have no medical coverage upon reaching age 65 because, along with losing CHAMPUS eligibility, they are not covered by Medicare as long as they live overseas.

e. AFAP recommendation.

(1) Investigate continuing CHAMPUS for retirees worldwide at age 65.

(2) Consider supplementing Medicare for retirees over 65 by a contributing plan.

f. Progress.

(1) Related issues. Issue 237, "Health Care Benefits for Retirees and Their Families," and Issue 402, "Health Care Benefits for Retirees Age 65 and Over," relate to this issue.

(2) CHAMPUS beyond age 65 OCONUS.

(a) In Jan 91, CFSC-FSR forwarded to OCLL, through the DCSPER and CSA, a legislative proposal providing CHAMPUS benefits to OCONUS retirees age 65 and over. Estimated first year cost was $3.3M. ASA(M&RA) and ASA(FM) nonconcurred with the legislative proposal on the basis of cost and advised that, if there is to be a legislative solution, it should be a change to Medicare rather than creating a new system of CHAMPUS coverage.

(b) Legislation was introduced in the 102nd Congress that would extend CHAMPUS to OCONUS retirees and make CHAMPUS second payer for all Medicare eligible military retiree. However, Congress did not take action on the bills.

(3) Medicare supplement. Retirees can supplement their Medicare coverage with Medicare Supplemental Insurance offered by major military retiree associations. This is a contributing plan. There is no requirement for an additional supplemental plan, which would increase the retirees' cost while not resulting in an additional benefit. Health care insurance, to include supplements, have "coordinated care" provisions. Such provisions mean that two insurance companies will not pay for the same medical care treatment.

(4) Resolution. The May 93 GOSC determined this issue is unattainable. Army and OSD do not support providing CHAMPUS benefits to OCONUS retirees age 65 and over. Since Medicare supplemental coverage is obtainable from civilian sources, there is no support for a Government sponsored plan.

g. Lead agency. CFSC-FSR.

h. Support agency. SGPS-CP-P.

Issue 89: Health Care Package for Sponsor and Family on Completion of Active Duty

a. Status. Completed.

b. Entered. AFAP IV; Nov 86.

c. Final action. AFAP V; Nov 87.

d. Scope. There is a need for a continued health care program to transition families back to civilian life on completion of active duty.

e. AFAP recommendation. Investigate extension of health care coverage for soldiers and families on completion of active duty.

f. Progress. Research revealed a 90-day health care package is available for soldiers and families transitioning from the Army. A message was sent to all transition points reaffirming availability of this program.

g. Lead agency. DAPE-MBB-C.

Issue 90: Costs Associated with Obtaining Medical Care in CONUS

a. Status. Completed.

b. Entered. AFAP VI; Oct 88.

c. Final action. AFAP XII, Oct 94.

d. Scope.

(1) When medical care is not locally available, soldiers and family members must travel to obtain medical care. At these times, soldiers incur excessive financial burdens for nonmedical expenses, such as transportation, lodging, and child care. This problem is particularly acute when the patient is a family member of minor age. Reimbursement for nonmedical expenses is not authorized except for soldier patients in accordance with the Joint Federal Travel Regulations (JFTR), paragraph U3500-C.

(2) Soldiers and families assigned within an approximate 40-mile radius of a medical treatment facility (MTF) must use that facility for nonemergency in-patient medical treatment. Those assigned to remote sites outside medical catchment areas must use CHAMPUS or travel long distances to a MTF to avoid CHAMPUS expense. In either situation, this medical treatment, over which the soldier has no choice, can cause financial hardship particularly in junior grades. Additionally, within catchment areas, the excessive travel involved often results in considerable loss of duty time to the Army. With medical catchment areas as large as they are, these hidden costs often remain, even when care is available.

e. AFAP recommendation.

(1) Compensate family members for non-medical costs when travel is required outside the catchment area to obtain medical care.

(2) Include survey questions in the semi-annual soldier survey to evaluate the need for a medical cost of living allowance.

(3) Sponsor legislation for a medical cost of living allowance based on location.

(4) Publicize availability of purchasing CHAMPUS supplement.

f. Progress.

(1) History. In Apr 90, Issue 154, "Remote Site Medical Costs," was combined with this issue and renamed "Costs Associated with Medical Care in CONUS." The lead was transferred from OTSG to ODCSPER. In Dec 93, Issue 325, "Inaccessible/ Limited Medical Care Impacts Negatively on Quality of Life" was combined with this issue.

(2) Active duty medical care. Soldiers may obtain civilian medical care at Army expense in emergencies when the urgency of the situation does not permit prior authorization. In a 1994 revision to AR 40-3, soldiers assigned to remote locations where health care is not available through a military MTF may be authorized by their commander to obtain routine care in the civilian sector after determination that the cost for the treatment will not exceed $500. If the required treatment is expected to exceed $500, prior authorization must be obtained from the commander of the military MTF having administration responsibility for that geographic area. Soldiers ordered to a medical facility for a required physical, diagnosis, or treatment are authorized a mileage allowance in accordance with paragraph U3500-C, JFTR. Travel for receipt of outpatient medical care away from the soldier's permanent duty station is funded by the unit to which the soldier is assigned.

(3) Family member medical care. Family members must use military medical facilities for non-emergency in-patient care if they reside within the catchment area of a military medical facility, normally a 40-mile radius. When a military medical facility does not have the capability or facilities available, a non-availability statement may be issued authorizing civilian sources of care. The FY 94 DoD Authorization Act permits MTF commanders to authorize, effective 1 Jul 94, reimbursement for travel to specialized treatment facilities for soldiers and family members when care cannot be obtained locally.

(4) Medical supplements. Medical supplements are offered by most military associations. The "Army Times" provides a yearly supplement reviewing the different plans.

(5) Medical COLA. The DCSPER does not believe it is prudent to pursue medical COLA with TRICARE on the

horizon and the national health care reform in Congress.

(6) GOSC review. The Jun 92 GOSC directed that this issue remain active during implementation of the AMEDD Coordinated Care initiative, "Gateway to Care".

(7) Resolution. The Oct 94 GOSC determined that this issue and the issues combined with it are completed because commanders may reimburse soldiers and family members for travel incurred when specialized medical care requires travel and because local commander approval limits have been increased for soldiers to receive civilian medical care.

g. Lead agency. DAPE-MBB-C.

h. Support agency. OTSG/DAAR-PE/NGB.

Issue 91: High Quality, Standard DoDDS Curriculum

a. Status. Completed.

b. Entered. AFAP I; Jul 83.

c. Final action. AFAP II; Nov 84.

d. Scope. Family members experience DoDDS education to be of lesser quality than that provided by public school systems in the United States.

e. AFAP recommendation. Publicize the results of the independent study.

f. Progress.

(1) Issue relates to Issues 34, "Curriculum and Evaluative Criteria in DoDDS"; 174, "Special Education-Gifted and Talented"; 214, "DoDDS Curriculum"; and 252, "Summer School Program in DoDDS."

(2) Three booklets were published detailing the results of an independent study on DoDDS. Study findings reflected higher test scores for DoDDS students than equivalent public schools.

g. Lead agency. CFSC-FSY-E

Issue 92: Higher Education for Soldiers Who Spend Extensive Time in the Field

a. Status. Completed.

b. Entered. AFAP IV; Nov 86.

c. Final action. AFAP V; May 88.

d. Scope. Soldiers who spend time in the field have difficulty improving education.

e. AFAP recommendation. Continue to develop and implement alternative educational delivery methods where feasible.

f. Progress.

(1) DANTES, the DoD agency responsible for developing nontraditional programs for the Services, regularly investigates educational options for soldiers unable to attend classes. They have developed independent study courses soldiers may take to the field, computer lesson grading and testing, classes designed to break when soldiers are in the field, flexible hours, and circuit rider instructors.

(2) Additionally, Education Centers offer counseling services to help soldiers plan and select alternative options prior to field deployment; testing for college credit where logistically feasible; scheduling classroom courses around training schedules where possible; Service Members Opportunity College associate and bachelor degree program credit transfer; use of military experience credits; and alternative degree options.

g. Lead agency. TAPC-PDE.

Issue 93: House Hunting Compensation

a. Status. Unattainable.

b. Entered. AFAP I; Jul 83.

c. Final action. AFAP V; Nov 87.

d. Scope. Soldiers are not authorized funded trips for purposes of locating housing if quarters are not available at next duty station. Action was deferred due to a trade-off strategy to gain approval of Temporary Lodging Allowance, increase of mileage allowance, and increase of weight allowance.

e. AFAP recommendation. Initiate legislation that would authorize travel and per diem for up to 7 days for members and spouses to locate suitable housing at the new duty station.

f. Progress.

(1) Legislative proposal. The FY 86 Authorization Act directed cost absorption for all new PCS initiatives. A house-hunting proposal was submitted as an FY87 and FY88-89 legislative contingency issue. Based on cost and congressional direction on PCS funding, the Services concurred with the proposal in principle but non-concurred with submission to Congress.

(2) Resolution. In Nov 87, the GOSC recommended this initiative be deleted from the plan as an unattainable issue. It is cost prohibitive.

g. Lead agency. DAPE-MBB-C

Issue 94: Household Goods Damage and Depreciation

a. Status. Completed.

b. Entered. AFAP IV; Nov 86.

c. Final action. AFAP VI; Oct 88.

d. Scope. Service associated with household good shipment is inadequate and antiquated.

e. AFAP recommendation.

(1) Improve quality assurance of goods in storage.

(2) Adequately compensate soldiers for loss or damage.

(3) Simplify claims procedures.

f. Progress.

(1) Storage. In 1987, actions were initiated to intensify the surveillance of storage warehouses and improve the overall quality of facilities. The new program, Contractor Assured Performance Plan, concentrates on marginal performers and contains procedures to randomly select shipments for decontainerization and inspection. Facilities lacking specialized fire detection systems are being removed from participating in the storage program. Facilities with unsatisfactory fire prevention programs, housekeeping, or security violations are denied further shipments until all deficiencies are corrected. An environmental assessment of the facility is required if it is not insulated or otherwise protected from extreme cold, heat, moisture or other climatic conditions.

(2) Replacement allowance. The Allowance List Depreciation Guide was revised in Aug 87 and is equal to or more beneficial than the Joint Military-Depreciation Guide and the United Services Automobile Association (USAA) guide.

(3) Claims procedures. Claims notification procedures were simplified in Oct 85. Claimants now submit only one copy of each form and one copy of supporting documents. The small-claims procedure, applicable to claims that can be settled for less than $1,000 without extensive investigation, is emphasized in claims training. Claims offices should process small claims for payment within 1 working day.

g. Lead agency. DALO-TSP.

h. Support agency. DAJA/TAPC-CPF-S.

Issue 95: Housing Operations Management System

a. Status. Completed.

b. Entered. AFAP I; Jul 83.

c. Final action. AFAP III; Oct 85.

d. Scope. Family housing management techniques are not standardized and have not employed modern techniques through the use of automated systems.

e. AFAP recommendation. Develop standardized family housing information procedures and provide an automated management tool to installations where economic analysis indicates cost effectiveness.

f. Progress.

(1) The deployment of Module 1, Assignment and Terminations, began in FY 84

(2) A 38% cut was made in FY86 HOMES procurement funding which delayed the deployment of H)MES at 30 installations in CONUS and extended the completion date of the entire program.

g. Lead agency. CEHSC-HM

Issue 96: Impact of AIDS on Family Members

a. Status. Completed.

b. Entered. AFAP IV; Nov 86.

c. Final action. AFAP V; Nov 87.

d. Scope. Currently no policy exists addressing the impact of AIDS on family members.

e. AFAP recommendation. Develop policies addressing the impact of AIDS on family members and the legal rights, privileges, and benefits of family members to include clarification of notification of family member rights.

f. Progress.

(1) Current policy is based on DoD guidance issued on 20 April 1987 in a SECDEF memorandum subject: Policy on Identification, Surveillance, and Administration of Personnel Infected with Human Immunodeficiency Virus (HIV).

(2) Army policy--

(a) Provides for voluntary testing of active duty family members on space-available basis.

(b) Permits HIV positive family members to accompany their sponsors OCONUS.

(c) Allows soldiers with HIV positive family members to request deletion from overseas assignment instructions for compassionate reasons or request an "all others" tour.

(d) Allows soldiers assigned OCONUS accompanied by family members who are subsequently determined to be HIV positive to request a compassionate reassignment or a tour curtailment.

(3) Family members determined to be at risk of HIV infection will be notified by military health authorities.

(4) DoD policy on RC family member notification was changed, effective Aug 88. Family members of RC soldiers on active duty for less than 30 days, who are not military health care beneficiaries, may now be notified of their military spouse's HIV infection by military authorities.

(5) Policy providing Child Development Services to HIV positive children is contained in AR 608-10 and AR 600-75.

g. Lead agency. DAPE-MPH.

h. Support agency. DASG/DAJA.

Issue 97: Inadequate DA Guidance for Family Care Plans

a. Status. Completed.

b. Entered. AFAP VI; Oct 88.

c. Final action. AFAP VIII; May 91. Updated in Nov 93.

d. Scope.

(1) AR 600-20 fails to specify clearly what a Family Care Plan should contain. The wording in the prescribed forms is insensitive in that it is similar to punitive counseling forms. This leads single parents and dual-Service parents to feel that they are being treated as disciplinary problems, impacting adversely on morale and duty performance, which in turn has a negative impact on readiness and retention.

(2) Reserve Components (RCs) are in need of specific enforceable guidance for Family Care Plans (FCPs).

e. AFAP recommendation.

(1) Revise DA Forms 5304-R (Family Care Counseling Checklist) and 5305-R (Family Care Plan) to be less punitive, clearer, and more specific. Relate forms and guidance to the Total Army family.

(2) Develop pamphlet, handbook, or packet with excerpts from referenced regulations and pertinent information for use by single parent soldiers, dual-military couples, and commanders of the Total Army, to include RC.

f. Progress.

(1) Regulatory change. AR 600-20, revised Sep 89, includes significant changes in the wording and format of DA Form 5304-R and DA Form 5305-R. The AR and DA forms clearly and concisely define the responsibilities of soldiers and required actions of commanders. AR 600-20 contains examples of documents that should be included in the completed FCP.

(2) Information. More than 80 thousand copies of an informational brochure, "About Family Care Plans," on FCP requirements was distributed to the field in the Fall 1990.

(3) Policy review. FCP policy was thoroughly tested during Operations Desert Shield and Desert Storm. All reports indicate that basic policy is sound and sufficiently clear and that soldiers of all components were able to comply with requirements and deploy as ordered.

(4) Civilians. In Nov 92, DoDD 1342.19, "Family Care Plans", encouraged emergency essential civilians to prepare a FCP in accordance with instructions in AR 600-20. The directive defined minor children as children under the age of 19 years.

(5) Resolution. Issue was completed because of changes to wording and format of DA Form 5304-R and DA Form 5305-R. Guidance for RC Family Care Plans

was distributed in an informational brochure, "About Family Care Plans."
g. Lead agency. DAPE-HR-S.
h. Support agency. DAMO-TRO/CFSC-FSC.

Issue 98: Income Tax Assistance
a. Status. Completed.
b. Entered. AFAP III; Oct 85.
c. Final action. AFAP IV; Nov 86.
d. Scope. Many soldiers and family members are paying commercial companies to prepare very simple tax returns. Some are apparently intimidated by the forms and perceive no alternative to outside help.
e. AFAP recommendation. Have ACS centers set up an income tax advisor program.
f. Progress.
(1) The plan for an income tax advisor program was distributed to the field 25 Nov 85. Volunteers receive training and materials through the legal assistance office and the IRS VITA program. This program is available through the integrated efforts of the ACS, IRS, JAG, and volunteers at installations.
(2) The Judge Advocate General's School published a program in their Model Tax Assistance Handbook for local JAG personnel on establishing a volunteer tax assistance program.
g. Lead agency. CFSC-FSA.
h. Support agency. DAJA.

Issue 99: Sensitivity to the Child Care Needs of Sole/Dual Military Parents
a. Status. Completed.
b. Entered. AFAP V; Nov 87.
c. Final action. AFAP VI; Oct 88.
d. Scope. Army child care operational procedures need to reflect the unique child care requirements of sole and dual-military parents.
e. AFAP recommendation.
(1) Review and revise operational procedures.
(2) Include issue in CDS management training classes.
f. Progress.
(1) Operational procedures are addressed in the update of AR 608-10 and in the School-Age--Latch Key Administrative Manual. Interim guidance was provided to the field in a Letter of Instruction, 21 Dec 88.
(2) This issue was a topic of instruction in the CDS Management Training Course, completed in March 1990.
g. Lead agency. CFSC-FSC

Issue 100: Insure Family Action Plan Implementation
a. Status. Completed.
b. Entered. AFAP I; Jul 83.
c. Final action. AFAP II; Nov 84.
d. Scope. There is no established structure that will ensure implementation of the Army Family Action Plan.
e. AFAP recommendation.
(1) Establish a Family and Community Policy Division to coordinate and monitor all family actions.
(2) Implement a standardized DCSPER structure at installation level.
f. Progress. The Family and Community Policy Division was established 1 Dec 83 within the ODCSPER. The establishment of the U.S. Army Community and Family Support Center implemented the support for our communities and families.
g. Lead agency. DAPE-MPH

Issue 101: Invitational Travel Orders for Family Members
a. Status. Completed.
b. Entered. AFAP IV; Nov 86.
c. Final action. AFAP V; July 1994.
d. Scope. Advance funds for family members attending family related seminars are available only if local transportation officers assume responsibility for any liability incurred.
e. AFAP recommendation. Review and rewrite Army directives as needed.
f. Progress.
(1) Regulatory change. In Jul 87, SAFM issued an interim change to AR 37-106, authorizing the issuance of an advance travel and transportation allowance to individuals issued invitational travel orders under the provisions of the Joint Federal Travel Regulations. IAW Update 13, AR 37-106, paragraph 5-2. Advances on ITOs are only authorized if the individual is entitled to per diem. The regulation states, "advance of travel and transportation allowance may be made only to individuals who can be considered an unpaid consultant."
(2) Controls. Appropriate controls will be established within the Finance Officers to ensure that settlement travel vouchers are submitted and that any outstanding amounts are collected.
g. Lead agency. SFFM-FCL

Issue 102: Job Sharing
a. Status. Completed.
b. Entered. AFAP I; Jul 83.
c. Final action. AFAP II; Mar 84.
d. Scope. Some family members cannot or do not wish to work a standard 40-hour work week. DA guidance encourages the use of part-time employees, and commands now have the opportunity to expand the number of part-time job opportunities and still get full utilization of their authorized end strength. HQDA is studying part-time employment.
e. AFAP recommendation. Complete study of part-time employment and determine if further action is required.
f. Progress. A study of part-time employment was completed in Dec 83. Guidance was issued to the field to improve the program. The field will continue to be encouraged to foster part-time and job-sharing opportunities.
g. Lead agency. DAPE-CP.
h. Support agency. TAPC-CPF-S.

Issue 103: Lack of Guidance on AFAPs and Community-Level Quality of Life Programs
a. Status. Completed.
b. Entered. AFAP VI; Oct 88.
c. Final action. AFAP XII; Oct 94.
d. Scope. DA Circular 608-88-2, The Army Family Action Plan V, though directive in nature, does not offer guid-

ance for commanders at local levels on how to develop and implement AFAP and quality of life (QOL) programs, including provisions for feedback to constituents on issues surfaced.

e. AFAP recommendation.

(1) Provide guidance to the MACOMs to ensure that commanders at all levels understand their responsibility in the AFAP process.

(2) Demonstrate the value of scheduling local and MACOM symposia or forums before the annual HQDA Conference.

(3) Publish an AFAP program manager's handbook for MACOM and installation AFAP coordinators.

f. Progress.

(1) Army publications.

(a) AR 215-1, AR 608-75, AR 608-1, AR 608-10, and AR 608-18 give guidance on QOL programs and have been published and distributed to the field:

(b) The AFAP DA Circular 608-XX-X describes the AFAP process, including the responsibilities of MACOM and installation commanders.

(2) After Conference Report. Annually, an Post-Conference report is sent to the field from Commander, USACFSC, providing an update of the AFAP conference and process.

(3) Handbook A memorandum was sent to all MACOMs during 2nd Qtr FY90, requesting input and ideas for the program manager's handbook. The handbook was revised to include that information and was distributed 1st Qtr FY95.

(4) Resolution. The Oct 94 GOSC determined this issue is completed based on the 1st Qtr FY95 publication of the installation handbook.

g. Lead agency. CFSC-FSM

Issue 104: Lack of Medical Support in the OB/GYN Specialty

a. Status. Completed.

b. Entered. AFAP V; Nov 87.

c. Final action. AFAP VIII; May 91.

d. Scope. Inadequate staffing in the OB and GYN specialty hinders the delivery of diagnostic and preventive services such as PAP smears and mammograms to family members. There is currently no provision under CHAMPUS for these services.

e. AFAP recommendation. Initiate legislation that expands CHAMPUS coverage to include PAP smears and mammograms.

f. Progress.

(1) Diagnostic services. Pap smears and mammograms are available at PRIMUS clinics and as an enhancement to the Catchment Area Management and PPO demonstration projects. CHAMPUS is authorized for diagnostic or preventive PAP smears and mammograms, effective 5 Nov 90.

(2) Resolution. Issue was completed because legislative change authorized CHAMPUS coverage for diagnostic or preventive mammograms and PAP smears.

g. Lead agency. DASG

Issue 105: Language Difficulties in Health Care

a. Status. Completed.

b. Entered. AFAP II; Nov 84.

c. Final action. AFAP V; Nov 87.

d. Scope. Families perceive that they receive substandard medical care because of language or cultural differences between some contract givers and patients.

e. AFAP recommendation. Ensure that all health care providers, both military and civilian, are conversant in English.

f. Progress.

(1) History. In AFAP II, this issue was titled, "Contract Care Givers," and was completed because guidance for major medical commanders was being prepared for the development of language proficiency and communication skill standards to be included in contract specifications. Issue resurfaced in AFAP III as, "Language Difficulties in Health Care."

(2) Resolution. Issue was determined to be resolved in 1987. The Surgeon General maintained that this was a perceived problem and stated that all health care providers, both military and civilian, must be conversant in English. Patient Representative Officers, available at all MTFs, should be contacted if language difficulties are noted.

g. Lead agency. DASG

Issue 106: Laundry Facilities in Billets

a. Status. Completed.

b. Entered. AFAP III; Oct 85.

c. Final action. AFAP V; Jul 94

d. Scope. The number of washers and dryers in billets are not considered adequate for the number of people serviced.

e. AFAP recommendation. Determine adequate ratio of population to washers and dryers in barracks and take action to adjust as necessary.

f. Progress.

(1) Validation. MACOMs were queried and most agreed that an increase from one washer and dryer set per 20 soldiers was needed.

(2) Policy change. In Nov 87, the Common Table of Allowances, CTA 50-909, was changed to authorize one washer and dryer set per 10 soldiers (space permitting). Stacked sets are authorized where appropriate. Due to structural constraints in older barracks, the ratio of 1 washer/dryer to 10 soldiers may not be practical. However, during the Whole Barracks Renewal Program (see Issue 268), the standard will apply.

g. Lead agency. DAIM-FDH-M

Issue 107: Leadership Training on Sensitivity to Soldier and Family Issues

a. Status. Completed.

b. Entered. AFAP V; Nov 87.

c. Final action. AFAP XII; Oct 94.

d. Scope. Unit leaders at all levels are the key to successful implementation of family and quality of life programs. Training unit leaders (Reserve and Active Components) on the management of family-unit and soldier-unit relationships is the key to unit readiness and mission accomplishment. The care and well-being of Army fami-

lies is part of the unit leader's mission, not an adjunct responsibility. Unit leadership needs to be better informed about the impact their decisions have on soldiers and families and how this manifests itself through the soldier to effect unit cohesion and unit readiness. Subjects could include coordinating career duties and family needs in today's Army, managing unit-soldier-family relationships, and employer support for the USAR and ARNG. The unique requirements of the RC in implementing family programs needs to be addressed.

e. AFAP recommendation.

(1) Educate unit leaders at all levels as to the critical impact of families on soldier satisfaction, and hence unit performance, and make leaders accountable for the success of family programs in their units.

(2) Evaluate and update leadership training based on research findings.

(3) Provide instruction on soldier and family needs and counseling techniques.

(4) Educate leaders to better balance and plan for time in garrison, in the field, and on temporary duty (TDY) to allow soldiers to have planned and predictable time with families.

f. Progress.

(1) Combined issues. Issues 140, "RC Commander-Leader Training," and ASB3, "Systemic Training of Unit Leaders on Impact on Soldiers by Families," were combined with this issue as directed by the Oct 90 GOSC.

(2) Validation. Results of a Walter Reed Army Institute of Research (WRAIR) and Chaplaincy Services Support Agency sampling of Officer Basic Course, Officer Advanced Course and U.S. Army Sergeants Major Academy lessons plans indicated:

(a) Leader training emphasizes primary linkage between Army (installation) service programs and family well being. Army service programs are treated as the key ingredients, and are actually secondary to family-unit support systems/efforts.

(b) Family-unit relationships could be strengthened by focusing on specific leadership practices and techniques designed to effectively communicate and demonstrate the leader's understanding and insight of family-unit dynamics (group information, welcoming, family support groups, etc.).

(c) The concept of "family well being" is not simply a matter of telling future leaders which Army service agency provides for family needs. Army family research indicates:

1. Leadership awareness and sensitivity involves family identification with the unit and family self-reliance for resolving problems.

2. Support for families works best via networks of informational exchange among families in units and communities.

3. Unit leader roles and behavior toward soldiers and families are crucial to perceptions of caring leadership.

(d) Consistent with periodic revision of leader training and professional development, it is necessary for trainers to keep pace with and incorporate emerging family programs/issues and Army research/survey findings.

(e) Results of the WRAIR/Chaplaincy review were forwarded to TRADOC. TRADOC is developing a block of instruction to incorporate Family Awareness Training, Leadership Sensitivity to Soldier-Family Issues, and Army Family Team Building.

(3) Sample Survey of Military personnel (SSMP). The overall consensus among married enlisted soldiers (Fall 1991 SSMP) is that leaders are supportive of the Army family. Specific survey indicators of note:

(a) It is perceived that up to 31% of unit leaders have slight (21%) to no (10%) interest in family welfare, and 26% have slight (18%) to no (8%) knowledge of family programs.

(b) 42% of married enlisted soldiers indicate they rarely or almost never can depend on predictable time off.

(c) 82% indicate that they sometimes to almost always speak to their "boss" about family problems; 46% state they almost always do. 86% indicate they sometimes to almost always have time to handle urgent matters; 53% indicating they almost always do.

(4) Army Family Team Building (AFTB). Leader development, in the form of AFTB training, is targeted to soldiers, civilian employees, and family members.

(a) Soldiers.

1. Beginning Jan 94, training on sensitivity to soldier and family issues was incorporated into AFTB instruction for Officer, Warrant Officer and Noncommissioned Officer Education systems, and Initial Entry Training.

2. Senior leaders receive AFTB instruction at the Pre-Command Course by an Army spouse volunteer. Instruction is reinforced during presentations by the Chief of Staff, Army; Deputy Chief of Staff for Personnel; Deputy Commandant, Command and General Staff College; and CG, CFSC.

(b) Civilian employees. Training packages for civilians, developed by ODCSPER and TRADOC, were distributed to CPOs in the Spring 94 for immediate implementation. Training packages are in the form of self-instruction and classroom instruction and are incorporated into selected civilian training courses such as Army Management Staff College and the Supervisor Development Course.

(5) GOSC review. The Apr 94 GOSC agreed that this issue will remain active pending further development of AFTB.

(6) Resolution. This issue was completed by the Oct 94 GOSC based on inclusion of AFTB training in Officer, Warrant Officer, Noncommissioned Officer Education Systems.

g. Lead agency. DAPE-HR-L.

h. Support agency. ARI/WRAIR/CFSC.

Issue 108: Leadership Initiatives for Single/Unaccompanied Soldiers in Barracks/BEQs/BOQs

a. Status. Completed.

b. Entered. AFAP V; Nov 87.

c. Final action. AFAP VII; Oct 89.

d. Scope. For single and unaccompanied personnel, the barracks are the only "homes" available. In these barrack "homes" soldiers want the respect and courtesy due their grade, per leadership manuals, from their commanders and first-line supervisors. For example, rooms should not be inspected for soldiers who are on TDY or leave and

soldiers should not be used as supplemental labor for civilian contractors. Standardized guidelines concerning barracks policy would provide continuity necessary to improve barracks life.

e. AFAP recommendation. Review guidelines that--

(1) Address the frequency of health and welfare inspections.

(2) Ensure that the personal privacy of soldiers is not violated during their absence.

(3) Give consideration for visitation and privacy based on the soldier's current grade.

(4) Govern utilization of barracks personnel for duties that should be or have been under contract to civilian firms.

f. Progress. All aspects of this issue are addressed in Army policy:

(1) AR 210-11 addresses frequency of health and welfare inspections (quarterly). The inherent responsibility of command determines frequency of inspections, beyond regulation, per AR 600-20.

(2) AR 190-31, AR 190-51, and DA Pam 25-30 govern security and personal property during soldier absence.

(3) Local commanders are responsible for establishing policy governing visitation and privacy of individuals per AR 600-20.

(4) Guidelines in AR 600-50 provide safeguards against improper use of soldiers for civilian contractor responsibilities. AR 600-50 was superseded by DoD 5500.7-R.

g. Lead agency. DAPE-HR

Issue 109: Long Distance Phone Access to MTF

a. Status. Unattainable.

b. Entered. AFAP III; Oct 85.

c. Final action. AFAP V; Nov 87.

d. Scope. Many soldiers, retirees, and family members experience a considerable expense for long distance telephone calls to medical treatment facilities (MTF).

e. AFAP recommendation. Analyze the issue and determine corrective action.

f. Progress.

(1) Toll free lines. Although the implementation of toll-free access lines would ease the financial burden imposed on personnel outside the local calling area who are attempting to schedule an appointment, it does not provide a viable solution to the inclusive problem.

(2) Appointment system. A study conducted through coordination with the United States Information System Command, Health Services Command , and State of the Art Systems, Inc., identified the primary problem is an outdated appointment scheduling system. Issue 3, “Access to Primary Care,” tracked the automation of the central appointment system.

g. Lead agency. DISC4.

h. Support agency. DASG.

Issue 110: Longer School Day for DoDDS Kindergarten

a. Status. Unattainable.

b. Entered. AFAP V; Nov 87.

c. Final action. AFAP VII; Oct 89. (Updated: Nov 04)

d. Scope. The current policy in DoDDS is a 2 1/2-hour instructional day for students in kindergarten. Most CONUS civilian schools offer longer instructional periods for kindergarten. Based upon a 3 1/2-hour instructional day, approximately 25 instructional days are lost per school year when using the 2 1/2-hour day. Army children should have the equal opportunity for development that an increased class day would provide.

e. AFAP recommendation. Review DoDDS’ kindergarten school day policy.

f. Progress.

(1) Validation. DoDDS kindergarten instructional day complies with the standards established by the national accreditation association (North Central Association of Colleges and Schools).

(2) Policy review. Army requested that Assistant Secretary of Defense (Force Management and Personnel) consider expanding the current DoDDS 2 1/2-hour instructional day for kindergarten to 3 1/2 hours. The Deputy Assistant Secretary of Defense (Family Support, Education and Safety) responded that DoDDS current practice is common in the greatest number of schools with kindergarten in the United States. Therefore, DoDDS will retain half-day kindergarten.

(3) This issue was resolved with implementation of Issue 432 in Nov 04.

g. Lead agency. CFSC-FSY-E.

h. Support agency. DoDDS.

Issue 111: Medical and Medical Support Staffing

a. Status. Completed.

b. Entered. AFAP I; Jul 83.

c. Final action. AFAP V; Nov 87.

d. Scope. Medical and medical support staffing continues to be a concern. Retirees and family members receive medical care on a space-available basis, as required by law, and civilians assigned overseas receive medical and dental care on a space-available basis.

e. AFAP recommendation. Pursue alternatives to the current medical system for the health care of active duty family members, retirees, members of the RC, and overseas civilians.

f. Progress.

(1) Issues from earlier AFAPs were combined with this issue: "Medical Staff Shortages"; 16, "Family Practice"; and 2, "Dental CHAMPUS Insurance".

(2) In 1987, The Surgeon General directed implementation of the Army Medical Enhancement Program, a five-part program to enhance medical readiness, improve quality assurance, provide total staffing for mission accomplishment, improve access to the medical system, and implement a primary care delivery base.

(3) Initiatives to increase medical support personnel and physicians were approved. During FY87, 190 contract man-year spaces were made available (primarily for family practitioners, nurses, administrative support, pharmacy staff and X-ray and lab technicians.)

g. Lead agency. DASG.

h. Support agency. DAPE/MPH/TAPC-CPF-S.

Issue 112: Military Organ Donor Program

a. Status. Completed.

b. Entered. AFAP IV; Nov 86.
c. Final action. AFAP V; May 88.
d. Scope. The military has no organ donor bank.
e. AFAP recommendation.
(1) Explore the need for a military organ donor bank.
(2) Increase CONUS and OCONUS education and participation in organ donor opportunities.
f. Progress.
(1) OSD direction. DoD Directive 6465.3, Organ and Tissue Donation, Aug 87, directed the Services to develop implementing instructions.
(2) Army policy. In Jan 88, Army converted the organ donation card to an Army form. It requires Army hospitals to actively seek organs, document those efforts, and affords the transplant services first chance to use the organs. It requires Army hospitals to enter into agreements with local civilian organ procurement organizations, increasing the number of transplantable organs available to the general public. Every active duty soldier is afforded the opportunity to complete an organ donor card.
(3) Marketing. A Jul 91 ARNEWS release provided information on the European command's organ donor program. This program coordinates successful donations and educates military communities about organ donations.
g. Lead agency. DASG.
h. Support agency. SAPA.

Issue 113: MSA Facilities (Space Criteria)
a. Status. Completed.
b. Entered. AFAP III; Oct 85.
c. Final action. AFAP IV; Nov 86.
d. Scope. Although AR 215-2 recognizes members of the Total Army family as authorized users of Morale Support Activities (MSA) facilities and programs, the basis for space criteria in DoD 4270.1-M, Construction Criteria Manual, is often limited to active duty military plus a percentage of family members.
e. AFAP recommendation. Identify facilities and programs that should be authorized to all or specific components of the Total Army family.
f. Progress. Increased authorizations for MSA facilities were published in the DoD Construction Criteria Manual for gyms and physical fitness facilities, bowling centers, golf courses, libraries, arts and crafts centers, administration, swimming pools, theaters, and community services.
g. Lead agency. CFSC-ZR

Issue 114: Multiple Unit Training Assemblies for Families
a. Status. Completed.
b. Entered. AFAP II; Nov 84.
c. Final action. AFAP V; Nov 87.
d. Scope. Multiple Unit Training Assemblies (MUTAs) provide a viable mechanism for family-oriented activities to improve bonding, foster better understanding of unit and soldier roles, and as a forum for information. Currently no officially authorized time is available for family member involvement in pre-mobilization, retention, and readiness training.
e. AFAP recommendation. Review policies and constraints which restrict MUTA from being used for family-oriented activities and provide recommendations to allow at least two family-oriented activities each year.
f. Progress.
(1) Army Reserve policy. OCAR revised AR 140-1 to read: "USAR commanders at all levels are authorized and encouraged to schedule unit training time to conduct family-oriented training activities. The unit training time devoted to this purpose should not exceed 8 hours annually."
(2) Army National Guard policy. NGR 600-12 and ANGR 211-1 require an orientation for all new Guard families and annual unit information briefing for all Guard members and their families. NGR 350-1 authorizes and encourages ARNG commanders at all levels to include families in information briefings and family processing in mobilization training.
g. Lead agency. DAAR.
h. Support agency. ARNG/DCSOPS.

Issue 115: MWR Dividends for Inactive Duty for Training
a. Status. Unattainable.
b. Entered. AFAP IV; Nov 86.
c. Final action. AFAP V; Nov 87.
d. Scope. Reserve units do not receive Morale, Welfare, and Recreation (MWR) dividends from (AAFES) sales that are allocated to units on a pro rata basis (other than for annual training) even though they utilize Army exchange facilities throughout the year.
e. AFAP recommendation. Review policy, evaluate this issue, and take appropriate action.
f. Progress.
(1) Policy review. AR 215-1 delegates responsibility to individual MACOMs for policy, administrative procedures, and method and level of funding of MWR support to isolated and Reserve units. Reserve units whose members are on active duty for training (ADT) receive unit fund dividends. To fund units on IDT would be duplicative since these same reservists receive dividends for their ADT and would increase MACOM requests for exemption to the self-sufficiency program.
(2) Resolution. Upon recommendation of the Community and Family Support Review Committee and at the direction of the Nov 87 GOSC, this issue was determined unattainable.
g. Lead agency. CFSC-AE.
h. Support agency. OCAR/CFSC-RM.

Issue 116: NAF Employment Reinstatement Eligibility
a. Status. Completed.
b. Entered. AFAP VI; Oct 88.
c. Final action. AFAP VII; Apr 90.
d. Scope. Currently nonappropriated fund (NAF) eligibility extends for a period of 6 months only. This is inconsistent with appropriated fund (APF) eligibility. It also creates additional hardship for PCSing spouses who have extended permanent change of station (PCS) movements, nonconcurrent travel OCONUS, and other delays related to a soldier's PCS. The job search period is often longer than 6 months.

e. AFAP recommendation. Bring NAF eligibility in line with APF eligibility on PCS.
f. Progress. A change in policy allows reinstatement up to 3 years following separation. This new policy was published in the MWR Update 16, AR 215-2, Oct 1990.
g. Lead agency. CFSC-ZS.
h. Support agency. TAPC-CPF-S/CFSC-FSA.

Issue 117: NAFI Reinstatement
a. Status. Completed.
b. Entered. AFAP II; Nov 84.
c. Final action. AFAP III; Oct 85.
d. Scope. Nonappropriated fund (NAF) employment policy in AR 25-3 was amended to provide for reinstatement of former DA NAF instrumentality (NAFI) employees. However, reinstatement is limited to DA NAFI employees. Frequently, family members have been formerly employed by DoD NAFIs, i.e., AAFES.
e. AFAP recommendation. Explore the extension of NAFI reinstatement eligibility to former employees of other DoD component NAFIs, especially AAFES.
f. Progress. The DoD Advisory Committee for NAF personnel matters approved a change to DoD Directive 401.1-M, Personnel Policy Manual for Nonappropriated Fund Instrumentalities, to expand re-statement eligibility to employees of all NAFIs, effective Jan 86.
g. Lead agency. CFSC-HR-P

Issue 118: Network Progress on Family Support Initiatives
a. Status. Completed.
b. Entered. AFAP IV; Nov 86.
c. Final action. AFAP VII; Apr 90.
d. Scope. Planned research and evaluation efforts are yielding increasing amounts of useful findings with policy and program implications and practical information that family members will find helpful. Regular feedback from family members about their views (as consumers) on the effectiveness of official family programs also helps to keep policy-makers and program planners advised. There remains a need to ensure that the flow of findings, information, and feedback is timely, accurate, and well focused.
e. AFAP recommendation.
(1) Develop and refine effective feedback systems to increase involvement at the family member level.
(2) Devise a system to provide key policy and program offices with current research and evaluation findings.
(3) Develop effective communication systems to increase awareness of emerging information and study findings at the installation, community, and family member levels.
f. Progress.
(1) Results of the first (Annual) Survey of Army Families were distributed in 1988.
(3) OCPA implemented a communications plan, providing information to installations, communities, and family members through varied media.
(4) Other initiatives include:
(a) A description of the AFAP process in the circular (DA Circular 608-XX), with guidance for all levels of personnel.
(b) An After-Conference letter sent by the Commanding General, USACFSC, to the field immediately following the AFAP Conference.
(c) Successful AFAP and quality of life programs are published in "News For Army Families" by the Family Liaison Office.
(d) CFSC sends MACOMs a list of all submitted issues and their disposition following the HQDA AFAP Conference.
g. Lead agency. CFSC-FSM.
h. Support agency. OCPA/DAPE-ZXF.

Issue 119: New Manning System Family Support
a. Status. Completed.
b. Entered. AFAP I; Jul 83.
c. Final action. AFAP II; Nov 84.
d. Scope. The need exists to develop a family support plan to be integrated into the New Manning System.
e. AFAP recommendation. Develop a family support plan.
f. Progress. Basic to the New (or Unit) Manning System personnel concept is the development of cohesive units by keeping these units together as a group on all assignments. DA Pam 360-525, 15 Jan 84, was selected as the comprehensive guide from which family support plans specific to the New Manning System could be drawn.
g. Lead agency. CFSC-FSA

Issue 120: Noncommand Sponsored Dependents
a. Status. Unattainable.
b. Entered. AFAP II; Nov 84.
c. Final action. AFAP III; Oct 85.
d. Scope. The presence of noncommand sponsored dependents in overseas commands creates quality of life support requirements which the command is unable or unprepared to provide.
e. AFAP recommendation. Determine changes that may be needed in current programs and policies and brief progress of the study.
f. Progress. The noncommand sponsored issue is primarily concerned with family members in Korea because of the ratio of command sponsored to noncommand sponsored families. An extensive study was conducted by United States Forces Korea to find the extent of the problem and establish specific courses of action to resolve the issue. This study was completed in Aug 85. Changes will include a time-phased increase in the number of command-sponsored positions.
g. Lead agency. CFSC-FSA

Issue 121: Noncompetitive Appointment
a. Status. Unattainable.
b. Entered. AFAP II; Nov 84.
c. Final action. AFAP III; Oct 85.
d. Scope. Executive Order 12362 requires 24 months creditable service under an overseas local hire appointment to be eligible for noncompetitive appointment to a competitive service position upon return to CONUS. Many family members are unable to fulfill this require-

ment during the sponsor's overseas tour. Twenty-four months appears to be an arbitrary service requirement.
e. AFAP recommendation. Determine if the requirement should be changed and, if indicated, change appropriate policies.
f. Progress.
(1) The Federal Personnel Manual includes the provisions of Executive Order 12362. The program has had excellent acceptance in the Army and will continue to provide long term benefits as more family members use their eligibility to enter the career civil service.
(2) In Jul 85, a change to the Overseas Employment Regulation prescribed procedures to be followed by overseas CPOs in counseling and documenting family members' eligibility determinations. This change also prescribed use of a form to document overseas creditable service.
g. Lead agency. DAPE-CPE

Issue 122: Nonsubsidized RC Group Health and Dental Insurance
a. Status. Complete
b. Entered. AFAP VI; Oct 88
c. Final action. AFAP XXIV; Jun 08
d. Scope. Availability of affordable group health care for RC Soldiers and their Families is limited. This has an adverse effect on readiness. Many reservists are unemployed, self-employed, students, or work for companies that do not provide employer health or dental insurance.
e. AFAP recommendation. Obtain legislation that would permit the Secretary of Defense to pursue a self-funded (no cost to Government) healthcare insurance plan for the RC.
f. Progress.
(1) Combined issues. In Dec 90, Issue 283, "Self-Funded Group Health Plan for Reserve Component," was combined with this issue, and dental insurance was included as an AFAP recommendation. An AFAP recommendation to pursue AER assistance for RC Soldiers was transferred to Issue 351, "Emergency Relief for Reserve Components".
(2) RC dental insurance.
(a) The FY96 NDAA mandated implementation of a reserve dental insurance program. The TRICARE Selected Reserve Dental Program, effective 1 Oct 97, was a 60% Government subsidized dental plan for Selected Reserve members.
(b) Effective 1 Feb 01, reservists and their Families can enroll in the TRICARE Family Member Dental Plan. The plan is subsidized (60%) if the reservist is called to active duty. Reservists pay full premiums when in Reserve status.
(3) RC healthcare initiatives.
(a) The NDAA for FY05 established a shared premium-based health care benefit for RC (National Guard and Reserve) members and their Families. This program is referred to as TRICARE Reserve Select (TRS) and requires the member to agree to serve in the Selected Reserve for the period of coverage elected. The TRS program allows the member and his or her dependents to use TRICARE Standard or TRICARE Extra for one year for each 90 consecutive days the member serves on active duty in support of a contingency operation.
(b) The NDAA for FY06 enhanced and expanded the TRS program into a premium based three-tier TRICARE health plan for certain Selected Reserve members and their Families:
(1) TRICARE Reserve Select Tier 1 – Member served on active duty in support of a contingency operation and agrees to continue to serve in the Selected Reserve. Cost share is 28% of the total cost of the premium.
(2) TRICARE Reserve Select Tier 2 – Member meets one of the following criteria and continues to meet the criteria during the period of coverage: unemployment compensation recipient as determined by the state; employee not eligible for an employer-sponsored health plan; self-employed. Members eligible for Tier 2 coverage must pay 50% of the total cost of the premium.
(3) TRICARE Reserve Select Tier 3 – Member does not qualify for TRS Tier 1 or Tier 2 health care coverage and is required to pay 85% of the total cost of the premium.
(4) Regardless of which premium-based TRICARE Tier health plan the RC member participates, the member had to meet qualification criteria and continue to serve in the Selected Reserve for the entire period of coverage, to include a requirement to annually certify/recertify qualification for Tiers 2 and 3 TRICARE health plans.
(5) On 28 Jun 06, the Under Secretary of Defense (USD) signed the directive-type memorandum implementing the enhanced TRS program, establishing the policy, responsibilities, and procedures for the administration of this program. Implementation date for Tier 2 and Tier 3 coverage was 1 Oct 06.
(6) The USD directive-type memorandum outlined detailed guidelines for qualification, enrollment and termination of the three tier TRS health plan. Contents of the directive memorandum support the TRICARE expansion in the NDAA 2006 legislation.
(c) The NDAA FY07 changed the TRS eligibility, eliminated the requirement for annual certifications and extended the TRS Tier 1 benefit to all Selected Reserve members and their Families. The program will be consolidated into the Tier 1 benefit and implemented on 1 Oct 07. Members enrolled in the TRS program must continue to serve in the Selected Reserve.
(4) Resolution. The FY07 NDAA eliminated tier levels, eliminated requirement for annual agreements, and extended TRS benefits to Selected Reserve members and their Families.
g. Lead agency. DAPE-PRC
h. Support agency. OSD

Issue 123: OCONUS Truancy Law
a. Status. Completed.
b. Entered. AFAP V; Nov 87.
c. Final action. AFAP VI; Apr 89.
d. Scope. There are no requirements for youth to attend school when living OCONUS with their sponsor. In CONUS, truancy is regulated by the State. OCONUS, commanders are requested to encourage school attendance or a suitable approved substitute. Parents are not

required to enroll their children and family members through their civilian misconduct action authority regulation. In this circumstance, there have been times when parents have disenrolled children from school when their children have become involved in delinquent behavior related to school.

e. AFAP recommendation. Examine the legality and feasibility of establishing an enforceable uniform policy among the military departments for mandatory school enrollment and attendance for school-age children of military and APF civilian personnel employed by DoD.

f. Progress.

(1) This issue has been interpreted two ways:

(a) DoDDS establish a mandatory attendance policy requiring all school-age children of DoD employees paid from appropriated or nonappropriated funds to be enrolled in DoDDS or an alternative course of instruction.

(b) DoDDS should require mandatory attendance following registration of school-age children by the sponsor.

(2) Paragraph (1)(b) was interpreted as correct by the Deputy Assistant Secretary of Defense (Family Support, Education and Safety). DoDDS revised DS Manual 2005.1 with Change 3 (15 May 1989) to require mandatory attendance after registration.

g. Lead agency. CFSC-FSY-E

Issue 124: Orientation for RC, AGR, and USAREC Youth

a. Status. Completed.

b. Entered. AFAP VI; Oct 88.

c. Final action. AFAP VII; Apr 90.

d. Scope. The RC, AGR, and USAREC youth can play significant roles in public relations at their school and communities, educating people on the Army's role as a peacekeeper. They can also be valuable players in implementing mobilization plans, should this become necessary. Not only is specific orientation not given to these youth, many have never visited a military installation. Informed orientation of this group is essential to effect an integrated Total Army family.

e. AFAP recommendation.

(1) Include ARNG and RC youth in mobilization family days, needs assessment conferences, and other activities that will educate them and enhance a feeling of belonging.

(2) Review USAREC youth orientation program.

f. Progress.

(1) Reserve youth.

(a) Reserve youth are encouraged to attend Army National Guard and Army Reserve open houses, command sponsored family day activities, mobilization readiness briefings, and educational seminars. Articles on youth, their needs, and the importance of keeping them informed about the role of their parents in the RC have been published.

(b) In some regions of the country, summer youth camps are sponsored by the ARNG and USAR to teach values, teamwork, physical and mental wellness, and instill a greater sense of patriotism and belonging.

(2) USAREC youth. USAREC incorporated youth information in their family information welcome packet. USAREC youth are encouraged to accompany the recruiter to the annual recruiter training conference where family member briefings are conducted.

g. Lead agency. DAAR/ARNG.

h. Support agency. CFSC-FSC/CFSC-FSY-Y.

Issue 125: Overseas Orientation

a. Status. Completed.

b. Entered. AFAP I; Jul 83.

c. Final action. AFAP VI; Apr 89.

d. Scope. Family members require an effective Overseas Orientation Program with standardization of relocation information and distribution to relocating Army families in sufficient time.

e. AFAP recommendation. Update the Overseas Orientation Program pamphlets on a timely schedule to ensure that information is current and in line with DA policy, overseas command policy, and host nation laws and customs.

f. Progress.

(1) Related issue. See Issue 153, "Relocation Services," and 233, "Installation Video Library."

(2) Videos. In AFAP II the requirement for updating DA Pam 608-XX, "Facts You Need to Know," was replaced with production and distribution of Overseas Orientation videos for Germany, Southern Europe, Hawaii, Korea, Japan/Okinawa, and Alaska. The videos are available through Army Community Service, Personnel Service Centers and Visual Information Libraries. A request to have these videos shown on Military Airlift Command charter flights was denied.

(3) Publications. AR 608-1, revised in 1988, places new focus on predeparture preparation, relocation counseling, and inclusion of family members in orientations.

g. Lead agency. CFSC-FSA.

h. Support agency. DAPE-CP/TAPC.

Issue 126: Parent Communication with Schools

a. Status. Completed.

b. Entered. AFAP III; Oct 85.

c. Final action. AFAP IV; Nov 86.

d. Scope. Family members perceive communication is limited among parents, commanders, and administrators concerning educational related issues in DoDDS.

e. AFAP recommendation. Review the current School Advisory Committee (SAC) guidance (DoDI 5105.49) and support changes that will allow better communication among school administrators, commanders, and families.

f. Progress.

(1) Related issue. See Issue 259, "Communication of DoDDS Policies are Inadequate."

(2) Communication. DoD Instruction (DoDI) 1342.15, Educational Advisory Committees and Councils, was distributed in 1987. It provided for informal committed communications with all levels of DoDDS and the military administration. The DoDI also requires that installation commanders and school principals attend all School and Installation Advisory Committee meetings (four times during the school year).

(3) Feedback. Following an extensive survey of DoD families, "The DoDDS Report Card," was distributed to all parents, students, and teachers worldwide in 1989. The

survey showed a 76% overall approval rating of DoDDS by parents.
g. Lead agency. CFSC-FSY-E.
h. Support agency. DoDDS.

Issue 127: Parental Kidnapping
a. Status. Completed.
b. Entered. AFAP I; Jul 83.
c. Final action. AFAP III; Mar 85. Updated: Feb 96.
d. Scope. Parental kidnapping typically involves a parent taking a child from the parent having custody to an overseas environment. Enforcement of custody decrees or orders must be addressed exclusively by the civil court system.
e. AFAP recommendation. Revise AR 608-99 to clarify Army policy on child custody.
f. Progress.
(1) AR 608-99 was revised in Nov 85 requires a soldier to obey court orders on child custody; states penalties for violations of the child custody provisions; identifies statutory and regulatory sanctions and requires return of children to the lawful custodian within 96 hours to avoid these sanctions. AR 608-99 was revised in 1994 to update and clarify Army policies with regard to child custody. The revision--

(a) Implements the transfer of proponent responsibility for the regulation from ODCSPER to OTJAG.

(b) Continues to require soldiers to obey court orders on child custody. Violation of the child custody provisions of the regulation is a violation of a lawful general regulation under Article 92, Uniform Code of Military Justice. Offenders are subject to the full range of statutory and regulatory sanctions, including trial by court-martial and nonjudicial punishment. The revision requires the immediate return of children wrongfully taken or detained to their lawful custodian.

(c) Requires all commanders, and those on their staffs at every level of the Army, before recommending approval of requests for, or extensions of, military assignments outside the United States, to consider whether the soldier's assignment, or continued assignment, will adversely affect the legal rights of others in pending or anticipated court actions against the soldier or against the soldier's family members, or will result in a repeated or continuing violation of an existing State court order or this regulation.

(d) Provides legal authority for terminating a soldier's military assignment outside the United States, consistent with other military requirements, when such assignment adversely affects the legal rights of others in child custody cases.

(e) Provides guidance to general court-martial convening authorities on assigning installation responsibilities for monitoring compliance with this regulation.
g. Lead agency. DAJA-LA.

Issue 128: PCS Education
a. Status. Completed.
b. Entered. AFAP II; Nov 84.
c. Final action. AFAP III; Oct 85.
d. Scope. The actions to increase reimbursement for PCS expenses are long-term solutions. In the interim, assistance can be provided by educating soldiers and their families to move more economically.
e. AFAP recommendation. Develop a simple, plain-English guide to PCS moves that is provided to each family at the time they are counseled concerning a forthcoming PCS move.
f. Progress. ODCSLOG developed a guide to PCS household goods moves (DA Pam 55-2) which is provided to each family at the transportation office when they are counseled on a PCS move. It contains information on weight allowances, shipment of privately owned vehicles, submitting claims for loss or damage, and overall guidance for preparation for a move.
g. Lead agency. DALO

Issue 129: PCS Temporary Housing
a. Status. Completed.
b. Entered. AFAP VI; Oct 88.
c. Final action. AFAP VIII; Oct 90.
d. Scope. During permanent change of station (PCS), when soldiers and families most need affordable temporary housing, on-post billeting is often not available.
e. AFAP recommendation.
(1) Provide guidance to ensure first priority is given to PCS soldiers and families for existing guest house and temporary duty (TDY) facilities.
(2) Provide guidance that directs installations to pursue local agreements for overflow billeting within the civilian community.
f. Progress. MACOMs received guidance (Memo dated 26 July 90, Subject: Utilization of UPH Facilities) pertaining to new policy which allows PCSing soldiers and families to occupy TDY facilities on a Priority 1 basis when guest house facilities are not available. MACOMs were encouraged to pursue local agreements with private sector hotel or motel facilities.
g. Lead agency. CEHSC-HM.
h. Support agency. DAPE-MPH-S.

Issue 130: Pharmacy Services
a. Status. Completed.
b. Entered. AFAP IV; Nov 86.
c. Final action. AFAP V; Nov 87.
d. Scope. Pharmacy services are perceived as inadequate at many military installations.
e. AFAP recommendation. Review the current pharmacy services program, to include improving service through mail refills, filling unavailable prescriptions from other posts, and establishing pharmacies in central locations such as commissaries.
f. Progress.
(1) Refilling prescriptions by mail is not in the best interest of the patient because critical issues such as drug interactions, dosage and possible sensitivities associated with drug therapy cannot be discussed with the patient. Army Medical Department (AMEDD) pharmacies honor prescriptions from pharmacies within the same geographical area because the pharmacist has access to the patient and the originating pharmacy.
(2) Policy for establishment of Post Exchange satellite

pharmacies was approved in 1987 and forwarded by letter to the field. The policy states that pharmacies may be established at post exchange sites where the service is feasible.
g. Lead agency. DASG

Issue 131: Portability of Civil Service Test Results
a. Status. Completed.
b. Entered. AFAP VI; Oct 88.
c. Final action. AFAP XIV; Mar 97.
d. Scope. Many family members rated in one region move before finding employment. Before relocating, a family member may request, in writing, that his or her current rating be transferred. As long as the appropriate Office of Personnel Management (OPM) register is open and OPM utilizes the same examining procedures in the new geographical area, this is possible. However, if the register is closed, or different examining procedures are utilized in the new area, the rating cannot be transferred, and the family member will not be able to take the corresponding test until the register reopens. This situation creates barriers to employment for family members.
e. AFAP recommendation.
(1) Seek OPM approval to allow family members to open civil service registers upon relocation.
(2) Monitor implementation of new legislation enabling full delegation of examining authority.
f. Progress.
(1) Registers. Three times, DAPE-CPC requested OPM allow family members to transfer eligibility to a closed civil service register in the new region. OPM emphasized the need to improve the image of the public service as an employer open to all citizens.
(2) Examining authorities. Nov 95 legislation enables OPM to delegate examining authority in all occupations except Administrative Law Judges. OPM delegated examining authority to OSD in Feb 96. In Nov 96, OSD delegated examining authority to the Army for the Southeast and Southwest Civilian Personnel Operations Centers (CPOC), the first two Army CPOCs to stand up. Each Army CPOC will examine for jobs within its serviced region as vacancies occur, using the case examining method. Under this method, applicants are rated for jobs actually being filled and no “notices of rating” for general occupational qualification will be issued. Individuals seeking employment through delegated examining apply on a case by case basis under specific job vacancy announcements within specified dates.
(3) GOSC review. The Oct 93 GOSC was informed that SAMR-CP would monitor OPM actions.
(4) Resolution. The Mar 97 GOSC agreed that this action is completed based on legislative change that allowed the expansion of the case examining method whereby applicants are rated for jobs actually being filled and applicants apply on a case by case basis under specific job vacancy announcements.
g. Lead agency. SAMR-CP.
h. Support agency. CFSC-SFA.

Issue 132: Power of Attorney
a. Status. Completed.
b. Entered. AFAP I; Jul 83.
c. Final action. AFAP II; Oct 85. Updated July 1994.
d. Scope. Unnecessary legal and regulatory restrictions requiring the use of powers of attorney to accomplish routine, service related family tasks have constrained spouses in their role as responsible adult family members.
e. AFAP recommendation. Review policy and legal constraints that restrict nonmilitary adult family members in performing routine service-related family tasks
f. Progress.
(1) This issue is related to Issue 178, "Spouses Signing to Ship Household Goods (HHG)".
(2) Purpose. A power of attorney (POA) is a useful legal document that allows a person to appoint another to act on his or her behalf with regard to certain matters.
(a) Soldiers frequently use POA to authorize others -- often their family members-- to handle certain matters in their absence. The need for a POA to handle even so-called "service-related family tasks" allows soldiers to protect their legal rights concerning their property and privacy.
(b) Powers of attorney are provided to clients as a routine service, without the need for an appointment and with minimum waiting time, in nearly every legal assistance office throughout the Department of the Army and the other military services. A survey of soldiers conducted by the Army Personnel Survey Office in the Fall 1993 revealed that 55% of officers and 46% of enlisted personnel obtained POAs during the two years preceding the survey.
(3) Legislation. The FY94 NDAA added Title 10, United States Code, section 1044b, which provides for the recognition by states of military POAs. The purpose of this statute was to enhance the usefulness and acceptance of military-drafted POAs throughout the U.S, and to override state law requirements that detract from this goal.
(4) HHG powers of attorney. Title 37, U.S. Code, section 404(a) makes HHG shipment a statutory entitlement of the soldier, not the soldier's family members.
(a) A soldier, however, may designate a family member (or another person) in a POA to act as the soldier's authorized agent with regard to matters involving HHGs. The entitlement belongs to the soldier for both CONUS and OCONUS moves. (See Joint Federal Travel Regulations, Vol., paras U5300, U5305, and U5310.)
(b) A soldier may also designate a family member (or another person) to act on the soldier's behalf in block 10b of DD Form 1299 to receive property.
(c) A family member with travel authorization to or from overseas may apply for HHG shipment without the soldier's POA, provided the shipment is to the soldier's new duty station or the property is being placed in nontemporary storage at Government expense.
g. Lead agency. DAJA-LA.
h. Support agency. DALO-TSP.

Issue 133: Preventive Orientation
a. Status. Completed.
b. Entered. AFAP I; Jul 83.
c. Final action. AFAP III; Mar 85.
d. Scope. A need exists for an improved prevention and

treatment program for family members in the areas of physical conditioning, weight control, smoking cessation, individual stress management, and reduction of alcohol and drug abuse.

e. AFAP recommendation.

(1) Appoint fitness facilitators to coordinate fitness matters between the community and the hospital.

(2) Monitor the medical aspects of Army compliance with the DoD health promotion policy.

f. Progress.

(1) Total fitness activities are an installation and command responsibility. This policy is in consonance with the DoD position on health promotion, which was published early in 1984. Medical facilities have the technical knowledge and medical expertise to assist with development of installation programs.

(2) Health and Fitness Advisory Teams and Fitness Facilitators were established at each U.S. Army Medical Center (MEDCEN) and MTF.

(3) A directory of Health and Fitness Education Resources was published and distributed in FY 84.

(4) A guide for setting up health fairs was published in FY 85 and distributed with the Family Fitness Handbook.

(5) In Dec 88, the video, "Fit to Win," was produced and distributed to the field. Other videos on smoking cessation and nutrition were purchased in 1989 and distributed.

(6) In FY 89-90, a health promotion implementation plan was completed and distributed to the field. These items are available at fitness facilitator offices where they have been established on installations or at MTFs.

g. Lead agency. DASG

Issue 134: Pre and Post Retirement Assistance

a. Status. Completed.

b. Entered. AFAP IV; Nov 86.

c. Final action. AFAP V; Nov 87.

d. Scope. Retiring soldiers and their families are not adequately prepared to transition to retired status. Spouses do not always attend pre-retirement orientation. Retirees and their spouses are not always aware of employment opportunities and programs available.

e. AFAP recommendation.

(1) Continue with the Transition Management Process (TMP) which will provide tracking for attendance at pre-retirement orientations.

(2) Include in the TMP direct correspondence to spouses to increase their participation at pre-retirement orientation.

f. Progress.

(1) Issue relates to Issue 246, "Early Awareness of Retirement Needs and Benefits."

(2) In the TMP, five modules were designed to prepare retiring soldiers and their families to transition to a retired and alumni status. The goal was to produce a program so effective in providing information, with procedures so simple to understand, that prospective retirees and alumni would want to attend. Mar 89 budget constraints forced elimination of TMP, and the program was never implemented or expanded.

(3) One exception in the voluntary transition process is the Survivor Benefit Plan (SBP) briefing. This briefing is mandatory as prescribed by PL 99-145. Direct correspondence is provided to those spouses who do not attend. Correspondence is sent by certified mail, return receipt requested, to ensure spouses are aware of possible SBP benefits.

g. Lead agency. TAPC-PDZ-X.

h. Support agency. CFSC-FSR.

Issue 135: Quarters Cleaning

a. Status. Completed.

b. Entered. AFAP III; Oct 85.

c. Final action. AFAP V; Apr 88. Updated 1991.

d. Scope. Soldiers and civilian employees need policy and procedures to implement a low-cost Government quarters cleaning program.

e. AFAP recommendation.

(1) Examine the feasibility of forfeiting a portion of the temporary lodging allowance (TLA) in exchange for the Government being responsible for the quarters being cleaned.

(2) Designate an activity on the installation with responsibility for oversight and administration of the effort.

(3) Develop specific procedures for establishing relief from responsibility for cleaning quarters when a contract is needed.

f. Progress.

(1) Related issue. Issue relates to Issue 280, "Reinstate Quarters Cleaning Initiative (CONUS)."

(2) Policy implementation. Secretary of Defense approved worldwide implementation of Government paid cleaning in May 87. Army implementation began in Jun 87. In Jan 88, OSD authorized family housing maintenance funds to pay for quarters cleaning, and all MACOMs directed implementation.

(3) Policy change. The FY90 Military Construction Appropriations Bill limits the Quarters Cleaning Initiative (QCI) to locations where net savings can be documented, because the intent of the congressional policy was to permit quarters cleaning at Government expense only if it was cost-effective. In FY90, QCI was phased out in CONUS locations. An Air Force conducted a survey to determine feasibility of continuing QCI in CONUS could not document cost savings. The OCONUS QCI program remained because a cost savings is realized from decreased TLA expenditure.

g. Lead agency. CEHSC-HM.

h. Support agency. CFSC-FSM.

Issue 136: Quarters Maintenance

a. Status. Completed.

b. Entered. AFAP I; Jul 83.

c. Final action. AFAP III; Apr 86.

d. Scope. Family quarters maintenance problems consist of workload backlogs, insufficient funding, and lack of supplies.

e. AFAP recommendation. Develop a plan to reduce backlogs.

f. Progress.

(1) Regulatory guidelines. Specific standards and guidelines for quarters maintenance were published in AR 210-50, appendix D.

(2) Funding. Funding constraints prevented reduction of

the DMAR backlog. All other aspects of the plan are in place as documented in the regulation.
g. Lead agency. CEHSC-HM

Issue 137: Quarters Termination
a. Status. Completed.
b. Entered. AFAP I; Jul 83.
c. Final action. AFAP II; Nov 84. Updated 1991.
d. Scope. Installations do not have standardized procedures for terminating Government quarters, which make quarters contract cleaning a viable alternative for Army families.
e. AFAP recommendation. Develop Army procedures for quarters termination and publish changes to AR 210-50.
f. Progress.
(1) Related issue. This issue was the forerunner to Issue 135, "Quarters Cleaning." A system for contract cleaning was set up, but was dropped in favor of the Army's current cleaning and maintenance program.
(2) Exceptions. At the local commander's discretion, departing soldiers are relieved from quarters cleaning when major repairs to quarters are scheduled.
(3) Congressional prohibition. In Jan 88, the Army paid for quarters cleaning worldwide. Broom sweeping and surface cleaning were the only responsibilities of departing soldiers. However, the FY90 Military Construction Appropriations Bill limited Government-paid cleaning to locations where net savings could be documented.
(4) Resolution. The Army quarters cleaning initiative (QCI) will be phased out in CONUS unless net savings result. The QCI program in OCONUS remains in effect because a cost savings is realized from decreased expenditure for TLA.
g. Lead agency. DAPE-MPH-S

Issue 138: Reserve Component Burial Rights
a. Status. Completed.
b. Entered. AFAP III; Oct 85.
c. Final action. AFAP XII; Oct 94.
d. Scope. The Department of Veterans Affairs (VA) authorizes burial in a national cemetery for veterans who have been on active duty for more than 180 continuous days. Retired Reserve Component (RC) personnel who have 20 years of creditable service and who are eligible for retirement benefits at age 60 are not eligible for this burial benefit if they have not met the 180-day continuous active duty service criteria.
e. AFAP recommendation. Submit legislation that authorizes RC soldiers with 20 years of Reserve service creditable for retirement benefits full burial rights regardless of active duty service.
f. Progress.
(1) Early efforts. The Sixth Quadrennial Review of Military Compensation recommended that RC soldiers who have completed 20 years of qualifying service for retirement be eligible for full burial benefits, regardless of active duty service. Legislative attempts (1989 and 1990) were unsuccessful.
(2) Legislative changes.
(a) Public Law 102-547, 28 October 1992 authorized flags, headstones or markers to RC soldiers who are entitled to retired pay at age 60.
(b) Public Law 103-240, 4 May 1994, gives "gray area" retirees the burial benefit.
(3) Resolution. The Oct 94 GOSC agreed this issue is completed based on legislation authorizing burial in national cemeteries to RC soldiers who are entitled to retired pay at age 60.
g. Lead agency. DAPE-MBB-C.
h. Support agency. DAAR-PE/NGB.

Issue 139: RC CHAMPUS at Mobilization
a. Status. Completed.
b. Entered. AFAP II; Nov 84.
c. Final action. AFAP V; Nov 87.
d. Scope. During mobilization, CHAMPUS services are available to families of USAR and NGB only after a CHAMPUS authorization form is matched with Defense Eligibility Enrollment System (DEERS). All members of the Reserve Component (RC) are not on DEERS.
e. AFAP recommendation. Ensure that all facilities, such as civilian medical facilities, treat any family member, based upon an ID card and authorization form.
f. Progress.
(1) Validation. The concept of using current RC ID cards as an automatic benefit authorization for all RC families at the time of mobilization is feasible. Reserve Component personnel and families were added to DEERS to ensure health benefits for RC beneficiaries at mobilization.
(2) Policy clarification. The Army developed DA Form 5431 (Army Guard/Reserve Family Member Identification Card) as a temporary ID card for use by mobilized RC families during the period before a permanent ID card could be obtained. The Surgeon General stated that, with a copy of orders, DA Form 5431 would establish eligibility for military health benefits. The issue was reported as completed.
g. Lead agency. DASG.
h. Support agency. OCAR/NGB.

Issue 140: RC Commander/Leader Training
a. Status. Completed.
b. Entered. AFAP II; Nov 84.
c. Final action. AFAP XII, Oct 94.
d. Scope. The Total Army family concept and support of families to promote retention and readiness is a change in thrust of actions for Reserve Component (RC) commanders. The unique requirements of the RC in implementing family programs needs to be address ed. There is a need for family awareness training for members of the RC chain of command.
e. AFAP recommendation.
(1) Examine alternative methods such as video tapes, programmed texts, etc. for providing family awareness training to RC commanders or leaders.
(2) Examine opportunities to assist and support the RC commander or leader in providing appropriate information and support to unit family members.
f. Progress.
(1) Combined issues. This issue was combined with Is-

sue 107, "Leadership Training on Sensitivity to Soldier and Family Issues." per the Oct 90 GOSC.

(2) Policy review. When this issue entered the AFAP in 1984, it was directed toward the production of a "how to" handbook, not leadership training. In Apr 89, the issue was transferred to ODCSOPS for TRADOC coordination to modify existing POIs to include family awareness training. Although AC schools have incorporated family awareness training into POIs, a parallel action to incorporate such training into the POIs of RC schools is not feasible. RC POIs are constructed around weekend training (2 days) or annual training (2 weeks). To make the course content fit these severely constrained training periods, only the most critical and essential warfighting tasks are included. The few RC leaders (and their spouses) who are able to attend resident AC courses will receive the family awareness training provided in those programs. For the large majority of RC leaders, a new approach that will not significantly exacerbate existing time management problems is required.

(3) GOSC review. The Oct 90 GOSC directed that issues addressing leadership training within the Total Army be shaped into one issue of leader training and development in support of family issues.

(4) Resolution. Issue 107, and the issues combined with it, were completed by the Oct 94 GOSC based on inclusion of AFTB training in Officer, Warrant Officer, Noncommissioned Officer Education Systems.

g. Lead agency. DAPE-HR.

h. Support agency. AR/NGB/DAMO/CFSC.

Issue 141: RC Commissary Privileges

a. Status. Completed.

b. Entered. AFAP III; Oct 85.

c. Final action. AFAP IV; Nov 86. Updated in Jan 95.

d. Scope. Reserve Component (RC) soldiers have commissary privileges during 14 days of Annual Training (AT). Family members normally do not accompany soldiers to AT and frequently do not have the opportunity to use commissary privileges soldiers have earned during the year.

e. AFAP recommendation. Seek legislative authority for RC to use commissary over a 1-year period, not to exceed a total of 12 days per year.

f. Progress.

(1) This issue was initially opposed by the OMB, and thus by DoD (1986). In a complete reversal in 1987, RCs were authorized to use their 12 days earned commissary benefit at any time during the year following the year of their AT or active duty training (ADT).

(2) Effective 1 Jan 90, reservists and their family members began using amended procedures that authorized two separate entitlement methods:

(a) Entitlement while performing AT, ADT, or Active Duty for Special Work (ADSW).

(b) Use of DD Form 2529 (Armed Forces Commissary Privilege Card).

(3) All select reservists (including IRR) can use the commissary during periods of AT, ADT, or ADSW by presenting a copy of their orders and a valid DD Form 2A (Reserve) (Armed Forces of the United States Identification Card). Their family members must present a copy of the sponsor's orders and a DD Form 1173-1 (DoD Guard and Reserve Family Member Identification Card).

(4) Resolution. Select reservists and their family members can now make 12 commissary visits during the year following their 2-week training or accrual of a creditable retirement year or while performing AT, ADT, or ADSW.

g. Lead agency. DAPE-MBB-C.

h. Support agency. OCAR/NGB/DAPE-MPH.

Issue 142: RC Dependent ID Cards

a. Status. Completed.

b. Entered. AFAP II; Nov 84.

c. Final action. AFAP IV; Nov 86.

d. Scope. Reserve Component (RC) families are embarrassed and feel like second class citizens when required to show a "permission slip" and civilian ID when using benefits. Procedures degrade AC and RC bonding and the Army family philosophy of community and partnership. The RC soldier must accompany RC family members to receive benefits.

e. AFAP recommendation.

(1) Determine rationale, justification, impact, and use of ID cards for RC family members.

(2) Develop procedures and policy for creation and issue of ID cards to RC family members.

f. Progress.

(1) Army RC ID cards. The Army Guard and Reserve family member ID card was approved, and complete guidance on application and issue procedures were fielded to all active and RC commands in 1985. The first cards were issued in Jun 85.

(2) DoD RC ID cards. Various cards for each Service created confusion and led in some cases to cards not being honored by other Services. An AFAP issue resurfaced in AFAP IV requesting a DoD-wide ID card. Issuance of a DoD-wide RC family member ID card was pursued in AFAP Issue 61, "Establishment of DoD RC Family Member ID Card."

g. Lead agency. DAAR/NGB.

h. Support agency. CFSC.

Issue 143: RC Information

a. Status. Completed.

b. Entered. AFAP II; Nov 84.

c. Final action. AFAP III; Oct 85.

d. Scope. There is a lack of awareness and understanding of the Reserve Component (RC) family and their role in the Total Army family. This inhibits the implementation of the total family concept.

e. AFAP recommendation.

(1) Develop and conduct an ongoing Army-wide public information effort to inform all components of the importance of the RC family and its role in the Total Army.

(2) Formulate and implement of public affairs strategy.

f. Progress. The public information effort has been increased at all levels to inform all components of the importance of the RC family and its role in the Total Army. Various publications, to include Army Reserve Magazine, News for Army Families, and CARNOTES, print feature articles oriented toward the RC family.

g. Lead agency. DAAR-PE/NGB.

h. Support agency. SAPA.

Issue 144: RC Legal Services
a. Status. Completed.
b. Entered. AFAP III; Oct 85.
c. Final action. AFAP IV; Nov 86. Updated: Feb 96.
d. Scope. Reserve Component (RC) soldiers and families do not receive consistent and adequate legal services.
e. AFAP recommendation. Develop guidelines for RC predeployment legal assistance (preparation of wills and powers of attorney) to soldiers and families. Provide guidelines to RC JAG officers and to the JAG school.
f. Progress.
(1) Training. Guidelines for preparation of wills and powers of attorney were provided to RC JAG officers and to the JAG school in 4th Qtr FY 86.
(2) Responsibility. Premobilization briefings and legal advice counseling are RC Judge Advocate (JA) responsibilities directed in the FORSCOM Mobilization Deployment System. TJAG Policy Letter 86-9, 8 Jul 86, directed RC Judge Advocates (JAs) provide premobilization assistance to the maximum extent resources permit. RC soldiers on orders for OCONUS training are specifically authorized mobilization assistance by active duty or RC JAs.
(3) Regulatory change. AR 27-3, revised 10 Sep 95, authorizes RC JAs to provide legal assistance to RC members on matters that have arisen from or have been aggravated by their mobilization.
g. Lead agency. DAJA.
h. Support agency. DAPE-MPH/DAAR/NGB.

Issue 145: RC Use of Fitness Facilities
a. Status. Completed.
b. Entered. AFAP V; Nov 87.
c. Final action. AFAP VI; Apr 89.
d. Scope. RC soldiers are required to remain physically fit but are not authorized use of fitness facilities other than during AT, ADT, AD and IDT. They are seldom able to use these facilities due to mission workload requirements.
e. AFAP recommendation. Revise MWR regulations to permit RC use of fitness facilities while in nonmilitary status with an assigned priority consistent with meeting AD needs first.
f. Progress.
(1) Policy guidance. A Jan 89 message informed MACOMs that CFSC obtained DoD permission to expand Army patronage policy to allow USAR and ARNG members use of noncommercial-type activities, such as gymnasiums, for fitness purposes. Installation commanders may authorize use of fitness facilities on a priority basis per AR 215-2.
(2) Related issue. AFAP Issue 198, "Use of Morale Support Activity (MSA) Facilities," extended MSA privileges to reservists on active duty. All facility access is at the discretion of the local commander.
g. Lead agency. CFSC-ZG.
h. Support agency. CFSC-AE-P/NGB/DAAR.

Issue 146: Recreation Programs
a. Status. Completed.
b. Entered. AFAP III; Oct 85.
c. Final action. AFAP IV; Nov 86.
d. Scope. Recreation and social programs for the single soldier have not kept pace with activities offered to other members of the Army family.
e. AFAP recommendation. Develop innovative single soldier recreation and social programming, particularly at "holiday time."
f. Progress.
(1) Training. A segment of Army Recreation Center Training Workshops and the DPCA Course is devoted to single soldier recreation activity programming - emphasizing development of novice instructional courses in sports, outdoor adventure, music, arts, crafts, and working with unit representatives on a quarterly basis to promote programs soldiers want.
(2) Guidance.
(a) A letter was sent to all MACOM and Community Activity Centers listing program ideas emphasizing holiday programs, the development of special tours, unit participation and people-to-people community programs. The suggestions included camping, triathlons, hiking, local October fests, and soldier dining in family homes.
(b) MWR Update 12 (AR 215-2), Feb 87, emphasizes the importance of recreation and social programming for the single soldier, especially at holiday time.
g. Lead agency. CFSC-CR

Issue 147: Regulatory and Legislative Employment Initiatives
a. Status. Unattainable.
b. Entered. AFAP III; Oct 85.
c. Final action. AFAP XIV; Oct 97.
d. Scope. Certain laws and regulations restrict career continuity and retention of benefits of working Army family members relocating with a sponsor.
e. AFAP recommendation.
(1) Initiate legislative action to expand the provisions of the Military Family Act to include spouses of certain civilian sponsors.
(2) Propose legislation to allow within-grade increases for temporary positions over 1 year.
(3) Propose legislation to improve benefits and entitlements for the temporary work force.
f. Progress.
(1) Preference for spouses of civilian employees.
(a) Army prepared draft legislation to expand preference to spouses of specified DoD civilians equal to that provided to military spouses. The proposal received the support of the other Services and was forwarded to the Office of Management and Budget (OMB) in Apr 89. After being stalemated at OMB for more than 18 months, OSD forwarded the proposal for congressional consideration in Jul 91. The proposal died because of opposition from veterans groups and lack of support from the Armed Services Committee.
(b) The proposal was resubmitted in the package to the OSD HRMI task force in May 93. Because of priorities associated with Federal-wide National Performance Review (NPR) issues it received no action.

(c) In Jun 95, Army resubmitted the proposal to OSD for the FY97 Unified Legislation and Budget (ULB) package. There was no consensus among the DoD components to include the proposal in the legislative package. In the Spring 97, Army submitted the proposal for FY99 ULB legislation, but the proposal was not adopted. Air Force supported the proposal, but Navy objected strongly, expressing concern about increased competition for scarce employment opportunities and concern that Congress would not be receptive.

(2) Benefits and entitlements for the temporary work force.

(a) In Feb 93, OSD reported that OPM was conducting a study on employee benefits/entitlements. OSD recommended general proposals to extend benefits and entitlements to the temporary work force. OPM included these proposals in their 1995 legislative proposal (HRM Reinvention Act) and later included it in a larger legislative proposal (HRM Flexibility Act). No action occurred.

(b) OMB disagreed with an OSD proposal for the FY98 ULB package that would permit DoD to conduct a pilot to increase flexibility to hire temporary employees and improve their benefits.

(3) Duration of temporary employment. Under current regulations, temporary appointments must truly be temporary in nature. Otherwise, individuals are to be appointed under a term appointment and entitled to benefits (e.g., health insurance, life insurance, and retirement). This regulation is an OPM interim measure to address issues within their control, pending more comprehensive reform. However, it is noted that the NPR recommended that temporary employees should serve no more than two years without benefits. The new regulation fulfills that recommendation. (Federal Register, Volume 59, No. 176, dated Sept 13, 1994).

(4) GOSC review. The Oct 96 GOSC was updated on status of expanding spouse preference and the legislative proposal addressing temporary appointments.

(5) Resolution. The Oct 97 GOSC debated the feasibility of expanding spouse preference. The VCSA recommended closing this issue because it had limited support. Temporary workforce initiatives are tracked in Issue 38.

g. Lead agency. SAMR-CP

Issue 148: Reimbursement for Real Estate

a. Status. Unattainable.

b. Entered. AFAP I; Jul 83.

c. Final action. AFAP V; Nov 87.

d. Scope. Soldiers must absorb all costs associated with buying and selling of a residence. Action was deferred due to trade-off strategy to gain approval of temporary lodging expense allowance, increase of mileage allowance, and increase in weight allowance.

e. AFAP recommendation. Initiate legislation that will authorize reimbursement for some of the expenses incurred in selling and buying a home incident to PCS.

f. Progress. A legislative proposal was included as one of the Army's priorities for the FY87 legislative contingency list. The initiative was not approved for funding in the FY88-89 and FY90 legislative contingency. This is a high-cost issue that was not completed after four years' effort.

g. Lead agency. DAPE-MBB-C

Issue 149: Reimbursement of Volunteer Expenses

a. Status. Completed.

b. Entered. AFAP I; Jul 83

c. Final action. AFAP V; Nov 87.

d. Scope. Many Army family support programs depend on volunteers. In many cases, volunteers must pay to volunteer. This decreases the availability of volunteers and can degrade programs.

e. AFAP recommendation.

(1) Examine alternative sources of funding and recommend optional ways of raising money and publicizing procedures.

(2) Develop a regulation that implements recent legislative changes on use of volunteers.

f. Progress.

(1) History. This issue first appeared in AFAP I as "Remuneration for Volunteers." Scope of the original issue stated, "There are avenues through which volunteers can be effectively and legally reimbursed for expenses incurred during volunteer service. These have not been thoroughly explored and publicized."

(2) NAF funds. Congress authorized the use of NAF for reimbursement of incidental expenses for volunteers in family service centers and ombudsman programs (that is, ACS, FSGs, and installation mayoral programs).

(3) Regulatory attempt. A proposed volunteer regulation was not published because the legislative history behind 10 USC 1588 did not support an expansive interpretation of "family support programs" that would have included MWR programs. This was the legal position of both TJAG and the DoD General Counsel. As a result, a volunteer regulation was not published. However, provisions in this proposed regulation on the management, liability, and reimbursement of volunteers were included in a revision of AR 608-1 and in an update of AR 215-1 with regard to ACS, FSG, and mayoral program volunteers.

g. Lead agency. CFSC-FSA.

h. Support agency. DAPE-MPH/OCLL/DAJA

Issue 150: Relocation Benefits (Temporary Lodging Expense)

a. Status. Completed.

b. Entered. AFAP IV; Nov 86.

c. Final action. AFAP XI; Apr 94.

d. Scope. There is a lack of parity between relocation benefits provided to military and civilian personnel. Soldiers and their families experience undue hardships with PCS moves within and to CONUS. When relocating within CONUS, soldiers with families are entitled to no more than 4 days of temporary lodging expense (TLE) allowance. Finding a new place or moving into quarters in 4 days is difficult. Limiting TLE to 4 days forces soldiers and their families into making unfavorable housing decisions.

e. AFAP recommendation. Increase TLE from 4 to 10 days.

f. Progress.

(1) Combined issues. AFAP recommendation (1) of Issue 225, "Financial Hardship on Service Members When Relocating," was combined with this issue in April 1990.

Issue 269, "Inadequate Temporary Living Expense Allowance," was combined with this issue in December 1990 due to similarity of scope and recommendations.

(2) TLE. A FY 2-93 Air Force legislative proposal to increase allowance to 10 days was rejected by DoD. FY93 legislation allowed 10 days TLE at selected CONUS locations. The FY94 National Defense Authorization Act (NDAA) contained a permanent increase in TLE from 4 to10 days for all CONUS locations, effective 1 Apr 94.

(3) GOSC review. The Apr 90 GOSC directed the combination of Issue 225 with this issue. The May 91 GOSC directed an analysis of the need for additional TLE allowance.

(4) Resolution. This issue and the issues combined with it were completed by the Apr 94 GOSC because the FY94 NDAA allows all grades (with families) TLE payments of $110 per day for ten days.

g. Lead agency. DAPE-MBB-C

Issue 151: Relocation Costs (Temporary Lodging Expense)

a. Status. Completed.

b. Entered. AFAP IV; Nov 86.

c. Final action. AFAP V; Nov 87. (Updated: Nov 94)

d. Scope. The continuing resolution authorization passed by Congress in FY 87 limited temporary lodging expense (TLE) payments to those soldiers in rank SPC and below with family members moving within CONUS. The present TLE entitlement, while significantly helpful, is not sufficient to prevent members from incurring high out-of-pocket expenses when they move. Temporary lodging allowance (TLA) is currently authorized for all grades at OCONUS locations and is paid in 10-day increments.

e. AFAP recommendation. Pursue legislation to expand the TLE reimbursement from 4 days for moves in CONUS to 10 days for all uniformed members within the DoD.

f. Progress.

(1) Related issues. Issue relates to Issue 150, "Relocation Benefits"; 225, "Financial Hardships on Service Members when Relocating"; and 269, "Inadequate Temporary Lodging Expense (TLE) Allowance."

(2) TLE. In 1988 all grades were authorized up to $110 per day TLE (CONUS) for a maximum of 4 days. A FY 92-93 Air Force legislative proposal to increase allowance to 10 days was rejected by DoD. FY93 legislation allowed 10 days TLE at selected CONUS locations. The FY94 National Defense Authorization Act contained a permanent increase in TLE from 4 to 10 days for all CONUS locations, effective 1 Apr 94.

g. Lead agency. DAPE-MBB-C.

h. Support agency. CFSC-FSA.

Issue 152: Relocation/Licensing of Vehicles and Drivers

a. Status. Completed.

b. Entered. AFAP VI; Oct 88.

c. Final action. AFAP XII; Oct 94.

d. Scope. Requirements of the relocation process result in delays in obtaining OCONUS drivers' licenses causing lost duty time, diminished readiness, immobility, and increased family stress. Additionally, soldiers and families returning from OCONUS to CONUS assignments often find valid OCONUS drivers' licenses and license plates are not recognized, even on a temporary basis, in some States that they must drive to or through.

e. AFAP recommendation.

(1) Offer USAREUR testing for permanent USAREUR drivers' licenses as part of the preparation for overseas rotation (POR) at CONUS installations.

(2) Review which States do not recognize drivers' licenses and vehicle registrations. Coordinate with CFSC-FSA to input data into the Standard Installation Topic Exchange Service (SITES) identifying State recognition of USAREUR driver and vehicle licenses.

f. Progress.

(1) OCONUS driver testing in CONUS.

(a) The SOFA does not preclude the Services from administering the OCONUS drivers' license test in CONUS.

(b) In Jul 90, USAREUR agreed to provide testing materials to CONUS locations that desired to include the test in POR training. There was initial interest from CONUS installations, but Desert Shield/ Desert Storm delayed implementation. Export packages were mailed to CONUS test sites in Jan 93, but USAREUR did not implement the test, citing the limited number of Europe-bound personnel and families who could take advantage of the test program.

(c) Eighth Army provides a temporary 30-day license grace period. Exportation of testing is unnecessary. USARSO provides a 30-day grace period. USARJ believes exportation of testing is not feasible due to the complexity of traffic laws and driving.

(d) Drivers license information is included as part of the Standard Installation Topic Exchange Service (SITES).

(2) USAREUR policies.

(a) There is nothing in the SOFA or supplement that precludes the use of a valid state driver's license to drive a car (for a period of one year) in Germany or the sovereign states that are a party to the supplemental agreement. However, USAREUR policy, to promote safety, requires that a USAREUR driver's license is required to drive a USAREUR licensed vehicle.

(b) In Sep 94, USAREUR made acquisition of a USAREUR driver's license part of the in-processing procedure for service members. Study material for USAREUR driver's license is sent to a family by their USAREUR sponsor to allow the family to prepare for the USAREUR test. FORSCOM requested several thousand drivers manuals for distribution to soldiers and installations in FY 94 and FY 95.

(3) Recognition of USAREUR drivers licenses in CONUS.

(a) Every two years, USAREUR conducts a poll of the 50 States to determine which recognize USAREUR drivers' licenses, vehicle registrations, and license plates. Nine states do not accept a USAREUR drivers license. Remaining states vary acceptance by time and military status.

(b) Service members should maintain current stateside drivers licenses. The majority of States honor (for

time periods up to 90 days) other States' valid driver's licenses, expired driver's license of service member returning from overseas, or will accept requests from OCONUS service members for renewal by mail. Reciprocal agreements by the States ensure that almost all service members are covered.

(4) Recognition of USAREUR license plates in CONUS. All States recognize, for a specified time, USAREUR license plates for service members' vehicles. States vary acceptance by time and/or by status. This information has been included in SITES. Licensing is a state right and Army would have to negotiate with each State for any changes.

(5) GOSC review.

(a) Jun 92. This issue will remain active pending implementation of the USAREUR drivers' license testing program in CONUS.

(b) Oct 93. Explore other ways to address driver and vehicle licensing recognition.

(c) Apr 94. Dialogue with States who do not recognize USAREUR licenses or tags.

(6) Resolution. The Oct 94 GOSC determined this issue is completed based on availability of driver's license study books, state recognition of USAREUR license plates and procedures that ensure state recognition of license to drive when personnel return from overseas.

g. Lead agency. DALO-TSP.

h. Support agency. CFSC-FSA.

Issue 153: Relocation and Sponsorship Services

a. Status. Completed.

b. Entered. AFAP VI; Oct 88.

c. Final action. AFAP XI; Oct 93.

d. Scope. Current sponsorship and relocation efforts are ineffective. Sponsorship is least effective for lower enlisted personnel and does not include families. Failure to recognize the distinction between the human touch of sponsorship and the expertise required to provide relocation assistance has resulted in the program's failure to meet the needs of mobile Army families, increased stress during PCS, and resulted in fragmented and inconsistent information from post to post. Quality and comprehensive relocation services personnel and training are necessary.

e. AFAP recommendation.

(1) Increase pinpoint assignments.

(2) Implement the principles of the Relocation Assistance Center (RAC) concept within the existing framework, designating ACS as the lead agency. Obtain software developed in the RAC test.

(3) Implement an automated database. Require installations worldwide to update information, provide hardware, and train personnel.

(4) Obtain authorizations and staffing for the existing recognized-as-required ACS relocation specialists. Augment the relocation staff. The tables of distribution and allowances (TDA) must reflect an authorized relocation specialist at each ACS facility.

(5) Aggressively implement proposed training.

(6) Design an Army-wide marketing plan to promote the vital link between command responsibility and relocation assistance.

(7) Coordinate efforts between unit sponsorship and relocation assistance.

f. Progress.

(1) Combined issues. Issue 245, "Required Specialized Training and Personnel for Relocation Services," was combined with this issue in 1989. Per the Oct 90 GOSC, Issue ASB2, "Increase Pinpoint Assignments," was combined with this issue.

(2) Pinpoint assignments. MILPER message of 17 July 1992 requires that inbound officers and enlisted personnel (excluding AIT soldiers) will be informed at least 90 days prior to expected arrival of their ultimate assignment down to battalion/activity level. Advance sponsorship commitments/assignments will not be changed except when required for significant readiness requirements.

(3) Relocation program. AR 608-1, chapter VI, contains policy for the RAP. It employs the principles of the congressionally mandated contract RAC evaluation conducted by the Army in 1987-88 for DoD.

(4) Automation. The RAIS application was distributed to ACS centers Army-wide.

(5) Authorizations and funding.

(a) MDEP QACS was plussed-up by $5.5M for FY91 and beyond to establish relocation counselor positions that will augment the existing RAP manager positions currently funded in the MDEP. RAP managers have been encouraged to use overhires or nonpersonal service contracts to establish workload requirements to justify authorizations. MDEP QACS was plussed-up by $1.5M for FY91 for installations to procure automated data processing equipment for the RAIS.

(b) DoD provided Army with $5.5M for FY 92 to fully implement the requirements of PL 101-189, Relocation Assistance. DoD funds can be used to procure personnel by filling authorized, vacant TDA positions, temporary overhires, or nonpersonal services contracts.

(6) Training. As of 1993, 145 RAP managers have attended the DoD course that replaced Army training.

(7) Marketing.

(a) The DCSPER established a Relocation Study Advisory Committee to monitor the expansion and revitalization of the Army Relocation Assistance and Sponsorship programs. A major focus of this group was the design and implementation of an Army-wide marketing plan to raise the awareness of commanders and communities regarding relocation.

(b) Prior to Operations Desert Shield and Desert Storm, success stories were disseminated Army-wide on a monthly basis through such outlets as "ARNEWS," "Commander's Notes," "Sergeant's Business," and "Army" Magazine.

(c) USACFSC established model reactive sponsorship test programs at three sites and designed a "Tips for Sponsors" pamphlet for reproduction at local level and use in unit sponsor programs.

(d) Orientation videos on Germany, Korea, Japan, Southern Europe, Okinawa, Hawaii, and Alaska were distributed for use in overseas orientations.

(8) Unit coordination. AR 600-8-8 was published in Jul 93. Soldiers are referred to ACS during the reassignment interview, to allow pre-move assistance. AR 600-8-10, revised Feb 93, requires soldiers to inprocess through ACS

centers to receive post-move assistance.

(9) Resolution. The Oct 93 GOSC completed this issue based on improved assignment notification, availability of RAIS, increased relocation staffing and training, and the requirement that soldiers process through ACS centers for relocation assistance.

g. Lead agency. CFSC-FSA.

h. Support agency. TAPC-OPD/DAPE-MPH.

Issue 154: Remote Site Family Medical Costs

a. Status. Completed.

b. Entered. AFAP II; Nov 84.

c. Final action. AFAP XII; Oct 94.

d. Scope. Soldiers and families assigned within an approximate 40-mile radius of a medical treatment facility (MTF) must use that facility for medical treatment. Those assigned to remote sites outside medical catchment areas must use Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) or travel long distances to the MTF to avoid CHAMPUS expense. In either situation, this medical treatment, over which the soldier has no choice, can cause financial hardship, particularly in junior grades. Additionally, within catchment areas, the excessive travel involved often results in considerable loss of duty time to the Army.

e. AFAP recommendation.

(1) In coordination with U.S. Total Army Personnel Command, assess the magnitude of the problem.

(2) In coordination with DAPE-MBB-C, submit a legislative proposal to authorize reimbursement to soldiers for expenses when traveling to MTFs.

(3) Ensure that all active duty soldiers are aware of their entitlement to reimbursement for travel expenses to an MTF.

f. Progress.

(1) Combined issue. In Apr 90 this issue was combined with Issue 90, "Costs Associated with Obtaining Medical Care in CONUS." See Issue 408 for remote site TRICARE information.

(2) Active duty medical care. Soldiers may obtain civilian medical care at Army expense in emergencies when the urgency of the situation does not permit prior authorization. In a 1994 revision to AR 40-3, soldiers assigned to remote locations where health care in not available through a military MTF may be authorized by their commander to obtain routine care in the civilian sector after determination that the cost for the treatment will not exceed $500. If the required treatment is expected to exceed $500, prior authorization must be obtained from the commander of the military MTF having administrative responsibility for that area. Soldiers ordered to a medical facility for a required physical, diagnosis, or treatment are authorized mileage allowance in accordance with the JFTR, Paragraph U3500-C. Travel is funded by the soldier's assigned unit.

(3) Travel. The FY94 NDAA permits, effective 1 Jul 94, MTF commanders to authorize reimbursement for travel to specialized treatment facilities for soldiers and family members when such care cannot be obtained locally.

(4) TRICARE. Active duty soldiers and their families assigned in remote locations without access to an MTF will be allowed to enroll in a managed care plan called TRICARE Prime Remote. See Issue 408 for more information.

(5) Resolution. The Oct 94 GOSC determined that Issue 90, and the issues combined with it, is completed because commanders may reimburse soldiers and family members for travel incurred when special medical care requires travel and because commanders can authorize up to $500 of civilian medical treatment for soldiers at remote sites.

g. Lead agency. DAPE-MBB-C

h. Support agency. OTSG.

Issue 155: Research Topics

a. Status. Completed.

b. Entered. AFAP I; Jul 83.

c. Final action. AFAP II; Nov 84.

d. Scope. There is no organized approach to researching Army family issues and programs. Relationships to readiness and retention and strategies to build partnership, wellness, and sense of community are not known. The impact of the New Manning System on families is not known.

e. AFAP recommendation.

(1) Army Research Institute (ARI) and Walter Reed Army Institute (WRAIR) will review the research plan and provide comments to USACFSC. USACFSC will revise research requirements based on comments.

(2) ARI will review existing literature on Army and military families in light of revised research plan and provide consolidated review of literature to USACFSC.

(3) ARI and WRAIR will develop research initiatives to answer remaining research requirements provided by USACFSC.

f. Progress.

(1) The Army Family Research Program, started in Nov 86, is a 5-year, integrated research program to determine the demographic characteristics of Army families, identify positive motivators and negative detractors to the retention of high-performing soldiers, help the Army develop pilot programs and policy options to increase retention and improve family adaptation to Army life and improve the measurement of operational readiness and the Army's understanding of how family factors influence it.

(2) To date, approximately $15M has been expended on over 60 separate research efforts.

(a) Research from the Arroyo Center of the RAND Corporation provides the Army with unbiased, independent analytical research on major policy and management concerns with emphasis on mid to long-term problems.

(b) Walter Reed Army Institute of Research (WRAIR) focuses on the stress of military life and family response to the stress for the family well-being and combat readiness.

(c) The U.S. Army Research Institute (ARI) assesses issues related to family influence on readiness and retention. ARI research contribution is on the family and community systems level.

g. Lead agency. CFSC-AE-R.

h. Support agency. DAPE-ZXO/ARI/WRAIR.

Issue 156: Reserve Component (RC) Retirement Ori-

entation
a. Status. Completed.
b. Entered. AFAP V; Nov 87.
c. Final action. AFAP IX; 1992.
d. Scope. Reserve Component (RC) soldiers require adequate counseling before making retirement decisions. Currently, RC soldiers receive very limited information concerning retirement and the benefits available. The information contained in the "20-year letter" (the only regulatory-directed information for RC retirement) does not contain sufficient guidance on available entitlements. Active duty regulations and job descriptions do not provide for counseling RC soldiers concerning retirement.
e. AFAP recommendation. Review procedures for RC retirement orientation and make recommendations for establishment of an RC-specific program.
f. Progress.
(1) Each State Headquarters and USAR MUSARC needs to identify personnel to serve as RSOs.
(2) USACFSC developed standardized pre-retirement and Survivor Benefit Plan (SBP) briefings in video format for USAR soldiers approaching retirement to be used by units and individuals.
(3) The ARNG developed a program of instruction (POI) for ARNG RSOs to be taught as a 1-week course at the ARNG Professional Education Training Center. The Army Reserve may utilize this same course at its training centers.
(4) The Commander, ARPERCEN is responsible for all retired reserves and directs USAR retired activities from St. Louis. Because there are no RC retirees in troop program units (TPU), and RC retirees do not necessarily live near MUSARCs, centralized and/or offsite service by full-time, retired activities personnel (from ARPERCEN) is more cost-effective than the recommended additional duty MUSARC RSOs.
(5) This issue was completed by the Jun 92 GOSC because of the establishment of a RC-specific retirement orientation program that includes a pre-retirement/SBP video, POIs for RSOs, improved computer software, mobile outreach teams, and expanded information dispensing.
g. Lead agency. DAAR-PE/NGB.
h. Support agency. CFSC-FSR/DAPE-MBB-C.

Issue 157: Reserve Retirement Benefits for Surviving Spouses
a. Status. Completed.
b. Entered. AFAP IV; Nov 86.
c. Final action. AFAP VIII; 1991.
d. Scope. If a retired reservist dies before age 60 (retirement entitlement eligibility), then the surviving spouse is not entitled to most of the retiree's earned benefits, as would be the case if death occurred after age 60.
e. AFAP recommendation.
(1) Review current policy and, if warranted, initiate action to allow surviving un-remarried spouses at age 60 to receive the benefits the retired reserve member would have been entitled to had the reservist passed away after age 60.
(2) Prepare policy revision, as indicated.
(3) Authorize PX, Commissary, and MWR benefits for surviving spouses and their eligible dependents.
f. Progress.
(1) Legislative proposal.
(a) In Jan 89, the 6th Quadrennial Review of Military Compensation (6QRMC) proposed CHAMPUS entitlement, under section 1086, title 10 (which applies to retired members and their dependents), for un-remarried surviving spouses of retired reservists on the 60th anniversary of the deceased member's birth, without regard to Survivor Benefit Plan (SBP) election. The 6QRMC further proposed the extension of PX, commissary, and MWR benefits. Due to funding constraints, the recommendation to extend medical and dental care was not included in any legislative package.
(2) Resolution. This issue was completed because the National Defense Authorization Act for FY91 extends unlimited Exchange and MWR privileges to Gray Area retirees and their survivors and authorizes up to 12 discretionary visits to the commissary each year. There is no support in DoD for unlimited commissary benefits.
g. Lead agency. DAPE-MBB-C.
h. Support agency. CFSC-FSR/DAAR-PE.

Issue 158: Reservists Representation on CFSC Staff
a. Status. Unattainable.
b. Entered. AFAP IV; Nov 86.
c. Final action. AFAP VI; Oct 88.
d. Scope. To satisfy the needs of the Total Army family, development of programs and services unique to Reserve Component (RC) families and representation for RC issues are necessary. There is currently no one on the USACFSC staff who is knowledgeable of reserve operations and issues and therefore able to ensure continuous efforts to improve the quality of life for RC members and their families.
e. AFAP recommendation. Consider the assignment of one officer and one NCO from OCAR and NGB to the USACFSC staff on a full-time basis.
f. Progress.
(1) RC interaction. In Aug 87, OCAR co-located an officer from their Family Support Assets to USACFSC. In 1988, ARNG and OCAR and representatives worked with CFSC to address RC issues, but were not physically located at CFSC.
(2) Resolution. With improved communication and continued cooperative effort, it was determined that co-location will not be necessary.
g. Lead agency. CFSC-FSM.
h. Support agency. DAAR-PR/NGB-ARP-RRM.

Issue 159: Resource Trends
a. Status. Completed.
b. Entered. AFAP I; Jul 83.
c. Final action. AFAP II; Nov 84.
d. Scope. There is no single point of contact or method of planning, programming, monitoring, and evaluating family program resources through the Program Planning Budget Execution System (PPBES) cycle.
e. AFAP recommendation.
(1) Develop a system to monitor family program re-

sources throughout the PPBES cycle.

(2) Develop and promulgate a standard classification for the Army family program that is consistent with the Army Resource Management System.

f. Progress.

(1) A monitoring system for tracking resources was developed and published in the document, "Resourcing the Family Action Plan." Distribution was to ARSTAF proponents for their use and information.

(2) All family programs have Army Management Structure Codes (AMSCO) so that expenditures can be tracked. Effective FY 92, ACS, CDS, and YS will be program elements within the P87 funding account.

g. Lead agency. DAPE-ZXO

Issue 160: Resourcing USAR Family Support (FS) Programs

a. Status. Completed.

b. Entered. AFAP VI; Oct 88.

c. Final action. AFAP XII; 1995.

d. Scope. Study results demonstrate where a strong FS program is in place, first-term reenlistments increase, manageable losses decrease, unexcused absences from drills decline, and compliance with Defense Enrollment Eligibility Reporting System (DEERS) enrollment and ID card issuance increases. Family support programs contribute materially to the retention of quality soldiers and overall readiness for mobilization, yet the current funding level is $1 per person.

e. AFAP recommendation.

(1) Each MUSARC will hire a Family Support Coordinator.

(2) Raise the funding level for FS programs to approximately $6 per RC soldier and family member.

f. Progress.

(1) Combined issue. This issue was combined with Issue 265, "Family Programs for the Total Army Family," per the Apr 91 IPR, and is further explained in that issue.

(2) Resolution. This issue was closed when the Apr 95 GOSC determined Issue 265 was completed. RC family program positions were tracked as part of that issue.

g. Lead agency. CFSC-FSA

Issue 161: Retired Serviceman's Family Protection Plan (RSFPP) Inequities

a. Status. Completed.

b. Entered. AFAP VI; Oct 88.

c. Final action. AFAP XI; 1993.

d. Scope. The "pay forever" and cost-of-living allowance (COLA) provisions of RSFPP are inconsistent with current Survivor Benefit Plan (SBP) provisions. The original SBP law (1972) had a "pay forever" provision that was eliminated in 1976, yet RSFPP enrollees without option 4 continue to pay a premium even if there is no longer a beneficiary. Option 4 costs more than options 1 through 3. Surviving spouses prior to 20 March 1974 have COLA-adjusted RSFPP, post 20 March 1974 surviving spouses have no COLA-adjusted RSFPP. All SBP annuitants have COLA.

e. AFAP recommendation. Prepare legislation to amend the RSFPP law, non-retroactive, to--

(1) Remove the "pay forever" provision.

(2) Recalculate the cost of Option 4.

(3) Provide COLAs to post 20 Mar 74 surviving spouses.

f. Progress.

(1) In a 10 Aug 89 memorandum, the Office of the Assistant Secretary of Defense (Force Management and Personnel), stated that providing COLA adjustment to all RSFPP payments would increase the unfunded liability of the DoD Retirement Fund by $266.7M. A 24 Aug 89 memorandum stated that elimination of the Option 4 extra cost would increase the fund by $10M. The memoranda also expressed concern as to the possibility of serious problems in implementing the proposal to eliminate the Option 4 extra cost.

(2) In Apr 91, a legislative proposal was forwarded to OCLL. Per PL 101-189, a DoD Ad Hoc SBP Working Group was established to review all aspects of SBP. In its draft report in May 91 the group recommended elimination of RSFPP premiums when there is no eligible beneficiary and converting all RSFPP elections to SBP elections. In Oct 91, DoD submitted its final report to Congress, but Congress did not act on the proposals in the report.

(3) Participants of RSFPP may discontinue RSFPP with a six-month waiting period before discontinuance becomes effective. Many retirees with RSFPP also have SBP coverage. Therefore, while their survivors will not receive COLA to RSFPP payments, they will receive COLA to SBP.

(4) PL 101-189 established an open enrollment period for SBP during which RSFPP participants could enroll in SBP with no extra premium costs. This is the third open enrollment period for retirees with RSFPP to elect SBP.

(5) In Nov 92, the 1600 Army retirees with RSFPP coverage, and without SBP coverage, were mailed a first class letter drawing attention to the differences between RSFPP and SBP and advising them to consider enrollment in SBP.

(6) This issue was briefed at the May 93 GOSC. It will remain active to determine the number of survivors who do not receive COLA-adjusted benefits and the projected cost of providing that adjustment.

(7) In Jun 93, Office of the DoD Actuary reported that as of 30 Sep 92, there were 5,128 RSFPP survivors with COLAs, 10,137 without COLAs, and 24,614 retirees with RSFPP coverage under which their survivors will not receive COLAs. DoD estimates that Federal outlays to provide COLAs to this group would increase from $.4M in 1994 to $3.7M in 1999.

(8) Resolution. This issue was completed by the Oct 93 GOSC because Army has provided RSFPP retirees 3 opportunities to convert to SBP coverage. Providing COLA to RSFPP annuitants whose sponsor did not elect COLA would result in a $97M unfunded liability to the military retirement system.

g. Lead agency. CFSC-FSR

Issue 162: Safety in Government Quarters

a. Status. Completed.

b. Entered. AFAP VI; Oct 88.

c. Final action. AFAP XI; 1994.

d. Scope. Although military housing is considered high-density construction, firewalls are not present in all multi-family units.

e. AFAP recommendation.

(1) Inventory multifamily units for firewalls.

(2) Develop policy addressing procedures for correcting deficiencies in Family Child Care (FCC) homes.

f. Progress.

(1) Code compliance. An inventory of all CONUS family quarters was completed in 1991, and no major deficiencies were identified. An FY 93 inventory of OCONUS multi-family quarters identified no deficiencies. Army-owned family quarters are in compliance with Life Safety Code NFPA 101 and Uniform Building Code criteria for residential construction.

(2) FCC homes. The National Fire Protection Association stated that there is no difference in firewall separation criteria for family quarters and units designated for FCC use. Family quarters proposed for use as a FCC home will be inspected for compliance with applicable life safety and uniform building codes. Where deficiencies are identified, due to possible building modifications or failures of building components due to age/use, required corrections will be initiated using AFH appropriated funds.

(3) Message. A message was disseminated to Army installations world-wide addressing Army policy pertaining to fire walls in AFH units and procedures for corrections when minor deficiencies are identified.

(4) GOSC review. Based on MACOM input at the Oct 92 GOSC, the Director of Facilities and Housing will coordinate firewall findings and inspection standards with CFSC for FCC safety requirements.

(5) Resolution. The Apr 94 GOSC completed this issue based on family quarters' compliance with Life Safety and Uniform Building Codes and the establishment of procedures to correct safety deficiencies should they arise.

g. Lead agency. DAIM-FDH-M

Issue 163: School Lunch Program

a. Status. Completed.

b. Entered. AFAP I; Jul 83.

c. Final action. AFAP V; Nov 87.

d. Scope. Family members are concerned about the availability and quality of school lunch programs in overseas areas.

e. AFAP recommendation. Pursue additional funding for school lunch programs.

f. Progress.

(1) The Army received $2.8M during FY 83 from DoD to support the improvement and expansion of this program.

(2) In 1985 a formal needs assessment was conducted to update and validate the remaining student lunch needs and associated costs to upgrade cafeterias and food service operation at DoDDS schools.

(3) In 1986, USAREUR received $6M for the school lunch program in the Repair and Primary Maintenance program. Requests for additional funding did not survive budget prioritization.

(4) In 1987, the United States Department of Agriculture (USDA) Student Meal Program required that meals served to students meet USDA prescribed standards (7CFR220.8. 210.10), which focus on nutrition, not necessarily hot meals. Arrangements were completed for meals OCONUS to be offered by AAFES and by appropriated fund dining facilities (DoDI 1338.10-M).

g. Lead agency. CFSC-FSY-E.

h. Support agency. DALO/DAPE-ZXF/DoDDS.

Issue 164: School Transportation

a. Status. Completed.

b. Entered. AFAP III; Oct 85.

c. Final action. AFAP IV; Nov 86.

d. Scope. Transportation of students is lacking in safety measures while riding, boarding, or exiting buses. Students' comfort and health may also be affected due to unheated buses.

e. AFAP recommendation.

(1) Support DoDDS in obtaining funds for bus monitors.

(2) Request OCONUS MACOM and DoDDS coordinate, establish, and implement a student and parent-oriented safety prevention program that includes feasibility of using seat belts on school buses.

(3) Request OCONUS MACOM and DoDDS provide resolution on heating of buses.

f. Progress.

(1) Monitors. DoDDS included funds for school bus monitors in the FY 87 budget. USACFSC transmitted a message in Mar 86 requesting OCONUS MACOMs establish and implement student and parent-orientated bus safety programs.

(2) Safety. ODCSLOG recommended against installing school bus seat belts, based on Federal studies of seat belts use on school buses. USARJ installed seat belts in buses on its own initiative and uses soldier and family member bus monitors.

(3) Heat. Issues involving the heating of school buses is a MACOM responsibility.

g. Lead agency. CFSC-FSY-E.

h. Support agency. DALO/DAPE-MPH-S.

Issue 165: Second Move for Army Widows/Spouses Who Must Vacate Quarters

a. Status. Completed.

b. Entered. AFAP V; Nov 87.

c. Final action. AFAP IX; 1991.

d. Scope. Experts recommend no major decisions be made within 1 year of a spouse's death because the surviving family may need the stability and support of the known local military community--friends, schools, and job. According to Joint Federal Travel Regulation (JFTR) U5355, widows in CONUS may have two moves when vacating Government quarters: the first move to the local metropolitan area and the second move (initiated within 1 year) is the final move selection. However, this policy is not publicized and many widowed do not benefit because of lack of information. Military widowed OCONUS are entitled to one move only and must make this decision too quickly while in the depths of depression and grief.

e. AFAP recommendation. HQDA (ODCSLOG) will--

(1) Prepare and send guidance to transportation and casualty sections worldwide clarifying the current JFTR, paragraph U5355, which allows two moves at Government expense for the widowed, CONUS.

(2) Initiate action to expand the JFTR to include a provision for a second move within a 1-year period for widowed, OCONUS.

f. Progress.

(1) CONUS policy. In Jan 89, a message was sent to all transportation and casualty sections worldwide clarifying widows' moving and HHG shipping entitlement, CONUS, and emphasizing that upon death of a sponsor, the surviving spouse is allowed a local move out of Government quarters without jeopardizing the final move.

(2) Policy change. In Oct 90, a formal request to change the JFTR to afford widows the same entitlement as retirees to ship to the final home of selection, subject to excess cost, was sent through ODCSPER to the Per Diem, Travel, and Transportation Allowance Committee. The Service chiefs approved the change in Jul 91. The JFTR now reads "... when dependents are residing outside CONUS at the time the member on permanent duty outside CONUS dies, the HHG overseas may be transported at Government expense to non-temporary storage under paragraph U5380, and/or a part of the HHG may be shipped to the interim location where the dependents will reside pending a decision on where to exercise the entitlement to a final move of HHG at Government expense. If the dependents take physical possession of the HHG shipped to the interim location, they must agree to bear all costs in excess of the cost of shipping the HHG in one lot from the overseas origin to the final destination via that interim location."

(3) Resolution. The Oct 91 GOSC voted this issue completed because, effective 1 Oct 91, the JFTR authorizes a second move for spouses widowed OCONUS, subject to certain distance restrictions.

g. Lead agency. DALO-TSP.

h. Support agency. CFSC-FSR.

Issue 166: Security Deposits

a. Status. Completed.

b. Entered. AFAP II; Nov 84.

c. Final action. AFAP III; Oct 85.

d. Scope. PCS moves create financial hardships for soldiers, particularly those serving in the lower ranks. One of the more significant expenses associated with establishing a new residence is payment of security deposits often required by landlords and utility companies for such services as electricity, gas, telephone, water, and rent security. Some Army installations have negotiated agreements with local utility companies that waive payment of utility deposits for soldiers.

e. AFAP recommendation. Develop a strategy to replicate a "no deposit" arrangement to the widest extent possible.

f. Progress.

(1) Validation. USACFSC researched this issue and found that, of the 11 installations stating a problem existed, 7 have deposit waiver or reduction programs in operation.

(2) Marketing. Through the Chief of Staff, Army (CSA) Weekly Summary, press releases, and articles published in DPCA Briefs, USACFSC marketed successful programs to inform commanders of the various aspects of this effort.

(3) Implementation. A "How To" package providing examples on each type of program was developed and distributed by CFSC-AE to DPCAs in 1986. The agency responsible for obtaining waivers varies from post to post. Army Community Service and the Housing Office are most often mentioned as responsible agencies. Soldiers not familiar with this program should check with their local DPCA or unit.

g. Lead agency. CFSC-FSA/CFSC-AE.

h. Support agency. SAFM.

Issue 167: Security Precautions Against Acts of Terrorism

a. Status. Completed.

b. Entered. AFAP III; Oct 85.

c. Final action. AFAP V; Nov 87.

d. Scope. Increased incidents of terrorism create an adverse impact on family members.

e. AFAP recommendation. Develop policy and assist commanders in developing and implementing programs to educate soldiers and family members to the threat of terrorism.

f. Progress.

(1) AR 525-13 was published in Feb 88.

(2) The Terrorism Counteraction Improvement Plan (TCIP) was subsequently developed to provide long range guidance to the Army and supplement AR 525-13. TCIP was not disseminated worldwide, but was forwarded to MACOMs so that they could use locally applicable portions.

(3) TRADOC added 12 new terrorism counteraction courses to its curriculum for soldiers and family members; security at Army installations was enhanced to include community support activities, and the Military Police School initiated personal security briefings for family members.

g. Lead agency. DAPE-MPE.

h. Support agency. CFSC-FS/DAJA/DAMO.

Issue 168: Self-Help Program

a. Status. Completed.

b. Entered. AFAP I; Jul 83.

c. Final action. AFAP II; Nov 84.

d. Scope. The Government quarters self-help program does not appear to provide significant dollar savings. Occupants complain that they are not reimbursed for major improvements to quarters. Some claim the program is underutilized and that courses are outdated. The program is under Government Accounting Office (GAO) review.

e. AFAP recommendation. Examine total structure of self-help program Army-wide and determine what a basic self-help program should be and what training is needed to support it.

f. Progress.

(1) DA Pam 420-22 (1985) incorporates new DoD guidance in a revised Army policy on self-help. The major theme is "occupant incentives." It is available through the Director of Engineering and Housing, housing offices and self-help stores on installations where they have been established.

(2) The self-help program is designed to improve housing conditions, give soldiers "ownership" in their assigned housing and help reduce costs to the Army.
g. Lead agency. CEHSC-HM

Issue 169: Sexual Molestation
a. Status. Completed.
b. Entered. AFAP II; Nov 84.
c. Final action. AFAP IV; 1987.
d. Scope. There is no institutional Army strategy to deal with problems of sexual molestation of children. This problem differs from child abuse (battering and neglect) and needs to be dealt with on a priority basis.
e. AFAP recommendation.
(1) Arrange for a national organization with experience in addressing child sexual abuse to study the Army system and make recommendations for an institutional response to the problem.
(2) Develop an action plan to implement recommendations.
f. Progress.
(1) Policy review. USACFSC contracted with the National Legal Resources Center for Child Advocacy and Protection (American Bar Association) to coordinate a review of existing Army policy. The review was forwarded to ARSTAF agencies for policy recommendations.
(2) Action plan. The HQDA Family Advocacy Committee developed a Child Sexual Abuse Action Plan that specifies actions the Army Staff will take to ensure staff Army-wide is trained to prevent, identify, investigate, and treat child sexual abuse. The plan was finalized and disseminated in Feb 86. AR 608-18 (1987) incorporates Army policy on child sexual abuse.
(3) Medical staff. The Health Services Command developed the Army's model protocol to be used by medical staff at MTFs for the identification, diagnosis, and management of child sexual abuse.
g. Lead agency. CFSC-FSA.
h. Support agency. DAPE-MPE/DASG-PSC.

Issue 170: Single/Unaccompanied Soldier Representation at All Levels
a. Status. Completed.
b. Entered. AFAP V; Nov 87.
c. Final action. AFAP VIII; May 91.
d. Scope. There is need for increased leadership awareness of single and unaccompanied soldier concerns at local, MACOM, and headquarters levels. Policies and regulations should reflect greater awareness of the needs of single and unaccompanied personnel.
e. AFAP recommendation.
(1) Revise and review Army publications to include single and unaccompanied soldier issues as appropriate.
(2) Include single and unaccompanied soldier representation at the HQDA AFAP Planning Conference.
(3) Revise AR 608-1 to require representation from these groups on the Human Resource Council and encourage their participation in mayoral programs.
f. Progress.
(1) Regulatory change.
(a) In revising the installation MWR 5-Year Plan, installations are now required by AR 215-1, paragraph 7-2d, to identify and satisfy future community needs, including those of single and unaccompanied soldiers, based on local assessment and market analysis. DA Pam 600-19 (subsequently rescinded) was changed to state that "Commanders at all levels should be aware of the single-unaccompanied soldier concerns and ensure that their needs and wants are being considered."
(b) AR 608-1 was revised to require single and unaccompanied representation on community councils to ensure consideration of single soldier issues.
(2) Policy review. The soldier policy division reviewed the following publications to ensure single and unaccompanied soldier issues are included in AR 600-50, AR 190-31, AR 190-51, AR 210-11, and DA Pam 190-31 (subsequently rescinded).
(3) AFAP. Since Fall 89, single soldier representatives have been included as MACOM delegates to the HQDA AFAP Planning Conference.
(4) The Better Opportunities for Single Soldiers (BOSS). The BOSS program was established in Jun 89. The BOSS program identifies needs and concerns of single soldiers and increases single soldier involvement in effecting change. A message is being prepared for the DCSPER to send to the field stating that single soldier initiatives are a commander's responsibility and encouraging commanders to provide a voice for single soldiers.
(5) Resolution. This issue was completed because single and unaccompanied soldier needs are considered in the revision of installation MWR 5-year Plans; single soldiers are represented on community councils; and commanders are more aware of their needs. The BOSS program has increased awareness of single soldier issues and single soldier involvement.
g. Lead agency. CFSC-AE-M.
h. Support agency. DAPE-MPH-S/USACFSC.

Issue 171: Family Fitness Programs
a. Status. Completed.
b. Entered. AFAP II; Nov 84.
c. Final action. AFAP IV; Nov 86.
d. Scope. Family members need a program to promote healthy lifestyles and further the concept of wellness. The authorization and establishment of family fitness programs Army-wide will implement and support this action.
e. AFAP recommendation. Publish a family fitness handbook.
f. Progress.
(1) History. On 4 Apr 86, the GOSC was briefed on a family fitness idea from CSA Task Force for Soldiers and Families. The idea was transferred as an issue to AFAP and USACFSC was tasked with implementing the program and publishing a Family Fitness Handbook.
(2) In 1984, the Soldier Support Center published and distributed a Family Fitness Handbook, DA Pam 350-21.
(3) In Oct 86, Family Fitness was authorized as a program in AR 215-2, but budget cuts prevented funding the program. It was absorbed by the Health Readiness Policy Branch of the Deputy Chief of Staff for Personnel. Information on the program is contained in AR 600-63.
g. Lead agency. CFSC-CR

Issue 172: Sole Parent Escort Travel with Dependent Children
a. Status. Completed.
b. Entered. AFAP IV; Nov 86.
c. Final action. AFAP IV; Nov 86.
d. Scope. Sole parents who do not receive concurrent travel for dependents must travel back to CONUS at personal expense to escort under-age dependents to their overseas station.
e. AFAP recommendation. Authorize single parents to travel to CONUS to escort under-age dependents to the overseas station upon receipt of concurrent travel.
f. Progress.
(1) History. This issue entered the AFAP after publication of AFAP III and was completed before publication of AFAP IV in 1986. No record of the original issue remains.
(2) Policy changes. In 1986, a USAREUR policy change was disseminated by message stating that parents on USAREUR PCS are eligible for automatic concurrent travel, thereby allowing children to accompany their parents. No policy was written. In 1989, due to a housing shortage in USAREUR, another USAREUR message rescinded the concurrent travel permission.
(3) Resolution. Paragraph U7550, Joint Federal Travel Regulation, effective 1 Jun 89, states that sole parents and dual-military parents on orders to Europe may not bring their children to USAREUR until housing is available, but may return to CONUS at Government expense to accompany the dependent children to USAREUR.
g. Lead agency. DAPE-MBB-C

Issue 173: Space Available Travel
a. Status. Unattainable.
b. Entered. AFAP IV; Nov 86.
c. Final action. AFAP V; Nov 87.
d. Scope. Family members cannot travel unaccompanied on military aircraft for leisure purposes.
e. AFAP recommendation. Allow unaccompanied Space-A travel for family members of soldiers on active duty and for spouses of service members who die while on active duty.
f. Progress.
(1) Recommendations were forwarded to the Air Force, the DoD Airlift executive agent, in Aug 84 and Oct 85 and were proposed under the Model Installations Program in May 86. Requests were not supported for following reasons:
(a) Current policy is consistent with intent of Congress as cited in HAC on the DoD Appropriation Bill, 1974.
(b) Specified use by active duty personnel and their dependents is for emergencies and ordinary leave.
(c) Use by retirees was challenged--DoD succeeded in retaining retiree use.
(d) Current policy allows unaccompanied travel for family members under emergency conditions and in connection with the Environmental Morale Leave Program.
(e) All available space is occupied by authorized, priority travelers. Past GAO criticism of DoD use of airlift has resulted in maximum utilization of seats and cargo space with revenue traffic and has diminished excess capability. Proposal to Congress for approval to revise regulations could jeopardize existing Space-A Program.
(4) Resolution. This issue was determined to be unattainable by the Apr 87 GOSC.
g. Lead agency. DALO-TSP

Issue 174: Special Education - Gifted and Talented
a. Status. Completed.
b. Entered. AFAP I; Jul 83.
c. Final action. AFAP II; Nov 84. Updated: 1989
d. Scope. Family members are concerned about their knowledge of availability and quality of DoDDS programs for handicapped and gifted-talented school children.
e. AFAP recommendation. Review DoDDS programs for gifted and talented students and ensure that they receive programs and opportunities as extensive as those provided to handicapped students.
f. Progress.
(1) History. Issue relates to Issues 34, "Curriculum and Evaluative Criteria in DoDDS"; 214, "DoDDS Curriculum"; 252, "Summer School Program in DoDDS"; and 91, "High Quality, Standard DoDDS Curriculum."
(2) Resolution. Following a DoDDS review of programs for gifted and talented students, new staffing criteria were implemented. An increase of 55 teachers resulted.
(3) Update. In 1989, increased staff authorizations placed one gifted and talented teaching specialist at each DoDDS school.
g. Lead agency. CFSC-FSY

Issue 175: Specialty Code Development
a. Status. Unattainable.
b. Entered. AFAP I; Jul 83.
c. Final action. AFAP II; Nov 84.
d. Scope. There is no single specialty code or additional skill identifiers (ASI) for military personnel assigned to family management and community related programs or activities.
e. AFAP recommendation. Determine the need and feasibility of establishing specialty codes and additional skill identifiers (ASIs) within officer personnel management systems and enlisted personnel management systems.
f. Progress. No additional specialty code, military occupation skill (MOS), or ASIs was deemed necessary. Soldiers in the administration and personnel fields are sufficiently trained in this field, and no special designation is required. Action on this issue was closed at the direction of the AFAP GOSC.
g. Lead agency. DAMO

Issue 176: Sponsorship
a. Status. Completed.
b. Entered. AFAP I; Jul 83.
c. Final action. AFAP III; 1986.
d. Scope. The current sponsorship program is not effective. It needs to be expanded to include all relocation and separation tours and add concepts such as rear detachment, out-sponsorship, and family member sponsorship.
e. AFAP recommendation.
(1) Determine needs and develop milestones and spe-

cific recommendations for an effective sponsorship program.

(2) Coordinate with the Family Liaison Office to ensure that this program is closely linked to family members and to ensure that family members are also "recruited" to the program.

f. Progress.

(1) Regulatory change. AR 612-11 (superseded by 600-8-8) was rewritten and DA Pam 612-1 (superseded by DA Pam 25-30) was developed. Both were distributed in the field to unit level. These directives greatly expanded the sponsorship activity and target population to include civilian employees.

(2) Video production. Two video tapes, one short version and one long version, were produced in 1986 (both were named, "Sponsorship, the Human Touch"); the DAIG included sponsorship as a special item of interest in their inspections; and the issue was considered completed.

(3) Issue history. At the 1988 AFAP Planning Conference family members reported that the sponsorship program was not effective because guidance in the regulation was not being consistently followed. Sponsorship was incorporated into Issue 153, "Relocation Services," and became a part of AFAP VI.

g. Lead agency. CFSC-FSA.

h. Support agency. DAPE-CP/TAPC.

Issue 177: Spouses Signing for Quarters Without Power of Attorney or Notarized Statements

a. Status. Completed.

b. Entered. AFAP I; Jul 83.

c. Final action. AFAP II; Nov 84.

d. Scope. Is there a possibility of spouses signing for quarters without power of attorney (POA)?

e. AFAP recommendation.

(1) Review ways spouses may sign for quarters by developing new procedures.

(2) Publish revised procedures in AR 210-50.

f. Progress.

(1) Related issue. Issue relates to Issue 132, "Power of Attorney."

(2) Policy change.

(a) In 1985, OTJAG determined that there is no requirement in Federal law that members execute POAs or notarized statements to authorize their spouses to sign for quarters or furnishings. To permit spouses to sign on behalf of their sponsors would not change the basic responsibility of the soldier for such property.

(b) AR 210-50 was changed to reflect the OTJAG determination. DD Form 1746 (Application for Assignment to Housing) was modified, eliminating the need for a power of attorney or notarized statement.

g. Lead agency. DAPE-MPH-S.

h. Support agency. CEHSC-HM/OTJAG.

Issue 178: Spouses Signing to Ship HHG

a. Status. Unattainable.

b. Entered. AFAP V; 1987; Reopened in Apr 94.

c. Final action. AFAP XIII; Oct 95.

d. Scope. Spouses may not initiate shipment of HHG during PCS moves without a power of attorney (POA) or letter of permission from their sponsors, even though all names are on orders.

e. AFAP recommendation. Arrange a meeting with OSD, OTJAG, DCSPER, CFSC, and spouses to discuss facts, options, and opinion.

f. Progress.

(1) History. This issue was completed in 1987 based on the availability of POAs and documents that authorized spouses to ship HHGs. It was reopened by the Apr 94 GOSC because of continued concern over the necessity for spouses to have special authorization to ship HHGs to the next duty station.

(2) Legal basis. Section 404 and 406 of Title 37, United States Code grants members of the uniformed services an entitlement for the shipment of HHG. This entitlement results from a member's military service, not his or her marital status. Accordingly, except where otherwise authorized by law, a soldier's spouse is not authorized to ship HHG in his or her own right. Soldiers have the ultimate responsibility for the shipment of HHG, to include liability for unauthorized shipments and excess charges. Delegation of those responsibilities requires some clear action on the part of the soldier, such as a POA.

(3) Authorization procedures. A soldier's spouse can ship HHG if the soldier has authorized the spouse to do so. This authorization may be in any form that clearly indicates the soldier's intent: a general or special POA, forms prepared through any transportation office, or a letter of authorization. Automation has made applying for the movement of HHG easier. The Transportation Operational Personal Property Standard System and fax machines enable a soldier not co-located with the family member to apply for the shipment or storage of HHG.

(4) Policy review. In Apr 95, a task force agreed that the current procedures are at the lowest level within the law and are convenient and expeditious for soldiers and family members to apply for movement of HHG. It was noted that transportation offices are inconsistent in requiring POAs. A message DTG 201600Z Jul 95, subject: Army Family Action Plan Issue 178 - Spouses Signing to Ship HHG, requests transportation offices to adhere to the guidelines in the Personal Property Traffic Management Regulation when persons other than the member applies for the shipment/storage of HHG.

(5) GOSC review. The Oct 94 GOSC directed ODCSLOG to explore ways to make it easier for spouses to ship HHGs.

(6) Resolution. The Oct 95 GOSC determined this issue was unattainable because current procedures to authorize shipment are convenient, expeditious, and are at the lowest level within the law.

g. Lead agency. DALO-TSP

h. Support agency. DAJA.

Issue 179: Standard Outline of RC Benefits and Entitlements

a. Status. Unattainable.

b. Entered. AFAP V; Nov 87.

c. Final action. AFAP VI; Oct 88.

d. Scope. Because of the number of regulations one has to review, it is difficult or impossible for individuals to

compile a list of RC benefits and entitlements. Additionally, RC benefits and entitlements vary depending on the status of the soldier (TPU member, gray area retiree, individual mobilization augmentees (IMA), IRR, or retiree).
e. AFAP recommendation. Compile a spreadsheet that details RC benefits and entitlements by status or soldier.
f. Progress.
(1) Commercial publications. Commercial publications listing varied benefits exist. They are not Army-specific, but do have the advantage of explicit information updated annually. The "Reserve Forces Almanac" is under GSA-FSA Contract Number GS-02F-52022 and is distributed worldwide. In 1989, the over-the-counter cost per issue is $4.50. To duplicate a publication such as this would be expensive and require annual updates. Under the GSA contract, the Army may order the publication at reduced cost. Many ARCOMs order it for distribution within their commands.
(2) Resolution. Since the ARCOMs continue to distribute the "Reserve Forces Almanac" to their soldiers, the issue was deleted from the AFAP.
g. Lead agency. DAAR-PE/NGB

Issue 180: STARC Training (Family Support)
a. Status. Completed.
b. Entered. AFAP III; Oct 85.
c. Final action. AFAP VI; Oct 88. (Updated: Aug 94)
d. Scope. Some State Area Commands (STARC) presently receive insufficient training in providing family support at mobilization.
e. AFAP recommendation. Assist States in coordinating standardized annual training programs for STARC family support at mobilization.
f. Progress.
(1) Regulatory requirement.
(a) NGR 600-12 and ANGR 211-1, 8 Jan 86, direct the development and implementation of the Family Program for the ARNG in each State and gives specific guidance in providing various levels of service to families.
(b) Army National Guard unit commanders are required to ensure that all unit members comply with the requirements for completing Family Care Plans as outlined in AR 600-20, IO2, 1 April 1992, paragraph 5-5. Plans must be updated upon any change of information and are reviewed annually. Family Care Plans are considered a critical element of readiness and can result in a nondeployable status determination.
(2) Training.
(a) In 1988, National Guard State Family Program Coordinators were funded in each State to provide staff expertise for effective family support training.
(b) Unit commanders are authorized/required to use up to eight hours of training time for preparation of families for mobilization/activation.
(c) National Guard volunteers and staff attend Army Family Team Building Master Trainer courses. Courses at the state/unit level train additional trainers in the states and train family members in unit FSGs.
(3) Family support groups. FSGs exist in all STARCs, but not at all units. Goal is to have an active FSG in every unit.
g. Lead agency. NGB-HRF.
h. Support agency. DAAR-PE/CFSC-FS/DAPE-MPH.

Issue 181: State Residency Requirements
a. Status. Unattainable.
b. Entered. AFAP II; Nov 84.
c. Final action. AFAP V; Nov 87.
d. Scope. Public social services are often not available for military families upon arrival at a new duty station because of State residency requirements. This poses especially critical problems for soldiers with exceptional family members who suffer major setbacks from extended interruptions in service.
e. AFAP recommendation. Determine and define the problems, issues, and whether the problems are of a local or national nature.
f. Progress. USACFSC surveyed MACOMs and installations regarding State residency problems encountered by military families in receiving social, educational, and employment services. The surveys showed that no problems for family members occurred with sufficient frequency to justify pursuing legislative changes in the various States.
g. Lead agency. CFSC-FSA.
h. Support agency. OTJAG.

Issue 182: Storage Space
a. Status. Unattainable.
b. Entered. AFAP III; Oct 85.
c. Final action. AFAP IV; Nov 86.
d. Scope. A need exists for family quarters and barracks occupants to have facilities available for storage of excess personal items.
e. AFAP recommendation. Explore use of AAFES or MWR program to develop low-cost rental storage facilities on post.
f. Progress. A review revealed this to be a local issue, and this issue was determined to be unattainable at HQDA level.
g. Lead agency. CFSC-AE

Issue 183: Suicide Prevention Strategy
a. Status. Completed
b. Entered. AFAP II; 1984; reopened April 1994.
c. Final action. Initially closed in 1985; final action in 1997.
d. Scope. There is a need to design a suicide prevention strategy for soldiers and family members of all components.
e. AFAP recommendation. Review suicide prevention strategy to see if it includes violent dimensions, such as murder/suicide and violence/suicide in the workplace.
f. Progress.
(1) History. This issue was completed in 1985. It was reopened by the Oct 94 GOSC because of renewed focus on suicide prevention strategies.
(2) Proponency for suicide prevention. AR 600-63 was published in Nov 87. The DCSPER Personnel Readiness Division was designated proponent. The plan targets soldiers, family members and civilian employees for the prevention effort. The Chief of Chaplains coordinates suicide prevention activities with the DCSPER and TSG.

DoDDS suicide awareness and prevention programs were compiled into Dependent Schools Manual 2943.0, "Crisis Intervention" (1 Feb 90).

(3) Army's suicide prevention program. The Chief of Chaplains developed a multidisciplinary approach which relies on the installation mental health officer for technical training and the MTF for treatment. The program focuses on assistance adjusting to the military environment, opportunities to relieve stress, identification of the potential for suicide, and referrals. Installation Chaplains will ensure the Unit Ministry Teams conduct soldier and family member suicide prevention education/awareness activities.

(4) Suicide prevention training. To help prepare Chaplains and Chaplain Assistants, a suicide prevention training program with the Menninger Clinic was held. The training program is continuing. A training resource, "Suicide Awareness and Prevention: A Resource Manual for Military Chaplains" was developed in conjunction with the Menninger Clinic. It provides a resource for the chaplain to conduct awareness and prevention training for soldiers and their families. The manual was sent to all Active and Reserve Component Army Chaplains.

(5) Commander's guide. As proponent for the Army Violence Prevention Program, the Human Resources Director, ODCSPER produced and distributed (4th Qtr FY96) a Violence Prevention Commander's Guide to assist Installation and Garrison Commanders develop a violence prevention strategy. It simplifies and collates, in a prevention-oriented format, behavioral information that is reported and tracked on installations. The guide offers a proactive, coordinated approach to violence prevention and describes roles that various members of the community play in preventing violence. In addition to suicide prevention, the guide provides direction for other violence areas (workplace, family, youth and school, gang, and extremist organizations).

(6) Active duty suicide rate. From 1993 to 1997, the Army's active duty suicide rate declined from a 1993 high of 15.5 suicides/100,000 to 12.9/100,000. This is below the 22-25/100,000 rate for the civilian at-risk population we use for comparison.

(7) GOSC review. The Apr 95 GOSC reviewed the progress on this issue and transferred the action to the ODCSPER to see if additional violent dimensions need to be addressed.

(8) Resolution. The Mar 97 GOSC determined this issue is completed because Army reviewed its suicide prevention strategy and has included suicide and other violent dimension in a Violence Prevention Commander's Guide.

g. Lead agency. DAPE-HR-PR

Issue 184: Support for Volunteers

a. Status. Completed.

b. Entered. AFAP VI; Oct 88.

c. Final action. AFAP XXI; 2004. (Updated: Nov 04)

d. Scope. Volunteerism is a low-cost, high-payoff contribution to the well-being of America's Army. Communities of excellence cannot exist without quality services and the involvement of its citizens. Current legislation restricts the Army from recognizing and supporting volunteers in programs other than ACS, unit family support groups, and mayoral programs. Only these volunteers receive reimbursement for volunteer expenses and non-appropriated funds (NAF) for training. The Armed Forces are prohibited from using appropriated funds (APF) to support volunteer initiatives. There is inconsistent support and coordination of volunteer activities and resources.

e. AFAP recommendation.

(1) Pursue legislation to expand the Military Service secretary's ability to accept volunteers in any program or service that provides support to soldiers and their families.

(2) Include in legislation the request for authority to recruit and train volunteers without restriction on the source of funds. Provide the mechanism for volunteer expense reimbursement to all Active Army and U.S. Army Reserve volunteers.

(3) Revitalize and fund the Army Installation Volunteer Coordinator Program to focus volunteer resources, training, and contributions while advocating for volunteer support. Provide funding for volunteer training and program expenses.

(4) Pursue authorization for reimbursement of volunteers for costs of parking while providing service to the Army.

(5) Pursue authorization for reimbursement of local volunteers for food and beverages when providing a service in support of an official conference concerning Army Family Programs or Quality of Life issues.

f. Progress.

(1) Combined issues. Due to similarity in scope, Issue 288, "Volunteer Support Legislation," was combined with this issue in Dec 90; Issue 298, "Funding for ARNG and USAR Family Programs," was combined with this issue in Dec 92.

(2) Expanded definition of volunteers.

(a) The FY95 NDAA required that the Secretary of Defense conduct a 6-month pilot program to accept voluntary services under the authority prescribed in this legislation, followed by a report to Congress prior to full implementation of the law. The legislation authorizes volunteers within: the medical, nursing, dental, and related services; museum and natural resources programs; and programs providing services to members of the Armed Forces such as but not limited to: Family Support, Housing Referral, and Spouse Employment.

(b) The pilot was conducted from 1 Feb to 31 Jul 95 at 35 pilot sites that included 23 active component installations, two ARCOMs, and 10 states (Guard). All Army pilot sites recommended expansion of the volunteer legislation DoD wide. The DoD Report to Congress was submitted 1 Mar 96. On 20 Feb 96, the ASD(FMO) authorized the expanded use of volunteers for installations and units affected by the Bosnian deployment, and installations that were part of the pilot program were authorized to continue the program.

(c) Consecutive versions of the implementing DoDI were staffed in Mar 97, Mar 99 and Mar 01. Pending publication of the DODI, CFSC drafted a Headquarters DA (HQDA) Letter to bring all Army installations under the same operating guidance and immediately effect the expansion of voluntary services Army-wide. The HQDA Let-

ter was published in Apr 98 and was extended three times pending approval of the implementing DoDI. The OASD Office of Family Policy published the DoD Instruction 1100.21 (Voluntary Services in the Department of Defense) on 11 Mar 02. The policy in the DoDI was incorporated in AR 608-1, Army Community Service Center, published Oct 03.

(3) Funding.

(a) Three regulatory changes were included in Update 16 of AR 215-1 or AR 608-1. These include--

1. Funding for volunteer training and travel. Commanders can authorize NAF for volunteers when training or travel will benefit the installation to improve performance of voluntary service.

2. Reimbursement for child care expenses. Money may be provided from either petty cash for child care by FCC providers or CDS by the volunteer agency.

3. Funding awards, banquets, mementos. Change authorizes use of NAFs for volunteer recognition programs such as awards, banquets, and mementos if budgeted for and approved.

(b) The NDAA for FY 92/93 authorized the Army to reimburse authorized volunteers for incidental expenses from either APF or NAFs. Telephone, mileage, and mailing costs are identified as reimbursable expenses. Interim changes to AR 608-1 and AR 215-1 were published.

(4) Volunteer reimbursement.

(a) At the Mar 02 AFAP GOSC, the CG, CFSC identified the inability of volunteers to be reimbursed for parking and the inability of volunteers to be reimbursed for food and beverages when providing a service in support of an official conference concerning Army Family Programs or Quality of Life issues unless they are on travel status.

(b) The CFSC SJA determined there is no fiscal or statutory prohibition against reimbursing volunteers for food and beverages. Coordination with the Per Diem Committee, completed Jan 04, confirmed this is an internal Army matter. Reimbursement for parking fees incurred while providing any voluntary service and food and beverages when providing a service in support of an official conference concerning Army Family Programs or Quality of Life issues were included in revisions of AR 608-1 (Jul 04) and AR 215-1 (Jun 04). This includes local volunteers as well as those in a travel status.

(5) Revitalization and funding volunteer program.

(a) The ACS web site was developed in 1998 and has a section for the Army Volunteer Corps (AVC) which includes resources for training opportunities, awards, recognition, policy, volunteer management, volunteer organizations, etc.

(b) Army Volunteer Summit (Sep 02) revitalized the volunteer program, established the AVC, and centralized marketing management. A multi-component Army Volunteer Corps Working Group was established to address systemic volunteer issues and assure integration with the National Guard and the US Army Reserves.

(c) CFSC requirements for AVCC were not validated in FY 06-11 POM; however, commanders have the ability to fund and fill positions.

(d) The AVCC program and policy for all volunteer programs was included in AR 608-1 Army Community Service Center, published in Oct 03.

(6) GOSC review.

(a) Oct 93. Army will monitor the legislative proposal.

(b) Oct 94. Army will participate in the volunteer pilot and track its analysis.

(c) Apr 98. Issue stays active pending DoDI publication.

(d) Nov 00. The DoDI must be restaffed. Publication is anticipated in FY01.

(e) Mar 02. CFSC will work with the Office of the Judge Advocate General to address the fact that volunteers cannot be Army for some expenses (e.g., meals, parking) unless they are on travel status.

(7) Resolution. The Nov 04 GOSC declared this issue completed based on legislative and policy changes that have strengthened volunteer programs in the Army and reduced costs to “volunteer”.

g. Lead agency. CFSC-FP.

h. Support agency. CFSC-SP, CFSC-FSC

Issue 185: Survivor Benefits Plan--Reserve Components

a. Status. Unattainable.

b. Entered. AFAP IV; Nov 86.

c. Final action. AFAP VI; Oct 88.

d. Scope. Retirees must decide immediately upon retirement to elect the Survivor Benefit Plan (SBP). Also, the off-set in payment upon social security eligibility is perceived as an erosion of benefits to the RC and RC survivors.

e. AFAP recommendation.

(1) Review SBP procedures, and, if warranted--

(a) Initiate action that would allow retirees to enroll in SBP up to 1 year after retirement.

(b) Initiate action to eliminate off-set (reduction) in SBP benefits upon eligibility for social security.

(2) Consider allowing retirees to elect this option on a periodic basis.

f. Progress.

(1) The 6th Quadrennial Military Compensation Review Committee (6QRMC) recommended no change in the present social security/SBP off-set because the Government subsidy to RC SBP is already greater than the subsidy to SBP.

(2) Legislative change to allow soldiers one year to increase or discontinue coverage was staffed. The Army nonconcurred.

g. Lead agency. CFSC-FSR.

h. Support agency. DAPE-MBB-C.

Issue 186: Survivor's Assistance

a. Status. Completed.

b. Entered. AFAP II; Nov 84.

c. Final action. AFAP III; Oct 85. (Updated: Feb 96)

d. Scope. Casualty Assistance Officers and NCOs (SAO, SANCO) are often not equipped with the skills necessary to respond to all aspects of the duty. SAO and SANCO are confronted with situations for which they may not be prepared, resulting in personal embarrassment and possible embarrassment to the Army in a delicate situation. A pamphlet is generally made available which outlines

duties, but does not teach skills.
e. AFAP recommendation.
(1) Review procedures for notification and assistance to families.
(2) Develop a program to include training, that will prepare personnel to perform notification and assistance duties. Training modules should be appropriate for use by Army and civilian survivor assistance designees. The special needs of Army widows(ers) will be addressed as a part of the action.
f. Progress.
(1) Army policy. AR 600-10, -named and re-numbered AR 600-8-1, was published in 1986. AR 600-8-1 was updated in Oct 94. It, along with DA Pam 608-4 and DA Pam 600-5, provide guidance for all survivors, including widows and widowers. Notification and assistance procedures are continually reviewed and updated. A training and briefing program, to include extensive material for the notification and assistance officer, was developed and provided to the field.
(2) Films. Eleven films were produced between 1986 and 1988 to train survivor assistance officers on topics such as survivor notification and assistance dealing with the elderly, young, emotional, negative, and hostile survivor. The films are available to all personnel through local installation audio-visual departments. A Joint Service video was produced and is expected to be released in 1996.
g. Lead agency. TAPC-PE.
h. Support agency. DAPE-CP.

Issue 187: Timely Receipt of Assignment Instructions
a. Status. Unattainable.
b. Entered. AFAP V; Nov 87.
c. Final action. AFAP VI; Oct 88.
d. Scope. The continuous problem of late receipt of assignment instructions (AI) causes unnecessary stress on soldiers and family members. By regulation, AI should be published at the installation not later that 120 days prior to departure of soldier from unit.
e. AFAP recommendation. Examine and evaluate implementation of and adherence to current procedures at installations.
f. Progress.
(1) Issue relates to Issue ASB2, "Increase Pinpoint Assignments."
(2) A survey was taken, as requested. Results showed that in general AIs are issued within the prescribed time frame.
g. Lead agency. TAPC-EP-AS

Issue 188: Training for Army Life
a. Status. Completed.
b. Entered. AFAP I; Jul 83.
c. Final action. AFAP II; Nov 84.
d. Scope. Military family members do not currently receive training concerning Army lifestyle and community. However, with the married content of the Army increasing, the impact of family member adjustment into the Army community and the need for family member support are significant.
e. AFAP recommendation.
(1) Determine training needs and review and evaluate ongoing efforts.
(2) Ensure that civilian training includes AFAP.
f. Progress.
(1) Training materials, developed in 1984 and 1985, provided the structure and consistency for Army-wide family member support and training. Two videos were developed and distributed Army-wide in late 1984.
(a) "The Army Family -- a Partnership" is designed for family members new to the Army. It is accompanied by DA Pam 352-5, of the same title, which gives new family members more detailed information about Army life and is printed in English, Spanish, German and Korean.
(b) "Today's Army Family--A Commitment to Caring" targets leadership in both the chain of command and the Chain of Concern, giving guidance on how to succeed with family programs and initiatives.
(2) Civilian Personnel Offices (CPOs) constantly update and inform both civilian and military family members on family member employment.
g. Lead agency. DAIM-FLO

Issue 189: Training for Chain of Command
a. Status. Completed.
b. Entered. AFAP I; Jul 83.
c. Final action. AFAP II; Nov 84.
d. Scope. The Army Family Action Plan represents a major philosophical change in the Army's relationship to families. This change needs to be reinforced in leader training and doctrine.
e. AFAP recommendation. Develop and implement leader training which will focus on the Army's responsibility to and relationship with the family.
f. Progress.
(1) Training materials on family awareness were developed and train-the-trainers sessions were held in 4th Qtr FY 84.
(2) Family Awareness Training was integrated into all of the following courses that began on or after 1 Oct 84, to include the Primary Leadership Development Course , Advanced Non-Commissioned Officer Course, First Sergeants Course, Sergeants Major Academy, Officer Basic Course, Battalion S1 Course, Officers Advanced Course, Morale Support Officers Course, Director of Personnel and Community Activities Course, and Command and General Staff College.
g. Lead agency. DAMO-TRO.
h. Support agency. DAPE-CP/TRADOC.

Issue 190: Training for the Chain of Concern
a. Status. Completed.
b. Entered. AFAP IV; Nov 86.
c. Final action. AFAP XII; 1995.
d. Scope. Unit readiness and mission accomplishment may be adversely affected when Army spouses are not knowledgeable of family programs. Training for family support should be institutionalized at all levels of the Total Army family.
e. AFAP recommendation.

(1) Prepare training programs and instructional packages such as military structure, volunteer management, communication skills, leadership style, and stress management, which are exported from existing military family program segments of courses at the Army War College (AWC), Precommand Course (PCC), and Sergeants Major Academy.

(2) Issue procedures for use of these training packages in installation courses and DA-certified instruction.

(3) Develop "working friendly" workshop packets for use by installations.

f. Progress.

(1) Military education.

(a) PCC. The PCC provides 32 hours of training for the Chain of Concern to support unit readiness by providing command teams (commander and spouse) with awareness and skills needed to make contributions to the family, unit, and community environments. Twelve iterations are conducted yearly for battalion-brigade commanders. Training includes individual skills such as conflict management, stress, and organizational values; group skills that address role clarification; leader skills needed for problem solving; and guest speakers.

(b) Command and General Staff College (CGSC). CGSC provides seminars to students and spouses to increase self-awareness and leadership skills. The seminars include training on self-awareness and community leadership.

(c) Officer Advanced Courses (OACs). All OACs provide training to spouses and students to enhance readiness and retention by increasing personal knowledge of the Army's leading and caring goals. The POI recommends 14-26 hours of training, to interpersonal skills such as communications, group dynamics, and leadership and personal development skills, which includes community resources and stress and time management.

(d) The Sergeants Major Academy. The Sergeants Major Academy presents a CSM Spouses Seminar similar to the course offered at the PCC.

(2) FSG resources. CFSC developed a basic Family Support Group training resource package which was distributed 4th Qtr FY91 to all ACS Centers and USAR MUSARC and State National Guard Family Program Coordinators.

(3) Mobilization resources. Through a memorandum of agreement between CFSC and the USDA, a library of training resource materials (Operation READY manuals and videos) were developed to serve as mobilization, training, and reference materials for commanders, ACS staff, RC Family Program staff and volunteers, Family Support Groups, unit leaders, rear detachment personnel, soldiers, and family members. In 3rd Qtr FY 95, Operation READY materials were distributed to ACS centers and National Guard and Army Reserve Family Program Coordinators.

(4) Army Family Team Building (AFTB).

(a) Development. Action officers, of which more than 50% were spouses, developed a complete spouse development program for all levels. The plan was briefed to a Council of Colonels and a Senior Spouse Council in Aug 92 and the Chief of Staff, Army in Feb 93.

(b) Purpose. The purpose of the AFTB program is to improve overall readiness of the force by teaching and promoting personal and family readiness through progressive and sequential education; to assist America's Army in adapting to a changing world (drawdown, reduced resources, etc.); and to respond to family issues in lessons learned from recent deployments (rear detachment, standardized programs, false expectations, etc.).

(c) Instruction. The AFTB program is taught to soldiers and DA civilians in the Army's official training programs. Training for the soldier portion of AFTB began in Nov 93. Training for DA civilians began in Apr 94. The family portion of AFTB (for family members of active duty, guard, reserve and civilian personnel) is taught by family member volunteers. AFTB Master Trainer Courses train the trainers who then train instructors at installation level.

(5) GOSC review.

(a) Oct 92. Feedback from spouses involved with family support groups will be incorporated into the family support group training resource package under development.

(b) May 93. The VCSA asked the ARSTAF and MACOMs to stay involved as AFTB is developed and fielded.

(6) Resolution. The Apr 95 GOSC determined this issue is completed based on the spouse training available at military schools, the development of AFTB, and distribution of Operation READY resources designed to establish sound family assistance upon deployment.

g. Lead agency. CFSC-FST.

h. Support agency. DAMO-TRO.

Issue 191: Transfer of Credits

a. Status. Completed.

b. Entered. AFAP III; Oct 85.

c. Final action. AFAP IV; Nov 86.

d. Scope. High school students sometimes encounter difficulty transferring class credits from one State to another (and OCONUS to CONUS) and occasionally lose high school credits.

e. AFAP recommendation.

(1) Require installations to appoint an advocate to assist parents and students in resolving individual student problems regarding transfer of credits.

(2) Develop a fact sheet outlining individual requirements for graduation, to be included in welcome packets, and identifying the advocate. Review DoDDS procedures for implementation Army wide.

f. Progress.

(1) Related issues. Issue relates to Issues 259, "Communication of DoDDS Policies are Inadequate"; 262, "Course Selection and Graduation Requirements Complicated by Relocation"; and 230, "Inadequate Education Information for Youth," and 369, “Department of Defense Non-Resident Diploma.”

(2) Incoming (to DoDDS) students. Students enrolled in DoDDS in their senior year may graduate by meeting the requirements of their school if they cannot meet DoDDS graduation requirements within their senior year.

(3) Stateside transfers (from DoDDS). A senior student who transfers from a DoDDS school to a stateside school and has met the DoDDS requirements up to the point of the transfer, may be graduated at the new school with a diploma from the DoDDS school if the student cannot

meet or complete the stateside school's requirements for graduation within the student's senior year. This permits the former DoDDS student to participate with classmates in the graduation ceremony at the stateside school. A DoDDS diploma is provided to the stateside school for the graduation. Students transferring schools during the school year should enroll in the Education Advocate Assistance Program immediately on arrival at the new school. The Education Advocate will then arrange for issue of a diploma from the student's former high school through the DoDDS system.

(4) DoD study. There is no consistency between States relative to transfer of high school credits. The DoD study of this issue was completed and distributed to MACOMs in Oct 86. It indicated--

(a) Although there are differing requirements for graduation among the States, generally, students who would graduate with their class in the school from which they transferred will graduate from the new school in the same year of matriculation.

(b) Potentially severe disruptions occur in student education programs when permanent changes of station moves occur during the school year. Military family moves should occur at a time when students complete a specific marking period, preferably during the summer.

(5) DoDDS credits. DoDDS high schools are accredited by the North Central Association of Colleges and Schools, which have educational standards that equal or transcend those required by most State educational agencies; therefore, credits earned in DoDDS schools generally are accepted by stateside schools. DoDDS constantly is striving to ensure that the transition for students between a DoDDS school and a stateside school is a smooth one. If problems occur, it is important to share that information with DoDDS staff.

g. Lead agency. CFSC-FSY-E.

h. Support agency. DAPE-MPH/DAPE-MPE.

Issue 192: Transportation of Retiree Spouse Remains

a. Status. Completed.

b. Entered. AFAP VI; Oct 88.

c. Final action. AFAP IX; 1992.

d. Scope. Lack of DoD funding for transportation of retiree spouse remains from a military medical treatment facility (MTF) is inequitable and a financial hardship. DoD funds round-trip transportation when a retiree spouse is referred to another military MTF for treatment, but does not fund return transportation for spouse remains should the spouse die at the MTF. Transportation of a deceased retiree, in the same scenario, is DoD-funded per 10 USC 1490.

e. AFAP recommendation. Amend 10 USC 1490 to include return transportation of retiree spouse remains should the spouse die while undergoing treatment on referral to another military MTF.

f. Progress.

(1) Legislation. A legislative proposal was submitted to the 102nd Congress to authorize return of retiree dependent remains. Replacing "spouse" with "dependent," provided funding for transportation of the remains of any dependent family member. The change was included in the FY92-93 DOD Authorization Bill.

(2) Resolution. This issue was completed by the Jun 92 GOSC because section 626 of PL 102-190 allows the return of dependent remains should the dependent die at a MTF to which he or she had been transported for treatment.

g. Lead agency. CFSC-FSR.

h. Support agency. DAPE-MBB/TAPC-PEC.

Issue 193: Transportation Support

a. Status. Completed.

b. Entered. AFAP I; Jul 83.

c. Final action. AFAP VIII; May 91.

d. Scope. Transportation is needed for family members living off post and at military sites separated from military services and programs when an adequate transportation system is not available. The DoD Appropriations Act amends the law to allow the Services to provide this transportation if the area is determined by the Service secretary to be inadequately served by regularly scheduled, timely, mass transit services. The law also states that the secretary concerned may waive any requirement for fare.

e. AFAP recommendation.

(1) Obtain an Army General Counsel opinion on delegation of authority for inadequate service and fare waiver.

(2) Issue implementation procedure to MACOMs for approval of fare-free transportation requests.

(3) Publish new implementation procedures in AR 58-1.

f. Progress.

(1) Related issue. The issue of bus transportation is also addressed in AFAP Issue 360, “Scheduled Bus Service to Main Post Support Facilities.”

(2) Legislative change. Previously, when a command chose to provide mass transit bus service to bring soldiers or dependents from off post locations to on-post shopping and recreational facilities, full-fare recoupment of operational costs was required. Section 318 of the FY87 DoD Appropriations Act amended 10 USC 2632 to allow SECARMY to provide transportation to and from a military installation for soldiers and their dependents in areas determined by the SECARMY as not being adequately served by regularly scheduled, and timely, commercial or municipal mass transit services.

(3) Waivers.

(a) OTJAG, in an opinion shared by DoD and Army General Counsel, stated that the law does not allow delegation of approval authority for such transportation to the MACOM level; however, authority to waive fares may be reduced to a purely administrative function if objective criteria could be established for and approved by the SECARMY.

(b) SECARMY approved criteria that delegates approval of fare-free and fare-charged transportation to MACOM commanders. MACOMs were notified of the new implementation procedures in Jan 91.

(c) Future requests for fare-free and fare-charged transportation support will be directed to MACOM commanders for approval. SECARMY approval is only required for requests that require an exception to the established objective criteria.

(4) Resolution. Issue was completed in 1990 because AR 58-1 allows MACOM commanders to approve fare-

free transportation requests.
g. Lead agency. DALO-TSP.
h. Support agency. DAJA.

Issue 194: Travel to Home of Record Upon Death of Civilian Sponsor
a. Status. Completed.
b. Entered. AFAP III; Oct 85.
c. Final action. AFAP X; May 93.
d. Scope. Remains of civilian employees under mandatory mobility agreements and their family members are not eligible for funded travel back to the home of record upon the death of a sponsor. If the sponsor dies while overseas, family member travel is only funded back to the last CONUS duty station, which is usually not the home of record. If the sponsor dies in CONUS, family member travel is not funded at all.
e. AFAP recommendation. Seek statutory revision which would authorize payment of transportation of civilian sponsor
f. Progress.
(1) Current coverage. Authority currently exists to pay expenses when the employee is in a travel status away from his or her official station in the United States or while performing official duties outside the United States.
(2) Proposed legislation. Legislation, tied to the requirement for a mobility agreement, was developed to authorize payment of expenses for transportation of remains, dependents, and effects of an employee of the United States government who dies while on a rotational tour of duty away from his or her permanent home at another post of duty within CONUS, Hawaii, Alaska, Puerto Rico, Panama, territories and possessions. Proposed legislation would also authorize payment to transport the remains of a dependent of such an employee who dies while residing with the employee.
(3) Legislation. Public Law 101-510 (Nov 90) provided subject entitlement for employees in Alaska and Hawaii and included language for employees serving on mandatory mobility agreements. It served as the foundation for JTR and FTR change.
(5) GOSC review. The Oct 92 GOSC was informed that DAJA will approach DoD General Counsel to reexamine legal interpretation of 5 USC 5742.
(6) The Staff Counsel for the Per Diem, Travel and Transportation Allowance Committee determined that provisions of Title 5 USC do not provide travel and transportation entitlements for employees serving on mandatory mobility agreements who move within CONUS. In Jan 93, DAJA and the DA General Counsel forwarded an opinion to the Per Diem Committee counsel with request for reconsideration of previous interpretation. In Mar 93 the Per Diem Committee counsel revised the legal opinion. In Apr 93, section 6050 of the JTR was revised to provide requested travel and transportation requirement.
(7) Resolution. This issue was completed by the May 93 GOSC. Statutory entitlement provided in PL 101-510 and implemented in change 333 to the JTR authorizes transportation of sponsor or family member remains, family members, and household goods to home of record. This entitlement covers civilian employees serving in Alaska and Hawaii and those serving on mandatory mobility agreements.
g. Lead agency. TAPC-CPF-O.
h. Support agency. DAPE-HRP.

Issue 195: Unaccompanied Living Space
a. Status. Completed.
b. Entered. AFAP III; Oct 85.
c. Final action. AFAP V; Nov 87.
d. Scope. Junior enlisted personnel living in barracks are authorized only 85 square feet of living space. Additional space is needed.
e. AFAP recommendation. Continue efforts to increase unaccompanied personnel housing minimum space adequacy standards.
f. Progress.
(1) The Army requested increases of minimum square footage for unaccompanied junior enlisted personnel from 85 to 90 square feet and for noncommissioned officers from 90 to 135 square feet.
(2) These increases were accepted by DoD and were published in DoDI 4165.63M, June 1988.
g. Lead agency. DAPE-MPH-S.
h. Support agency. CEHSC-HM.

Issue 196: Unattended Children in Housing Areas
a. Status. Unattainable.
b. Entered. AFAP VI; Oct 88.
c. Final action. AFAP VII; 1989.
d. Scope. Unattended children in military housing areas create community problems when young children do not receive adequate attention. Child neglect and social problems often result. Also, differences exist in the minimum age at which children can be left alone in Government-funded quarters and the minimum age at which children can supervise other children. These differences exist from one housing area to another based upon differences in proponent Service guidance (Army, Navy, etc.), installation policy, and State law. Lack of clear, standardized guidance on this issue creates a safety problem for the entire housing area.
e. AFAP recommendation. Publish a clear, consistent policy on the minimum age children may be left unattended in Government quarters and the minimum age children may supervise other children.
f. Progress. DA housing policy, AR 210-50, specifically addresses assignment, termination, structural, and maintenance issues. It does not attempt to address issues related to family or community safety and security. Subjects such as minimum age of unattended children, minimum age of children supervising other children, curfews, off-limits areas, children left unattended in vehicles, parks, playgrounds must continue to be addressed at the local level by installation commanders, community mayors, military police, parents, and concerned agencies and individuals.
g. Lead agency. DAPE-MPH-S.
h. Support agency. DAJA/CFSC-FSA/FSC.

Issue 197: Compensation for Soldiers Assigned to Remote Areas in Civilian Communities
a. Status. Unattainable.

b. Entered. AFAP VI; Oct 88.
c. Final action. AFAP XII; Oct 94.
d. Scope. While recruiters assigned to civilian communities receive "proficiency pay" that enables them to better cope with a lack of military facilities, ROTC and other personnel assigned to like areas do not receive this helpful compensation.
e. AFAP recommendation.
(1) Review the inequity, assess adequate compensation, and prepare legislation to alleviate the problem.
(2) Include CONUS COLA as part of the FY 95 legislative program.
f. Progress.
(1) Clarification of Special Duty Assignment Pay (SDAP). Issue arose because of a perception by Cadet Command that recruiters were paid SDAP because of their assignment to remote areas. SDAP, by law, may only be paid to people who are performing duties which are exceptionally demanding and arduous. OSD has authorized SDAP for a few selected specialties which meet these requirements. ROTC cadre do not meet the criteria for which SDAP was established.
(2) CONUS COLA. The Army, in conjunction with OSD, recommended that similar locality based pay for the military (CONUS COLA) be studied by the 7th QRMC. The 7th QRMC recommended a CONUS COLA. The FY 95 NDAA authorizes the Services to implement a CONUS COLA for military personnel. CONUS COLA is also addressed in AFAP Issue 346.
(3) GOSC review. The Oct 93 GOSC was informed that Army will continue to advance CONUS COLA initiatives.
(4) Resolution. The Oct 94 GOSC determined this issue is unattainable because SDAP is paid to recruiters for the unique demands of the recruiting mission, not for location. Personnel at some high cost areas may be aided by CONUS COLA.
g. Lead agency. DAPE-MBB-C.
h. Support agency. DAAR-PE/NGB.

Issue 198: Use of MSA Facilities
a. Status. Completed.
b. Entered. AFAP II; Nov 84.
c. Final action. AFAP III; Oct 85.
d. Scope. AR 215-2 and Morale Welfare Recreation Category III patronage policy for RC and DoD, APF, and NAF civilians and their families is overly restrictive.
e. AFAP recommendation. Study the MSA utilization policies and determine the need for changes that expand eligibility with approval of local commands.
f. Progress.
(1) Priority. Changes were made to AR 215-2 to permit expanded patronage in Category III, military general welfare and recreation (morale support activities) for reservists on active duty. Also included in the change were DoD APF and NAF civilian employees and their immediate family members. AR 215-2, paragraph 2-4 assign--
(a) Priority 2 -- Active duty Army personnel and their families not assigned to the installation, including members of the Army National Guard (ARNG) and U.S. Army Reserve (USAR) on active duty for training or on active duty status.
(b) Priority 6 -- Members of the ARNG and USAR during periods of regularly scheduled inactive duty training (IDT) at the installation where training is being performed.
(c) Priority 10 -- DoD APF and NAF civilian employees and their families who reside on the installation and who are authorized unlimited exchange privileges.
(d) Priority 14 -- At the discretion of the installation commander other DoD APF and NAF civilian employees and their immediate family members. However, in bowling centers, golf courses, and other activities determined by commanders to have local commercial counterparts, these family members may only participate as guests when accompanied by their sponsor or authorized patrons in priority (1) through (6). Annual family fee for golf may serve as an alternative to the requirement for family members to be accompanied.
(2) Related issue. Issue 145, "RC Use of Fitness Facilities," allows reservists on IDT to use gymnasiums (Jan 89) to maintain fitness. Use of any facility remains at the discretion of local commanders.
g. Lead agency. CFSC-ZR.
h. Support agency. NGB/OCAR/DAPE-CP.

Issue 199: Variable Housing Allowance
a. Status. Completed.
b. Entered. AFAP II; Nov 84.
c. Final action. AFAP III; Oct 85.
d. Scope. Variable Housing Allowance (VHA) does not cover the cost of housing in high-cost areas, creating hardship on soldiers and families not authorized on-post housing or for whom on-post housing is not available.
e. AFAP recommendation. Ensure that valid survey techniques more accurately identify local median housing costs to allow the highest possible VHA to be paid members in high-cost areas.
f. Progress.
(1) Similar issue. Issue relates to Issues 249, "Source Data Utilized for VHA Computation," and 267, "Inadequate Housing Allowance."
(2) VHA computation. VHA is not designed, by law, to completely reimburse Soldiers for all housing costs. All soldiers absorb 15% of national housing costs for their grade. Rates are based on the differences between the housing costs of the median soldier (as reported by soldiers) in each location and the national median housing costs for the same pay grade. The key point of this issue was the evident misunderstanding soldiers have concerning the computation of VHA.
g. Lead agency. DAPE-MPH-S

Issue 200: Veterans Group Life Insurance (VGLI)
a. Status. Completed.
b. Entered. AFAP V; Nov 87.
c. Final action. AFAP X; 1993.
d. Scope. VGLI is a 5-year, nonrenewable, term life insurance plan. The policy may be converted to a civilian policy at the end of the 5 years, but at a significantly higher cost. Conversely, civil service retirees are allowed to keep their insurance.
e. AFAP recommendation.

(1) Review the two insurance plans and prepare legislation to change title 38 if indicated.

(2) Consider ameliorative actions to include, but not be limited to the following--

(a) Permitting a 5-year renewable, term insurance plan at actuarially neutral cost to the Government throughout the lifetime of the retiree.

(b) Authorizing those who are participating at the maximum coverage to increase insurance to correspond with charges to Servicemen's Group Life Insurance (SGLI) mandated by the Congress.

(c) Ensuring equal consideration is given to participating RC soldiers.

f. Progress.

(1) Legislative action. In Aug 89, CFSC-FSR forwarded to OCLL legislation authorizing retirees to renew VGLI until age 60. Since members of the Individual Ready Reserve and inactive National Guard are already permitted by title 38 to maintain coverage until age 60, this proposal made renewable VGLI available to retirees on an equal basis. The proposal was rewritten in 1991 to include retirees in the retired reservist SGLI program. OMB did not forward the proposal to Congress. In Apr 92, Representative Applegate introduced HR 5008 which contained a VGLI renewable provision. The Veterans Benefits Act of 1992 (PL 102-568) increased SGLI to $200,000 and made VGLI renewable for life.

(2) Resolution. The May 93 GOSC completed this issue because 1992 legislation made VGLI renewable for life.

g. Lead agency. CFSC-FSR.

h. Support agency. TAPC-PEC/DAPE-MBB-C.

Issue 201: Volunteer Banks

a. Status. Completed.

b. Entered. AFAP I; Jul 83.

c. Final action. AFAP III; Oct 85.

d. Scope. The need exists for a central coordinating point to identify and develop meaningful volunteer opportunities, train supervisors of volunteers, and provide for evaluation and documentation of individual and group volunteer activities.

e. AFAP recommendation. Survey existing volunteer coordinators to determine the benefits of such programs and lessons learned.

f. Progress.

(1) Validation. The Installation Volunteer Coordinator (IVC) Program includes the implementation of volunteer banks by providing a central coordinating point for the recruitment, screening, training and recognition of installation volunteers. The mission of the IVC Program was included in the mission statement for the Family Support Division along with those of Army Community Service, Child Development Services, Youth Services, and Army Emergency Relief.

(2) Resolution. HQDA guidance was, and still is, that the need for the program has been established. Currently, implementation is based upon installation needs assessment. To date, work has been unsuccessful to obtain TDA positions and inclusion in AR 5-3.

g. Lead agency. CFSC-FSA.

Issue 202: Volunteer Experience

a. Status. Completed.

b. Entered. AFAP I; Jul 83.

c. Final action. AFAP II; Nov 84.

d. Scope. Family members are entitled to credit for volunteer experience when applying for Federal jobs. Volunteer experience must be presented properly in the application form and accepted by Civilian Personnel Offices (CPOs).

e. AFAP recommendation.

(1) Provide "self-help" guidance to family members in preparing their applications for employment.

(2) Issue guidance to CPO concerning crediting volunteer experience.

(3) Develop guidance on the development of professional volunteer job descriptions to complement DAPE-CP guidance. Provide information to ACS Centers.

f. Progress.

(1) The Civilian Personnel Center developed self-help guidance to assist family members in presenting volunteer experience on applications and published this in abbreviated form in the Jul 84 "News for Army Families."

(2) Guidance concerning the crediting of volunteer experience was issued to CPOs by policy letter in Oct 83. This guidance, with that developed by CFSC, was published as a part of the booklet, "Merchandising Your Volunteer Experience for Job Credit," 1986, and is available at all ACS Centers.

g. Lead agency. DAPE-CP.

h. Support agency. CFSC-HR-PP/CFSC-FSA.

Issue 203: Weight Allowance Disparity

a. Status. Completed.

b. Entered. AFAP V; Nov 87.

c. Final action. AFAP VI; Oct 88.

d. Scope. Current military JFTR weight allowances for household goods are based entirely on rank. Senior noncommissioned officers with family members have a smaller weight allowance than junior officers without families. This system has a negative effect on the morale of our senior NCOs.

e. AFAP recommendation. Review and assess the effect on morale of weight allowance differences between senior enlisted and junior officer personnel.

f. Progress. DoD submitted a report to Congress recommending household goods weight allowance increase for all grades. The FY 89 Authorization Act enacted the DoD recommendation with an effective date of Jul 89.

g. Lead agency. DAPE-MBB-C.

h. Support agency. DALO-TSP.

Issue 204: Weight Allowances

a. Status. Completed.

b. Entered. AFAP I; Jul 83.

c. Final action. AFAP III; 1986.

d. Scope. In many cases, household goods weight allowances are inadequate to prevent out-of-pocket expenses by Army families during PCS.

e. AFAP recommendation. Develop a plan to obtain congressional approval to increase HHG weight limitation above current limits (1984).

f. Progress.

(1) Legislation. A proposal to raise weight allowances for both junior enlisted soldiers and the entire career force was included in the FY 86 budget submission. The FY 86 Appropriations Bill increased junior enlisted weight allowances to 5,000 pounds, but did not increase allowances for the remainder of the force.

(2) This issue was superseded by Issue 203, "Weight Allowance Disparity."

g. Lead agency. DAPE-MBB-C

Issue 205: Youth Services Program

a. Status. Completed.

b. Entered. AFAP I; Jul 83.

c. Final action. AFAP VIII; May 91.

d. Scope. The youth activities recreation program was not designed to provide the means to assist youth in overcoming the stress of frequent relocation, family separation, adjustment to new peer groups, and different cultures.

e. AFAP recommendation.

(1) Determine whether current activities are meeting needs of youth.

(2) Develop, in coordination with ACS, guidance on use of volunteer counselors to augment the youth activities staff.

(3) Complete YS Personnel and Management Study Action Plan requirements.

f. Progress.

(1) History. The ASB Issue, "Youth Activities," was combined with this issue.

(2) Assessment

(a) The ACS and YS Caliber study includes development and distribution of: Youth Needs Surveys, YS Annual Report, participants satisfaction program rating, full automated software packages, and program managers' evaluation guides.

(b) A Commander's Evaluation Checklist for YS Programs was developed and distributed.

(3) Programs. The YS program was streamlined into four sub-programs (Leisure and Recreation Programs, Before and After School Programs, Youth Sports and Fitness Programs, and Youth Development Programs) to meet the year-round needs of youths up to 19 years old. Youth Services standards were included in the Youth Services Memorandum of Instruction distributed in May 90.

(4) Volunteers. Youth Services Memorandum of Instruction, distributed to installations in May 90, outlines a "how to" approach to establish a fully developed YS program that includes a comprehensive volunteer-based program.

(5) Personnel. The Youth Services Personnel Management Study Action Plan was completed, to include proposed implementation of an APF Career Intern Program. Standardized job descriptions were published for all YS staff and the addition of over 200 authorizations were received within the Youth Services Program Armywide (FASTRACK). In FY 91, the YS Program Managers training course was approved.

(6) GOSC review. The Oct 90 GOSC directed the inclusion of Youth Services in the Army Communities of Excellence (ACOE) Program. YS programs are reviewed by the ACOE program along with other family support programs and services.

(7) Resolution. Issue was completed, based on distribution of program specific manuals, MOIs on YS programs, management tools, and a Program Evaluation Checklist for commanders. Standardized job descriptions were written and more than 200 authorizations were established.

g. Lead agency. CFSC-FSY-Y

Issue 206: Youth Employment Availability

a. Status. Completed.

b. Entered. AFAP VI; Oct 88.

c. Final action. AFAP IX; 1991.

d. Scope. Job opportunities for youth are erratic. Job programs, such as the Federal Summer Hire Program, lack standardized procedures, causing annual confusion. In CONUS, youth employment is limited because of frequent moves. OCONUS Status of Forces Agreement (SOFA) regulations severely limit opportunities. An institutionalized program is needed to encourage and support youth as they are introduced to the job market.

e. AFAP recommendation.

(1) Establish youth sections at all Family Member Employment Assistance Centers to offer job-related information.

(2) Add Federal summer hire program information to installation data in the RAIS.

(3) Conduct needs assessment to determine the youth requirement.

f. Progress.

(1) Policy clarification. CFSC-FSA notified all ACS centers by message in FY 89 regarding the requirements under AR 608-1 to implement and maintain youth employment programs as part of the Army Community Service (ACS) Family Member Employment Assistance Program (FMEAP).

(2) YS interface. CFSC-FSY requested Youth Services (YS) directors encourage parents and youth to submit job possibilities to ACS FMEAP. YS directors will assist ACS FMEAP in marketing and publicizing employment assistance services and workshops to eligible youth and family members.

(3) Summer hire. TAPC-CPF-S administers the Federal Summer Hire Program for Youth through Civilian Personnel Offices (CPOs). TAPC-CPF-S will publicize and market youth summer employment programs in coordination with CFSC-FSA and CFSC-FSY. TAPC-CPF-S will instruct installations to coordinate with their ACS RAIS representative to ensure Federal Summer Hire Program information is added to the site-specific data in the RAIS.

(4) Training. CONUS and OCONUS FMEAP staff received additional training in developing and implementing youth employment programs at Program Manager Training, 4th Qtr FY90.

(5) CFSC-FSA and FSY fielded a community needs assessment during 3rd Qtr FY 91 at selected installations worldwide. Results will be analyzed and implemented, where appropriate, in 2nd Qtr FY 92.

(6) Resolution. The Oct 91 GOSC determined this issue is complete because youth employment programs are

monitored by ACS per AR 608-1 and YS and CPO publicize and market employment workshops and services. RAIS will include information on the Federal Summer Hire Program.
g. Lead agency. CFSC-FSA.
h. Support agency. CFSC-FSY/TAPC-CPF-S.

Issue 207: Youth Employment--Summer, Part-Time
a. Status. Completed.
b. Entered. AFAP I; Jul 83.
c. Final action. AFAP II; Nov 84.
d. Scope. Many family member youth are not considered for part-time and summer employment. This is due to an insufficient number of jobs, lack of information on available part-time and summer employment opportunities, and the deadlines for applying for those jobs.
e. AFAP recommendation.
(1) Use the results of the HQDA study of Part-time Employment (1983) to determine further action.
(2) Require CPOs to provide timely information and announcements on youth and student employment opportunity to installation ACS centers through vacancy announcements.
(3) Require ACS Education and Employment Resource Centers (EERC) provide information on part-time, summer employment, and volunteer opportunities for youth.
f. Progress.
(1) The HQDA study, "Part-time Employment" (1983), found the part-time employment goal reasonable and attainable. Results of the study were used in coordinating guidelines for the Family Member Employment Assistance Program (FMEAP).
(2) The EERC developed into FMEAP Centers, a core requirement within the ACS. All other required actions in this issue have become a part of the FMEAP mission.
g. Lead agency. DAPE-CP.
h. Support agency. TAPC-CPF-S/CFSC-FSA.

Issue 208: Acquisition of GRHP Limited to Square Feet Requirements and Cost Limitations
a. Status. Completed.
b. Entered. AFAP VII; 1989.
c. Final action. AFAP VIII; May 91.
d. Scope. The acquisition of economy housing under Government Housing Rental Program (GRHP) cannot exceed the square footage established by law. Economy housing in Europe is becoming increasingly difficult to acquire under GRHP due to the Auslander Program (Refugees). Lack of adequate housing prevents soldiers from receiving concurrent travel causing extended periods of family separation. The cost to lease a GRHP unit should not exceed the amount of the soldier's basic allowance for quarters (BAQ) and overseas housing allowance (OHA).
e. AFAP recommendation.
(1) Approve a waiver that will allow units that exceed the square footage, but remain within the existing housing allowance price range (rent), to be acquired as a GRHP unit.
(2) Remove cost restrictions for leasing GRHP units when commanders determine it necessary and prudent to do so.
f. Progress.
(1) In Feb 90, the DASA(I,L&E) approved the request to exceed square footage requirements for GRHP units.
(2) USAREUR allows the contracting officer to exceed BAQ and OHA costs as long as the community average is below BAQ and OHA maximums.
(3) Resolution. Issue was completed because square footage requirement for GRHP was waived and authority was granted for GRHP contracts to exceed BAQ and OHA allowances.
g. Lead agency. CEHSC-HM

Issue 209: Affordable Child Care Services
a. Status. Completed.
b. Entered. AFAP VII; 1989.
c. Final action. AFAP X; 1992.
d. Scope. Child Development Center (CDC) operating costs are high due to regulatory requirements in providing child care to military families. Limited appropriated funding has placed an inordinate burden on the installation to fulfill costs of Child Development Services (CDS). This has resulted in a continuous need to increase user fees, placing the funding burden on the military family.
e. AFAP recommendation.
(1) Increase appropriated funds (APF) to support CDS.
(2) Mandate a policy where fee schedules are based upon a percentage of total family income not to exceed 90% of Department of Labor recommendations.
(3) HQDA provide to all CDCs a definition of and verification procedures for total family income.
f. Progress.
(1) Military Child Care Act (MCCA). The MCCA directs increased levels of support for child care programs. Legislative intent is to keep center fees affordable by matching patron fees with at least corresponding APF dollars. The MCCA requires a DoD uniform fee policy.
(2) Fee policies.
(a) CFSC developed Army-specific guidance that includes implementation criteria and prescribed DoD fee ranges based on total family income. The fee policy requires verification of total family income via a designated line on the 1040 income tax form. Update of AR 608-10 was released, Feb 90.
(b) The 1991 DoD fee policy revision established a lower income category, multiple-child reductions, and a high-cost option for high-cost areas.
(c) The 1992 fee policy revision contained a slight fee increase for all income categories. Local options to select fees, provide multiple-child discounts, and set a flat hourly rate continue.
(3) GOSC review.
(a) Oct 91. The GOSC requested that this issue be monitored for one year.
(b) Jun 92. This issue was kept open because of concern about continued availability of appropriated funds.
(4) Resolution. This issue was completed by the Oct 92 GOSC because the MCCA of 1989 resulted in increased appropriations and uniform DoD fees. Fee ranges are based on total family income as verified by IRS Form 1040.

g. Lead agency. CFSC-FSC

Issue 210: APO Limitations for Retirees
a. Status. Unattainable.
b. Entered. AFAP VII; 1989.
c. Final action. AFAP VIII; May 91.
d. Scope. Retirees with Army Post Office (APO) addresses are restricted by DoD Regulation 4525.6, Appendix A, paragraph B-4, from receiving and sending packages in excess of 1 pound. This limitation impacts adversely on the quality of life of these members of the Total Army family.
e. AFAP recommendation. Implement an increase in retiree mailing limits to a minimum of 10 pounds.
f. Progress.
(1) Policy review.
(a) This issue was first raised by the Chief of Staff Retiree Council in 1978 when with a request to change to the DoD Directive. The Office of the Assistant Secretary of Defense (Manpower, Reserve Affairs, and Logistics) in their letter of 12 Dec 78 stated: "In preparing DoD Directive 4525.5, dated 20 Mar 78, it was our goal to minimize the cost of the Military Postal Service (MPS) insofar as possible. Since the MPS is established for the purpose of supporting the active U.S. Armed Forces deployed in the overseas areas, it was determined that insofar as possible we should delete from the list of eligible users of the system all individuals and organizations not operating in direct support of the Defense mission. The international mail movement of parcels for retired U.S. personnel living overseas was, in the view of various organizations within DoD, becoming excessive and it was therefore decided to limit the use of the MPS by these individuals to items weighing less than 1 pound as a means of further reducing DoD expenditures. This decision was a compromise between deleting all service for retired personnel who choose to reside in overseas areas and retaining the status quo."
(b) In 1985, in response to a request by the CSA Retiree Council for another review of DoD Directive limitation and proposal to have a mail survey conducted to gauge the cost of expanding MPS for military retirees, the Assistant Secretary of Defense (Acquisition and Logistics) in a 11 Oct 85 memorandum said, “Those retirees, who voluntarily elect to reside overseas, have access to a responsible international mail network which does not result in extra burden on the federal taxpayer." In 1989, CINCUSAREUR wrote to the VCSA requesting consideration be given to eliminating the weight limitation. The response (copy unavailable because it was Eyes Only) prepared by PERSCOM, stated that the request was not favorably considered.
(2) Resolution. The Oct 90 GOSC declared this issue unattainable because the 1 pound weight limit was viewed as a compromise between total elimination of postal privileges and full eligibility for retirees.
g. Lead agency. CFSC-FSR.
h. Support agency. TAPC.

Issue 211: Army Green Uniform
a. Status. Unattainable.
b. Entered. AFAP VII; 1989.
c. Final action. AFAP VII; 1989.
d. Scope. The pending Army green uniform change (FY 92) is based on a darker shade consideration which would dictate replacement of the total ensemble. The change is scheduled, in spite of the Feb 89 Army survey revealing 85% soldier approval of the current uniform style, color, fabric, and comfort. With the introduction of the new uniform, tremendous costs will be incurred by Army families and ODCSLOG. These costs cannot be justified in a budget restricted environment.
e. AFAP recommendation. Do not replace the Army green ensemble. Change is not required; however, if the Army leadership desires to change uniform colors to highlight dress shirts, the more economical approach would be to change the shirt, not the entire uniform.
f. Progress.
(1) Uniform changes. The Chief of Staff, Army approved a number of changes to the Army green uniform to enhance appearance. The approved, darker shade was not adopted just to enhance the Army green shirt, but rather to enhance the entire uniform. There is no additional cost incurred for the darker shade material. Other changes to the uniform include a suppressed waist in the jacket and elimination of top stitching on lapels and pockets. A fusible material has been added to the collar, pocket flaps, epaulets, and lapels. The trousers or slacks will have a thermoset crease, grip strip at the waist, and redistributed fullness in the seat. A heavier fabric was approved for the shirt with pleated pockets for males. The collar lapel style was improved to preclude puckering when wearing a tie or tab. These changes will give the Army a better-looking and better-fitting uniform which in turn improves the soldier's appearance. This is the intent of the approved changes.
(2) Cost. The estimated additional cost for the Army green uniform will be $4.00 for male soldiers and $5.00 for female soldiers. The estimated additional cost for the Army green shirt will be $1.00. Enlisted soldiers will be paid enough clothing replacement allowance to purchase the entire ensemble by the possession date.
g. Lead agency. DAPE-MPH-S

Issue 212: CHAMPUS Deficiencies
a. Status. Completed.
b. Entered. AFAP VII; 1989.
c. Final action. AFAP XI; 1994.
d. Scope. CHAMPUS is viewed by health care providers and beneficiaries as a severely inadequate health care insurance plan. There are major deficiencies in administrative processing areas as well as clinical services.
e. AFAP recommendations.
(1) Administrative processing problems.
(a) Improve CHAMPUS telephone inquiries, more HOT lines and information lines, trained personnel to field inquiries.
(b) Maintain ongoing CHAMPUS training program for claims processing personnel.
(c) Improve information on CHAMPUS.
(d) Installations need to focus on continuing education of beneficiaries on services, proper claims procedures and CHAMPUS supplements.

(e) Enhance CHAMPUS marketing to health care providers in order to increase participation.

(f) Simplify the claims process to reduce frustration by users. The appeal process should be simplified and shortened and the number of claims-processing centers need to be increased to speed turnaround of claims.

(2) Clinical problems.

(a) Continue CHAMPUS Reform Initiative (CRI) and demonstration projects, and expedite information-gathering and decision-making about comprehensive preventive medical coverage.

(b) Require CHAMPUS reimbursements to medical treatment facility (MTF) for filled civilian physicians' prescriptions.

(c) Introduce variable medical expense provision to compensate for inequitable cost-sharing induced by geographical location.

f. Progress.

(1) Combined issue. This issue was combined with Issue 27, "CHAMPUS," in Oct 90.

(2) Resolution. The Oct 94 GOSC determined that Issue 27, and the issues combined with it, is completed because commanders may reimburse soldiers and family members for travel incurred when special medical care requires travel and because local commander approval limits have been increased for soldiers to receive civilian medical care. See Issue 27 for additional information.

g. Lead agency. SGPS-PSA

Issue 213: Child Care Funding for RC and USAREC Nonpaid Staff Supporting Family Support Programs

a. Status. Completed.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP IX; 1992.

d. Scope. The lack of nonappropriated funds (NAF) for child care precludes potential nonpaid staff from participating in unit family service programs. Currently, NAF are authorized for soldier activities (unit funds). RC and U.S. Army Recruiting Command (USAREC) do not have enough NAF funds available to provide child care funding for nonpaid staff.

e. AFAP recommendation. Community and Family Review Committee (CFRC) designate Army Morale Welfare and Recreation Funds (AMWRF) to provide child care for nonpaid staff.

f. Progress.

(1) Test. USACFSC funded a 1-year test ($12,000) in 1st Qtr FY 91 during which six RC units and six USAREC battalions each received $1,000 in NAFs. USAREC submitted a request in Jan 92 to declare the test a success and requested funds for each Recruiting Battalion. Money was transferred to USAREC.

(2) RC support. Operations Desert Shield and Desert Storm confirmed the need for USAR access to NAF support for family programs. Exception to policy allowed the transfer of $600K to the USAR and $450K to the Army National Guard for use in reimbursing volunteer incidental expenses and mailing Family Support Group newsletters.

(3) Policy change. Interim changes to AR 215-1 and AR 608-1 were published to ensure support could be continued after Operations Desert Shield/Storm. Both USAR and USAREC can request replenishment of funds on an annual basis.

(4) Resolution. This issue was completed by the Jun 92 GOSC because the AMWRF was designated to provide child care for USAR and USAREC nonpaid staff. Interim changes to AR 215-1 and AR 608-1 were published.

g. Lead agency. CFSC-FSA.

h. Support agency. DAAR-PE/USARCPER-HR.

Issue 214: DoDDS Curriculum

a. Status. Completed.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP XI; 1994.

d. Scope. DoDDS college preparatory courses, honors, and basic courses are limited and are not offered in remote locations.

e. AFAP recommendation.

(1) Ensure that all of the above courses remain in the DoDDS school curriculum.

(2) Strengthen and enrich the scope and content of the entire curriculum.

f. Progress.

(1) History. This issue was combined with Issue 34, "Consistency of Curriculum and Evaluative Criteria in DoDDS," by the Apr 90 GOSC.

(2) Resolution. The Apr 94 GOSC determined that Issue 34, and the issues combined with it, are completed. DoDDS provides enriched and AP courses, language and vocational courses, and has implemented weighted grades as requested in the AFAP.

g. Lead agency. DoDDS

Issue 215: DoDDS Teacher and Administrator Performance

a. Status. Completed.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP IX; 1991.

d. Scope. At the present, parents and students do not have input into the informal evaluation process of teacher and administrator performance. Regular competence testing is not required of all DoDDS teachers.

e. AFAP recommendation.

(1) Give competency tests to all teachers every 3 years.

(2) Require student and parent input into a formal evaluation instrument that assesses teacher and administrator performance.

f. Progress.

(1) Related issue. This issue relates to Issue 126, "Parent Communication with Schools".

(2) Policy review. Competency testing is not a common practice in most CONUS school systems. The validity of competency testing is still questionable because passing of a competence test does not mean the teaching skills of the individual will be enhanced. DoDDS administers the National Teachers Test to all in-coming teachers.

(3) Evaluations.

(a) Principals. In May 1989, the Director of DoDDS approved Community and Installation Commander input concerning principal's performance evaluations.

(b) Teachers. Direct student/parents input into teachers' evaluations is not a common practice in most school systems. Parents are able to express views on

teachers' performance directly to the school principal and to the command.

(4) Resolution. The Oct 91 GOSC determined this issue is completed because commanders now have input into the principal's performance evaluation.

g. Lead agency. CFSC-FSM.

h. Support agency. DoDDS.

Issue 216: Dual Compensation Restrictions

a. Status. Completed.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP IX; 1991.

d. Scope. Military retirees are adversely affected by dual compensation laws. Retired military personnel are penalized by accepting important Government positions for which they are highly qualified. The U.S. Government is losing a pool of highly trained, highly motivated professionals. Due to the extensive training and education at the taxpayers' expense, the loss of this expertise is not cost-effective.

e. AFAP recommendation. Amend Title V to eliminate dual compensation restrictions.

f. Progress.

(1) Legislation. Federal Employees Pay Comparability Act of 1990 granted the Director of the OPM the authority to waive dual compensation restrictions in cases of re-employed civilian annuitants and retired members of the uniformed services subject to retired pay reduction upon re-employment. OPM, OSD, and DA issued policy guidance in May 91.

The Office of the Assistant Secretary of the Army (Manpower and Reserve Affairs) does not anticipate initiating further legislative change in this area.

(2) Resolution. The Oct 91 GOSC voted this issue completed because waivers exist for temporary employment in emergency situations and for positions experiencing recruitment or retention difficulties.

g. Lead agency. DAPE-CPE

Issue 217: Employment Assistance for Spouses of Junior Enlisted Soldiers

a. Status. Completed.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP VIII; May 91.

d. Scope. Spouses of junior enlisted soldiers have the greatest need for employment assistance.

e. AFAP recommendation.

(1) Include questions regarding spouse employment and skills needs on the installation in-processing checklist.

(2) Develop a means to allow the transfer of the soldier's contribution of Army College Funds to spouses.

f. Progress.

(1) Combined issues. ASB Issue, "Spouse Employment," was combined with this issue and Issue 58, "Employment Information and Assistance," were combined with this issue.

(2) Spouse employment information. The in-processing checklist directs soldiers to organizations (for example, ACS) that have information to assist the soldier and his or her family get settled in the new area. Installations also provide spouse employment information through the automated relocation system. Army has several employment initiatives in place to assist family members:

(a) Family Member Employment Assistance Program (FMEAP). Representatives of the CPO and ACS work together to provide information and assistance on employment in both the public and private sector. This information and assistance includes career assistance and counseling, job search, employment and personal development training workshops, and job skills training classes.

(b) Family member counseling. AR 608-300 directs DA to provide family members the accurate and supportive information necessary to make a smooth transition from one location to another.

(c) Instructor positions. USACFSC provides regulatory guidance in AR 608-1 for installation ACSs to identify instructors to provide training classes in typing, shorthand, word-processing and other highly employable job skills. CPOs cannot train individuals to qualify for positions.

(d) Spouse employment. Military Spouse Preference and Executive Order 12362 were amended to increase opportunities for Federal employment.

(e) Employment information. An automated system located at all CONUS CPOs provides employment information. See Issue 370 for more information.

(3) Outreach. USACFSC encourages installations to develop partnerships with local community colleges, job training programs, and volunteer internships to provide training opportunities. FMEAPs work with Chambers of Commerce, State Employment Commissions and Economic Development Authorities to create linkages with private industry employers. CPO and ACS coordinate efforts to include spouse preference and employment assistance information in all ongoing initiatives to assist relocating families.

(4) Transfer of GI Bill benefits. The Enlisted Accessions Division Active Component Recruiting Incentive Policy section, advises that the governing law, title 38 USC does not permit transfer of education contribution to spouses except for surviving spouses. The DCSPER has become convinced that, for cost and related reasons, this option is undesirable.

(a) A provision in FY 79 Incentive Test (Public Test 94-502) authorized limited transfer to selected soldier's family members. Provisions exist for surviving family members to receive education benefits.

(b) Transferability of GI Bill benefits to dependents was the subject of a study by ARI in Oct 86. The study endorsed transferability; however, the Enlisted Division of ODCSPER found the study significantly underestimated the cost of the program. HR 3180 also proposed transferability in Aug 87. The Army supported the proposal, but DoD opposed it. In FY 88, legislative proposals were discussed with Representative Montgomery and Army revised its position to be opposed to transferability. This issue is further explored in Issue 354.

(5) Army Career and Alumni Program (ACAP). ACAP was fully implemented in the summer 1991. It provides comprehensive employment-related services to family members affected by the builddown.

(6) Resolution. Issue was completed because in-processing checklists refer soldiers and family members to sources of employment information, and ACAP provides employment-related services for junior enlisted family members and other eligibles affected by the drawdown. Transfer of a soldier's educational benefit is not permitted by law.

g. Lead agency. TAPC-CPF-S.

h. Support agency. TAPC-PDE-EI/CFSC-FSA.

Issue 218: Entitle Nonpaid Staff Access to Army Correspondence Courses

a. Status. Completed.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP X; 1992.

d. Scope. All staff, both paid and nonpaid, require training. Active duty military, Reserve Components, DoD civilians, and retirees can utilize Army correspondence courses. The Air Force currently allows their nonpaid staff to utilize Air Force correspondence courses. Nonpaid staff are presently excluded from Army correspondence courses. This is a minimal cost and high payback opportunity to recruit, train, and retain a quality nonpaid staff.

e. AFAP recommendation. Amend the policy to allow nonpaid staff to enroll in Army correspondence courses.

f. Progress.

(1) Policy change. CFSC message to U.S. Army Training Support Center (ATSC) advised that NAFs may be used to reimburse volunteers for incidental expenses associated with volunteer services and requested ATSC change requirements in DA Pam 351-20 to allow volunteer eligibility to Army correspondence courses;

(b) The NDAA for FY 92-93, Section 345, authorizes the use of both APF and NAFs to reimburse volunteers to cited three programs.

(c) DA Pam 351-20 reflects the requested change in eligibility requirements.

(d) DD Form 448 (Military Interdepartmental Purchase Request (MIPR)) was executed, obligating $35K in NAFs for FY 92 toward Army correspondence courses for expenses incurred by volunteer enrollees. At the end of each FY, unused obligated funds will be deobligated.

(2) Marketing. Eligibility for correspondence courses to unpaid staff will be publicized in articles placed in publications such as ARNEWS, Army Times, FLO Notes, and Feedback.

(3) GOSC review. The May 91 GOSC directed that CFSC consider NAF support for correspondence courses for volunteers.

(4) Resolution. This issue was completed by the Oct 92 GOSC because NAFs are available for ACS, FSG, and mayoral program volunteers to enroll in Army correspondence courses.

g. Lead agency. CFSC-PNP.

h. Support agency. DAMO-TRO/CFSC-FSC.

Issue 219: Equity for Soldiers and Former Spouses Under the Former Spouse Protection Act

a. Status. Completed.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP VIII; May 91.

d. Scope. The Uniformed Services Former Spouses Protection Act (USFSPA) can adversely impact on a soldier's right to his or her retirement entitlements. USFSPA was initiated to protect former spouses and should continue to do so. However, as a result of USFSPA, some States include retirement entitlements as community property, and even when the former spouses remarries, he or she continues to receive community property settlements (to include retirement pay).

e. AFAP recommendation.

(1) Review the provisions of the USFSPA, identify problems, and recommend appropriate changes to ensure equitable division of retirement entitlements.

(2) Ensure that no changes are made to existing former spouses benefits such as PX, commissary, or medical.

f. Progress.

(1) Review. USFSPA (PL 97-252, 8 September 1982) was reviewed and two problems were identified. These were the reopening of divorce decrees that were finalized prior to the date of the USFSPA and clarification of disposable retired pay that could be divided as community property.

(2) Legislative change. PL 101-510, dated 5 November 1990, prohibits the reopening of divorce decrees finalized prior to the date of the USFSPA and clarified disposable retired pay that could be divided as community property. No changes were made to existing former spouse benefits such as PX, commissary or medical.

(3) Resolution. Issue was completed because public law prohibits reopening divorce decree finalized prior to the USFSPA and defines disposable retired pay. No changes occurred to PX, commissary, or medical benefits.

g. Lead agency. CFSC-FSR

Issue 220: Exceptional Family Member Program (EFMP)

a. Status. Combined

b. Entered. AFAP VII; Oct 89. Reopened Apr 94.

c. Final action. Oct 93; Jun 08 (Updated: 14 Nov 06)

d. Scope. There is inadequate identification of Exceptional Family Members (EFMs). CONUS commanders are not enforcing the screening process. Upon identification, soldiers are failing to enroll EFMs due to fear of hurting their careers. Screening and coding problems are partially due to lack of a fully automated data system with worldwide accessibility. Inadequate information on available services and facilities causes PERSCOM to inaccurately assign soldiers with EFMs. There is no priority staffing of EFMPs with EFMs as their main consideration. A serious underfunding exists on the medical side of EFMP.

e. AFAP recommendations.

(1) Establish an Army-wide procedure (to include RC) to identify EFMs upon in-processing, routine medical care, and DoDDS registration overseas. Enforce mandatory enrollment upon identification of EFMs.

(2) Replace the current partially automated EFMP data system with an Army-wide standard integrated system.

(3) Continue to improve and monitor the screening and coding process prior to OCONUS assignments.

(4) Establish an Army-wide marketing and education

program to inform soldiers and chains of command about the intent of EFMP and dispel myths regarding detrimental effect of enrollment upon a soldier's career.

(5) Improve CONUS reassignment procedures to verify availability, accessibility, and affordability of services and facilities.

(6) Appoint installation or community EFMP coordinators whose primary responsibility is EFMP.

(7) Fully fund the EFMP medical mission of screening, evaluating, coding, training, and treatment of educationally handicapped DoDDS children overseas.

(8) Address EFMP staffing shortages and unfilled positions.

(9) Standardize EFMP enrollment forms among the Services.

f. Progress.

(1) History. This issue was completed by the Oct 93 GOSC based on program improvements. The Apr 94 GOSC reopened the issue following a DAIG review of EFMP that identified numerous problems including unfilled positions, staffing shortages and lack of standardization among the services. Recommendations 8 and 9 were added to the issue.

(2) EFM identification. AR 600-75 published Jun 90, contained guidance on family member deployment screening and screening during routine medical care. AR 600-75, changed to AR 608-75 (Dec 93) requires commanders to enforce mandatory enrollment upon identification of EFMs. AR 608-75 (1997 revision), requires initial entry training soldiers to identify EFMs during reception battalion in processing.

(3) Database. A FMWRC evaluation of the EFMP data system indicated the system was accomplishing the mission, but the automated support did not have the required connectivity. End of FY 93 funds allowed PERSCOM to fund an integrated database that interfaces with ACS medical centers and other distributors. The EFMP database was implemented in Jan 96.

(4) Processing. Efforts are ongoing to improve and monitor the family member deployment screening and coding process. Memoranda are forwarded to losing installation commanders about screening errors. Graduate medical education courses and coding conferences are conducted to enhance the processing of EFMs.

(5) Marketing and education.

(a) In 1990, ARNEWS published two articles dispelling myths about EFMP and consideration of special needs in the assignment process. In 1991, ARNEWS published an article about DA civilian employees identifying EFMs with special education and medically related service needs when processing for an assignment outside the United States.

(b) DCSOPS reported (May 90) that EFMP information is integrated, where possible, into officer and NCO education courses that teach family awareness and chain of concern.

(c) In FY 92, FMWRC distributed to ACS centers a video, "Facts About the Exceptional Family Member Program." It includes screening requirements, enrollment process, consideration of special needs in the assignment process, and services. Another video (FY95), “EFMP: The Key to Relocation Success,” helps civilian personnel offices counsel civilian employee families with special needs during overseas processing.

(d) In FY95, two EFMP handbooks were disseminated to ACS offices to assist EFMP coordinators with program implementation and help families become more knowledgeable and skilled advocates for their EFMs.

(6) Reassignment procedures. FMWRC reviewed CONUS EFMP reassignment procedures and determined that PERSCOM considers availability and accessibility of resources for enrollees before issuing assignment instructions. The TRICARE program is a valid method of meeting the health care needs of the beneficiary population.

(7) Staffing shortages and unfilled positions.

(a) The FMWRC conducted an in-depth study of EFMP to respond to DAIG concerns. The U.S. Army Manpower Analysis Agency Staffing formula reflects 87 requirements and 43 authorizations leaving a delta of 44 authorizations. Funding for the authorizations was requested and validated but not funded in the FY 06-10 POM. Funding for the authorizations will be resubmitted and requested in the FY08-13 POM. This issue is related to AFAP Issue 491, “Army Community Service Manpower Authorizations.”

(b) According to the U.S. Army Medical Command, staffing for EFMP screening and enrollment is sufficient to meet mission requirements in AR 608-75.

(c) The United States Army Manpower Analysis Agency Staffing formula reflects 87 full-time equivalent requirements for ACS EFMP. Currently, 43 authorizations exist for 87 ACS EFMP requirements; all of which are filled–leaving a delta of 44 authorizations. Funding for the additional 44 authorizations has been validated by the Installation Program Evaluation Group (IIPEG) in the FY06-11 Program Objective Memorandum (POM) for QACS (Code to track ACS funds) Management Decision and Evaluation Package (MDEP) and are part of the total 285 ACS authorizations identified in Issue 491 (ACS Manpower Authorizations and Funding).

(d) According to the U.S. Army Medical Command, staffing for EFMP screening and enrollment is sufficient to meet mission requirements in AR 608-75.

(8) EFMP standardization via DD Form 279 and AR 608-75.

(a) In 1997, DOD developed an EFM Medical and Educational Summary test form which was tested in FY99. OMB approved the enrollment forms as DD Form 2792, and DOD fielded a memorandum containing the form in Jun 00. The Army Office of the Judge Advocate General expressed objection to the Privacy Act Statement on the DD Form. The Defense Privacy Office advised voluntary disclosure of information for the civilian work force and mandatory disclosure for military members to which OTJAG agreed. However, the Defense Office of Program Integration challenged mandatory disclosure when the revised form was submitted for publication, because mandatory in the Privacy Act Statement implies that an individual who does not complete the form can be criminally prosecuted. Neither the Air Force, Navy nor Marine Corps criminally prosecute for non-disclosure. The Army JAG and AR 608-75 (EFMP) indicated that criminal prosecution is a possibility, and the Army JAG

did not agree to disclosure as voluntary. In 4th Qtr FY 02, IMWR-FP-A completed staffing of revision to AR 608-75 so the Army could use the medical and educational content of the DD Form 2792 but retain its own disclosure statement. While revising the DD Form 2792 and the proposed Army form to comply with HIPPA, the Army agreed to use the DD Form 2792. DOD modification of DD Form 2792 as follows resolves the long-standing Privacy Act Statement dispute making enrollment voluntary for civilian employees and applicants for civilian employment; with failure to respond precluding the successful processing of an application for family travel/command sponsorship. Enrollment is mandatory for military personnel; and failure to provide the information or providing false information may result in administrative sanctions or punishment under Article 92 (dereliction of duty) or Article 107 (false official statement), UCMJ.

(b) In addition, DOD established a new DD Form 2792-1 to separate medical and educational data collection for HIPPA compliance

(c) OMB approved DD Form 2792 and DD Form 2792-1. DOD posted the DD Form 2792 and DD Form 2792-1 on the DOD forms web site for implementation.

(d) IMWR-FP-A submitted AR 608-75 revision to USAPA requiring use of the DD Form 2792 and DD Form 2792-1 for enrollment of exceptional family members.

(9) GOSC review.

(a) Oct 93. Issue was completed based on integrated database, improved screening, mandatory EFM enrollment, effective marketing, and adequate funding.

(b) Apr 94. Issue was reopened by the GOSC following a DAIG review of the EFMP that identified numerous problems including, but not limited to, lack of EFMP standardization among the service, unfilled positions, and staffing shortages.

(c) Apr 98. Issue remains active to track standardization of EFMP enrollment forms.

(d) Nov 00. The VCSA directed a review of the timeline for EFMP screening as well as a review of the screening and processing function.

(e) Jun 04. Issue remains active to obtain funding for the additional 34 EFMP requirements.

(f) Nov 06. The GOSC determined that this issue will be combined with Issue 491.

g. Lead agency. IMWR-FP

h. Support agency. AHRC-EPO-A/U.S. Army Medical Command

Issue 221: Extension of Mileage for Housing Entitlements

a. Status. Completed.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP VIII; May 91.

d. Scope. Priority for assignment of Government housing varies at different installations. In some instances personnel are receiving third-priority waiting lists, because they are not assigned to that installation, or their duty station is more than a 30-minute drive from the installation.

e. AFAP recommendation. Authorize assignment of Government on-post quarters to soldiers whose duty station is within a 50-mile radius of an installation or a 1-hour commuting time, whichever is more advantageous to the soldier.

f. Progress.

(1) Policy change. Change in OSD policy now authorizes assignment of quarters to soldiers whose duty station is within 1-hour commuting time of an installation. DoD Directive will be published in summer 1991. AR 210-50 was published in Aug 90. Current wording authorizes assignment of Government quarters to soldiers whose duty station is within 30 miles or 1-hour commuting distance.

(2) Resolution. Issue was completed because quarters assignment is authorized to soldiers stationed within a 1-hour commuting time (rush hour) of an installation.

g. Lead agency. DAPE-HR-S

Issue 222: Treatment/Counseling to Support Total Force and Their Families

a. Status. Completed.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP XI; Oct 93.

d. Scope. Counseling services in the Family Advocacy Program (FAP), Social Work Services, and Chaplaincy at the installation level are not able to meet the increasing counseling demands. Lack of direct intervention leads to the deterioration of family wellness and mission readiness. Insufficient quality staff leads to recidivism. The Schedule X yardstick used to justify personnel requirements is unrealistic. Family Advocacy Program (FAP) delivery is inconsistent because of inadequate resources. Community health and preventive medicine personnel are inadequate.

e. AFAP recommendation.

(1) Increase civilian and military authorizations.

(2) Increase appropriated funds (APF) to enhance the availability of counseling services.

(3) Increase Family Life Chaplain (FLC) authorizations.

f. Progress.

(1) Authorizations. Military and civilian authorizations will not be increased.

(2) Funding.

(a) In 2nd Qtr FY 90, USACFSC presented FAP resource needs in the FY 92-97 OSD POM submission. OSD made no decision on FAP requirements.

(b) In Apr 91, the DCSPER recommended that FAP medical treatment needs be included in the medical resourcing process. MTF commanders are encouraged to use OMA funds to support FAP treatment needs.

(c) The Army FAP received $21.5M from OSD for FY 92, a significant plus-up from the previous year. A total of $11.7M (54%) of total family advocacy funds was provided to MTFs for treatment. In FY 93, DA maintained MTF funding at $12.2M of the $26M received from OSD.

(3) Family Life Chaplains (FLC). The Chief of Chaplains office reports that, based on Base Realignment and Closure (BRAC) and the consolidations of communities, there will be enough FLCs. Chaplain training will be refocused to ensure that a Battalion-level chaplain is trained on family life issues.

(4) GOSC review.

(a) Oct 91. CFSC will monitor this issue to ensure funds support treatment and prevention programs.

(b) Oct 92. VCSA requested this issue remain active while the FLC program develops further.

(5) Resolution. This issue was completed by the Oct 93 GOSC because Family Advocacy funds are equally divided between prevention and treatment. FLC distribution is sufficient to meet Army needs.
g. Lead agency. CFSC-FSA.
h. Support agency. SGPS/USACSSA/DCSOPS.

Issue 223: Fees Charged by FCC Providers
a. Status. Completed.
b. Entered. AFAP VII; 1989.
c. Final action. AFAP XII; Oct 94.
d. Scope. Family Child Care (FCC) providers are allowed to set their own fee schedules. They are provided recommendations by Child Development Services (CDS) for their fees, but are not required to follow the guidance. In situations where Child Development Center (CDC) slots are not available, soldiers pay high rates for child care.
e. AFAP recommendation. Develop a plan of action that will address the growing disparity between center-based fees and FCC fees.
f. Progress.
(1) The Military Child Care Act (MCCA). The 1989 MCCA authorizes direct subsidies to FCC providers so FCC services can be provided at cost compatible to CDCs. The DoD Child Care Instruction addresses the subsidy as a Service option.
(2) Army guidance. Army guidance was provided in Letters of Instruction, memoranda, and a Commanders Guide. CFSC also provided guidance and support on the implementation of FCC subsidies to MACOMs, CDS Coordinators and FCC Directors at quarterly video-tele conferences and training.
(3) Funding.
(a) CFSC-FSC request for increased funding for FCC subsidies during the FY 94-99 POM build was not funded, but FY 95-00 POM will provide some funding for FCC subsidies. Although FCC subsidy procedures and funding mechanisms are in place, outyear funding for subsidies in FY96 and beyond is uncertain.
(b) Commanders have authority and funding access to address fee disparities between centers and FCC homes; funding contained in MDEP QCCS/P87 may be used for this purpose. Provision of subsidy is an installation command decision.
(4) Publications.
(a) CFSC developed and distributed a commander's guide, entitled "Is Child Care Affordable," in Mar 92, that addresses subsidy options for FCC.
(b) The CDS Storybook and accompanying video, distributed Jul 92, strongly address the need for subsidies to keep FCC an available, affordable option for Army families.
(5) Resolution. The Oct 94 GOSC determined this issue is completed because FCC subsidies have reduced the fee disparity between FCC homes and CDCs.
g. Lead agency. CFSC-FSCY

Issue 224: Financial Assistance for Family Member Education
a. Status. Completed.
b. Entered. AFAP VII; 1989.
c. Final action. AFAP VII; 1989.
d. Scope. There are limited resources for family members enrolling in college. Processing of loans and grants is slow. Information concerning courses and funding is not readily available to family members. Family members are losing out on educational opportunities.
e. AFAP recommendation.
(1) Streamline loan and grant process by investigating already available software and provide to education centers and high school counselors.
(2) Encourage overseas universities to recruit family members (for example, through Family Support Groups).
(3) Publicize Army Emergency Relief (AER) loan guarantees and scholarships.
f. Progress.
(1) Related issue. Issue relates to Issue 80, "Financial Aid Counseling."
(2) Loans and grant processing. Loans and grants are processed by the institution with whom the family member is enrolled. Processing grants and loans involves colleges, universities and institutions, State and Federal agencies. For this reason, streamlining the actual processing of loan and grant applications is not within the realm of Army Continuing Education. However, most education centers have software packages which allow them to estimate grant and loan eligibility by generating a student aid index number.
(3) Marketing. By contract, colleges and universities are located overseas to provide programs and services foremost to members of the Armed Forces, family members, and DoD civilian employees. Overseas institutions market available programs successfully because of the captive target audience. Institutions are encouraged to market their programs to all eligible personnel, and the contracts provide for this. Army Education Center personnel market all programs and services in various forms; that is, in-processing, ACS Welcome Packets, briefings including attending OWC and NCOWC meetings. Specific means and procedures for marketing and reaching family members are issues more effectively accomplished by each MACOM.
(4) AER loans. Army Education Center personnel are knowledgeable of the AER loan guarantees and scholarships. Information is provided by ACES to those individuals who may be eligible and family members are referred to AER. Each MACOM can more effectively publicize AER loan guarantee and scholarship programs. DA ACES sent a message to the field 2d Qtr FY 90.
g. Lead agency. TAPC-PDE.
h. Support agency. None.

Issue 225: Financial Hardship on Service Members When Relocating
a. Status. Completed.
b. Entered. AFAP VII; 1989.
c. Final action. AFAP XI; Apr 94.
d. Scope. Soldiers and their families experience undue hardships with PCS moves within and to CONUS. Finding a new place or moving into quarters in 4 days is difficult. The timeframe to secure permanent quarters is unrealis-

tic. The need to provide a detailed justification after the first month (for advance pay), and then the wait for additional funding, is a continuing hardship.

e. AFAP recommendation.

(1) Increase Temporary Lodging Expense (TLE) from 4 to 10 days.

(2) Reinstate previous advance pay policy. Change DA finance policy.

f. Progress.

(1) Combined issues. This issue was combined with Issue 150, "Relocation Benefits" in Apr 90 because of similarity in scope and AFAP recommendation.

(2) TLE legislation. A FY 92-93 Air Force legislative proposal to increase allowance to 10 days was rejected by DoD. TLE expansion was included in PBD for 1993, but was denied by the Deputy Secretary of Defense. FY93 legislation did allow 10 days TLE at selected CONUS locations. The FY94 Defense Authorization Act contained a permanent increase in TLE from 4 to 10 days for all CONUS locations effective 1 Apr 94.

(3) Advance pay policy. The Army does not support changing the current advance pay policy procedures.

(4) GOSC review. The Apr 90 GOSC directed that the first AFAP recommendation be combined with Issue 150 and that the second AFAP recommendation will no longer be pursued as an AFAP issue.

(5) Resolution. Issue 150, and the issues combined with it, were completed by the Apr 94 GOSC because the FY94 Defense Authorization Act allows all grades (with families) TLE payments of $110 per day for ten days.

g. Lead agency. DAPE-MBB-C

Issue 226: Foodstamps

a. Status. Unattainable.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP VIII; Oct 90. (Updated: Jul 94)

d. Scope. The Total Force does not have equal access to programs available to low-income citizens due to inconsistent computation of eligibility. Nontaxable income (for example, COLA, VHA, separate rations, clothing, and so forth) is being used to determine eligibility for Federal social programs. Federal social programs are not available OCONUS. Those defending the nation are often being assigned to high-cost-of-living areas. The financial hardship that results from this inequitable status negatively impacts on readiness of the Total Force. Enactment of Federal social programs OCONUS will not expend DA funds.

e. AFAP recommendation.

(1) Compute eligibility from taxable income only.

(2) Expand Federal social programs to include the Total Force, OCONUS.

f. Progress.

(1) General Accounting Office (GAO) study. In 1983, a GAO study of military families and their eligibility for food stamps confirmed that a small percentage of military families were eligible for food stamps (no more than 1.3% of the total enlisted force). The percentage of members actually using food stamps was significantly smaller (.13%). Most families were eligible because their Government furnished housing was not counted as income. GAO recommended counting all components of military pay in determining food stamp eligibility.

(2) Proposed change. In 1986, the Army proposed changing the criteria for food stamps. The proposal to exclude payments for BAQ, BAS and VHA from the eligibility process was to align members living off post with those being furnished Government quarters or subsistence in kind. OASD(FM&PP) decided that, if the proposal was submitted, it could have the ultimate result of requiring "in-kind" compensation to be included in the eligibility criteria for food stamps. For that reason, the proposal was not forwarded.

(3) DoD studies.

(a) In 1986, Congress directed DoD to study food stamps for military members overseas. DOD's report recommended that Congress not extend food stamp entitlement to members OCONUS because:

1. A food stamp program for OCONUS military members is feasible, provided changes are made to current law. However, relatively large start-up and recurring administrative costs in relation to the food stamp benefits would result in a cost-ineffective program.

2. A very small number of OCONUS military personnel would qualify for food stamps based upon criteria applicable to residents CONUS. In addition to BAS and BAQ, members residing OCONUS also receive OHA and COLA. The food benefits would be relatively small -- an estimated benefit $10 per person/month. The combination of a small population and a small benefit produced a total estimated annual cost, including administrative expenses, of about $2.1M.

3. Extension of food stamp benefits to military personnel OCONUS creates a related issue of civilian eligibility OCONUS.

(b) A 1992 DoD study on military members as USDA food stamp recipients revealed that less than 1% of the military force received food stamps. Food stamp eligibility appeared to be more a function of family size than inadequate military income. Military income for the junior enlisted member who is married with one or two children is above the current poverty level. Only when a member has four or more dependents does he/she become eligible for this type of public assistance. DoD continues to reject any effort to open this program to scrutiny.

(4) GOSC review. The Apr 90 GOSC determined AFAP recommendation (1) is unattainable and directed ODCSPER to focus this issue on food stamps.

(5) Resolution. The Oct 90 GOSC determined this issue is unattainable based on the 1983 GAO report, the 1986 congressionally directed study, and the OSD decision not to forward legislation.

g. Lead agency. DAPE-MBB-C

Issue 227: Group Auto Insurance for Junior Enlisted

a. Status. Completed.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP VIII; May 91.

d. Scope. No organization provides group insurance rates for junior enlisted soldiers. This group has the greatest need for assistance. The United States Automobile Association (USAA) and Noncommissioned Officers' Association (NCOA) statistics show this group is a lower risk than their civilian counterparts. This no-cost is-

sue for the Army has high impact on recruitment and retention.

e. AFAP recommendation. Approach the insurance industry to develop group rates for junior enlisted soldiers in ranks PVT through PFC.

f. Progress.

(1) Issue review. The purchase of automobile insurance is an individual matter and not an MWR issue. The problem is one of cost and not availability. Regardless of military affiliation, youthful drivers fall into one rating classification. Rates for young drivers statistically reflect the loss experience of the group. This rating classification is industry wide. Rates are approved by each State insurance commission and vary from State to State. It is unlikely that any insurance carrier would be able to offer a substantial discount to a group composed of higher risk individuals. The soldier should negotiate the best rate he or she can, which cannot necessarily be guaranteed through group rates.

(2) AAFES. The feasibility of providing group auto insurance has been researched on a number of occasions by AAFES. AAFES concluded that they should not attempt to enter the insurance market either through a concession contract or as a general agent under a concession contract. AAFES found very little interest from insurance companies in contracting with them. In 1991, AAFES was contacted again. They do not think insurance for this group is feasible and have no interest in this area.

(3) NCOA. Contact was made with Response International Services Corp., the general agent for the NCOA automobile insurance program. The NCOA program offers insurance to soldiers in the rank of SPC or CPL and above. They believe they offer very competitive rates because of the age, maturity level, stability, family orientation and loss experience of this group. They are not in a position to develop a rate structure for junior enlisted soldiers. To broaden their program would weaken the program and affect their rate structure. They do not provide coverage in every State because of different State requirements.

(4) Resolution. Issue was completed because the auto industry was approached to establish a group rate for junior enlisted soldiers. Rates for young drivers statistically reflect the unfavorable loss experience of the group. Group insurance is not currently achievable because youthful drivers are viewed as unprofitable by the industry.

g. Lead agency. CFSC-RM

Issue 228: Improve COLA

a. Status. Completed.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP VIII; May 91.

d. Scope. The current system determining COLA does not adequately measure the actual quality of life (QOL) of soldiers and their families. Computations are based on living pattern and market basket surveys that are both inadequate and outdated. COLA is based solely on what items cost, where people shop, and the amount of consumption of each item. The present COLA system does not accomplish its intended purpose of providing a quality of life in OCONUS areas equal to CONUS.

e. AFAP recommendation.

(1) Ensure that surveys are current and properly conducted by trained personnel.

(2) Include child care costs in the market basket surveys.

(3) Ensure the living pattern surveys are not limited to commissary and PX prices, but include local economy access.

f. Progress.

(1) Regulatory change. Update to Appendix M, Joint Federal Travel Regulation (Dec 90), contains instructions for administrating the Retail Price Schedule (Foreign Areas).

(2) Survey change. The Per Diem Travel and Transportation Allowance Committee (PDTATAC) now uses living pattern and market basket analysis (to include child care costs, commissary, Post Exchange and local economy prices) to capture expenses incurred by members serving OCONUS. The current DoD survey negates the need to depend on the State Department.

(3) Resolution. Issue was completed because living pattern and market basket analysis now captures expenses incurred OCONUS. Appendix M of the JFTR (1990) updates instructions for administering the Retail Schedule (Foreign Areas).

g. Lead agency. DAPE-MBB-C

Issue 229: Inadequate Dental Care for the Total Army Family

a. Status. Completed.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP XII; Apr 95.

d. Scope. In direct care facilities there are inadequate resources to service the Total Army family. Staffing levels are based on active duty population. Dental care for active duty family members, retirees and retiree family members is limited to space available. Other Total Army family members are not eligible for dental care. The insurance program is inadequate. The dental insurance program does not cover comprehensive dental care. Some eligible members cannot afford the premiums. Many members of the Total Army family are not eligible for dental insurance.

e. AFAP recommendation.

(1) Do not cut dental staffing in the builddown.

(2) Increase resources at direct care facilities to meet demand.

(3) Amend DoD staffing guides to allow for adequate staffing of dental facilities to provide comprehensive dental care of the Total Army family.

(4) Initiate a dental care partnership program between military dental treatment facilities and civilian counterparts similar to CHAMPUS medical care.

(5) Revamp USAR and ARNG training to maximize dental care availability.

(6) Change OCONUS space available dental care to space required care for family members.

(7) Provide retirees the same dental benefits as active duty until age 65.

(8) Expand existing Dependents Dental Plan (DDP) at no cost to the Government, to a group plan with tier options, to the Total Army family. Prorate, possibly by rank,

level 2 and 3 costs. Options would include Level 1 (basic care), Level 2 (all dental care except orthodontics), and Level 3 (comprehensive dental care).

f. Progress.

(1) Combined issues. Issue 43, "Dental Care for the Total Army Family," was combined with this issue in 1989. Issues 260, "Comprehensive Dental Care Available to the Total Army Family"; 264, "Expand Dependents Dental Plan Insurance Coverage and Eligibility" and 273, "Insufficient Staffing Levels at Army Dental Facilities" were combined with this issue in 1990 due to similarity of scope and AFAP recommendation.

(2) Resources. Continued resource reductions based on the Army drawdown are expected. The total Army medical Department will be reduced as the Army downsizes. The Army Dental Corps will be resourced to meet the needs of the active duty population.

(3) Staffing. The OASD(HA) controls the budget for the Army Medical Department. The dental resources provided by OASD(HA) will continue to be only for active duty soldiers. The OASD (HA) has mandated that no more than 10% care will be provided to Other Than Active Duty patients in CONUS. An exception to exceed the 10% mandate was given for OCONUS.

(4) Partnership. The Army Dental Corps assisted AAFES in opening (Jun 94) civilian dental facilities in a pilot at Ft. Hood, TX. Legal opinion by the U.S. Army Medical Command Staff Judge Advocate concluded that there is no legal basis for establishing dental care partnership programs between military dental treatment facilities and civilian counterparts similar to CHAMPUS medical care.

(5) RC dental care. The TRICARE Selected Reserve Dental Program was implemented 1 Oct 97. The government will pay 60% of the premium, the service member pays 40%. There is no cost share for covered diagnostic, preventive, and emergency services. Eligibility is limited to Selected Reserve and Guard personnel who have at least 12 months of service remaining. The dental coverage is tied to readiness and does not include family members.

(7) Space-available care. DoD directed the reduction in "medical expenditures through economies and efficiencies such as reducing dependents dental care of 10% of total workload." This 10% limit does not apply to emergency dental care, the Preventive Dentistry Program for Children, or to care provided for sponsored, eligible family members located OCONUS in areas where DDP is not available.

(8) Civilian dental care. A significant number of DoD employees OCONUS are active duty spouses. DoD civilians have dental insurance available through their organization.

(9) Retiree dental care. The FY97 National Defense Authorization Act required DoD to implement a dental insurance plan for military retirees, their eligible family members, and eligible un-remarried surviving spouses of deceased military members. The plan was implemented 1 Feb 98. Enrollment is voluntary and enrollees pay the full cost of the premiums which are based on the geographic area in which the enrollee resides. The plan features preventive, restorative, endodontic, periodontic, and oral surgery at specified levels of cost sharing.

(10) Family dental plan. An expanded dental insurance program was implemented 1 Apr 93. It did not prorate fees by rank or use a tier system (pick and choose) approach. Government cost share for the total premium remained at approximately 60%.

(a) The plan covers 100% diagnostic and preventive, 80% simple restorations, 80% sealants, 60% oral surgery, 60% endodontics, 60% periodontics, 50% crowns and casts, 50% prosthodontics, and 50% orthodontics. There is a $1,000 annual maximum on non-orthodontic services and a $1,200 lifetime maximum on orthodontic services.

(b) Eligible beneficiaries are family members of active duty soldiers with at least 2 years remaining on active duty or who intend to remain on active duty for at least 24 months and are located within the 50 States, Guam, Puerto Rico, or the U.S. Virgin Islands.

(11) Resolution. The Apr 95 GOSC determined this issue is completed. Retiree and RC dental care were tracked in AFAP Issue 386, "No Cost to the Government Dental Insurance." Despite inability to accomplish all AFAP recommendation, the committee believed that significant accomplishment had been attained through this issue.

g. Lead agency. U.S. Army Dental Command

h. Support agency. DAPE-PRR-C.

Issue 230: Inadequate Educational Information for Youth

a. Status. Completed.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP IX; Jun 92.

d. Scope. The ACS Welcome Packet needs information about schools for teenagers. There is stress in changing schools. Graduation requirements are different from State to State, and district to district. Grading systems vary.

e. AFAP recommendation.

(1) Revise AR 608-1 to include guidelines for information on schools and local implementation.

(2) Develop and distribute information on schools in ACS Welcome Packet (for example, graduation requirements, honors program, extra-curricular activities, special needs programs, basic grading scales, vocational-technical, and college preparation information.) Include information such as size and population of the schools.

(3) Include information in relocation database.

f. Progress.

(1) Combined issue. This issue was combined with Issue 259, "Communication of DoDDS Policies are Inadequate," in December 1990 due to similarity of issue.

(2) Regulatory change. AR 608-1 was revised to include guidelines for pre-move information on schools to be provided to soldiers and families.

(3) Training. The need for pre-departure school information was emphasized during the ACS Relocation Program Manager's training conducted 3rd Qtr FY 90.

(4) The Relocation Automated Information System (RAIS). The RAIS (subsequently called SITES) contains three site topics describing schools at each installation (Private Schools, Public School Districts, and Special Education). Information includes: names of private schools, special areas of interest, tuition, and proximity to the in-

stallation; public school districts serving the installation population, graduation requirements and grading system of the school district, unique scheduling, talented or gifted programs; special education facilities or activities serving the installation, their areas of emphasis, availability to military families, and proximity to the installation. The RAIS was distributed during the Relocation Program Manager's training, 3rd Qtr FY 90.

(5) Resolution. The Jun 92 GOSC determined this issue is completed because ACS Welcome Packets and RAIS contain school information for Army installations. Guidelines for providing pre-move school information are included in AR 608-1 and relocation assistance training programs.

g. Lead agency. CFSC-FSA

Issue 231: Inadequate Hours of Commissary Operations

a. Status. Completed.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP VII; 1989.

d. Scope. The number of hours commissaries are open is limited by budget constraints. Readiness suffers when soldiers are forced to shop during duty hours. When access is limited soldiers are forced to use higher-priced alternatives resulting in stress and financial hardships.

e. AFAP recommendation. Increase operating hours to provide evening and weekend service.

f. Progress. Fiscal constraints prevent increase in operating hours. Action is underway to obtain necessary funds to maintain the level of service attained in FY89.

g. Lead agency. DALO

Issue 232: Incapacitation Pay Procedures

a. Status. Completed.

b. Entered. AFAP VII; Oct 89. Reopened in Apr 94.

c. Final action. AFAP XXII, Jan 06 (Updated: Apr 06)

d. Scope. The procedure for verification and receipt of incapacitation pay is not timely. Incapacitation pay is awarded to reservists who are injured performing military duties when the extent of their injuries prevents them from performing their military duties or civilian occupations. In such cases, the immediate loss of the civilian income needs to be offset in a more timely manner than the incapacitation pay procedure allows.

e. AFAP recommendation.

(1) Modify incapacitation pay procedures to ensure verification and award of incapacitation pay within 1 month from date of injury.

(2) Extend Army Emergency Relief (AER) eligibility to RC soldiers injured in the line of duty if the severity of the injury is sufficient to warrant receipt of incapacitation pay. The developed procedure would allow immediate access to AER. (This recommendation was transferred to Issue 351, “Emergency Relief for Reserve Components”)

f. Progress.

(1) History. This issue was initially resolved in 1989 based on procedures in place at that time. It was reopened by the Apr 94 GOSC because of concern about the timeliness of incapacitation pay processing.

(2) Army Emergency Relief assistance. Based on their charter, AER only provides monetary assistance to RC soldiers who are injured while on continuous active duty of 31 days or more. This AFAP recommendation is being tracked in Issue 351, “Emergency Relief for RC”.

(3) DoD policy. The Incapacitation Pay processing standard is based, per DoD Directive 1241.1, on the number of days from date of notification, rather than date of injury. The DoD target is that incapacitated reservists’ cases will be processed and decided within 30 days of the notification of the injury, illness, or disease. Frequently, the nature of the medical condition does not manifest itself for days after the duty has been executed (i.e., back injuries, illnesses, most diseases) making this a more realistic standard.

(4) Approval authority. ODCSPER message (20 Oct 93) granted delegated approval authority for all claims to NGB and OCAR. Due to reorganization of OCAR and HRC, the Secretary of the Army delegation for statutory approval of incapacitation pay claims over 6 months (180 days) is delegated to the Chief, NGB and the Chief, Army Reserve. The CAR further delegates the authority to the Army Reserve G-1 (AFRC-PRS-M) for the entire Army Reserve. HRC-St Louis has approval authority for IRR/IMA claims up to 180 days. Claims exceeding this period will be forwarded to AR G-1 for approval. Army DCS, G-1 is the appeal authority for cases exceeding 180 days.

(5) Policy changes.

(a) AR 135-381, governing incapacitation pay, was published in Jun 90. Initial staffing to revise this regulation was initiated in Oct 93, but publication was delayed to consider suggested improvements from the principal agencies. The rewrite and staffing was accomplished for both AR 135-381 and a new DA Pamphlet 135-381, however, OTJAG was unable to review the regulation and DA Pam until the publication of the new Department of Defense Directive (DODD) 1241.1, Reserve Components Incapacitation Benefits.

(b) DODI 1241.2 was staffed for approval Apr 03.

(c) AR 600-8-4, Line of Duty, Policy, Procedures, and Investigations Regulation, was published 15 Apr 04.

(d) All incapacitation pay claims are being processed in accordance with AR 135-381 dated 29 Aug 05 and the new DA Pam 135-381 dated 29 Sep 05. These regulations specify the 30-day requirement, emphasizing that RC Commanders must initiate the interim line of duty determination within sufficient time to ensure that military pay and allowances will commence on time. The primary factor impeding claims processing is the completion of the line of duty investigation within a timely manner.

(6) GOSC review.

(a) Oct 97. Issue will remain active until publication of the Army regulations.

(b) Nov 98. The VCSA asked ODCSPER to draft a letter for his signature to the president of the AER board asking for a reconsideration of the RC issue out of cycle.

(c) Nov 02. The GOSC was updated on the publication cycle for the regulatory changes.

(7) Resolution. The Jan 06 GOSC declared the issue complete. AR 135-381, Incapacitation of Reserve Component Soldiers, published 29 Aug 05, and DA PAM 135-381, Incapacitation of Reserve Component Soldiers Pro-

cessing Procedures, published 29 Sep 05, specify a 30-day requirement for pay and allowance to commence.
g. Lead agency. DAPE-PRC.
h. Support agency. AFRC–PRS-M, NGB-ARP-DA.

Issue 233: Installation Video Library
a. Status. Completed.
b. Entered. AFAP VII; 1989.
c. Final action. AFAP VIII; May 91.
d. Scope. Videos provide invaluable relocation assistance. A picture is worth a thousand words. Films could be checked out and taken home to be viewed by the entire family.
e. AFAP recommendation.
(1) Continue to update OCONUS videos. (Emphasis on noncommand sponsored areas and remote areas to ensure videos are reality based.)
(2) Ensure ACS reproduces and markets relocation videos. (Currently videos are not being fully utilized--reproduction can be done at local level at minimal cost.)
(3) Individual installation videos are not recommended. (Country-based videos are sufficient. Option for each installation at their own cost is available for local use. Worldwide distribution is not cost-effective.)
f. Progress.
(1) Related issue. Issue relates to Issue 125, "Overseas Orientation," and 153, "Relocation Services."
(2) Video production.
(a) Videos for PCS to Southern Europe, Hawaii and Korea were provided to each installation with instructions on usage and replication. The revised AR 608-1 includes a requirement to update the Overseas Orientation videos on a 5-year or as-needed basis and requires showing the overseas orientation video during pre-move briefings.
(b) Funds were requested in FY91 for the update of "PCS Germany" and "PCS Southern Europe." The request was unresourced. As the effect of the downsizing is determined, the videos will be revised.
(3) Installation-specific videos. The Army Visual Information Management Office indicates that regulations restrict individual installations from producing videos for worldwide distribution. Videos for worldwide distribution must be centrally approved and funded. The coordination and replication of 27,390 videos would be cost- prohibitive for the Army.
(4) Resolution. Issue was completed. A message detailing available videos, their use, and update procedure was sent. Updates for "PCS Germany" and "PCS Southern Europe" are unfunded, awaiting downsizing in Europe. Revisions expected by summer 1992.
g. Lead agency. CFSC-FSA

Issue 234: Insufficient RC Survivor Assistance Information Support
a. Status. Completed.
b. Entered. AFAP VII; 1989.
c. Final action. AFAP IX; 1992. Updated Feb 96.
d. Scope. DA Pam 608-33 and DA Pam 608-4 do not apply to RC personnel not on active duty. [1996 update indicates that DA Pam was superseded by AR 600-8-1]
e. AFAP recommendation.
(1) Provide specific guidance to ARNG and USAR commanders on implementing the casualty assistance officer (CAO) program for RC personnel who die while in other than active duty status.
(2) Update DA PAM 608-4 to include assistance available to survivors of RC personnel who die while in other than active duty status.
f. Progress.
(1) Army regulation. AR 600-8-1 states that a RC soldier who dies while in an other than active duty status will be processed for benefits with ARPERCEN. With the exception of SGLI, however, such soldiers are not entitled to any benefits because they are not covered by title 10, United States Code.
(2) Army publication. DA Pam 608-4 clearly delineates the services available to the next-of-kin of deceased soldiers.
(3) Resolution. This issue was completed by the Jun 92 GOSC. A RC soldier who dies while in other than active duty status is not covered under title 10 USC and is therefore not entitled to benefits other than SGLI. This information is provided in AR 600-8-1 and DA Pam 608-4.
g. Lead agency. TAPC-PEC.
h. Support agency. NGB/OCAR/FORSCOM.

Issue 235: Liability Responsibilities for Command Sponsored Family Activities
a. Status. Completed.
b. Entered. AFAP VII; 1989.
c. Final action. AFAP XI; 1993.
d. Scope. Staff Judge Advocates (SJAs) in different commands interpret liability responsibilities for command-sponsored family activities differently.
e. AFAP recommendation.
(1) Clarify liability responsibilities on Federal facilities for command-sponsored family activities.
(2) Incorporate clarification in the next update of DA Pam 608-47.
f. Progress.
(1) Policy review. The Administrative Law Branch of the Judge Advocate General's Office clarified that SJAs must interpret liability responsibilities differently. This results from variations in liability responsibilities depending on the tort law of the State in which the installation is located. Uniform guidance cannot be provided that would apply to liability responsibility at all installations.
(2) Army publication. This explanation was included, with lessons learned from Operation Desert Storm, in DA Pam 608-47, Aug 93.
(3) Resolution. This issue was completed by the Oct 93 GOSC. The requirement to follow State liability is incorporated in DA Pam 608-47.
g. Lead agency. CFSC-FSA.
h. Support agency. CFSC-JA.

Issue 236: Meal Surcharges
a. Status. Completed.
b. Entered. AFAP VII; 1989.
c. Final action. AFAP X; 1992.
d. Scope. Family members who participate in command-sponsored family support activities are required to pay

surcharges for meals consumed in Government dining facilities.

e. AFAP recommendation. Obtain authority to amend AR 30-1, paragraph 6-16(7), to include all family members participating in command-sponsored activities as exemptions from paying meal surcharges while performing official duties.

f. Progress.

(1) Meal surcharges. The FY90 Defense Authorization Act restored authority for the Secretary of Defense to make surcharge exemptions. Since the other Services did not support exempting surcharges for family members participating in command-sponsored activities, the recommendations forwarded to the Secretary of Defense did not include subject exemption. However, DoD adopted a single meal rate, effective 1 Oct 96, for all categories of military and civilian personnel and retirees which negates the need for exemptions because all patrons (except junior enlisted family members) pay the same rate. The single meal rate is also addressed in Issue 361, “Special Meal Charge Exemption for Retirees and DA Civilians.”

(2) NAFs. NAFs may be used for incidental expenses, such as training, travel, and child care of volunteers in support of ACS, family support groups, and mayoral programs in accordance with legislation enacted in Nov 86, and implemented in AR 215-1, paragraph 3-14j. The Secretary of the Army has authority to expand reimbursable incidental expenses. The USACFSC Command Judge Advocate determined no legal objection to reimbursement of meal surcharges for official volunteers. Installations may determine the availability of local NAFs through the ACS supplemental mission account within the Installation MWR Fund (AR 608-1). Interim change to AR 215-1 was published in Aug 92.

(3) Resolution. This issue was completed by the Oct 92 GOSC because AR 215-1 authorizes NAF reimbursement of meal surcharge to volunteers when performing voluntary services in ACS, family support groups, and mayoral programs.

g. Lead agency. CFSC-PNP.

h. Support agency. DALO-TST-C.

Issue 237: Health Care Benefits for Retirees and their Families

a. Status. Unattainable.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP VIII; May 91.

d. Scope. The Army has not fulfilled promises to provide comprehensive medical care for retirees and their families. Retiree health care benefits continue to erode, in that their costs have been significantly high for congressional funding approval. Retirees lose CHAMPUS eligibility at age 65 when they become eligible for Medicare Part A. Congress repealed the Catastrophic Health Care Bill and retirees will continue to have limited coverage.

e. AFAP recommendation.

(1) Expand CHAMPUS coverage beyond age 65 by transferring funds from Health and Human Services (Medicare) to DoD for use in the direct patient care system in amounts that would cover anticipated care expenses for retirees.

(2) Expand in-house and medical treatment facility (MTF) resources to provide for retirees and family members -- with the MTF being reimbursed from the Army CHAMPUS fund.

(3) Investigate alternatives to inequities in health care benefits (by virtue of geographical location) between the direct care system in the MTF versus CHAMPUS fund.

f. Progress.

(1) Medicare reimbursement. Medicare reimbursement for over 65 retirees is updated in Issue 402, “Health Care Benefits for Retirees Age 65 and Older.”

(2) CHAMPUS reimbursement. Charging CHAMPUS for MTF health care would only increase CHAMPUS expense.

(3) Remote locations. See Issue 424 for information on TRICARE Prime Remote for retirees.

(4) Medical benefit. Section 1074, title 10, United States Code states "a member or former member of a uniformed service who is entitled to retired or retainer pay, or equivalent pay may, upon request, be given medical and dental care in any facility of any uniformed service, subject to the availability of space and facilities and the capabilities of the medical and dental staff". With the increasing retiree population and future prospects of a reduced active duty force, availability of medical and dental care may become even more restrictive in MTFs.

(5) Funding. With the current deficit, inflation, and world crisis directly impacting upon the DoD budget and medical care, increased spending in any military or civilian program means a reduction or elimination of some other program. The CSA Retiree Council considers problems in funding, personnel, and beneficiary population at each meeting.

(6) Resolution. Issue was determined unattainable based on the absence of congressional support for the AFAP recommendation and the inability to attain equal health care benefits because of diverse geographic locations.

g. Lead agency. CFSC-FSR.

h. Support agency. SGPS-CP-P.

Issue 238: Military Mass Transportation Support

a. Status. Completed.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP VIII; May 91.

d. Scope. Where military members are assigned in high-cost areas, mass transit, bridge, and toll charges often burden the soldier as much as the high cost of housing.

e. AFAP recommendation. Commanders in areas that are subject to these problems should seek to enter into a Memorandum of Agreement (MOA), whereby active duty soldiers receive discounts or passes to go to and from work.

f. Progress.

(1) Policy review. OTJAG ruling (Nov 90) established that the proposal to provide soldiers free or subsidized toll passes for travel to and from work constituted augmentation of home to work transportation and was prohibited by statute. The ruling did not prohibit local commanders from negotiating with State or local governments for discounted toll passes for soldiers on active duty as is currently done wherever tolls are a part of the home to work commute.

(2) Resolution. Issue was completed because commanders may negotiate discounted fares if no Federal funds are committed. DALO will issue guidance and instruction to the field. Use of Federal funds for augmentation of home to work transportation is prohibited by statute.

g. Lead agency. DALO-TSP

Issue 239: Needs of MEDEVAC Families Not Being Met

a. Status. Completed.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP X; 1992.

d. Scope. Military families have experienced many problems with the medical evacuation (MEDEVAC) process to the health care centers caused by communication problems between the sending and receiving medical facilities and the MEDEVACed military family. Specifically, military families do not receive pertinent, up-to-date information on the MEDEVAC process from the sending facility, and no one is assigned to guide the families through the process until arrival at the health center. Without this assistance, additional problems caused by the costs of temporary housing, subsistence, family members left behind, and long-term hospital fees become even greater burdens.

e. AFAP recommendation.

(1) Increase cooperation between sending and receiving medical facilities to provide military families with staffing assistance through ACS and Chaplaincy services, volunteer groups, etc.

(2) Provide information packets and a point of contact upon departure from sending medical facilities (CONUS or OCONUS) to include inter-Service cooperation and an open line of communication.

(3) Increase resources through DA for temporary housing, local transportation to and from hospital, meals, and unexpected expenses.

(4) Involve individual commanders in CONUS and OCONUS in the MEDEVAC process to ensure a quicker response time in the shipment of personal effects and family members.

f. Progress.

(1) Responsibility. The Patient Evacuation Section of the sending and receiving medical treatment facility (MTF) has primary responsibility for assistance and information to medically evacuated patients and attendants. Additional assistance is provided by the hospital Social Work Service or volunteer organizations such as the American Red Cross.

(2) Information. Patient information papers and pamphlets are available to explain the aeromedical evacuation system and provide information regarding the destination MTF, lodging, and phone numbers. Normally, this information is provided as part of a pre-flight briefing to patients and attendants prior to their departure from the sending MTF. Information is also available while enroute from the airfield to the destination hospital. Walter Reed Army Medical Center distributed patient information pamphlets to OCONUS MTFs.

(3) Lodging. Limited on-post lodging is available for required nonmedical attendants. Private donation funded construction of guest houses at Army's major medical centers. Active duty outpatients are normally given accommodations in the Medical Holding Company. Family members residing with the sponsor OCONUS who accompany dependents as nonmedical attendants (and soldiers accompanying dependents who are medically evacuated in CONUS to or from a medical facility) are entitled to reimbursement for the cost of meals and lodging.

(4) Shipments. The Personnel Services Support Division addresses on a recurrent basis with commanders the need for timely shipment of personal effects and movement of nonmedical-attendant family members.

(5) Assessment. A tri-Service patient administration work group addressed measures to improve inter-Service cooperation and support to MEDEVAC families. The general consensus was that services provided were more than adequate. To determine patient satisfaction, the 576th Aeromedical Evacuation Squadron passes out a patient reaction survey to addresses the adequacy of the pre-flight briefing.

(6) Resolution. This issue was completed by the Oct 92 GOSC because all Services have policies in place to meet the needs of the MEDEVACed family. Surveys provide timely feedback to improve quality of services. Commanders are being educated on timely shipment of personal goods.

g. Lead agency. SGPS-PSA.

h. Support agency. DAPE-MBB-C/TAPC-PD.

Issue 240: ARNG and USAR Representation and Involvement at AFAP Conference

a. Status. Completed.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP VII; 1989.

d. Scope. The Reserve Component (RC) makes up to 50% of combat manpower. At AFAP there are 180 delegates, only 24 of whom are RC. In briefings, a great majority of information is active duty. Due to restricted representation, only one or two delegates are available for other applicable work groups.

e. AFAP recommendation.

(1) RC delegates should be increased to no less than 25% of total conference.

(2) USACFSC should advise briefers to include RC statistics and other information.

f. Progress.

(1) Delegates. At a Apr 90 MACOM meeting, representatives voted to give USAR and NGB 18 delegates each. The RC concurred.

(2) RC information. CFSC will coordinate RC information with speech writers at future conferences as routine action.

g. Lead agency. CFSC-FSM

Issue 241: Nonavailability of Government Furniture in CONUS

a. Status. Unattainable.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP IX; 1991.

d. Scope. Sufficient Government furniture is not available to provide temporary furniture to soldiers or families in

transition. Furnishing management services in CONUS are too limited to accommodate relocating soldiers or families with temporary furniture.

e. AFAP recommendation. Obtain temporary loan furnishings for transient personnel and establish installation warehouse distribution points.

f. Progress.

(1) Loan furniture. MACOMs received guidance (Memo dated 9 Aug 90, Subject: Loaner Furniture in CONUS) informing them that they may program for loaner furniture in the POM if they determine a requirement exists at any of their installations.

(2) Funding. The family housing account is funded at a level that is inadequate to fund the cost of ownership. Deferred maintenance continues to grow and at the end of FY 91 will reach $593M. New construction and improvements to existing family housing were reduced from $328M in FY 88 to $74M in FY 91. In view of family housing shortfalls, it is not prudent to initiate new Government-funded programs.

(3) Alternative uses. As an alternative, consideration was given to establishing an on-post DPCA furniture rental concession using furniture from Europe. rental companies for the convenience of soldiers and families. Housing and ACS offices will continue to provide brochures on short-term furniture.

(4) Resolution. The Oct 91 GOSC determined this issue is unattainable due to the expense involved (transportation, repair, warehousing, etc.) in relocating used furniture.

g. Lead agency. CEHSC-HM.

h. Support agency. CFSC-BP.

Issue 242: OCONUS Banking Services

a. Status. Completed.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP VIII; May 91.

d. Scope. The Deputy Assistant Secretary of Defense, Comptroller Management System is initiating actions that will reduce and eventually eliminate appropriated fund (APF) support for overseas banking. Overseas personnel will bear the brunt of any reduction or elimination of banking services. The loss of APF will adversely impact the mission, morale, retention, and quality of life (QOL). The perception is that fees are too high and services inadequate; that is, low level of computerization, insufficient Automated Teller Machines (ATMs), limited availability of tellers, and no option to receive canceled checks.

e. AFAP recommendation. HQDA must oppose Deputy ASD, Comptroller's plan and take action to more closely monitor banking contracts.

f. Progress.

(1) Background. The overseas military banking program (OMBP) is a contractual arrangement between banks and DoD for the banks to provide professional bank management skills to operate a worldwide network of Government bank branches on overseas military installations. OSD establishes program policy and manages the Government side of the program, coordinates the contracting effort, serves as technical advisor to the contracting officer, and recommends approval of contract modifications. The Military Departments and the overseas commands review, inspect, and monitor the banking service, provide logistical support and suggest and request to OSD improvements and enhancements to the OMBP. The contract banks provide the bank management expertise. They are tasked to use sound banking practices and to attain maximum operational efficiency within OSD guidance.

(2) Funding. The OMBP is paid for with APFs by the Military Departments to cover the net cost of the OMBP and the management fee for the contract banks. The contract banks receive no part of any income, nor do they share in any of the losses of the bank. They receive their remuneration only from the fee they negotiate in the contract. The estimated cost for the OMBP for FY 91 is $30 million. APF support is fully warranted and should be provided. Fees and charges to users should be comparable to CONUS military bank and credit union fees and charges. They are not intended to cover the cost of the banking services. This Army position has been consistently advanced to OSD.

(3) Resolution. Issue was completed because Army continues to support the use of APFs for the overseas banking contract.

g. Lead agency. SFFM-FCL

Issue 243: Reduction of Tour Length for Alaska and Hawaii

a. Status. Completed.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP VIII; May 91.

d. Scope. The 1987 tour length extension to 4 years for Alaska and Hawaii has negatively impacted on the QOL for soldiers and family members assigned to these areas. The high cost of living has created financial hardships, especially for junior soldiers. Quality family life is at risk because junior married soldiers must extend their service obligation in order to circumvent excessive family separation. The 4-year tour results in numerous professional development obstacles. Tours for captains who have not completed the advanced course must be curtailed so that these soldiers may attend their respective schools. Lower-rank soldiers are promoted in the normal course of events, creating an NCO imbalance. Extraordinary "management-by-exception" procedures become the norm. Incidents of family abuse, divorce, and drug abuse increase due to added stress as a direct result of the extended tours. Early return of family members is common. Alaska and Hawaii are the only overseas assignments that have been extended to 4 years. Army is the only Service to require this extension.

e. AFAP recommendation. Reduce tours in Alaska and Hawaii from 4 years to 3 years.

f. Progress.

(1) Combined issue. Issue 278, "Reduce Tour Length for Alaska and Hawaii," was combined with this issue in Oct 90.

(2) Initial review. Because of higher Army budget priorities, the 3-year tour length for Alaska and Hawaii was not favorably considered in the 1992-1997 POM submission.

(3) Policy change. At the Oct 90 AFAP Conference, the DCSPER directed that the issue be pursued. In Mar 91, the Assistant Secretary of the Army for Force Manpower

and Personnel approved a reduction in tour length for Alaska and Hawaii from 48 to 36 months.

(4) Resolution. Issue was completed because tour length for Alaska and Hawaii was reduced to 36 months in Mar 91.

g. Lead agency. DAPE-MPE-DR

Issue 244: Reinstatement of Leased Housing Program

a. Status. Completed.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP IX; 1991. (Updated: Jul 94)

d. Scope. A shortage of housing units currently exists. Construction of new housing units is expensive in terms of cost and time. An alternative solution is to reinstate the leased housing program.

e. AFAP recommendation.

(1) Reinstate the leased housing program in areas where housing shortages exist, in remote areas, and in areas where the high cost of living prohibits soldiers and their families from purchasing or renting adequate housing.

(2) The Corps of Engineers should be tasked with the responsibility for reinstating the leased housing program.

f. Progress.

(1) Related issue. This issue relates to AFAP Issue 382, "Lease Assistance Program".

(2) Program review. The reinstatement of the leased program was not necessary since the program was never terminated. Issue originally was intended to assist soldiers in remote and high-cost areas, i.e., recruiters.

(3) Legal review. Legal opinion was stated that domestic leasing was not to be used as a rent subsidy. A tri-Service working group convened to initiate change to domestic leasing legislation to broaden the program to include leasing in high-cost and remote areas. The changes were included in the OSD housing study submitted to Congress. Legislative proposal to change the program (leasing for recruiters) was rejected by OMB in Feb 91.

(4) Resolution. The Oct 91 GOSC voted this issue completed because leased housing is authorized to fill temporary housing needs.

g. Lead agency. DAIM-FDH-M.

h. Support agency. DAPE-MBB.

Issue 245: Require Specialized Training and Personnel for Relocation Services

a. Status. Completed.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP XI; 1993.

d. Scope. There is a need for quality and comprehensive relocation services personnel and training. Training is necessary for all civilian and military personnel who deal with soldiers and their families during in-processing. Training should focus on skills used in dealing with people, communication skills, and should include information on the stresses faced by soldiers and family members during a PCS move.

e. AFAP recommendation.

(1) Aggressively implement proposed training.

(2) Augment relocation staff to reflect an authorized relocation specialist at each (ACS) facility.

(3) Require installations worldwide to implement the automated database by updating information, providing hardware, and training personnel.

f. Progress.

(1) History. This issue was combined with Issue 153, "Relocation Services," by the Apr 90 GOSC.

(2) Resolution. This issue was completed by the Oct 93 GOSC when it declared Issue 153 completed. Issue 153 resulted in the implementation of the automated relocation system, increased relocation staffing and training, and changed Army regulations to require soldiers to process through ACS centers for relocation assistance.

g. Lead agency. CFSC-FSA.

h. Support agency. TAPC-OPD/DAPE-MPH.

Issue 246: Early Awareness of Retirement Needs and Benefits

a. Status. Completed.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP VIII; May 91.

d. Scope. Currently, career military personnel have a mandatory retirement briefing at the 18th year of service. The need exists for earlier education to initiate financial planning throughout the career. The soldier and family need to develop realistic retirement goals. Materials exist for proper training.

e. AFAP recommendation. Initiate mandatory training for soldier and family at critical career points (reenlistment, marriage, separation, advanced course, CAS3, BNCOC, ANCOC, etc.).

f. Progress.

(1) Related issue. Issue relates to Issue 185, "Survivor Benefit Plan."

(2) Resources.

(a) Materials or classes exist at ACS for the soldier and spouse to help prepare their financial plan and retirement.

(b) The retirement services officer (RSO) is available to all soldiers and spouses for group and individual counseling on preparing for retirement.

(c) HQDA produced four videos for distribution to the installation RSO. These videos, on SBP and retirement preparation, will be available for the soldier and spouse to check out or to view at the retirement service office.

(d) Commanders are required to incorporate personal affairs in their unit training programs. In addition, personal affairs are being taught, in various subjects or various lengths, in service schools. Demand for subjects and available time in our service schools is already at a premium.

(3) Soldier responsibility. In addition to the Army's responsibility, the individual soldier also has a responsibility to maintain his or her personal affairs in a high state of readiness and to prepare for his or her future and thus provide for his or her family.

(4) Resolution. Issue was completed because pre-retirement videos and SBP videos for active duty and Reserves are available for showing by commanders and Army schools.

g. Lead agency. CFSC-FSR

Issue 247: Shortage of Health Care Personnel/Facilities

a. Status. Unattainable.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP VII; 1990.

d. Scope. Lack of specialized health care impacts negatively on the Total Army family.

(1) Shortfalls in health care in isolated areas impacts negatively on the mission.

(2) Aging equipment and inadequate facilities inhibit ability to provide quality service.

(3) Health care system inadequacies lead to significant out-of-pocket expenses for the Total Army family.

(4) Lack of preventive care often leads to significant health problems resulting in higher costs to the Army.

(5) Adequate funding for the Health Services Command will ultimately reduce CHAMPUS cost and improve readiness, retention, and sense of well-being for the Total Army family.

(6) Health care is a readiness and retention issue. The demands on the system were not foreseen; lack of care is perceived as an erosion of benefits.

e. AFAP recommendation.

(1) Upgrading of facilities and equipment is cost-prohibitive. Ensure CHAMPUS Reform Initiative and Dependents Dental Plan reforms guarantee specialized treatment and additional programs to meet shortfall.

(2) Encourage DoD support for EUCOM Demonstration projects.

(3) Emphasize and resource CHAMPUS Enhancement and PLUS programs.

(4) Continue aggressive expansion of PRIMUS.

(5) Investigate utilization of CHAMPUS funds to provide health care in MTFs for eligible recipients.

(6) Determine if health care staff is used efficiently; coordinate with CPO to hire administrative and clerical staff.

(7) Recruit aggressively for health care providers and increase incentives.

(8) Ensure current medical and dental force remains at strength (not decreased proportionately) during OCONUS force reduction so that requirements and authorizations meet level of full staffing.

(9) Staff health care services for peacetime requirements in specialties with wartime suitability, to include professionals such as Physicians Assistant and Nurse Clinicians.

(10) Recruit and train additional health care professionals or contract civilian specialists to provide specialized care.

(11) Adopt a proactive, preventive care approach using low or no cost programs already in place.

(12) Increase Family Practice Clinics with view toward preventive services.

(13) Emphasize the Health Risk Assessment Program and invite Total Army family participation.

(14) Investigate "space required" versus "space-A" care.

(15) Continue aggressive prevention and education efforts.

(16) Rework administrative and clerical areas to better utilize clinic space.

(17) Continue to update and expand facilities at growing installations to serve the Total Army family.

(18) Increase frequency of visits by health care personnel to remote sites (using Mobile Health Teams).

(19) Implement Outreach medical and dental vans OCONUS and CONUS.

(20) Provide MEDEVAC helicopters to areas where necessary (for example, Wildflecken Training Area).

(21) Put limited resources where they best serve the needs of the Total Army family and adapt services to regional needs. Continue to update and expand facilities at growing installations to serve the Total Army family.

f. Progress. At the AFAP IPR in Feb 90, it was concluded that Issue 247, with its numerous recommendations, represented 22 separate issues and it was impossible to review as one. Each recommendation was presented and separately discussed. It was evident that many of the recommendations were active issues from previous AFAPs and that the remaining recommendations were too broad or invalid. However, it was decided by CFSC that the fact sheets provided by DASG were very informative and should be disseminated to the field. CFSC staff members indicated that an experienced and knowledgeable facilitator will be assigned to the next AFAP Planning Conference medical work group to provide specific guidance regarding development of issues to preclude forwarding of poorly defined and ambiguous issues. Per provisions of the AFAP plan, furnishing information regarding a specific issue is a legitimate method to resolve an issue. Hence, this issue is determined unattainable.

g. Lead agency. SGPS-CP-P

Issue 248: Sole Parents Discriminated Against in Job Assignments

a. Status. Unattainable.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP VII; 1989.

d. Scope. Some commanders are selectively reassigning and denying positions to sole parents based on perceived or anticipated problems.

e. AFAP recommendation.

(1) Army guidance should emphasize that soldiers cannot be reassigned or denied positions because of sole parent status.

(2) Aggressive counseling and training programs should be developed for sole parent soldiers and their commanders to foster understanding.

(3) Family Care Plans should be enforced to ensure that soldiers who have plans in place are not denied opportunities, and that soldiers who do not have workable plans do not place additional burdens on other soldiers.

f. Progress.

(1) Army policy. Army policy states that it is the single parent soldier's responsibility to ensure that their dependent family members will be adequately cared for and provided for in the event that they are deployed. The Army assists soldiers to meet that responsibility by requiring Family Care Plans. A recent change to AR 600-20, paragraph 5-5, clearly outlines requirements, procedures, and time frames relative to Family Care Plans. The regulation is also very clear in emphasizing that soldiers will not receive any special consideration in duty assignments or

duty stations based on their parental responsibility unless enrolled in the Exceptional Family Member Program (EFMP).

(2) Soldier responsibility. Soldiers must arrange for the care of their dependent family members so as to be available for duty when and where the needs of the Service dictate. They must also be able to perform assigned military duties without interference of family responsibilities. Soldiers who are unable to comply with the requirements as outlined in the interim change to AR 600-20, paragraph 5-5, will be considered by their commanders for separation from military service.

(3) Counseling requirement. Counseling concerning Family Care Plan requirements is mandated by regulation. DA Form 5304-R was revised to facilitate that process. Commanders may delegate counseling responsibilities to other officers or noncommissioned officers in the unit, but must retain the final approving authority for each Family Care Plan regardless of the rank of the soldier submitting it.

(4) Resolution. This issue was determined to be unattainable. Because of the obvious impact on both soldiers and their family members as well as individual and unit readiness, the benefit of requiring Family Care Plans and enforcing regulatory requirements far outweighs the cost involved.

g. Lead agency. DAPE-MPH-S

Issue 249: Source Data Utilized for VHA Computation

a. Status. Completed.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP VIII; May 91.

d. Scope. The current method computes the Variable Housing Allowance (VHA) rate Local Median Cost (LMC) on the actual amount spent by soldiers. The amount spent is based on what a soldier can afford, which does not necessarily guarantee adequate housing. The LMC, based on actual amount spent, does not reflect the true cost in the local community to provide adequate housing.

e. AFAP recommendation.

(1) Change the sources of the information used to compute the LMC.

(2) Use a wide database that will allow the soldiers to compete for adequate housing.

(3) Appropriate more dollars for VHA.

f. Progress.

(1) Background. VHA comprises only 20% of the Army's total housing budget; the remainder consists of BAQ and OHA. Because BAQ is limited to the annual pay raise, large annual increases in VHA were required to offset housing expenses. This seemingly "unconstrained" growth caused Congress to impose a number of cost "freezes" and cost "caps" on the VHA program. As a result, soldier's out-of-pocket housing cost rose to 20%, compared to the 15% originally envisioned by Congress. This problem is especially acute at the junior enlisted level.

(2) DoD study. In 1990, DoD, in conjunction with the Services, conducted a study to determine off-post housing adequacy standards and adequate allowance rates. Low rates at remote and resort areas, low junior enlisted rates, increasing out-of-pocket costs, and high rate drops in specific locations were addressed in the study. The study and specific recommendations were forwarded to Congress through OMB. A recommendation to establish a rate floor equal to the local Fair Market Rental (FMR) was referred to the 7th Quadrennial Review of Military Compensation (7th QRMC) by ASD(FM&P).

(3) VHA increase. The FY91 NDAA removed the housing component rate setting limitation on VHA. This allowed VHA rates, for the first time since 1985, to be restored to 80% of National Median Housing Cost. As a result, VHA, on average, increased 10% in FY91.

(4) Resolution. This issue was completed because VHA allowances increased to cover 80% of the National Median Housing Cost.

g. Lead agency. DAPE-MBB-C

Issue 250: Continuation of SSI Entitlements for OCONUS Family Members

a. Status. Completed.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP VII; 1989.

d. Scope. Department of Defense (DoD) family members who receive Supplemental Security Income (SSI) for a disability, automatically lose their entitlement when accompanying their spouse OCONUS. The Social Security Administration does not provide SSI entitlements to OCONUS. This situation creates financial and emotional hardships on the entire family and adversely impacts on their quality of life.

e. AFAP recommendation. Change current policy, laws, or procedures to allow family members to receive SSI while OCONUS.

f. Progress.

(1) Legislation. Effective 1 Apr 90, legislation authorizes military families with handicapped members who received SSI prior to a transfer overseas to continue to receive these payments.

(2) The Social Security Administration, the agency responsible for the SSI program, issued guidelines for overseas military families who believe they are eligible for this program. All overseas SSI applications will be processed through the Social Security office in Cumberland, Maryland.

(3) When military families receiving SSI payments transfer overseas, local Social Security offices place their cases in a "suspense" file. Although these records terminate after 12 months, military families who have been overseas beyond 1 year should have no problem with reinstatement. All overseas military families who were eligible and in receipt of SSI payments in the U.S. will have their cases reviewed when they apply for reinstatement.

g. Lead agency. DAPE-MBB-C

Issue 251: Substance Abuse Throughout Total Force

a. Status. Completed.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP IX; 1991.

d. Scope. There is a lack of community concern toward substance abuse education, prevention measures and treatment programs. Communities are not using available resources. Readiness and retention is deterred by any

form of substance abuse.

e. AFAP recommendation.

(1) Continue alcohol de-emphasis at official functions.

(2) Enforce the Army-wide comprehensive program that includes education for all soldiers.

(3) Assign rehabilitated soldiers to sponsors who are recovered abusers, when available.

(4) Continue and increase the education of commanders about regulations, treatment programs, and the need for the soldiers to be treated, or for the soldier to be supportive of treated family members.

(5) Offer families more appealing and effective programs.

(6) Make resources more readily accessible to adults and youth.

(7) Enact an Army-wide program specifically for the youth that would include intervention measures and more spaces available in military treatment facilities.

f. Progress.

(1) Related issues. Issue 284, "Shortage of Mental Health Professionals to Work with Youth", Issue 8, "ADAPCP Residential Treatment", and Issue 12, "Alcohol and Drug Abuse", relate to this issue.

(2) Statistics. The prevalence of drug and alcohol abuse in the Army (self-reported) declined from 29% in 1980 to 7%in 1988. The overall forensic positivity rate also declined from 10% in 1983 to 1% in 1989.

(3) Prevention and control program. The Army has a long-standing Alcohol and Drug Abuse Prevention and Control Program (ADAPCP) that addresses each of the conference's recommendations. While the ADAPCP is centrally directed and resourced, it is executed on a decentralized basis; therefore, it reflects the command environment and priorities of the particular installation or community.

(4) Deglamorization. The deglamorization of alcohol has been a long-standing policy and is contained in AR 190-5, AR 215-2, and AR 600-85. The 1988 DoD worldwide survey showed that the average daily consumption of alcohol declined approximately 34% since 1982, and that there is some progress in the "heavy drinking" categories.

(5) Regulatory changes. Interim Change 1 to AR 600-85 was published 1 Oct 91. This change completely revises the "mandatory actions" guidance for alcohol and other drug abusers.

(6) Community education. The education of the Army community regarding the detrimental effects of alcohol and other drug abuse on readiness and healthy lifestyles is primarily accomplished through installation-based programs, such as general awareness and preventive education programs, special events, health care provider awareness and referrals, school-based educational programs, and the OCONUS adolescent treatment program. Emphasizing preventive education to our soldiers and increasing the substance abuse and program knowledge of commanders and leaders is routinely accomplished during conferences, field assistance visits, and compliance inspections.

(7) CHAMPUS link. When family alcohol or other drug treatment is required, the ADAPCP is an adjunct to CHAMPUS (in CONUS) and not its replacement. A full-service-adolescent-substance-abuse program, however, does exist in OCONUS areas (also in Hawaii).

(8) GOSC review.

(a) Apr 90. Army policy is prevention. The issue needs to be reviewed again.

(b) Oct 90. Directed a review of program impact on families as well as soldiers.

(9) Resolution. This issue was completed by the Oct 91 GOSC because all components of the Total Army family are included in substance abuse detection and education programs. The program is sufficiently funded.

g. Lead agency. DAPE-HR-PR.

h. Support agency. SGPS-FP.

Issue 252: Summer School Program in DoDDS

a. Status. Completed.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP XI; 1994.

d. Scope. There is a need for remedial programs, for credit make-up courses required toward graduation for students transferring into the DoDDS system, for supplemental courses for academic skills, and for enrichment courses for additional resources into choice subject matter.

e. AFAP recommendation.

(1) Survey all communities in OCONUS commands to determine educational programs needed and numbers of students in target groups.

(2) Develop and implement summer school programs from survey results.

(3) Explore mentor program and incorporate it into the summer hire program.

(4) Consolidate community summer school as needed within feasible limitations.

(5) Develop memorandum for record (MFR) for in- and out-processing briefing for sponsors leaving CONUS and implement MFR through community commanders and school system for all sponsors including those located OCONUS.

f. Progress.

(1) Combined issue. This issue was combined with Issue 34, "Curriculum and Evaluative Criteria in DoDDS," by the Oct 90 GOSC.

(2) Summer school. Army requested ASD(FM&P) provide summer school and remedial programs. Limited funding precludes DoDDS from offering system-wide summer school as part of the basic program. However, DoDDS offers summer school on a fee basis where sufficient parent and student interest exists. DoDDS summer school programs are marketed through newspaper, radio, and television media as well as through school newsletters, community publications, and letters to parents. In addition, the DoDDS Director of Pupil Personnel Services instructed counselors to address summer school issues with sponsors as they in-process.

(3) Resolution. The Apr 94 GOSC determined that Issue 34, and the issues combined with it, are completed. DoDDS provides summer school programs as requested in the AFAP issue. See Issue 34 for additional information.

g. Lead agency. DoDDS

Issue 253: Housing for Families on Medical Compassionate Reassignments
a. Status. Completed.
b. Entered. AFAP VII; 1989.
c. Final action. AFAP VII; 1990.
d. Scope. Some military installations do not consider families on medical compassionate reassignment orders for priority housing.
e. AFAP recommendation.
(1) Evaluate families with special medical needs requiring access to a major medical facility or life-sustaining requirements on a case-by-case basis to determine housing priority.
(2) Evaluation will be conducted by the installation EFMP committee per AR 600-75 and AR 210-50.
f. Progress.
(1) Exceptions. A new AR 210-50 was disseminated to the field on 31 Jul 90 that gives the authority to grant exceptions to the housing waiting list and housing management procedures to the installation commander. The installation housing officer can make recommendations based on evaluation of the circumstances through the Director of Engineering and Housing to the installation commander who is the approval authority.
(2) EFMP assistance. In Jun 90, a revision to AR 600-75 was published requiring the installation EFMP coordinator to address problems regarding individual exceptional family members (for example, inaccessible facilities and programs).
g. Lead agency. CFSC-FSA.
h. Support agency. DAPE-MPH-S.

Issue 254: OCONUS Emergency Leave Travel Entitlement
a. Status. Unattainable.
b. Entered. AFAP VII; 1989.
c. Final action. AFAP VIII; May 91.
d. Scope. Soldiers on emergency leave status are not afforded the opportunity to fly at Government expense to the international air terminal closest to the emergency.
e. AFAP recommendation. Authorize OCONUS soldiers and family members in emergency leave status to travel to the international air terminal nearest to the emergency site.
f. Progress.
(1) Title. The original title, “Travel Entitlements for Service and Family Members Stationed OCONUS” was changed to “OCONUS Emergency Leave Travel Entitlement” to more accurately reflect the scope of the issue.
(2) Legislative attempts.
(a) This issue was submitted in FY 90-91 legislative proposals. It was not approved by OSD in the and was not included in the packet submitted to Congress.
(b) The Navy proposed legislation for the FY 92-93 Legislative Contingency packet. However, due to fiscal constraints, the Army Staff (Program Budget Committee) withdrew their previous support for this issue.
(2) Resolution. Issue was determined unattainable because the proposal would create an inequity between soldiers stationed CONUS and OCONUS and between DA Civilians and soldiers stationed OCONUS.
g. Lead agency. DAPE-MBB-C

Issue 255: Army Family Action Plan
a. Status. Completed.
b. Entered. AFAP VIII; May 91.
c. Final action. AFAP IX; 1991.
d. Scope. The Army Family Action Plan (AFAP) is a proven process used to provide recommendations on quality of life issues to Army leadership. A HQDA conference allows a collective exchange of ideas which not only brings about legislative and procedural changes, but also acts as an information conduit to the grassroots level. Reducing or discontinuing the AFAP process due to budget cuts will lower troop and family morale. This will adversely affect retention of quality soldiers and readiness of the Army. Loss of the AFAP or its viability would lead to a loss of confidence in the Army leadership.
e. AFAP recommendation.
(1) Keep the DA conference on an annual basis.
(2) Continue to provide command emphasis.
(3) HQDA should strongly encourage all installations and MACOMs to use the AFAP process as a tool to improve quality of life.
f. Progress.
(1) Annual DA conference. The DCSPER made a commitment to the participants of the 1990 AFAP conference that there would be a conference in 1991.
(2) Command emphasis. Providing command emphasis on the AFAP process, as well as encouraging installations to use the process as a tool, is an integral part of the CFSC-FSM mission.
(3) MACOM interface. Twice a year, CFSC meets with MACOM AFAP Coordinators to discuss the process and the importance of it being used as a tool to improve the QOL.
(4) Resolution. The Oct 91 GOSC voted this issue completed based on continued DA commitment to the AFAP process and ongoing USACFSC interaction with MACOMs to use the AFAP process to improve quality of life.
g. Lead agency. CFSC-FSM

Issue 256: CHAMPUS Cost Share Inequities
a. Status. Unattainable.
b. Entered. AFAP VIII; May 91.
c. Final action. AFAP VIII; May 91. (Updated: Feb 96)
d. Scope. By law, military retirees and family members may be provided space-available medical care in military medical treatment facilities. Due to existing constraints and limitations, retirees and their family members must exercise the entitlement to CHAMPUS. Retirees and their family members currently pay 25% under CHAMPUS versus 20% paid by active duty family members. Therefore, military retirees and their families incur significant out-of-pocket expense.
e. AFAP recommendation. Reduce retiree cost share to 20% so that it equals the cost share paid by active duty family members.
f. Progress.
(1) Background. Chapter 55, title 10, United States Code establishes the CHAMPUS cost shares for active

duty families and retirees and their families. The FY 91 House Appropriations Committee language prohibits added benefits such as reduced cost shares because such benefits would add cost to the medical funding problem. Additionally, OSD Comptroller Program Budget Decision 041, Nov 90, directs that any reduction or waiver of cost shares will cease. The congressional intent is to reduce costs through negotiated discount rates for civilian medical care.

(2) Managed care. Under the Army Gateway to Care (GTC) program, MTF commanders will seek negotiated arrangements for discount rates with civilian sources such as individual providers, preferred provider organizations, and local hospitals. It is anticipated that beneficiaries will experience reduced costs for medical care as a result of the negotiated arrangements.

(4) Resolution. The Spring 1990 GOSC declared this issue completed because GTC will increase access to care and reduce beneficiary cost. [Upon administrative review, the issue status was changed to unattainable because the AFAP recommendation was not achieved.]

g. Lead agency. SGPS.

h. Support agency. None.

Issue 257: Civilian Personnel Office Program Information

a. Status. Completed.

b. Entered. AFAP VIII; May 91.

c. Final action. AFAP IX; 1991.

d. Scope. Unclear information is disseminated to potential applicants from Civilian Personnel Office (CPO) to CPO. Confusion and frustration result in the loss of potential, qualified applicants, and impact negatively on the work force in the work place.

e. AFAP recommendation.

(1) Require CPOs to provide concise, current, installation-specific sheets on programs including, but not limited to, spouse preference, priority placement, executive order, and reduction in force such as they do in merit promotion and provide an orientation to potential applicants on CPO procedures and policies.

(2) Establish an installation advisory board to address concerns and complaints and disseminate pertinent information.

(3) Synchronize the DoD Spouse Preference and the DoD Priority Placement program regulations.

f. Progress.

(1) Fact sheets. Updated fact sheets (Feb 91) provide personnel offices, employees, and applicants an extensive source of basic information on military spouse preference, Executive Order 12721, Family Member Employment Assistance Program, and Priority Placement Program (PPP). See Issue 370 for additional information.

(2) Advisory board. In view of the number of boards and committees already at installations, and the presence of the Inspector General and other offices at and above the installation level to which problems may be referred, another advisory board is not necessary. In 1991, a memorandum was sent to the field to explain the review channels available and steps customers can take which will help the CPO provide them adequate information.

(3) OSD review. A "question and answer" regarding military spouse preference was issued by OSD in May 89 that clarified most issues. A revised Appendix I to the DoD PPP was issued in Sep 90 that provided further clarification.

(4) Resolution. The Oct 91 GOSC voted this issue completed based on the dissemination of fact sheets and informational memoranda on priority placement, spouse preference, executive order, and employment opportunities.

g. Lead agency. TAPC-CPF-S.

h. Support agency. CFSC-FSA/DAPE-CPE.

Issue 258: Clothing Replacement Allowance

a. Status. Completed.

b. Entered. AFAP VIII; May 91

c. Final action. AFAP X; Oct 92

d. Scope. Present clothing allowance does not provide for adequate replacement of uniforms, to include mandatory uniform changes. The level of increase of the Clothing Replacement Allowance (CRA) is not sufficient in comparison to the military clothing market and does not keep up with the rising cost to the soldier. CRA does not include maintenance and repair costs. Surveys for new clothing are done within a singular location which could affect the cost of uniform purchases. Manufacturers are not receiving information regarding quality and fit from experienced soldiers. Official changes in uniforms require out-of-pocket expense to purchase new uniforms for all soldiers. The one-time allowance of $300 for officers is insufficient.

e. AFAP recommendations.

(1) Increase computation percentage of CRA.

(2) Survey experienced soldiers from all components at multiple locations (CONUS and OCONUS) when making changes to military uniforms.

(3) Increase initial officer allowance or incorporate an officer's CRA.

(4) Develop pro rata reimbursements for work environment (like field training and maintenance) uniform losses. Investigate other Service policies.

(5) Calculate CRA on field unit usage (armor, infantry, and field artillery).

(6) Develop procedures for direct exchange of uniform items at unit level when there is irreparable work-related loss.

(7) Increase CRA to help defer the cost of maintenance and repair of initial issue items.

f. Progress.

(1) History. Issue 290, "Compensation for Maintenance and Repair of Basic Issue," was combined in Aug 92 with this issue due to similarity of scope.

(2) Definition. Clothing monetary allowance procedures are DoD policy and apply to all Services. CRA is paid to enlisted soldiers to provide sufficient funds on an annual basis to replace the uniquely military items in the initial issue clothing bag. The initial issue represents the minimum uniform requirements. Soldiers, particularly careerists, may choose to acquire more than that provided for in the CRA. Unusual wear and tear, damage, or loss also result in out-of-pocket costs. Greater-than-average wear of one type of clothing bag item (for example, Battledress Uniforms) is offset by less than average wear of another

item (Service green uniform). The other Services apply the same rationale as the Army -- that the CRA is to replace clothing bag items.

(3) Computation.

(a) Uniform prices are set by the Defense Personnel Support Center based on procurement costs, not the location of a clothing survey. The price remains the same during the fiscal year, regardless of the manufacturer. Uniforms are manufactured based on specifications developed to meet Army standards. Before changes are undertaken, enlisted soldiers and officers are surveyed, generally at four to six installations.

(b) The CRA is not calculated based on maintenance costs, but on the average wear life and current price of clothing. DoD scrapped the maintenance and repair concept several years ago. If the unit cost increases or a new item is added to the clothing bag, the CRA is adjusted accordingly. All enlisted soldiers receive sufficient CRA to purchase new items from Army Military Clothing Sales Stores by their official possession dates.

(c) CRA calculations do not delineate a specific military occupational specialty (MOS), such as Armor or Infantry. Common Table of Allowances (CTA) 50-900 authorizes organizational protective clothing for mechanics, welders, battery handlers and combat vehicle crewmen. MACOMs and installations budget for these items and determine stockage levels. Special circumstances may warrant free issue and direct exchanges of uniforms and are evaluated on a case by case basis.

(4) Officer allowance. Although the Career Compensation Act of 1949 (PL No. 81-351, 63 STAT 802) states that an officer will be required to subsist himself, in 1981, payment of an initial uniform allowance in the maximum amount of $300 was authorized for all officers upon their initial entry on active duty. The Services request to increase officers' initial allowance in the FY 88-89 legislative program was not supported by OSD. However, FY01 legislation increased the officers' initial uniform allowance to $600.

(5) SMA input. The Sergeant Major of the Army (Jun 92) concluded that the CRA process adequately addresses clothing replacement requirements. At his suggestion, the Defense Finance and Accounting Service was requested to add a statement to the soldier's Leave and Earning Statement explaining changes in the CRA that were made that fiscal year.

(6) Resolution. This issue was completed by the Oct 92 GOSC because the CRA is computed and adjusted annually to provide sufficient funds to replace military clothing bag items; free issue and direct exchange of uniforms is authorized under special circumstances; and soldiers are surveyed before uniform changes are made.

g. Lead agency. DALO-TST-E.

h. Support agency. DAPE.

Issue 259: Communication of DoDDS Policies is Inadequate

a. Status. Completed.

b. Entered. AFAP VIII; May 91.

c. Final action. AFAP IX; 1992.

d. Scope. Information regarding DoDDS and Section 6 schools' policies, regulations, and requirements are not well known or consistently followed. The ACS Welcome Packet needs information about schools for teenagers. There is stress in changing schools. Graduation requirements are different from State to State and district to district. Grading systems vary.

e. AFAP recommendation.

(1) Fully implement the Army Community Service (ACS) Relocation Assistance Information System (RAIS).

(2) Ensure that DoDDS inputs information in RAIS and updates quarterly.

(3) Ensure that ACS RAIS information is provided at all in- and out-processing centers and is publicized throughout the Army.

(4) Revise AR 608-1 to include guidelines for information on schools and local implementation.

(5) ACS should develop and distribute information on schools in ACS Welcome Packet and relocation database.

f. Progress.

(1) Issue history. Issue 230, "Inadequate Educational Information for Youth," was combined with this issue in December 1990 due to similarity of issues. Issue relates to Issue 191, "Transfer of Credits."

(2) Regulatory change. AR 608-1 was revised to include guidelines for providing pre-move information on schools to soldiers and families.

(3) Training. The need for pre-departure school information was emphasized during the ACS Relocation Program Manager's training, 3rd Qtr FY90.

(4) Relocation database.

(a) The RAIS was distributed to the field during the Relocation Program Manager's training conducted 3rd Qtr FY 90.

(b) For each installation, the database contains information describing private schools, public school districts, and special education. Installations provide --

1. Names of private schools, special areas of interest, tuition, and proximity to the installation.

2. Public school districts serving the installation population, graduation requirements, grading system of the school district, unique scheduling, and talented or gifted programs.

3. Special education facilities or activities serving the installation, their areas of emphasis, availability to military families, and proximity to the installation.

(5) Resolution. The Jun 92 GOSC determined this issue completed because ACS Welcome Packets and the RAIS contain school information for each Army installation and guidelines for providing school information is included in AR 608-1 and relocation assistance training programs.

g. Lead agency. CFSC-FSA.

h. Support agency. DoDDS/CFSC-FSY.

Issue 260: Comprehensive Dental Care Available to the Total Army Family

a. Status. Completed.

b. Entered. AFAP VIII; May 91.

c. Final action. AFAP XV; 1998.

d. Scope. There are insufficient resources in direct-care facilities to service the Total Army family. Some members of the Total Army family are not eligible for dental insur-

ance. Some eligible members can not afford the premiums. Supplemental dental insurance is cost-prohibitive.
e. AFAP recommendation.
(1) No cuts in dental staffing in the builddown.
(2) Base staffing guides on the Total Army family.
(3) Implement alternative cost-shared dental insurance plans to meet the needs of the Total Army family, including OCONUS.
(4) Provide retirees the same dental benefits as active duty until age 65.
f. Progress.
(1) Combined issues. In Dec 90 Issue 260, 264, and 273 were combined with Issue 229 due to similarity of scope and AFAP recommendation.
(2) Resources. Continued resource reduction based on the Army drawdown is expected. The Army Dental Corps will only be resourced to meet the needs of the active duty population.
(3) Staffing. The Office of the Assistant Secretary of Defense for Health Affairs (OASD(HA)) controls the budget for the Army Medical Department. Dental resources will continue to be only for active duty soldiers. The OASD(HA) mandated that no more than 10% care will be provided to Other Than Active Duty patients in CONUS. An exception to exceed the 10% mandate was given for OCONUS.
(4) Expanded DDP. The expanded dental insurance program was implemented 1 Apr 93. It did not prorate fees by rank nor use a tier system (pick and choose) approach. See Issue 229 for coverage and eligibility.
(5) Retiree dental care. Dental insurance for retirees was implemented on 1 Feb 98. See Issue 386, “No Cost to the Government Dental Insurance” for additional information.
(6) Resolution. The Apr 95 GOSC determined most of this issue’s recommendations were addressed when it completed Issue 229.
g. Lead agency. U.S. Army Dental Command.
h. Support agency. DAPE-PRR-C.

Issue 261: Cost of Living for Civilian Employees
a. Status. Completed.
b. Entered. AFAP VIII; May 91.
c. Final action. AFAP VIII; May 91.
d. Scope. DoD civilian personnel salaries are below private industry and do not reflect the cost of living in specific locales.
e. AFAP recommendation. With the provision that the Pay Reform Bill is signed, implement its provisions as quickly as possible to include the phase-in of locale pay with the Employment Cost Index (ECI) by FY 92 instead of FY 94. Reintroduce the Pay Reform Bill if the bill is not signed.
f. Progress.
(1) Legislation. The Employees Pay Comparability Act was enacted in Nov 90. By law, pay adjustment based on ECI changes begins in FY 92. Interim geographic pay adjustments were granted in FY 91 for metropolitan areas experiencing the greatest recruitment and retention problems.
(2) Resolution. This issue was completed because the Employees Pay Comparability Act requires interim geographic adjustments in 1991, adjustments based on ECI for 1992 and 1993, and the phase-in of locality pay beginning in 1994.
g. Lead agency. DAPE-CPE

Issue 262: Course Selection and Graduation Requirements Complicated by Relocation
a. Status. Unattainable.
b. Entered. AFAP VIII; May 91.
c. Final action. AFAP VIII; 1991.
d. Scope. Adjustment to new school communities is complicated by lack of diversity in course selection and non-acceptance of previous courses taken. This can adversely impact on graduation.
e. AFAP recommendation.
(1) Provide additional vocational and scholastic course offerings to enable students to more fully pursue areas of interest.
(2) Reinstate the 7-period day in DoDDS schools.
(3) Direct DoDDS and Section 6 schools to be flexible in acceptance of credits earned at other schools on a case-by-case basis as needed.
f. Progress.
(1) Related issues. Issue relates to Issues 34, "Consistency of Curriculum and Evaluation Criteria in DoDDS"; 191, "Transfer of Credits"; 214, "DoDDS Curriculum"; and 252, "Summer School Program in DoDDS." The requirement to provide additional vocational and scholastic offerings is addressed in AFAP Issue 34.
(2) Seven-period day. DoDDS reinstated the 7-period day.
(3) Credit acceptance. DoDDS and Section 6 schools are required to comply with credit acceptance standards established by their respective accreditation associations. Establishing special standards for on-post military schools would create an unequal situation for military children forced to attend off-post schools that are accredited by the same association and over which DoD has no control.
(4) Resolution. This issue was declared unattainable because credit acceptance in DoDDS is bound by the standards of the North Central Association of Colleges and Schools. Vocational and scholastic course offerings are monitored in Issue 34, "Consistency of Curriculum and Evaluative Criteria in DoDDS." The 7-period day was reinstated in 1991.
g. Lead agency. CFSC-FSY.
h. Support agency. DoDDS.

Issue 263: Dual Military BAQ Settlement Upon Separation and Divorce
a. Status. Completed.
b. Entered. AFAP VIII; May 91.
c. Final action. AFAP IX; 1991.
d. Scope. Current policy gives Basic Allowance for Quarters (BAQ) "with dependent" rate to the soldier with responsibility of child support instead of the soldier who has custodial care. The intent of BAQ is to provide quarters, not to off-set child support or to become pocket money. Therefore, the current system allows for abuse of BAQ funds for dual-military soldiers.

e. AFAP recommendation. Revise the regulations so that the BAQ at the "with dependent" rate is authorized for the dual soldier with custodial care.

f. Progress.

(1) Policy change. In May 91, Army submitted a proposal to the Per Diem, Travel and Transportation Committee to change the VHA entitlement to the custodial soldier. All Services concurred with the proposal. OSD authorized the change in the DoD Pay Manual and forwarded a request to Defense Financial and Accounting Service-Indianapolis Center (DFAS-I-D) to change the DoD Pay Manual.

(2) Resolution. The Oct 91 GOSC declared this issue completed based on BAQ/VHA authorization at the "with dependent" rate to the soldier with custodial care.

g. Lead agency. DAPE-MBB-C

Issue 264: Expand Dependents Dental Plan (DDP) Insurance Coverage and Eligibility

a. Status. Completed.

b. Entered. AFAP VIII; May 91.

c. Final action. AFAP XII; 1995.

d. Scope. Current Dependents Dental Plan (DDP) is only a basic dental-care program. DDP does not cover complete, comprehensive dental care. Many members of the Total Army family are not eligible for the Dependents Dental Plan.

e. AFAP recommendation. Expand existing DDP to include a group plan with tier options available to the Total Army family that includes three levels: basic care; all dental care except orthodontics; and comprehensive dental care.

f. Progress.

(1) Combined issues. Issues 260, 264, and 273 were combined with Issue 229 in Dec 90 due to similarity of scope and AFAP recommendation.

(2) New dental plan. The expanded dental insurance program was implemented 1 Apr 93. It did not prorate fees by rank nor use a tier system (pick and choose) approach. Government cost share for the total premium remained at approximately 60%.

(a) The plan covers 100% diagnostic and preventive, 80% simple restorations, 80% sealants, 60% oral surgery, 60% endodontics, 60% periodontics, 50% crowns and casts, 50% prosthodontics, and 50% orthodontics. There is a $1,000 annual maximum on non-orthodontic services and a $1,200 lifetime maximum on orthodontic services.

(b) Eligible beneficiaries are those family members of active duty soldiers with at least 2 years remaining on active duty, or have the intention to remain on active duty for at least 24 months, and are located within the 50 States, Guam, Puerto Rico, and the U.S. Virgin Islands.

(3) Resolution. The Apr 95 GOSC determined Issue 229, and the issues combined with it, completed. The expanded DDP was implemented in Apr 93.

g. Lead agency. U.S. Army Dental Command

Issue 265: Family Programs for the Total Army Family

a. Status. Completed.

b. Entered. AFAP VIII; May 91.

c. Final action. AFAP XII; 1995.

d. Scope. Family programs and services are not consistent from installation to installation and between components. Under the current structure of the Standard Installation Organization (SIO), the level of accessibility to the Director of Personnel and Community Activities (DPCA) hinders the ability of family programs to compete for limited resources. U.S. Army Reserve Family Program implementation is inconsistent because current structure does not provide for family support below the level of Partial Mobilization. Operations Desert Storm and Shield demonstrated the need for funding for family support coordinator positions at the MUSARCs and State National Guard Headquarters.

e. AFAP recommendation.

(1) Active Component. Restructure organizational placement of family programs to achieve greater access to the command for the purpose of program advocacy and command oversight and involvement.

(2) Reserve Component.

(a) Develop policy and implementation procedures to ensure appropriate family program services are provided consistently across Major U.S. Army Reserve Commands (MUSARCs).

(b) Establish an authorized and funded family program coordinator position at each MUSARC.

(3) Create a system of accountability to ensure family support requirements for the Total Army family are implemented per existing statutory, DoD, and Army policies and regulatory guidance.

(4) Establish family support as an integral part of the Army mission.

f. Progress.

(1) Combined issues. Issue 160, "Resourcing U.S. Army Reserve Family Support Programs," was combined with this issue as directed by the Apr 91 IPR. Issue 298, "Funding for ARNG and USAR Family Programs," was combined with this issue in Dec 91 due to similarity of recommendation.

(2) Family support structure. MACOMs were polled during 2nd Qtr FY92 on the feasibility of creating a separate family support structure on line with MWR structure. Opinion was that the current climate during downsizing, to include grade creep and a cap on high grades, reductions in force, and budget cuts, make this an inappropriate time to attempt to restructure and elevate programs. In 1995, USACFSC determined this AFAP recommendation needed no further review. The installation MWR managers are the advocates of family programs.

(3) RC family programs. In FY 86, FORSCOM field tested a model for a RC Family Assistance Outreach Program. A phased USAR Family Support Program plan was developed that centers on a family support coordinator assigned to each MUSARC to develop, implement, and manage family programs down to the company or detachment level. Hiring of full-time MUSARC family support coordinators was delayed due to funding constraints. Funding increased during Operations Desert Shield and Desert Storm to provide for coordinators at all MUSARCs. In Feb 94, the 46 MUSARC family program coordinators were manned by 23 employees assigned family programs as an additional duty. Request for funding was included in

the POM for FY 92-97. Authorized positions are subject to decrease in an effort to meet the USARC civilian employment level. In this environment of downsizing, it is very unlikely that additional requirements and authorizations will be allotted for RC family programs at this time.

(4) Policy review and accountability. In 4th Qtr FY90, a DCSPER Army Family Policy Task Force met to review Total Army family program policy and guidelines. Recommendations were drafted and staffed by DAPE-HR for inclusion in AR 600-20, Chapter 5. These changes detail commanders' responsibilities in establishing and maintaining personal and family readiness. Interim changes distributed to the field in FY93.

(5) Institutionalization of family support. The CSA-approved Army Family Team Building (AFTB) program will implement regional training sites for the RC in FY95. Implementation of AFTB is outlined in AFAP Issue 190, "Training for the Chain of Concern".

(6) GOSC review. At the Apr 94 GOSC, CFSC agreed to further review of the organizational placement of family programs. AFTB will continue its development.

(7) Resolution. The Apr 95 GOSC determined this issue was completed based on CFSC oversight of family programs, the outlining of family readiness in AR 600-20, and the institutionalization of AFTB.

g. Lead agency. CFSC-FST.

h. Support agency. DAAR-PE/DAPE-HR/NGB.

Issue 266: Force Reductions

a. Status. Completed.

b. Entered. AFAP VIII; May 91.

c. Final action. AFAP IX; 1992.

d. Scope. DoD personnel accounts will be reduced by approximately 25% over the next 5 years, with the Army suffering a disproportionate share of the cuts. Of specific concern is the retention of career soldiers in the Regular Army, Army Reserve, and National Guard.

e. AFAP recommendation. To prevent involuntary separation of the career soldiers during the builddown--

(1) Continue to eliminate substandard performers, minimize accession, and maximize retirements.

(2) Offer 30% retirement after 15 years.

(3) Offer severance pay for voluntary separation to induce uncommitted soldiers (8+ years) to separate, thereby allowing committed career soldiers to continue serving.

f. Progress.

(1) The Army drawdown plan calls for--

(a) Maximized voluntary separations prior to involuntarily separating soldiers.

(b) Increased quality requirements which will eliminate substandard performers.

(c) Reduced accessions to the minimum sustaining level.

(d) Maximized retirements both through incentives and Selective Early Retirement Boards.

(e) Voluntary separation pay incentives for selected categories of soldiers, specifically designed to pay career-oriented soldiers for voluntarily separating from active duty.

(2) The Army proposed a 15-year, early-retirement option that was not supported by OSD.

(3) Only after all efforts to reduce the force through voluntary means will the Army involuntarily separate soldiers. At the present time, the Army does not anticipate any involuntary separations of enlisted soldiers and only limited involuntarily separations of company grade officers.

(4) Resolution. This issue was completed by the Jun 92 GOSC because the force reduction plan calls for eliminating substandard performers, minimizing accessions to sustaining level, maximizing retirements through SERBs, and offering incentive pay for voluntary separations.

g. Lead agency. DAPE-MPE-PD.

h. Support agency. DAPE-MBF.

Issue 267: Inadequate Housing Allowance

a. Status. Completed.

b. Entered. AFAP VIII; May 91.

c. Final action. AFAP XV; 1998.

d. Scope. Because housing costs continue to rise faster than housing allowance, housing allowances currently based on Basic Allowance for Quarters (BAQ) and Variable Housing Allowance (VHA) are inadequate to secure safe and decent housing in many areas. Soldiers must either accept substandard housing or absorb larger out-of-pocket costs. This is especially a problem for junior soldiers and their families who have less discretionary income and are unable to pay rents higher than housing allowance. Inadequate housing allowance adversely impacts on morale, unit readiness, and soldier retention for both single and married soldiers.

e. AFAP recommendation.

(1) Increase housing allowance so that no soldier should have to absorb more than 15% of the National Median Housing Cost as prescribed by law.

(2) Annual housing allowance adjustments should be indexed to the housing component of the Consumer Price Index (CPI).

f. Progress.

(1) History. Issue is similar to Issues 199 and 249. This issue was combined with Issue 365 in Mar 94 due to similarity in scope. In Jan 97, Issue 365 was combined with Issue 418, “Variable Housing Allowance Computation”.

(2) Legislation. Congress replaced the expenditure-based system with a price-based allowance system that combined BAQ and VHA into one allowance, Basic Allowance for Housing (BAH). The result was an easy to understand system, based upon an external data source that reflects private sector housing standards, independent of soldiers’ housing expenditures, and is indexed to housing costs (not military pay raises). The BAH was authorized in the FY98 NDAA and became effective on 1 Jan 98.

(3) Resolution. This issue was completed when the Apr 98 GOSC completed Issue 418.

g. Lead agency. DAPE-MBB-C

Issue 268: Inadequate Housing for Unaccompanied Personnel

a. Status. Completed.

b. Entered. AFAP VIII; May 91.

c. Final action. AFAP XIII; 1995.

d. Scope. Many single and unaccompanied soldiers live

in facilities that do not meet DoD standards. This is a significant quality of life issue. The condition of many facilities is so inadequate that it severely impacts on soldiers' morale and readiness.

e. AFAP recommendation.

(1) Commanders should place highest priority in fixing unaccompanied personnel housing (UPH).

(2) Increase installations OMA "L" Account funding approval level from $200 thousand to $500 thousand in order to support renovation projects. Present funding ratios authorized to installation commanders inhibits needed renovations.

(3) Commanders should utilize Unspecified Military Construction Account.

f. Progress.

(1) OMA “L” account funding. The OMA “L” funding level was increased from $200,000 to $300,000. Increasing the level to $500,000 will require congressional action.

(2) Military construction accounts. Commanders may utilize the Unspecified Minor Military Construction account (UMMCA) to submit projects and funding up to $1.5M. A selection process determines which projects will be funded.

(3) New barracks standards. New barracks standards include items of concern identified by the military members as a result of a Tri-Service Survey, i.e., larger rooms, more privacy, additional storage and private bath. The Army obtained approval from OSD to implement the new standards based upon a single room with separate bath, 236 net square feet (NSF) of living area, plus 44 NSF of closet space in lieu of wardrobes. Soldiers in grades PVT to SPC/ CPL will be housed two per room module with 118 NSF of living area each; soldiers in grades SGT and SSG will be housed one per room module. The initial issue furnishings package is centrally funded by Department of the Army and is included in all barracks modernization and construction projects. A contract was awarded in FY95 to build the first barracks using the new design concept at Fort Rucker.

(4) Funding. The MCA funding for barracks is $245.6 for FY 95; $196.4 in FY96. Additionally, O&M funding for barracks is $40M in FY 95; $100M for FY96.

(5) GOSC review.

(a) Oct 91. Army will reconsider the 90 sq. ft barracks space allocation for enlisted soldiers.

(b) Oct 92. Barracks modernization/renovation program will continue.

(6) Resolution. The Oct 95 GOSC determined this issue is completed based on the increase in OMA “L” funding levels and continued funding for UMMCA projects. Funding for barracks will be tracked in Issue 392.

g. Lead agency. DAIM-FDH-M.

h. Support agency. DAPE-HR-S.

Issue 269: Inadequate Temporary Lodging Expense (TLE) Allowance

a. Status. Completed.

b. Entered. AFAP VIII; May 91.

c. Final action. AFAP XI; 1994.

d. Scope. When relocating within CONUS, soldiers with families are entitled to no more than 4 days of TLE. Limiting TLE to 4 days forces soldiers and their families into making unfavorable housing decisions.

e. AFAP recommendation. Increase TLE to 10 days.

f. Progress.

(1) Combined issue. In Dec 90, this issue was combined with Issue 150, "Relocation Benefits," due to similarity of scope.

(2) Resolution. The Apr 94 GOSC completed Issue 150, into which this issue was incorporated, because the FY94 NDAA allows all grades, with families, TLE payments of $110 for up to ten days.

g. Lead agency. DAPE-MBB-C

Issue 270: Grandparents as Immediate Family for Authorization of Emergency Leave

a. Status. Unattainable.

b. Entered. AFAP VIII; May 91.

c. Final action. AFAP VIII; May 91.

d. Scope. Current laws, regulations, policies, and directives exclude grandparents as immediate family members. This has a detrimental effect on morale.

e. AFAP recommendation. Revise section 2602, title 10, United States Code, DoD Directive 1330.5, and AR 630-5 to include grandparents as immediate family members for authorization of emergency leave.

f. Progress.

(1) Policy review. DoD Directive 1327.5 currently defines the soldier's immediate family as his or her parents, persons who have stood in loco parentis, siblings, and the spouse's parents and siblings. If grandparents stood in loco parentis, this would meet the definition of immediate family and soldiers would receive this entitlement. Extending this entitlement to all grandparents would be very costly.

(2) Resolution. Issue was deleted by the May 91 GOSC as unattainable based on financial expense and cost in terms of readiness and unit turbulence.

g. Lead agency. DAPE-MBB-C

Issue 271: Increase Servicemen's Group Life Insurance (SGLI) Benefits

a. Status. Completed.

b. Entered. AFAP VIII; May 91.

c. Final action. AFAP VIII; 1991.

d. Scope. The generally accepted standard for life insurance to protect "loss of income" is 2.5 times annual salary. The current $50 thousand SGLI maximum does not meet the standard.

e. AFAP recommendation. Increase SGLI to $150,000.

f. Progress.

(1) Legislative change. The Persian Gulf Conflict Supplemental Authorization and Personnel Benefits Act of 1991 increased SGLI to $100,000.

(2) Resolution. This issue was completed by the May 91 GOSC. The DCSPER requested the issue be revisited in 2 years for an increase to $150,000.

(3) Update. The Veterans Benefits Act of 1992 (PL 102-568) gave service members the option to increase SGLI to $200 thousand with payment of increased premiums.

g. Lead agency. DAPE-MBB-C

Issue 272: Insufficient Awareness of Survivor Benefit Plan

a. Status. Completed.

b. Entered. AFAP VIII; May 91.

c. Final action. AFAP VIII; 1991.

d. Scope. The election of Survivor Benefit Plan (SBP) is required upon retirement. Soldiers and family members are often not informed in time to make decisions regarding long-term survivor benefit needs.

e. AFAP recommendation.

(1) Increase command emphasis on AR 600-8-7 and AR 600-8-9 in unit training.

(2) Provide exportable training aids and instruction to the unit and Family Support Centers by FY 92.

(3) Require Personnel Services Company (PSC) to provide a copy of DA PAM 360-F-539, SBP Made Easy, along with retirement orders to each retiree.

f. Progress.

(1) Related issue. Issue relates to Issue 185, "Survivor Benefit Plan," and Issue 246, "Early Awareness of Retirement Needs and Benefits."

(2) Unit training. Installation RSOs are available to the command to provide SBP information during unit training.

(3) Pre-retirement briefing.

(a) AR 600-8-7 incorporates Retirement Services and SBP. It eliminates the requirement for soldiers to attend a mandatory Pre-retirement Orientation in their 18th year of service and replaces it with a mandatory Pre-retirement Briefing between the submission of the retirement application and the date of retirement. Placing the briefing closer to the date of actual retirement should increase soldier and family members' attendance and attention.

(b) AR 600-8-7 requires that the PSC, upon submission of retirement application, refer the soldier to the Transition Center for SBP Counseling. The Transition Center will schedule the soldier for an SBP briefing and conduct the briefing. At the briefing, the soldier will be issued an SBP Fact Sheet. The spouse receives an information letter on SBP and, if appropriate, a concurrence statement that must be signed. The soldier and spouse, if appropriate, must sign a SBP election or declination on DA Form 4240 (Data for Payment of Retired Personnel) prior to retirement, plus a statement that they have been counseled on SBP.

(4) SBP Pam. AR 600-8-7 requires a copy of DA Pam 360-539 be provided each retiree.

(5) Retirement videos. Two videos on SBP can be ordered and are available in Transition Centers, Army libraries, and Retirement Services Offices.

(6) Resolution. The May 91 GOSC voted this issue completed based on the development and distribution of two videos, one for active duty and one for Reserves on retirement benefits and planning.

g. Lead agency. CFSC-FSR

Issue 273: Insufficient Staffing Levels at Army Dental Facilities

a. Status. Completed.

b. Entered. AFAP VIII, 990.

c. Final action. AFAP XII, 995.

d. Scope. Staffing levels are based on active duty populations only. Insufficient active duty dental personnel to meet the dental care needs of the Total Army family. Dental care for active duty family members, retirees, and their families is limited to space-available only. Other Total Army family members are not eligible. Some USAR dental personnel provide dental care during their weekend and annual training drills.

e. AFAP recommendation.

(1) Amend DoD staffing guides to allow for adequate staffing of dental facilities to provide comprehensive dental care of the Total Army family.

(2) Initiate a dental care partnership program between military dental treatment facilities and civilian counterparts similar to CHAMPUS medical care.

(3) Revamp USAR and ARNG training to maximize dental care availability.

f. Progress.

(1) History. Issues 260, 264, and 273, were combined with Issue 229 in Dec 90 due to similarity of scope and AFAP recommendation. Issue 386 contains additional information about RC and retiree dental insurance.

(2) Resources. Continued resource reduction based on Army drawdown is expected. The Army Dental Corps will only be resourced to meet the needs of the active duty population.

(3) Staffing. The Office of the Assistant Secretary of Defense for Health Affairs (OASD(HA)) controls the budget for the Army Medical Department. The dental resources provided by OASD(HA) will continue to be only for active duty soldiers. The OASD (HA) has mandated that no more than 10% care will be provided to Other Than Active Duty patients in CONUS. An exception to exceed the 10% mandate was given for OCONUS.

(4) Space-available care. DoD directed the reduction in "medical expenditures through economies and efficiencies such as reducing dependents dental care of 10% of total workload." This 10% limit does not apply to dental emergency care, to the Preventive Dentistry Program for Children, or to care provided for sponsored, eligible family members located OCONUS in areas where DDP is not available.

(5) Dental insurance plans. See Issue 229 and 386 for information on active duty, reserve component, and retiree dental insurance plans.

(6) Resolution. The Apr 95 GOSC determined Issue 229 and the issues combined with it are completed.

g. Lead agency. U.S. Army Dental Command.

h. Support agency. DAPE-PRR-C.

Issue 274: MAC Travel for Family Members Without Their Sponsors

a. Status. Unattainable.

b. Entered. AFAP VIII; May 91.

c. Final action. AFAP VIII; May 91.

d. Scope. Under current policy, family members cannot travel Space A without their sponsor. Allowing family members to occupy empty seats on MAC flights would enhance the quality of life and morale for the military family at no cost to the Government.

e. AFAP recommendation. Implement a pilot program that would allow families to utilize Space-A travel and educate them on the limitations of said benefit. This pro-

gram should include unaccompanied family members of active duty and spouses of retirees.

f. Progress.

(1) History. ODCSLOG unsuccessfully sought the implementation of this AFAP recommendation in 1984, 1985, and 1987. Historically, all efforts to expand the Space Available Program to include unaccompanied dependents, as well as disabled veterans, widows and widowers, and other worthy groups have failed. The one exception has been the extending of this travel privilege to retirees, which resulted in a congressional challenge. Limiting the Space A Program to emergency leave and active duty members has been consistently supported through congressional direction and DoD policy.

(2) Ramifications. Extending Space-A travel privileges to unaccompanied dependents would reduce the travel opportunities for emergency leave and active duty members. Also, expansion of this program suggests that there are sufficient Space-A seats to support additional categories of passengers. This perception invites congressional challenge of the existing program and supports previous GAO charges of inefficient DoD management of airlift resources.

(3) Justification. The current Space-A Program is consistent with the intent of Congress, as cited in HAC Report on the DoD Appropriation Bill, 1974, to restrict this travel privilege to active duty members and their dependents while they are on emergency and ordinary leave.

(4) Resolution. This issue was determined to be unattainable because expanding the Space A program inconsistent with congressional direction and OSD policy and puts the existing program at risk.

g. Lead agency. DALO-TSP

Issue 275: Mandatory Relocation Counseling Emphasizing Financial Planning

a. Status. Completed.

b. Entered. AFAP VIII; May 91.

c. Final action. AFAP XV; 1999.

d. Scope. Soldiers and families relocating are not adequately informed nor financially prepared.

e. AFAP recommendation.

(1) ACS should provide relocation and financial counseling for all junior enlisted soldiers.

(2) Ensure installation ACSs receive resources programmed for relocation assistance.

(3) Change AR 600-8-11 to require mandatory attendance of junior enlisted soldiers.

f. Progress.

(1) Related issues. Issue relates to Issue 153, "Relocation Services" and 441, "Financial Planning Education."

(2) Research. The 1989 Soldier and Family Survey indicated that 55% of the respondents received no information about the move prior to their last PCS. The 1990 Army Family Research Program's "Report on Relocation Adjustment" found that 64% of the respondents reported costs incurred during cumulative PCS moves to be somewhat of a problem or a serious problem.

(3) DAIG review. In FY 93, the DAIG reviewed this issue and determined that training was occurring but, financial training was not standardized or mandatory for all relocating junior enlisted soldiers.

(4) Army regulatory changes.

(a) AR 600-8-11 (Reassignment) requires soldiers to attend the ACS pre-move briefing (overseas orientation).

(b) AR 608-8-101, revised Feb 93, requires soldiers to inprocess through ACS centers.

(c) AR 608-8-8, published Jul 93, requires that soldiers are referred to ACS during their reassignment interview.

(d) AR 608-1, published Aug 97, requires that unit commanders refer all junior enlisted soldiers to receive mandatory ACS Financial Planning for Relocation Counseling to prepare them for relocation prior to their PCS move.

(5) Resources. CFSC developed a "PCS Tips" brochure for junior enlisted soldiers and families to help them prepare for a PCS move. "PCS Tips" is available to AIT students before they make their first move. The brochure was disseminated to ACS centers Army-wide in 3rd Qtr FY 95. A financial planning for relocation video, "MOVIN MONEY", was distributed to the field 4th Qtr FY98.

(7) Financial planning counseling.

(a) In the FY98 NDAA, Congress recommended that the military services develop and implement a standardized curriculum for all new officers and enlisted personnel covering basic skills for personal financial management. The DoD Quality of Life Panel made a similar recommendation.

(b) In 1st Qtr FY99, CFSC disseminated a standardized personal financial readiness for first-term program. The 8-hour package contains 1-hour modules that address topics such as planning and budgeting, banking and checking, credit, insurance, consumer scams, and getting help. Modules are in each ACS center, Army library and will soon be on-line.

(8) GOSC review.

(a) Oct 92. CFSC will publish AR 600-8-8 to direct soldiers to ACS during the reassignment interview.

(b) Oct 93. Army will investigate concerns that soldiers are entering into contracts without benefit of financial counseling services at installations. The VCSA directed DAIG to review relocation services.

(c) Apr 94. CFSC will develop a standardized financial program for relocating soldiers and submit a change to AR 608-1 to mandate counseling.

(d) Oct 97. Issue remains active to track development of the financial counseling program.

(9) Resolution. The May 99 GOSC declared this issue completed but recognized the need to establish an indicator to show financial counseling is working. The SMA said sequential, progressive training in the NCO education system will ensure that the NCO leader chain understands how to train, counsel and mentor their soldiers.

g. Lead agency. CFSC-FSA.

h. Support agency. TAPC-EPD.

Issue 276: Need for Adequate Military Fares for Discretionary Leave

a. Status. Completed.

b. Entered. AFAP VIII; May 91.

c. Final action. AFAP VIII; 1991.

d. Scope. The current high cost of commercial air travel for DoD personnel on leave severely limits their ability to

travel.
e. AFAP recommendation. Department of the Army should instruct the Military Traffic Management Command (MTMC) to seek lowest possible fares for travel worldwide.
f. Progress.
(1) Airline fares. In Jan 91, MTMC asked airlines to apply military furlough fare within CONUS and international military furlough fares to military dependents, retirees and their dependents, Reserve and Guard members and their dependents, and DoD civilians and their dependents. Since Jan 91, several airlines extended their military furlough fares to cover some or all of the categories requested. Carriers vary with regard to restrictions on travel to obtain the military rate.
(2) Resolution. Issue was completed by the Spring 1991 GOSC because sufficient military furlough fares and discounted fares are available.
g. Lead agency. DALO-TSP.
h. Support agency. MTMC-PTS.

Issue 277: Quality Child Care for the Total Army Family
a. Status. Completed.
b. Entered. AFAP VIII; May 91.
c. Final action. AFAP XII; Oct 94.
d. Scope. Not all commanders are using all financial and personnel resources allocated for Child Development Services (CDS). In addition, existing policies, regulations, and laws are not being fully implemented to expand the availability of child care to meet the needs of the Total Army family.
e. AFAP recommendation.
(1) Commanders should initiate and establish a 5-year Installation Child Care Availability Plan (ICCAP) to meet and resource local child care demands of the Total Army community. The plan should include, but not be limited to, the following areas:
(a) Child care for Active Army, civilian work force, and Reserve Components.
(b) USDA-equivalent subsidies for OCONUS providers and Family Child Care subsidies for categories of child care where limited care is available (that is, infant, extended hours, sick child).
(c) Emergency extended care (for example, mobilization, deployment, natural disasters).
(d) Surge care such as Volunteer Child Care in a Unit Setting (VCCUS) and Short Term Alternative Child Care (STACC).
(e) Hourly care to support hospital/clinic appointments.
(2) Department of Army CDS should develop guidance for 5-year ICCAP.
(3) Provide accountability through annual evaluation of the ICCAP.
(a) Program review by Development Assessment Team (DAT), MACOM Child Care Evaluation Team (MCCET), and Army Child Care Evaluation Team (ACCET).
(b) IG inspection item for compliance and follow-up action.
f. Progress.
(1) Expanding child care availability. The MCCA required the Secretary of Defense to report to Congress the expected demand for child care by military and civilian personnel during FY 92-FY 95. The Army provided input to the DoD report which included a plan for meeting the identified demand and the estimated cost.
(2) USDA. DoD submitted legislation in FY92 and FY93 proposing the expansion of the USDA Child Care Food Program to OCONUS areas. Each year, the legislation was stalled in various committees or at OMB.
(3) ICCAP. In Mar 91, USACFSC provided initial ICCAP guidance on the requirement that each installation to develop a local 5-year ICCAP. The plan must include provisions to meet surge care, emergency extended care and hourly care. Supplementary guidance, based on DoD MCCA Five-Year Demand Report submission, was issued 4th Qtr FY93. Installation and HQ teams review viability of ICCAPs annually as part of the scheduled inspection processes.
(3) Resolution. The Oct 94 GOSC determined this issue is completed based on the requirement for installations to have a 5-year ICCAP to address local child care demands, to include civilian access to day care, emergency extended care, surge care, and hourly care.
g. Lead agency. CFSC-FSCY

Issue 278: Reduce Tour Length for Alaska and Hawaii
a. Status. Completed.
b. Entered. AFAP VIII; May 91.
c. Final action. AFAP VIII; May 91.
d. Scope. The 1987 tour length extension to 4 years for Alaska and Hawaii has negatively impacted on the quality of life for soldiers and family members assigned to these areas. The high cost of living has created financial hardships, especially for junior soldiers. Quality family life is at risk because junior married soldiers must extend their service obligation in order to circumvent excessive family separation. The 4-year tour results in numerous professional development obstacles. Tours for captains who have not completed the advanced course must be curtailed for these soldiers to attend their respective schools. Lower rank soldiers are promoted in the normal course of events, creating an NCO imbalance. Extraordinary "management-by-exception" procedures become the norm. Incidents of family abuse, divorce, and drug abuse increase stress as a direct result of the extended tours. Early return of family members is common. Alaska and Hawaii are the only overseas assignments that have been extended to 4 years. The Army is the only Service to require this extension.
e. AFAP recommendation. Reduce tours in Alaska and Hawaii from 4 years to 3 years.
f. Progress.
(1) Combined issue. This issue was combined with Issue 243, "Reduction of Tour Length for Alaska and Hawaii."
(2) Resolution. This issue was completed by the Apr 91 GOSC. Tour lengths to Alaska and Hawaii were reduced to 36 months.
g. Lead agency. DAPE-PRC

Issue 279: Reduction of Tour Length for Okinawa

a. Status. Unattainable.
b. Entered. AFAP VIII; May 91.
c. Final action. AFAP IX; 1991.
d. Scope. Single soldiers without dependents are required to serve 3-year tours on Okinawa. This tour length is an unnecessary hardship which adversely affects morale and readiness. That USAF and USMC require 2-year tours of their single soldiers points up an inequity.
e. AFAP recommendation. Change the tour length for single soldiers without family members in Okinawa to 2 years.
f. Progress.
(1) Assessment. HQDA requested the Commander, United States Army Japan IX Corps, submit documentation to review this request. The USARJ request was reviewed and denied in Jul 91, based on continued congressional interest in reducing service PCS, the cost of implementing a shorter tour (approximately $70M annually), increased unit turbulence, and reduced time on station for CONUS-based soldiers.
(2) Resolution. The Oct 91 GOSC determined this issue is unattainable based on congressional interest in reducing PCS moves, the cost of a shorter tour, and the increased unit turbulence the reduced tour would cause.
g. Lead agency. DAPE-MPE-DR.

Issue 280: Reinstate Quarters Cleaning Initiative (CONUS)
a. Status. Unattainable.
b. Entered. AFAP VIII; May 91.
c. Final action. AFAP IX; 1991.
d. Scope. Cleaning quarters is one of the most stressful situations and can cause undue financial burdens for military families upon termination of quarters. Some of the causal factors are families being held over for reinspections, funding only very expensive contractors, lost time, stress on family, inconsistent inspections, and canceled hotel and airline reservations.
e. AFAP recommendation.
(1) Reinstate QCI as an individual command initiative.
(2) Grant the soldier the option of exchanging 2 days of temporary lodging expense (TLE) allowance for DEH-provided quarters cleaning.
(3) Reduce DoD civilian relocation funds to be consistent with Total Army family--savings to be used to fund QCI.
(4) Request DA review nonappropriated funds (NAF) policy to utilize NAF for contract cleaning of quarters at NO cost to soldier and family.
f. Progress.
(1) Related issue. Issue relates to Issue 135, "Quarters Cleaning Initiative."
(2) QCI policy. By direction of the Congress, QCI for CONUS terminated 1 Oct 90. Congress authorized the program only in cases where net savings could be documented. An all-Service study was conducted to determine if the Government could prove a savings in CONUS. QCI proved to be a QOL issue with no validated cost savings. QCI in OCONUS continues to be supported based on a TLA cost avoidance. The Army reduced cleaning standards, and white glove inspections are no longer authorized. Housing is to ensure residents do not clean areas that are due M&R (contractors responsibility to clean).
(3) Command initiatives. MACOMs submitted individual command initiatives, however, each initiative involved NAF funds to support QCI. Several responses indicated reinstatement of QCI would create inequities and unfairness to soldiers living off post and to single soldiers.
(4) TLE offset. To offset QCI with TLE dollars was not supported by ODCSPER. The TLE program is constantly being looked at by Congress, and any attempt to alter the program could derail it permanently. Informal query of the other Services indicated no support for TLE offset.
(5) Civilian relocation benefits. Relocation entitlements for civilian employees are dictated by provisions of Title 5 USC. Revisions to Title 5 would have a negative effect on recruitment and retention efforts because it would make federal agencies less competitive in various labor markets and. Other federal agencies would not support this idea.
(6) NAF funds. The USACFSC stated NAF are to be expended only for MWR activities. The DoD and Congress do not support using NAF for non-MWR missions.
(7) Resolution. The Oct 91 GOSC determined this issue is unattainable because DoD and Congress do not support QCI unless a cost saving can be established. The prohibition on using NAF for non-MWR missions rules out NAF funding.
g. Lead agency. CEHSC-HM.
h. Support agency. DAPE/TAPC/CFSC.

Issue 281: Reserve Component (RC) Unlimited Use of Commissary/PX
a. Status. Completed.
b. Entered. AFAP VIII; May 91.
c. Final action. AFAP VIII; 1991.
d. Scope. The RC makes up a large percentage of the Army family, and its role continues to increase. Current policies and procedures are not in keeping with the Total Army family concept. The RC is the only segment of the Armed Forces that does not have unlimited commissary and PX privileges.
e. AFAP recommendation. Accelerate legislation or policy that will grant unlimited use of the commissary and PX for the RC by the end of FY 92.
f. Progress.
(1) Related issues. Issue is similar to Issue 141, Issue 339, Issue 381, and Issue 464.
(2) Current policy. The FY91 NDAA extended unlimited Exchange and Morale, Welfare, and Recreation privileges and commissary visits to 12 days for all members of the Ready Reserve. All Troop Program Unit members and Gray Area Retirees receive an annual Commissary Privilege card authorizing 12 visits each year based on their membership. Individual Ready Reserve and Individual Mobilization Augmentees receive up to 12 visits based on active duty performed in the prior year.
(3) Congressional support. There is no support in DoD or in Congress for unlimited commissary at this time.
(4) Resolution. The May 91 GOSC voted this issue completed because FY 91 legislation authorized access to Exchange and MWR facilities and up to 12 commissary visits per year to all members of the RC.

g. Lead agency. DAPE-MBB-C

Issue 282: Revise Civilian Sick Leave Policy
a. Status. Completed.
b. Entered. AFAP VIII; May 91.
c. Final action. AFAP XII; 1995.
d. Scope. Current civilian sick leave policy is too restrictive. Employees hired under FERS lose accumulated sick leave upon retirement. No provision is made for donation of sick leave, using sick leave to care for family members with noncontagious illness, or using sick leave during a period of bereavement.
e. AFAP recommendation. Revise sick leave policy to include the following:
(1) Allow retirement credit for sick leave under FERS comparable to CSRS.
(2) Allow donation of sick leave per current annual leave donation policy.
(3) Allow care for immediate family member with noncontagious illness per current sick leave policy.
(4) Allow sick leave to be used for bereavement of immediate family members (period NTE 5 working days).
f. Progress.
(1) Retirement credit for sick leave.
(a) In May 86, Congress considered crediting unused sick leave, but the idea was rejected on the basis of cost because Congress' primary concern was to ensure that the overall FERS cost would be less than CSRS costs. Data presented to Congress in the Hay/Huggins Study Report indicated that eliminating sick leave retirement credit would reduce the overall FERS program costs by 1%.
(b) In the House of Representatives Report 99-606, Congress urged OPM to examine sick leave usage by FERS employees. OPM did not favorably consider the proposal due to cost. Prediction of sick leave abuse never materialized.
(2) Donation of sick leave.
(a) The donation of sick leave was a consideration during the enactment of the Voluntary Leave Transfer Program (1988). Congress determined that sick leave would not be included in the program because of potential cost. Furthermore, the idea of donating sick leave was strongly opposed by OPM.
(b) In a report to Congress (Oct 90), OPM indicated that one-fourth of the reporting agencies recommended that sick leave be included as part of the program. In Apr 93, OPM submitted to Congress its final report on the 5-year experimental leave sharing program and recommended that leave sharing programs become permanent. OPM recommended that sick leave not be included in leave sharing programs, because it would be extremely costly. The Federal Employees Leave Sharing Amendments Act of 1993 (PL 103-103) makes the voluntary leave transfer and leave bank programs permanent. The act does not provide for the donation of sick leave.
(3) Sick leave for family care and bereavement. OPM issued final regulations in the Federal Register (2 Dec 94) that permit employees to use a total of up to five days of sick leave each year to care for a family member, to make arrangements necessitated by the death of a family member, or attend the funeral of a family member. A full-time employee who maintains a balance of at least 80 hours of sick leave may use an additional 8 workdays of sick leave per year for these purposes. "Family member" is defined as spouse and parents thereof; children, including adopted children, and spouses thereof; parents; brothers and sisters, and spouses thereof; an any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship.
(4) GOSC review.
(a) Jun 92. Issue will remain active pending OPM consideration of the use of sick leave to care for family members with non contagious illness and the bereavement of immediate family members.
(b) Oct 94. Army will continue to track legislation to allow sick leave to care for sick family members or for bereavement.
(5) Resolution. The Apr 95 GOSC determined this issue is completed. The first two AFAP recommendations were unattainable, but OPM issued regulatory changed in Dec 94 that allow use of sick leave for family medical care and bereavement.
g. Lead agency. DAPE-CPC.
h. Support agency. TAPC-CPF-O.

Issue 283: Self-funded Group Health Plan for RC
a. Status. Combined.
b. Entered. AFAP VIII; May 91.
c. Final action. No.
d. Scope. Many Reserve Component (RC) soldiers are unemployed, seasonally employed or work for small firms that do not provide medical or dental coverage. A proposal to allow DoD to negotiate contracts with private insurance companies to develop a voluntary, self-funded plan has already been submitted to DoD by DA ODCSPER and should be implemented. This program, operated at no cost to the Government, will have a direct impact on the quality of life of the approximately 2.5 million RC soldiers and family members.
e. AFAP recommendation.
(1) Permit the Secretary of Defense to pursue a self-funded (no cost to Government) medical insurance plan for the RC.
(2) Recommend that section 1074, title 10, United States Code, be amended to allow this to happen.
f. Progress. This issue was combined with Issue 122, "Nonsubsidized Reserve Component Group Health Insurance," in Dec 90 due to similarity in scope. See Issue 122 for updated information
g. Lead agency. DAPE-PRR-C

Issue 284: Shortage of Mental Health Professionals to Work with Youth
a. Status. Completed.
b. Entered. AFAP VIII; May 91.
c. Final action. AFAP XV; 1999.
d. Scope. Due to the builddown of our forces, the youth in our communities are facing increased stress, thus causing corresponding increases in stress-related behavioral and social problems.
e. AFAP recommendation.

(1) Ensure the current level of support to the Adolescent Substance Abuse Counseling Services (ASACS) is active Army-wide.

(2) Counseling resources for youth must be maintained in the face of the builddown.

(3) Revise the DoDDS staffing structure to require mental health professionals on a 1:500 student ratio.

f. Progress.

(1) Combined issues. In Feb 95, this issue was combined with Issue 390, “Substance and Violence Impacting Youth in the Army Community”.

(2) OCONUS support. ASACS support is active throughout OCONUS and in Hawaii and Alaska. ODCSPER, the proponent for ASACS, plans to maintain ASACS funding levels through FY94. ASACS services have improved because the drawdown decreased the counselor-to-population ratio.

(3) CONUS programs.

(a) In CONUS, services similar to those offered under ASACS are provided through the Alcohol and Drug Abuse Prevention and Control Program (ADAPCP) or through CHAMPUS. The ADAPCP program has counselors certified to work with adolescents. If there is no room for adolescents in a local ADAPCP because of demands from the active duty population, youth are referred to CHAMPUS.

(b) Military child psychiatrists, child psychologists, and social workers serve federally connected children, but are not available at all locations. Their placement is prioritized to insure that they are available at isolated locations where civilian alternatives are not available and at locations with large troop concentrations. At many locations their major responsibility is as "gatekeepers", providing screening, case management, and CHAMPUS referrals.

(4) OCONUS school counseling. DoDDS provides counseling services to students at all grade levels. At the secondary level, the school counselor to student ratio is 1:450 in accordance with North Central Association of Colleges and Schools standards. In accordance with NCA standards, DoDDS offers basic counseling services, including group counseling. They have OCONUS programs specifically designed to address builddown stresses. Individuals requiring extensive therapy services are referred to the MTF.

(5) GOSC review. The Jun 92 GOSC directed that counseling resources for youth be tracked during the builddown of the Army.

(6) Resolution. The May 99 GOSC closed this issue when it completed Issue 390 with which it had been combined. Although the GOSC did not review counseling programs, the committee acknowledged that there has been great progress in Youth Services teen programming and training.

g. Lead agency. MCHO-CL.

h. Support agency. DAPCP/DASG/DoDDS.

Issue 285: Spending Authority for NAF Capital Purchase/Minor Construction

a. Status. Completed

b. Entered. AFAP VIII; May 91.

c. Final action. AFAP X; 1993

d. Scope. For Operation and Maintenance Army (OMA) under appropriated fund (APF) account, MACOM commander's approval limit for new work is $200,000. This authority may be delegated to community commanders. For maintenance and repair under APF, MACOM commanders may approve projects costing $2M or less, and may delegate this authority to commanders. With nonappropriated funds (NAF), community commanders total spending authority is limited to $500,000 for all types of work. With the recategorization of Morale, Welfare and Recreation (MWR) activities, more Category C facilities will require NAF funds for maintenance and repair. This is particularly crucial in USAREUR communities.

e. AFAP recommendation. Increase community commanders' spending authority for NAF facility maintenance and repair to $1 million. This will be in line with the commanders' authority for maintenance and repair under APF and will give commanders the same flexibility for maintenance and repair of NAF facilities.

f. Progress.

(1) Policy. Policy for NAF-funded M&R projects was approved by the Office of the Assistant Secretary of the Army (Installations, Logistics, and Environment). Policy, forwarded to MACOMs in Apr 92, authorizes use of installation NAFs for M&R of MWR facilities, provided APFs have been certified to be unavailable or insufficient. MACOMs have approval authority for up to $2M, and they may delegate authority up to $1M to the installation commander. NAF M&R in excess of $2M must have HQDA approval.

(2) Resolution. The May 93 GOSC determined this issue is completed because MACOMs may delegate authority to installation commanders for up to $1M in maintenance and repair of NAF facilities.

g. Lead agency. CFSC-COP-PP

Issue 286: Tuition Assistance for Military Spouse Education

a. Status. Unattainable.

b. Entered. AFAP VIII; May 91.

c. Final action. AFAP XI; 1994.

d. Scope. Many spouses are unable to pay for the high cost of continuing their education. Active duty are eligible for tuition assistance (TA) and dependent children are eligible for Army Emergency Relief (AER) scholarships. There is a need for grants and scholarships to assist military spouses in completing their education.

e. AFAP recommendation.

(1) The Army should implement a TA program which would enable spouses to continue and improve their education and skills for employment.

(2) Recommend AER governing board implement a program similar to Air Force Aid society.

(3) Explore other avenues to achieve this objective (other military organizations and defense industry corporations).

f. Progress.

(1) Related issue. Relates to Issues 71, "Family Member Education Opportunities," and 224, "Financial Assistance for Family Member Education,” and 416, “Tuition Assistance for Overseas Spouses.”

(2) Military sponsored TA program. PERSCOM deter-

mined that pursuit of legislation to provide TA funding to family members was futile.

(3) Organization sponsored tuition assistance.

(a) The AER Board of Managers considered and rejected AER's involvement in endowment or scholarship funds for adult family members. They responded negatively to TAG's letter requesting the establishment of a program similar to that offered by the Air Force Aid Society (AFAS) which provides tuition assistance of $1,100 annually to spouses attending school or job training.

(b) Education Division also pursued other agencies to sponsor a tuition assistance program for spouses. Sources, such as the Association of the United States Army, the Non-Commissioned Officers Association, and the Installation Morale and Welfare Fund, understood the need, but were unable to support a national program.

(4) GOSC review.

(a) Oct 92. Army will continue to search for a private endowment source.

(b) Oct 93. Army will continue to pursue ABE funding for OCONUS and a scholarship fund for military spouses.

(6) Resolution. The Apr 94 GOSC determined this issue was unattainable because no agency (AER, AUSA, NCOA, etc.) supported family member tuition assistance. See AFAP Issue 416 which resolved this issue.

g. Lead agency. TAPC-PDE.

h. Support agency. CFSC-FSM.

Issue 287: Utilization of Reserve Component Physicians

a. Status. Unattainable.

b. Entered. AFAP VIII; May 91.

c. Final action. AFAP VIII; May 91.

d. Scope.

(1) The CHAMPUS cost-share program was developed to supplement family members' medical care when their location was distant from the military medical treatment facility (MTF) or the care was not available at the MTF due to lack of resources or funding. Often, however, soldiers and their families incur excessive medical care costs due to the lack of civilian providers and facilities that will accept the CHAMPUS allowable charge.

(2) The DoD has a valuable medical resource (physicians) currently in the RC. There are no current incentives to encourage these physicians in private practice to accept CHAMPUS eligible patients. Initiating incentives to RC physicians to treat CHAMPUS patients would decrease out-of-pocket costs for these patients.

e. AFAP recommendation. Allow RC physicians to accrue retirement points in return for acceptance of CHAMPUS assignments in their private practices. If required, DA should initiate legislation.

f. Progress.

(1) Cost. RC retirement is costly (estimated $1.4 billion in FY89). Each officer retired point costs $1.58 per month per life. "Gratuitous" retirement points are already a topic of GAO full review. Enactment of this proposal would exacerbate this already contentious area of interest between Congress and DoD.

(2) Disadvantages.

(a) Adoption of the proposal would be a disincentive for satisfactory Ready Reserve participation. To be sufficiently attractive to doctors, incentive calculation might be one point per patient, with one point per day maximum; this would equate to 1 active duty day or 4 hours of individual duty training. Such a proposal might enable an RC doctor to qualify for a "good year" for retirement purposes (50 points per year) without serving on active duty, pursuing military education or otherwise doing anything to enhance military readiness.

(b) The proposal offers little or no offsetting return for the investment because most doctors do not rely on military retirement. It is unlikely that doctors who do not accept CHAMPUS or CHAMPUS allowable costs would be swayed by a $1.58 per month military retired pay incentive to change their current procedures. It is more likely that providers who already accept CHAMPUS payments would simply continue to do so and take retirement points in addition to their full fees.

(c) The proposal places an large administrative and cost burden on the RCs to pay for limited medical care for active and retiree families while Reserve families cannot benefit.

(d) Legal difficulties preclude receiving dual compensation for the same service. Also, treaties and status of forces agreements probably preclude RC doctors overseas from treating CHAMPUS eligible patients.

(3) Resolution. This issue was determined to be unattainable because law precludes receiving dual compensation for the same service and the proposal offers little return for the investment.

g. Lead agency. OCAR/NGB.

h. Support agency. OTSG.

Issue 288: Volunteer Support Legislation

a. Status. Combined.

b. Entered. AFAP VIII; May 91.

c. Final action. No.

d. Scope. Current legislation restricts the Army from recognizing and supporting volunteers in programs other than ACS, unit family support groups and mayoral programs. Only these volunteers can receive reimbursement of any expenses incurred as a result of volunteering. Additionally, only these volunteers are entitled to non-appropriated funds (NAF) for training. The Armed Forces are prohibited from using appropriated funds (APF) to support volunteer initiatives. There is inconsistent support and coordination of volunteer activities and resources. Commanders must recognize that volunteers are not free but provide tremendous yield for minor investment.

e. AFAP recommendation.

(1) Pursue legislation to expand the Military Service secretary's ability to accept volunteers in any program or service that provides support to soldiers and their families.

(2) Include in legislation the request for authority to recruit and train volunteers without restriction on the source of funds. Provide the mechanism for volunteer expense reimbursement to all active Army and U.S. Army Reserve volunteers.

(3) Revitalize and fund the Army Installation Volunteer Coordinator Program to focus volunteer resources, training, and contributions while advocating for volunteer support.

f. Progress. This issue was combined with Issue 184, "Support for Volunteers," in Dec 90 due to similarity in scope.
g. Lead agency. CFSC-FSA

Issue 289: AAFES Home Layaway Program Too Limited
a. Status. Completed.
b. Entered. AFAP IX; 1991.
c. Final action. AFAP X; 1992.
d. Scope. Currently, the Home Layaway Plan (HLP) for AAFES customers is limited to large appliances and furniture. HLP also limits the selection to items meeting a $200 minimum selling price. AAFES has placed additional restrictions on items that are difficult to sell and too bulky to store. High turnover items such as computers, stereo systems, and VCRs are prohibited. This program is not an equitable system because it discriminates against single soldiers, encouraging off-post shopping.
e. AFAP recommendation.
(1) Expand HLP to include educational (computer equipment) and entertainment (VCRs, stereo equipment) items resulting in improved quality of life.
(2) Expand HLP to include all AAFES facilities, decrease the $200 minimum per item to $100 and permit grouping of approved items to the discretion of the customer.
f. Progress.
(1) Expansion of HLP. HLP was expanded to include VCRs, camcorders, snow blowers, lawn tractors, separate stereo components, music systems, computers and computer accessories.
The HLP will not be expanded to all AAFES facilities, but the Deferred Payment Plan (DPP) will be expanded to CONUS locations. See Issue 293, "DPP Not Available AAFES-wide."
(2) Marketing. AAFES issued news releases, published in-house advertisements, and briefed commands at all levels.
(3) Resolution. This issue was completed by the Oct 92 GOSC because the HLP was expanded to include additional categories of merchandise and now allows grouping items to achieve the $200 qualifying amount.
g. Lead agency. AAFES

Issue 290: Compensation for Maintenance and Repair of Basic Issue
a. Status. Completed.
b. Entered. AFAP IX; 1991.
c. Final action. AFAP X; 1992.
d. Scope. Clothing Allowance for basic issue items does not keep up with the rising cost to the soldier, nor does it include maintenance or repair.
e. AFAP recommendation.
(1) By end of FY 92 procedures need to be developed for immediate pro rata reimbursements for work environment (like field training and maintenance) uniform losses. Investigate other service policies.
(2) Calculate Clothing Replacement Allowance (CRA) based on field unit usage.
(3) Authorize direct exchange of uniform items at the unit level when there is an irreparable work-related loss.
(4) Increase the clothing allowance to help defer the cost of maintenance and repair of all initial issue items.
f. Progress.
(1) History. This issue was combined with Issue 258, "Clothing Replacement Allowance," at the direction of the Jun 92 GOSC.
(2) Basis for computation.
(a) The CRA calculation procedures do not specifically delineate a specific MOS, such as Armor, Infantry and Field Artillery. Instead, the calculation considers the average wear life of all the military clothing bag items. Some items will wear out quicker than others dependent upon the soldier's duty. For example, TOE soldiers will wear out BDUs much quicker than soldiers performing duties requiring everyday wear of dress uniforms.
(b) The Army has authorized (in CTA 50-900) organizational protective clothing for soldiers who are mechanics, welders, battery handlers and combat vehicle crewman. The MACOMs and installations budget for these items and determine stockage levels.
(3) Repair and maintenance. Increasing CRA to provide for repair and maintenance would require additional MPA funds, other Services' concurrence, and DoD approval. DoD scrapped the maintenance repair program several years ago.
(4) Direct exchanges. In some instances, direct exchanges are authorized under selected unique circumstances such as Operation Just Cause and Desert Storm. Increasingly, DoD is prohibiting any form of direct exchange. The legality of double compensation continues to surface when this subject is broached.
(5) Resolution. This issue was completed when the Oct 92 GOSC completed Issue 258, "Clothing Replacement Allowance." CRA is computed and adjusted annually to provide sufficient funds to replace military clothing bag items. Free issue and direct exchange of uniforms is authorized under special circumstances.
g. Lead agency. DALO-TST.
h. Support agency. DAPE-BUC-M.

Issue 291: Confusion about Retirement Entitlements and Benefits
a. Status. Completed
b. Entered. AFAP IX; 1991.
c. Final action. AFAP X; 1993
d. Scope. Previous Army Family Action Plan issues resulted in some corrective actions. Many soldiers and family members do not understand the difference between an entitlement and a benefit. The perception exists that retirement entitlements and benefits are eroding.
e. AFAP recommendation.
(1) Monitor AFAP Issues 47 and 246 for compliance.
(2) Standardize the program of instruction in all Military Leader Development Programs.
f. Progress.
(1) Training. TRADOC institutional training programs do not specifically address retirement entitlements and benefits in detail. Information is more appropriately furnished/fielded at the installation level where target audiences are better defined and subject matter is more relevant.

(2) GOSC review. The Jun 92 GOSC requested DAIG evaluate retirement briefings during installation visits and that CFSC explore publishing a standard retirement briefing POI for the field.

(3) DAIG evaluation. The DAIG evaluation of retirement briefings was submitted to the VCSA, and concluded that, "Although installations are providing adequate pre-retirement briefings and processing, the frequency and structure of these briefings vary significantly. More precise guidance on benefits and entitlements would reduce confusion and frustration felt by soldiers approaching retirement. Incorporating these into professional development during a career would help soldiers in preparing for their lives after retirement."

(4) Resources. A pre-retirement counseling guide and updated retirement briefing were forwarded to installation RSOs, 2nd Qtr FY 93. Pre-retirement and SBP videos were distributed to installations for soldiers and family members to view at the installation or in their home to assist them in understanding entitlements and benefits. DA Pam 600-5 was published 20 Aug 93. Additionally, CFSC-FSR distributed copies of the Retired Military Almanac to installation Retirement Service Offices. Retiring soldiers and their family members have a shared personal responsibility to learn about their entitlements and benefits by reading Army publications and attending scheduled pre-retirement briefings and orientations when presented at an installation.

(8) Related issue. Additional information is provided in Issue 372, “Education on Retirement Benefits and Entitlements.”

(9) Resolution. This issue was completed by the May 93 GOSC based on standardization of retirement briefings and availability of retirement information.

g. Lead agency. CFSC-FSR

Issue 292: DEERS Deficiencies

a. Status. Completed.

b. Entered. AFAP IX; 1991.

c. Final action. AFAP XI; 1994.

d. Scope. Many RC soldiers have difficulty enrolling in DEERS due to locality, lack of automated data processing equipment (ADPE) and training drill time. Lack of pre-enrollment causes undue hardship for soldiers and families. DEERS deficiencies occur because of lack of training on DEERS/RAPIDS (Real-time personnel ID system) procedures and automation problems during in-processing; that is, SIDPERS interface with DEERS and OCONUS and RC not being on-line.

e. AFAP recommendation.

(1) By FY 93 provide on-line DEERS/RAPIDS capability to: OCONUS, MUSARCs, STARCs, and Reserve GOCOMs.

(2) Direct RC Commanders to complete 100% pre-enrollment of DEERS to comply with previous DoD directives which required 100% pre-enrollment by 30 Sep 91.

(3) Provide systems training to the operators (clerks and data entry operators) and educate the users (soldiers and family members).

(4) Stress command emphasis on importance of DEERS enrollment.

f. Progress.

(1) On-line capability. Europe on-line capability was tested and approved for DDN. All RAPIDS sites are on-line with DEERS in Europe. The automated ID card equipment will be fielded and completed by the end of FY94.

(2) Training. Defense Manpower Data Center held training in Atlanta for RAPIDS system users in Feb 92 and Jun 93.

(3) Command emphasis. In Aug 91, 22% of the Guard/Reserve were pre-enrolled in DEERS. In 1994 enrollment was 81%. Command emphasis is placed on the enrollment process through general officer correspondence disseminating the requirement for 100% pre-enrollment. FORSCOM, NGB, and OCAR continue to send messages to the field emphasizing the importance of pre-enrollment.

(4) Resolution. The Apr 94 GOSC determined this issue is completed because all RAPIDS sites are on-line with DEERS in Europe and DEERS enrollment increased 59% between 1991 and 1994.

g. Lead agency. TAPC-PDO-IP.

h. Support agency. NGB-ARP/FCAG-IS-P/DAAR-ZA.

Issue 293: Deferred Payment Plan (DPP) Not Available AAFES-wide

a. Status. Completed.

b. Entered. AFAP IX; 1991.

c. Final action. AFAP XI; 1994.

d. Scope. Deferred Payment Plan (DPP) is a form of credit limited to overseas AAFES customers. It is an excellent quality of life benefit. Expanding a form of the DPP program will benefit soldiers in CONUS. Many soldiers are unable to establish credit.

e. AFAP recommendation.

(1) Obtain House Armed Services Committee approval for the issuance of a CONUS AAFES credit card.

(2) Develop an AAFES credit card to be used in CONUS, Alaska, and Hawaii by all authorized AAFES patrons.

(3) Ensure that qualifications and limitations for the AAFES credit card follow the basic guidelines of the OCONUS DPP.

(4) Charge no annual fee and maintain low interest. This will ensure the success of this program.

f. Progress.

(1) OCONUS expansion. In Feb 92, the House Armed Services Committee approved expansion of the DPP to CONUS.

(2) Implementation. In Feb 93, AAFES began to implement the DPP program at all U.S. exchanges. Credit limits were based on grade and ranged from $300 for PVT to $1,500 for higher grades. In Jun 93, DPP credit limits were expanded, based on disposable income with credit ranging from $300 to $5,000 and the payback period was extended from 12 to 36 months with a 12% annual finance rate. Full implementation of DPP was completed in Jul 93.

(3) Marketing. To maximize customer awareness of changes to HLP and DPP, AAFES issued news releases, published in-house advertisements, developed a customer information videotape for on-post cable TV stations, and briefed commands at all levels.

(4) Controls. Indebtedness concerns resulted in de-emphasis of DPP in advertising and retail activities; credit checks and probationary credit limits for low-income creditors; increased staffing to provide credit counseling; extended payback periods to prevent garnishment of pay; and alternative payment schedules to minimize financial hardship.

(5) GOSC review.

(a) Oct 92. AAFES will complete installation tests of the expanded DPP.

(b) Oct 93. AAFES will examine soldier DPP indebtedness and review the annual finance rate.

(6) Resolution. The April 1994 GOSC determined this issue was completed based legislation that expanded DPP to CONUS, interest rates below industry standard, and controls on soldier indebtedness.

g. Lead agency. AAFES

Issue 294: Deficiencies in DDP Coverage

a. Status. Completed.

b. Entered. AFAP IX; 1991.

c. Final action. AFAP XII; Oct 94.

d. Scope. With the pending Army builddown, direct dental care resources will also be reduced. Concurrently, the basic Dependents Dental Plan (DDP) as it stands has a series of deficiencies, failing to service the needs of the Total Army family (Active, Reserves, National Guard, retirees, DA civilians and family members).

e. AFAP recommendation.

(1) Increase eligibility base to include all members of the Total Army family.

(2) Increase enrollment participation by eliminating space-available services in CONUS and having MACOMs increase marketing of DDP through a team effort to include ACS, Newcomer's Briefings, Personnel, Finance, Dental Activities, and Health Benefits Advisors.

(3) Make available local prevailing fees to all members of DDP in the form of dollars versus percentage of coverage.

(4) Utilize the "800" DEERS number to include DDP information.

(5) Have all DDP dental care personnel tested for HIV per military standards to improve quality assurance techniques.

(6) Initiate enrollment counseling during OCONUS outprocessing.

f. Progress.

(1) Eligibility base. Initiatives to provide a dental insurance program to other members of the Army is being tracked in AFAP Issue 386, "No Cost to the Government Dental Insurance".

(2) Enrollment and marketing. The expanded insurance program was implemented on 1 Apr 93, with automatic enrollment. Disenrollment during the Apr to Jul disenrollment window was less than 2%. DDP enrollment (Jul 94) was 84%, compared to 40% enrollment in Apr 93. Increased participation and awareness of DDP benefits are being accomplished through better marketing initiatives by HSC and Delta Dental.

(3) Local fees. OCHAMPUS did not support the release of local fees. However, efforts were successful through Delta Dental Corporation and the American Dental Association (ADA). This information was distributed to HSC in 1992. Individuals desiring this information can obtain ADA average fees through their local Dental Activity.

(4) Toll free number. The DEERS Support Office Beneficiary "800" Telephone Center is available, Monday through Friday, from 0600-1530 hours (Pacific Time).

(5) HIV testing. In Nov 91, OCHAMPUS decided to follow national policy on HIV testing, which does not require mandatory testing or restriction of privileges for HIV positive providers. This position is also consistent with the ADA. Army dental personnel, like all military personnel, are tested for HIV.

(6) In- and Out-processing. Soldiers can enroll/disenroll at the DEERS Rapid Site located at each installation CONUS and OCONUS during the soldier's outprocessing. Each OCONUS Dental Activity has also been tasked to provide DDP counseling as part of the soldier's dental outprocessing to provide information about DDP eligibility upon CONUS transfer.

(7) Resolution: The Oct 94 GOSC determined this issue is completed based on increased DDP enrollment, access to local dental fees, and improved enrollment counseling.

g. Lead agency. MCDS.

h. Support agency. DAPE-MBB.

Issue 295: Exceptional Family Member Program Shortcomings

a. Status. Completed.

b. Entered. AFAP IX; 1991.

c. Final action. AFAP XI; 1993.

d. Scope. Soldiers receive untimely notification of PCS move to undergo screening procedures within the Exceptional Family Member Program. In addition, soldiers are not reporting promptly to the medical treatment facility for screening upon receipt of assignment instructions. Upon PCSing, soldiers are not inprocessing with proper documents to confirm EFMP screening and enrollment status.

e. AFAP recommendation.

(1) Change AR 600-75 and related regulations to require EFMP screening for all PCS movement. for soldiers with family members

(2) Change Army regulations to require not less than 120 days from issuance of assignment instructions to report date to allow sufficient lead time for EFMP screening prior to all PCS moves.

(3) Change AR 600-75 and assignment regulation to charge commanders to have soldiers with family members report to the MTF for screening appointment within 15-30 days, upon receipt of Assignment Instructions.

(4) Add to AR 600-75 the requirement that Military Personnel Division provide the soldier a completed copy of DA Form 5888-R (Family Member Deployment Screening Sheet), which confirms screening and consideration for enrollment, for the soldier to hand-carry to the gaining command.

f. Progress.

(1) Screening. Existing procedures require soldiers to be queried about an EFM during inprocessing, once annually as a unit or individual, and during outprocessing. If soldiers indicate they have or suspect they have an EFM, referral is made for EFMP screening. Family member

screening also occurs during routine medical care and OCONUS deployment.

(2) Reassignment orders. Current policy that requires not less than 90 days from issuance of assignment instructions to report date is appropriate. According to PERSCOM, efforts are made to give 12-months lead time; however, with deletions and backfill requirements it does not always occur.

(3) Reassignment processing. Installation commanders must ensure that reassignment processing (to include OCONUS family member deployment screening) is completed within 30 days of the Enlisted Distribution Assignment System (EDAS) cycle or Officer Request for Orders (RFO) date. AR 600-75 (Oct 92) reflects this requirement.

(4) Documentation. DA Form 5888-R is forwarded with DA Form 4787-R (Reassignment Processing) to the gaining command during the family travel approval process. The OCONUS travel approval authority coordinates with the medical command and DoDDS to pinpoint assignments to areas accommodating MOS and EFM needs. It is the responsibility of the gaining command to distribute screening and enrollment documentation.

(5) GOSC review. This issue was briefed at the Oct 92 GOSC and will remain active pending implementation of regulatory standards at installation level.

(6) Resolution. This issue was completed by the Oct 93 GOSC based on screening procedures, improved assignment notification, and command notification of arrival of EFMs.

g. Lead agency. CFSC-FSA.

h. Support agency. DAPE-MP/TAPC-EPO-E.

Issue 296: Family Support Group Mailing Restrictions

a. Status. Completed.

b. Entered. AFAP IX; 1991. Reopened 4/94.

c. Final action. AFAP XII; 1995.

d. Scope. Policy restricts mailing unofficial information with appropriated funds, limiting the ability to communicate with families.

e. AFAP recommendation.

(1) Request changes to DoD policy.

(2) Give commanders authority to approve content.

f. Progress.

(1) History. This issue was completed by the May 93 GOSC based on the dissemination of information that commanders have discretion, within guidelines, to determine what is official business for FSG newsletters. The issue was reopened by the Apr 94 GOSC because of difficulty on the part of family members and commanders to mail FSG newsletters using APF through the DOIM at installations.

(2) Alternative funding. Recommendation to use either NAFs or FSG generated funds was included in USACFSC message (Oct 91), SUBJECT: Family Support Group Newsletter. Authority to use NAFs was granted in the interim change to AR 215-1.

(3) OSD guidance. In Jan 93, OSD(PSF&E) provided commanders discretion, within guidelines, to determine what is official information. Official information includes information that is:

(a) Related to unit mission and readiness, including family readiness.

(b) Educational in nature, designed to promote informed self-reliant service members and families.

(c) Related to service members and families which promotes unit cohesion and strengthens ongoing esprit among family members within the unit.

(d) Information regarding private organizations, fund raisers, and commercial ventures is expressly prohibited.

(4) Army message. A message reference use of APF for said purpose was disseminated in the 2nd Qtr FY 93 to ACS directors, IVCs and to the DCSIMs for retransmission to installation DOIMs.

(5) Follow-on action. As a result of this issue being reopened in 1994, DoD guidance mentioned above was revised to include more details and "rules" for APF use. A message with more complete guidelines was forwarded to the field in Jan 95.

(6) GOSC review.

(a) Oct 92. DoD will consider use of APFs when mailing FSG newsletters containing unofficial information.

(b) May 03. Issue was determined completed based on an OSD memo that provides commanders discretion within guidelines to determine what is official business for FSG newsletters.

(c) Apr 94. Issue was reopened because of continued difficulty mailing FSG newsletters with APF.

(7) Resolution. The Apr 95 GOSC completed this issue based on the new, definitive guidelines provided to the field.

g. Lead agency. CFSC-FST.

h. Support agency. SAIS-IDP/OTJAG.

Issue 297: Family Support During Mobilization or Deployment

a. Status. Completed.

b. Entered. AFAP IX; 1991.

c. Final action. AFAP XVI; 1999.

d. Scope. There is no requirement for rear detachments for family assistance.

e. AFAP recommendation.

(1) Establish policy authorizing rear detachments.

(2) Establish Family Assistance Centers (FACs) at all levels.

(3) Define roles and responsibilities.

(4) Provide ongoing training.

f. Progress.

(1) Validation. The need for rear detachment for family assistance was documented in Operations Desert Shield and Desert Storm lessons learned, DCSPER Mobilization Issues, and by the DA Inspector General in the 27 May 1993, SAIG-ID memorandum, subject: Special Assessment of Operation RESTORE HOPE. There is no Army doctrine or policy on rear detachment and current Army doctrine concerning the mobilization and deployment of RC units prohibits ARNG and USAR units from leaving personnel at home station.

(2) Army review.

(a) In Jun 93, an action officer work group recommended that rear detachment policy be studied and analyzed by ODCSOPS as an Army Force Structure Issue. In 1994, the Army Remedial Action Plan (ARAP) issue on rear detachment policy development transferred from

OACSIM to ODCSOPS.

(b) In Feb 96, DAMO-FDQ recommended the DCSOPS disapprove the request for a designated TOE/TDA position as a rear detachment commander. On 13 Feb 96, the DCSOPS approved the recommendation. Additionally, the ARSTAF action recommended closure of ARAP Issue 2107, Rear Detachment and Family Assistance Officers. Commanders' responsibilities concerning personnel administration, property accountability, and security are well documented in existing Army Regulations and Pamphlets. All deployments are different, and commanders have to have the freedom to tailor their rear detachments. The DCSOPS decision completed the rear detachment action as an unattainable proposal.

(3) Family assistance at deployment. AR 600-20 defines the requirements for Family Assistance Centers at all levels of mobilization and deployment. The Army National Guard is the lead agency for establishing FACs for those who do not live on or near installations. AR 600-20 requires all Active Duty and Reserve Components to develop a Total Army Family Program (TAFP) that would assist the soldier's family members while the soldier is deployed. Army Pam 608-20, dated Aug 93, outlines specific requirements for a complete TAFP. A revision to AR 600-20 was published 15 Jul 99.

(4) Family Assistance Centers (FACs). The USACFSC established policy outlining the roles, responsibilities, and operation for the FACs, and in Dec 95, closed the Army Remedial Action Program Issue 2108 concerning the establishment and operation of FACs in the TAFP. The activation of FACs have been successfully validated at Army installations.

(5) Roles and Responsibilities. Roles and responsibilities are outlined in AR 600-20.

(6) Training.

(a) A training module and video for FAC staffs were included in the mobilization resource library materials called Operation READY that was disseminated Army wide in May 95.

(b) The Army Management Staff College teaches a block of instruction concerning commander's responsibility for the support for family members of deployed soldiers in their Pre-Command and Installation Staff Courses.

(7) GOSC review.

(a) Oct 95. The GOSC reviewed CFSC's actions, to include the establishment and training on the operation of FACs at all levels. The issue was transferred to ODCSOPS to review rear detachment policy.

(b) Oct 96. The GOSC concurred with ODCSOPS decision regarding rear detachment positions, but stressed the importance of strong rear detachment. Issue transferred to CFSC to ensure placement of family assistance responsibilities in AR 600-20.

(8) Resolution. At the Nov 99 GOSC meeting, the VCSA reaffirmed that we are not going to give the commander an officer or NCO to be the rear detachment, but noted that that the Army has made real progress in the training and establishment of family assistance programs. Issue was completed.

g. Lead agency. CFSC-FSA.

h. Support agency. DAMO-FDQ; DAPE-HR; DAAR; NGB.

Issue 298: Funding For ARNG and USAR Family Programs

a. Status. Combined.

b. Entered. AFAP IX; 1991.

c. Final action. AFAP XIII; 1995.

d. Scope. Operations Desert Storm and Shield demonstrated the need for funding for family support coordinator positions at the MUSARCs and State National Guard headquarters and for volunteer training and program expenses.

e. AFAP recommendation.

(1) Establish family support as an integral part of the Army mission.

(2) Provide funding for volunteer training and program expenses.

f. Progress. Recommendation 1 was combined with Issue 265, "Family Programs for the Total Army Family," and recommendation 2 was combined with Issue 184, "Support for Volunteers," in Dec 91.

g. Lead agency. CFSC-FST.

h. Support agency. DAPE-HR/DAAR-PE/NGB.

Issue 299: Government Owed Debts Deducted from Pay

a. Status. Completed.

b. Entered. AFAP IX; 1991.

c. Final action. AFAP XIII; 1995.

d. Scope. Mission readiness is degraded by No Pay Due (NPD). There are too many soldiers receiving "NPD." Soldiers and families suffer financial hardships when adjustments to paychecks occur without notification. No policy exists to ensure that the soldier is notified of repayment responsibilities at the time the debt is incurred. Local finance offices have no real time access to soldier's pay file.

e. AFAP recommendation.

(1) Develop a DA form that outlines pay adjustments, collection procedures, and time frames for each action. This form needs to clearly identify the different repayment options and procedures. The current voucher does not ensure an understanding of pay adjustments. This DA form must be provided to the individual when the action is initiated or when a pay adjustment is made by the finance office.

(2) Require mandatory annual budget and finance training for all soldiers at unit level. Classes should be conducted by trained personnel from the local finance office, ACS, or other existing resources.

(3) Augment existing computer capabilities to allow local finance officers real time access to soldiers' pay files.

f. Progress.

(1) Policy. Development of a DA form is not needed because policy and procedures are already in place that clearly outline debt collection requirements. AR 37-1, chapter 15, contains policy on soldier debt notification and sample letters. AR 37-104-4 has provisions covering advance notification of soldiers before certain collections are made from their pay. The DJMS Automated Data Systems Manual, pages 585-590, also provides finance

offices with pay adjustment procedures.

(2) Financial counseling. Procedures are in place in all communities for soldiers to receive needed budget and finance training. ODCSOPS is the Army agency that establishes unit level training requirements. It is the commander's responsibility to ensure that soldiers are made aware of these programs.

(3) Defense Joint Military Pay System (DJMS). It is not necessary to augment existing computer capabilities within finance and accounting offices. DJMS has been fielded and allows for the real time access to soldiers' pay files that this issue addresses. Updates are made to the DJMS system approximately every other day, providing timely and cost-effective service to the soldier.

(4) Automated lists of NPDs. In Jan 94, DFAS provided commanders the automated capability to generate a list of their NPDs prior to each pay day. The commanders and Defense Accounting Offices (DAO)/Finance Offices should review the NPD list to ensure the soldier receives pay as stipulated by the "statutory 1/3 rule" and that the soldier receives "due process". This procedure is working well and serves as an effective interim solution until the required systems changes can be made to the DJMS.

(5) Enhancement program. The DAO Enhancement Program was implemented at all DFAS Centers. This short term, low-cost program tests good ideas from DAOs and customers at a model office and then disseminates the results to other DAOs and centers. The goals of the program are to streamline operations, enhance internal controls, and improve customer service at the DAOs.

(6) Results. The automation of the “statutory 1/3 rule” is a priority on the Army’s Top 20 system changes with DFAS. The number of soldiers receiving NPDs was reduced from 5,576 in Oct 92 to 1,305 in Jun 95.

(7) GOSC review.

(a) Jun 92. SAFM will determine if the new DJMS system improves timely finance office access to soldiers' pay accounts.

(b) Oct 92. SAFM will work with DFAS to reduce instances of soldiers receiving "No Pay Due."

(c) Apr 94. Commanders need to review collection notices. Army will automate systems to implement the "statutory 1/3 rule".

(8) Resolution. The Oct 95 GOSC declared this issue completed because financial training for soldiers is available. The number of NPDs decreased due to the automated capacity to provide lists of NPDs to commanders.

g. Lead agency. SAFM-FCL.

h. Support agency. DAMO-TRO.

Issue 300: Inadequate CHAMPUS Eye Care Benefits

a. Status. Completed.

b. Entered. AFAP IX; 1991.

c. Final action. AFAP XII; 1995.

d. Scope. Currently, CHAMPUS provides limited eye care services to only active duty family members. CHAMPUS provides no eye care services to retirees or other CHAMPUS beneficiaries. Eye care services are offered to employees of many private industries through their group health plans.

e. AFAP recommendation.

(1) Authorize expansion of eye care services, from one eye examination per person per calendar year for active duty families only, to include all CHAMPUS beneficiaries.

(2) Authorize CHAMPUS cost share program for the purchase of prescription glasses.

f. Progress.

(1) Cost. The annual CHAMPUS cost to the government associated with eye exams to the population currently ineligible for this benefit would be approximately $38M. The approximate cost associated with authorizing CHAMPUS coverage of eye exams and prescription eye wear for all beneficiaries would be over $100M. The cost associated with the purchase of prescription eye wear accounts for the majority of the cost.

(2) OCHAMPUS Review. OCHAMPUS stated that the apparent inequity of eye exam benefits between active duty and retirees occurred because:

(a) Preventive care is generally excluded by law. In 1984, as part of PL 98-525, Congress authorized payment under CHAMPUS for one eye examination per year per person for dependents of active duty members. This was not intended to expand benefits, but to reduce the inequity of eye care befits among active duty CHAMPUS beneficiaries. The direct care system generally provides eye exams to family members with access to a military medical treatment facility.

(b) The CHAMPUS coverage policy regarding vision care for retirees is similar to the coverage policies of major third party payers. Most third party payers do not cover routine eye care unless the service is purchased as a group vision benefit. Managed care (HMOs) generally offer preventive eye care benefits as a part of their health care package.

(3) TRICARE option. Under the TRICARE managed care program, many beneficiaries will have an option to enroll in TRICARE Prime. Active duty beneficiaries and their family members may choose annual eye examinations under TRICARE Prime, but will have a co-payment assessed.

(4) GOSC review. The Oct 93 GOSC said that because cost for exams and glasses would exceed $100M, Army will pursue coverage for eye exams only.

(5) Resolution. The Apr 95 GOSC determined this issue is completed because TRICARE Prime will include eye exams every year or every three years, based on beneficiary’s age. Because of cost, TRICARE will not include benefits for prescription glasses.

g. Lead agency. MCHO-CL.

h. Support agency. OCHAMPUS.

Issue 301: Inadequate Civilian Insurance Coverage Options

a. Status. Unattainable.

b. Entered. AFAP IX; 1991.

c. Final action. AFAP XIII; 1996.

d. Scope. The approach to health coverage and options is not in line with current industry standards. Inadequate coverage options create an inability to provide for the needs of civilian employees and their families. The lack of competitive health benefits packages could result in the loss of quality employees to the private sector.

e. AFAP recommendation. OPM negotiate comprehensive Government-wide group coverage and supplemental

insurance packages to cover special situations; for example, mental disorders and substance abuse. Conduct a feasibility study of a "cafeteria style" package.

f. Progress.

(1) Cafeteria plans. OPM will not endorse a “Cafeteria Plan” since it would have a negative effect on the tax revenue. Allowing enrollees to select benefits from a list or menu is impractical since it would fragment the risk pool, causing coverage for treatment of pregnancy, mental illness, drug or alcohol-related illnesses, etc., to be out of the reach of the lower-paid employee.

(2) Supplemental benefits. In 1992, OPM permitted carriers to advertise various supplemental benefits in the FEHB brochures such as disability income protection, hospital indemnity, long term care, vision care programs, hearing aid service, and wellness programs.

(3) Health care reform. During 1994, the 103rd Congress was unable to come to any agreement on health care reform issues. Recently, the President announced that the FEHB Program is recognized as a model program by both the Republicans and Democrats. Based on this verbal endorsement, it is evident that the FEHB is not inferior to any other programs studied during the health reform debate.

(4) Customer surveys.

(a) OPM conducted three customer satisfaction surveys during 1994. They indicated that, although there was room for improvement, customers generally were satisfied with the program. Because the surveys were not sent to the majority of employees, OPM included a copy of the survey in the comparison booklets which were distributed in the Nov 95 open season.

(b) A Gallup survey was sent to 200,000 randomly selected in the 1996 FEHB Open Season Guide. The survey rated access, quality, coverage, doctor’s availability, and paperwork. The results did not reflect any systemic problems with the FEHB program.

(5) GOSC review. The Oct 95 GOSC agreed this issue should remain active to monitor the results of the OPM surveys.

(6) Resolution. The Apr 96 GOSC determined this issue is unattainable. The FEHB is viewed by the President and Congress as a model program; cafeteria plans are not endorsed because of negative tax revenue; and benefit selection would fragment the risk pool and increase premiums.

g. Lead agency SAMR-CP

Issue 302: Inadequate Installation Support During Restructuring

a. Status. Completed.

b. Entered. AFAP IX; 1991.

c. Final action. AFAP XV; 1998.

d. Scope. Quality of life is severely impacted by the rapid redeployment and reassignment of forces during restructuring thereby placing a heavy demand on existing installation resources.

e. AFAP recommendations.

(1) Place special emphasis on resourcing facilities and services that have direct impact on Soldiers and family members.

(2) Review redeployment plans to allow maximum notification prior to redeployment for families, soldiers, and gaining installation.

(3) Find ways to provide housing for soldiers and families, to include options like leased housing, mobile homes, reexamining restructure plans, buses to outlying communities.

(4) Move household goods in timely manner.

(5) Installation conduct needs assessment to determine level of services required.

f. Progress.

(1) Resourcing. ACSIM continuously takes action to ensure that installations are funded to the maximum amount possible through the BASOPS PEG and POM. POM 98-03 made upfront investments to reduce the long-term expense of our base support functions. The accelerated pace of BRAC actions, restructuring of the barracks revitalization initiative, and reduction in the facilities inventory have greatly reduced installation management requirements. The program maintains an affordable investment in barracks, housing, and other programs that improve the quality of life for our soldiers. The net result is a stable and predictable program that is resourced at 87% of requirements.

(2) Reassignment notification. PERSCOM policy requires not less than 120 days notification of assignment to soldiers. Average notification in 1995 was 6.8 months. Approximately 78% of soldiers receive more than 120 days notice. Average notice for BRAC is approximately 6 months.

(3) Installation support. In Oct 97, the ACSIM redirected the focus of Recommendation 5. He requested an examination of unit/volume moves to ensure QOL aspects, such as movement of family members, household goods, pets, POVs and exceptional family members are considered during the move’s planning, are institutionalized in regulation, and are available to every installation.

(4) Regulatory change. Proposed language to AR 5-10 was developed and staffed with the SMA and MACOM CSMs and was submitted to ODCSOPS. ODCSOPS issued an Interim Change via message (061822Z Jul 98, Subject: Interim Change to AR 5-10).

(5) QOL Unit/Volume Move Checklist. The OASA(FM&C), ODCSLOG, ODCSPER, OTSG, SMA, FLO, CFSC, and MACOM CSMs were asked to provide relocation information that would aid in the development of a QOL Unit/Move Checklist. The checklist was staffed, and distributed to garrison commanders and installation DPCA’s or DCA’s in 1998. The checklist is on the ACSIM web site under Relocation. An article about the ACSIM web site was written for the ACSIM Installation Newsletter.

(6) GOSC review.

(a) Oct 95 GOSC. This issue will remain active pending completion of the Installation Status Report.

(b) Oct 97 GOSC. AFAP recommendations 1-4 were closed, and the issue was refocused to review installation support during unit or volume moves.

(7) Resolution. The Nov 98 GOSC determined this issue was completed based on a change to AR 5–10 and the development and distribution of a checklist that addresses the quality of life aspects of a unit move.

g. Lead agency DAIM-MD.

h. Support agency DCSOPS, DCSLOG, CFSC, FLO.

Issue 303: Inadequate Staffing and Training of Health Benefits Advisors (HBAs)

a. Status. Completed.

b. Entered. AFAP IX; 1991.

c. Final action. AFAP XII; 1995.

d. Scope. Some installations, States, or geographical areas do not have HBAs. Where HBAs exist, they are frequently inexperienced, under trained, and overworked; therefore, the needs of the Total Army family are not being met. HBA shortages, and advising as an additional duty, result in inaccessibility, beneficiary frustration, and errors in claim submission. Inadequate training of HBAs results in inefficiency, delays, and frustrations that make care givers and beneficiaries reluctant to participate in the program.

e. AFAP recommendations.

(1) Review and revise, as necessary, the staffing standards so all CHAMPUS beneficiaries have direct access to HBAs (for example, additional 1-800 numbers, FAX, E-Mail, additional staffing).

(2) Consider the nontraditional placement of HBAs in locations outside of the Army MTF catchment areas (40 miles); for example a minimum of one per State or based on beneficiary population.

(3) Promulgate policy mandating a minimum level of training for all HBAs within 90 days of policy implementation or assignment. Training will include part-time HBAs.

f. Progress.

(1) Access to HBAs. Staffing standards are not used to determine HBA. Beneficiaries may use a 1-800 number to call their fiscal intermediary regarding benefits or claims. This number can be obtained from the HBA.

(2) Placement of HBAs. Under the reorganized Army Medical Department, the Health Service Support Area (HSSA) commanders provide regional support to HBAs assigned to MTFs. These HBAs have been realigned with the MTFs to consolidate health benefits expertise and increase availability of HBA services.

(3) Training.

(a) In Dec 94, the MEDCOM promulgated policy regarding the formal training of new HBAs. All HBAs will be required to attend the OCHAMPUS introductory Training Course within 90 days of assignment.

(b) OCHAMPUS conducts approximately 30 HBA training classes per year. Additionally, OCHAMPUS provides a training team upon request, who will travel to a specific location to conduct classes.

(c) TRICARE requires that managed care support contractors provide Health Care Finders (HCF) at Beneficiary Service Centers at the MTFs. The primary function of the HCF is to provide health benefits advice and schedule non-MTF appointments and referrals. The contractor must arrange training for the HCF.

(4) GOSC review. This issue was briefed at the Oct 94 GOSC. MEDCOM will continue efforts to require HBAs to attend CHAMPUS training within 90 days of assignment.

(5) Resolution. The Apr 95 GOSC determined that, based on the mandatory HBA training and the availability of HBAs, this issue is completed.

g. Lead agency. MCHO-CL.

h. Support agency. OCHAMPUS.

Issue 304: Inconsistent Access and Use of All DoD Facilities

a. Status. Completed.

b. Entered. AFAP IX; 1991.

c. Final action. AFAP XII; 1995.

d. Scope. There is not equal inter-Service access and use to all DoD facilities and services for the Total Force family. Particularly considering the drawdown, all of DoD needs to cooperate to provide services to all military, regardless of branch or component. For example, medical care denied at closest DoD medical facility. Guardians do not have access and use of facilities to procure dependent family member benefits.

e. AFAP recommendation.

(1) Develop universal (inter-Service) policy for key services such as medical, commissary, and exchanges. A soldier, family member, or guardian should be able to proceed to the nearest military installation for access and use regardless of component. This policy should continue and expand upon the Joint Service Agreements currently in place.

(2) Develop policy to allow legal guardian to be issued DoD ID cards, without privileges, to be used in conjunction with the eligible family member ID card.

f. Progress.

(1) ID card for guardians. In Feb 92, at a joint service meeting, the Army Project Officer discussed the feasibility of producing a non-benefit ID card for guardians. DoD disapproved a non-benefit ID card for guardians, but recommended a DoD letter, signed by any Service installation commander, that would allow guardians entrance to any Service installation to escort family members to all authorized facilities.

(2) DoD standard guardianship letter.

(a) In Mar 92, OSD Family Support Coordinator (Manpower and Personnel) forwarded a letter to Family Support Policy and Services Directorate requesting support of this issue. In Sep 92, CG, PERSCOM, forwarded a letter to the Assistant Secretary of the Army (Manpower and Reserve Affairs) requesting support of this issue. In Nov 92, Assistant Secretary of the Army forwarded a letter to Assistant Secretary of Defense, Personnel Support, Families and Education, requesting they determine the feasibility of developing a DoD standard guardianship letter and supporting policy.

(b) In Mar 93, Assistant Secretary of Defense, Deputy Assistant Secretary of Defense (Personnel Support, Families, and Education) disapproved the request for a DoD standard guardianship letter. DoD indicated that they were reluctant to amend the Family Care Plan Instruction and require another letter that caregivers and members must present in addition to the power of attorney, agent letter, or family care plan to gain access. It was further stated that current policy permits caregivers to use installation facilities on behalf of the member in order to provide care for family members.

(3) Further review. In a letter dated 1 Mar 94, OASD recommended that a study be conducted to provide an understanding of the magnitude of the problem. After surveying all CONUS installations, PERSCOM believes

present procedures for guardians to escort family members is effective and that no other action/documentation is necessary.

(4) Post-Desert Storm changes.

(a) DoDI 1000.13 was revised to issue active duty ID cards to all Reserve and ARNG members called to active duty during mobilization. During Desert Storm, members called to active duty used their Reserve card along with a copy of their orders for benefits and entitlements.

(b) Prior to Desert Storm, only the Army and Air Force issued Service-specific family member ID cards to Reserve family members. DoD now mandates all Reserve family members be enrolled in DEERS and issued the Reserve family member ID card.

(c) The new, automated Reserve family member ID card now reads, under the medical entitlements block, "Authorized medical with a valid set of active duty orders for over 30 days". This change ensures there is no misunderstanding at medical facilities worldwide. DoD medical facilities provide treatment to all Services and are verified through the DEERS system which is DoD wide.

(d) After Desert Storm, the Army changed the ID regulation to issue ID cards to family members under age 10 when the sponsor is a sole parent, Army married couple, Joint Service married couple, or when residing outside the sponsor's household. The Army policy was adopted by each Service and has been incorporated into DoDI 1000.13.

(e) The new Commissary DoDI was revised adding an agent letter that authorizes guardians the use of the commissary and exchange.

(f) Each Service has its own policy which permits guardians entrance into facilities to procure dependent family member benefits. The Army policy for installation entrance is delegated to each installation commander who issues letters to the guardian allowing them to escort the eligible family member to any facility on that installation.

(5) GOSC review. This issue was briefed at the Oct 93 GOSC. PERSCOM will clarify the extent of the problem and readdress the issue with DoD.

(6) Resolution. The Apr 95 GOSC determined this issue was completed because post-Desert Storm initiatives have resulted in the elimination of earlier difficulties with access to military installations and services.

g. Lead agency TAPC-PDO-IP.

h. Support agency OASD(PSF&E).

Issue 305: Inequitable Combat Zone Tax Exclusion

a. Status. Unattainable.

b. Entered. AFAP IX; 1991.

c. Final action. AFAP XIII; 1995.

d. Scope. In a combat zone, enlisted soldiers' pay is tax-exempt. Officers' pay is only exempt up to the first $500 per month. Civilians receive no exemption. This public law (Title 26, Section 112 of Internal Revenue Service Code), created during the Korean conflict, is in conflict with the Total Army concept.

e. AFAP recommendation.

(1) Retain total tax exclusion for enlisted.

(2) Increase tax exemption percentage for officers.

(3) Implement a comparable tax exemption for civilians.

f. Progress.

(1) Cost. Excluding $2,000 taxable income for officers during Operation Desert Storm would have resulted in $12M loss of revenue to the Government. Actual costs would be based on size of force and length of involvement during a contingency authorizing tax exemption.

(2) Legislative proposals.

(a) In 1991, House bills to exclude gross income for officers and to increase the tax exclusion to $2,000 per month were introduced. No action was taken on either bill. In 1991, no action was taken on a Senate bill to increase tax exclusion for officers to the first $2,000. Army supported increasing combat tax exclusion for officers as part of the DoD FY 95 legislative program, however, the legislation was unsuccessful.

(b) In Jan 92, DAPE-CP began staffing a proposed legislation to provide for a tax exclusion of the first $2,000 of income for civilians deployed to a combat zone.

(3) Resolution. The Oct 95 GOSC determined this issue is unattainable because several legislative proposals have been unsuccessful in expanding the tax exclusion limits. The GOSC members did not support any change to enlisted tax exclusion.

g. Lead agency. DAPE-PRR-C.

h. Support agency. DAPE-CP.

Issue 306: Inequitable Military Pay

a. Status. Combined.

b. Entered. AFAP IX; 1991.

c. Final action. No.

d. Scope. A disabling inequity exists between military and private sector pay. The comparability gap is greater than 11% and is increasing based on Army budget projections. This inequity requires many families to use food stamps, Women, Infants and Children, reduced lunches, and other public assistance programs to meet basic needs.

e. AFAP recommendation. Eliminate existing gap over 6-year period by increasing military pay. After elimination of gap, establish a law to maintain equality with private sector. Liquefy assets gained from base closures and eliminate certain programs such as Army Community of Excellence and top three "absorb" programs selected at the AFAP.

f. Progress.

(1) Combined issues. In Feb 95, this issue was combined with Issue 383, "Military Pay Diminished by Inflation," because of similarity of AFAP recommendations.

(2) Validation. Military pay compared to civilian pay as measured by the Employment Cost Index (ECI) indicates a gap of approximately 12%. Assets which might be obtained by elimination of Army Community of Excellence and top three AFAP "absorb" programs would provide only a very small fraction of the money required. Savings from base closures have already been withdrawn.

(3) GOSC review. The May 93 GOSC was told that this issue remains active even though there is no congressional or administration support for closing the ECI gap at this time.

(4) Resolution. Issue 383 (and Issue 306) were declared completed by the Nov 99 GOSC because the FY00 NDAA requires FY01-06 military pay raises exceed

the ECI by .5%.
g. Lead agency. DAPE-MBB-C

Issue 307: Inferior Shipment of Household Goods
a. Status. Completed
b. Entered. AFAP IX; 1991
c. Final action. AFAP XXVI, Jun 10
d. Scope. Inferior shipment of household goods for the Total Army Family results in high claims, loss of duty time, and causes large out-of-pocket expenditures.
e. AFAP recommendations.
(1) Implement a policy to establish local databases by FY93 on contractor performance and claims process to determine the Best Value Movers. Award contracts to the Best Value Movers based upon their comparative costs that include low bid and claims history.
(2) The Installation Transportation Officer and Staff Judge Advocate will submit a quarterly report containing bid and claims history statistics for each carrier through the Director of Logistics to the SDDC.
(3) Provide full replacement value for lost or damaged household goods.
f. Progress.
(1) The FY 96 Defense Authorization Act directs the Department of Defense (DoD) to develop pilot programs implementing commercial business practices and standards of service for the movement of household goods. The U.S. Transportation Command completed its evaluation of four pilot tests on 12 November 2002 and provided its recommendations to the Office of the Secretary of Defense and the Congress. The report included streamlining the liability/claims process, improving carrier performance through performance based contracting, and implementation of an integrated move management system.
(2) In 2004, SRA International Inc. wins a contract award from U.S. Transportation Command to develop an internet based personal property system, initially called "Families First", and later changed to the Defense Personal Property Program (DP3).
(3) The 2005 initial Phase 1 rollout encompasses electronic billing and payment using US Bank PowerTrack, as well as, the interim customer satisfaction survey to collect input on their move experience.
(4) The John Warner National Defense Authorization Act for 2007 mandated that the DoD provide full-replacement-value (FRV) coverage for household goods (HHG) shipments by 1 March 2008. All Services implemented FRV effective 1 October 2007, and 1 November 2007, for international and domestic shipments, respectively. With FRV, HHG movers will replace lost or destroyed items with new items or pay for a new item of the same kind and quality at no additional cost to the Soldier or civilian. The HHG mover is liable for either $5,000 per shipment or $4.00 times the net weight of the shipment in pounds (up to $50,000), whichever figure is greater.
(5) All available industry data migrated from the current personal property program to DPS in 30 November 2007. There are 961 TSPs qualified to file rates in DPS and receive best value awards.
(6) Industry filed its first Government Accountability Office (GAO) protest on 17 January 2008, delaying the initial Phase 2 fielding of DPS. The industry protest resolution took place on 6 May 2008.
(7) A Services and industry DPS operational test in June and July 2008 approved
a best value score methodology for awarding shipments to HHG movers which takes into account 70% of the score on performance via customer satisfaction, claims history, and 30% cost The customer files the claim and negotiates claim settlement directly on-line with the mover.
(8) Seven Army sites at Fort Belvoir, Fort Bragg, Fort Sill, Fort Leavenworth, White Sands Missile Range, Grafenwoehr, Germany, and Camp Zama, Japan, were included in the initial rollout of Phase 2 in November 2008.
(9) A second industry protest submitted in November 2008 to delay further expansion. The GAO decided in the Government's favor in March 2009.
(10) General Officer Steering Committee approved DPS worldwide rollout in April 2009.
(11) DPS inclusion of Personally Procured Move (PPM)/Do-It-Yourself Move (DITY) software functionality will double the shipment volume in DPS, provide the Service Member with best value rate for reimbursement, and help reduce the timeline for disbursement by Defense Finance and Accounting Service.
(12) GOSC review.
(a) Oct 92. MTMC will establish a Best Value program that evaluates and rates HHG carriers.
(b) Oct 94. MTMC will report back to the Apr 95 GOSC a concrete plan that will provide quality HHG shipments.
(c) Apr 95. Test programs are scheduled for the summer 1996. The summer surge problems are being addressed.
(d) Apr 96. The VCSA requested a follow up report on the pilot to see how it worked.
(e) Mar 97. New contracts will give the Army the legal hammer necessary to remove substandard vendors.
(f) Nov 98. Issue remains active to track the HHG pilot.
(g) Nov 99. Pilot results were provided, and the GOSC was told that one of Secretary Cohen's quality of life initiatives is to improve the HHG moving program.
(h) Nov 00. The VCSA voiced support for including successful initiatives into the HHG program (e.g., full replacement value for lost or damaged items). Funding is the major issue impeding implementation of changes.
(i) Mar 02. The services implemented toll free numbers to track shipments and improved qualification procedures.
(j) Nov 04. The Army should factor into the cost estimate current initiatives to extend Soldiers' time on station and restationing of troops from Europe to CONUS.
(k) May 05. The DPS rollout is on track. SDDC held briefings with Services and Industry to outline functionality and process changes. Key to the challenges remaining is the funding of this program; specifically a $105M cost increase for the Army.
(l) Nov 06. The GOSC requested the issue remain active.
(13) Resolution. Issue recommendations were achieved by migrating from the previous personal

property program to the Defense Personal Property Program (worldwide rollout in April 2009). Improvements include database on contractor performance and claims record; automatic booking of shipments to top ranked best value movers; and full replacement value for lost or damaged household goods.

g. Lead agency. DALO-FPT

h. Support agency. SDDC

Issue 308: Insufficient Resources for Increased Roles of FSG During Transition

a. Status. Completed.

b. Entered. AFAP IX; 1991.

c. Final action. AFAP XIII; 1996.

d. Scope. Military personnel and families who are impacted by the builddown will be under increased stress. They will require support systems to educate soldiers, promote adjustment, and provide alternative directions. Current Family Support Group resources are inadequate to provide guidance and support needed, particularly as funding for current support programs decreases.

e. AFAP recommendation. FSG development and support must be given a high priority.

(1) Train FSG volunteers in relevant skills, specifically in support group development, communications, and leadership skills.

(2) Ensure reimbursement for key expenses and physical plant support.

(3) Provide an appropriate dollar mix among AD, USAR, and ARNG.

(4) Encourage commanders to use FSGs to disseminate information, especially information relating to transition.

(5) Give special emphasis to active duty component at remote sites.

(6) Refocus FSGs to emphasize inclusion of single soldiers by renaming groups "soldier and family support groups."

(7) DAIG place emphasis on the implementation of FSG policies as outlined in AR 600-20.

f. Progress.

(1) Training.

(a) A block of instruction on FSGs is included in the Army Family Team Building training. Training covers the establishment and funding support for FSGs.

(b) The Operation READY training materials were designed as a resource for the deployment process. Included in Op READY is a module dedicated to FSGs outlining group development, team work, communication, and leadership skills.

(c) Spouses who attend the Pre-Command Course receive instruction about FSGs which includes types of funds and access to funds. Training includes a presentation and small group discussion on experiences and lessons learned.

(2) Reimbursements.

(a) Commanders have authority to use APF and NAF for key expenses. Authority to provide office and administrative support is outlined in AR 608-1, chapter 4 and in DA Pam 608-47.

(b) Installations have the authority to reimburse FSG expenses where budgeted and approved. Special NAF accounts have been established to give the RC access to NAF. This information is outlined in AR 215-1.

(c) Interim Change number I01, AR 215-1, dated 10 Feb 95, outlines funding support for FSGs and volunteers. AR 215-1 addresses reimbursement expenses for volunteers and FSGs.

(3) Funding. Funding for Active Army, Army National Guard, and U.S. Army Reserve family programs was included in the POM for FY 92-97. As reported in Issue 265, "Family Support Programs for the Total Army Family," authorized positions are subject to decrease in an effort to meet the USARC civilian employment level.

(4) Transition. DA Pam 608-47 (August 1993) clearly identifies the FSG as an important element in the network of communication between family members, the chain of command, and community resources.

(5) Remote sites. All components are encouraged to have FSGs. AR 600-20 requires commanders at all levels to provide an environment that encourages an effective family program. This includes units at remote sites.

(6) Single soldier participation. The Total Army Family Program, outlined in AR 600-20, clearly states that single soldiers are full participants in the program. The AR also defines the Total Army family and further defines family support as the "mutual reinforcement provided soldiers/civilian employees/retirees, regardless of marital status, and family members -- both immediate and extended (that is, FSGs, newsletters, telephone trees, and other volunteer programs and activities.)"

(7) Assessment. The DAIG will highlight the implementation of FSGs as outlined in AR 600-20 in their quarterly information bulletin as an area of concern for local command to inspect.

(8) GOSC review.

(a) Jun 92. USACFSC will publish DA Pam 608-47 and diminish confusion regarding FSG funding.

(b) Oct 93. USACFSC will publicize how funds can be accessed.

(9) Resolution. The Apr 96 GOSC determined this issue was completed. FSG training is available through many programs. Commanders at all levels are required by AR 600-20 to provide an environment that encourages an effective family program; this includes soldiers at remote sites and single soldiers.

g. Lead agency CFSC-FSA

Issue 309: Lack of Aggressive CHAMPUS Marketing and Training

a. Status. Completed.

b. Entered. AFAP IX; 1991.

c. Final action. AFAP XII; 1995.

d. Scope. Many health care providers do not understand how the CHAMPUS program benefits the beneficiary or the provider. With the drawdown of military strength, it is imperative to increase the number of CHAMPUS providers who will accept assignment. Beneficiaries in remote sites have limited choices of providers and no access to MTFs, resulting in excessive out-of-pocket costs. Additionally, upon activation, RC soldiers may lose their civilian medical insurance coverage, but do not understand how to use their CHAMPUS coverage.

e. AFAP recommendations.

(1) OCHAMPUS mandate specific beneficiary education projects; that is, fairs, workshops and promotions.

(2) OCHAMPUS aggressively solicit CHAMPUS participation from providers with special emphasis on those in small, civilian communities and remote sites.

(3) OCAR and NGB mandate annual CHAMPUS training for reservists and their families.

f. Progress.

(1) Beneficiary education.

(a) In Oct 94, OCHAMPUS published a revised, comprehensive beneficiary handbook which also contains information on TRICARE options and benefits.

(b) The Army Surgeon General established marketing as one of the top five strategic objectives. The first formal MEDCOM marketing conference took place in Sep 94. Participants were provided materials and knowledge to write local marketing plans.

(c) The Army Surgeon General's Office issued a memorandum to major Army commanders and NGB and OCAR in Feb 94 mandating annual CHAMPUS training for all soldiers and their beneficiaries. The vehicle (health fairs, videos, newsletters, etc.) for this training was left to the local MTF commander.

(2) CHAMPUS participation.

(a) To encourage maximum participation in CHAMPUS, the 1992 National Defense Appropriation Act mandates that civilian institutional health care providers which accept MEDICARE must also accept CHAMPUS.

(b) The 1993 National Defense Authorization Act encourages CHAMPUS participation by reimbursing CHAMPUS providers at a higher rate than non-participating providers. It also limits the amount that a non-CHAMPUS health care provider can bill the patient to 15% of the CHAMPUS allowable charges.

(3) Guard and Reserve training. The NGB and OCAR Surgeon's Office agreed to an annual training requirement for soldiers and their families.

(4) GOSC review. At the Oct 93 GOSC the VCSA noted the need to care for soldiers, retirees, and families during the transition years.

(5) Resolution. The Apr 95 GOSC determined this issue is completed based on mandated annual beneficiary education for the active and reserve components and the passage of legislation to ensure that practices that accept MEDICARE will also accept CHAMPUS.

g. Lead agency MCHO-CL.

h. Support agency OCPA/NGB/OCAR.

Issue 310: Lack of Non-chargeable Paternity or Adoption Leave

a. Status. Completed.

b. Entered. AFAP IX; 1991.

c. Final action. AFAP IX; 1992.

d. Scope. Currently female soldiers are provided with an excused absence after the birth of a child. Fathers take chargeable leave in order to assist in the care of both mother and child.

e. AFAP recommendations.

(1) Provide a non-chargeable absence for fathers not-to-exceed (NTE) 10 days at the discretion of the leave approving authority at no expense to the Government.

(2) Include a provision for adoption proceedings.

(3) Amend AR 630-5, chapter 10, section II to reflect this change.

f. Progress.

(1) Issue review. Military leave benefits are more generous than most civilian employers allow. Current Army policies provide a good combination of annual leave, advanced leave, and excess leave which will meet the needs of our families.

(2) Leave procedures. Review of existing Army Regulations reveal that authority exists for commanders to authorize annual leave, advanced leave, or excess leave if deemed necessary. All soldiers are entitled to leave with pay and allowances (annual leave) at the rate of 2 1/2 calendar days for each month (30 days each year) of active duty or active duty for training. Advanced leave (with pay and allowances) is a way soldiers with no leave or limited leave may be granted leave to resolve emergencies and urgent personal and morale problems. Excess leave may be granted in emergencies or unusual circumstances and is granted without pay and allowances.

(3) Resolution. The Jun 92 GOSC determined this issue was completed based on provisions for annual, advanced, and excess leave that could be utilized for paternity or adoption absences.

g. Lead agency DAPE-MBB-C

Issue 311: Montgomery G.I. Bill Enrollment Period

a. Status. Completed.

b. Entered. AFAP IX; 1991.

c. Final action. AFAP IX; 1992.

d. Scope. Upon initial entry Active Component soldiers who are undecided about their future education may decline enrollment in the Montgomery G.I. Bill. Declination is irreversible. The current 3-day enrollment period is too restrictive. Army desires to retain quality, educated soldiers.

e. AFAP recommendation. Allow Active Component soldiers who decline program participation at initial entry to elect participation at any time, provided they can meet program requirements.

f. Progress.

(1) Policy. The current enrollment period is set by public law and allows for the services to correct enrollment errors should they occur.

(2) MGIB enrollment. Between FY89 and FY91, the MGIB enrollment rate exceeded 90%. Neither the Education Incentives Office nor the Education Division report any cases where a soldier requested MGIB enrollment after the current enrollment period, other than those where an administrative error occurred.

(3) Resolution. The Jun 92 GOSC determined this issue was completed because Army has not experienced a significant number of cases where a soldier requested MGIB enrollment after the initial enrollment period.

g. Lead agency. DAPE-MPA-RP.

h. Support agency. TAPC-PDE-EI.

Issue 312: No Standard Casualty Assistance Policy

a. Status. Unattainable.

b. Entered. AFAP IX; 1991.

c. Final action. AFAP IX; 1992. Updated Feb 96.

d. Scope. Casualty assistance provided by the various military branches is not standardized. Lack of standard policy delays the processing of entitlements and burial assistance.

e. AFAP recommendations.

(1) Develop standardized DoD policy:

(a) Allow each service to provide casualty assistance to any next-of-kin (NOK) regardless of Service affiliation.

(b) Provide personnel training in survivor assistance.

(c) Develop standard DoD forms to facilitate processing of entitlements.

(2) Conduct survey to determine full scope of problem across Services, particularly within the retirement community.

f. Progress.

(1) Survey revealed that--

(a) Army: Each Casualty Area Command provides the primary next-of-kin (PNOK) an assigned Casualty Assistance Officer (CAO). The CAO contacts the PNOK by phone and sets up an appointment to meet with them. CAO duties include, but are not limited to, assisting in: funeral arrangements; applying for VA and social security benefits; contacting the Retired Pay Operations of DFAS in Cleveland; filling out DD 1172 (Application for Uniformed Services Identification Card DEERS Enrollment); preparation of the paperwork for receipt of SBP annuity; collecting transportation expenses for retirees who die in military hospitals; and other personal or estate affairs.

(b) Navy: Provides a toll-free 800 phone number to inform the NOK of benefit entitlements. If the NOK is disabled and needs assistance, this is normally done by mail.

(c) Air Force: Provides casualty assistance to the NOK, similar to the Army.

(d) Marines: Automatically provides casualty assistance to NOK of Marines who die within 120 days of retirement. Assistance to other NOK is on a case-by-case basis.

(2) None of the Services want to increase the assistance they provide to NOKs of retirees, especially with the downsizing of the Active Force. If this issue is pursued and standardized assistance is given by all the Services, the Army would have to sacrifice certain services, and Army retirees would lose the level of assistance their NOK are now provided.

(3) Resolution. The Jun 92 GOSC determined this issue is unattainable because a standardized Service casualty assistance policy would result in diminished casualty assistance to the Army family.

g. Lead agency. TAPC-PEC.

h. Support agency. None.

Issue 313: Sick Leave Restoration

a. Status. Completed.

b. Entered. AFAP IX; 1991.

c. Final action. AFAP XII; 1995.

d. Scope. Civilian employees Government-wide can have accumulated sick leave restored to them if they return to service within 3 years. Civilians who have breaks longer than 3 years lose this earned sick leave. Thus, any employee who anticipates a break in service longer than 3 years has incentive to abuse sick leave.

e. AFAP recommendation. OPM change regulation to allow civilian employees Government-wide to retain sick leave accumulated prior to break in service, regardless of the length of this break.

f. Progress.

(1) OPM review. OPM proposed regulations to allow sick leave to be restored upon return to Federal service, regardless of the length of break in service. They were submitted to OMB in 1992 and were returned without action. In Feb 94, OPM advised HQDA that the regulations were resubmitted to OMB. The proposal also became an initiative in the National Performance Review.

(2) OPM regulation. OPM issued final regulations in the Federal Register on 2 Dec 94, that eliminates the 3-year limitation on the recredit of sick leave. The regulations are effective 2 Dec 94. A former employee is entitled to this recredit of sick leave without regard to the date of his/her separation, if reemployed in the Federal Government on or after 2 Dec 94.

(3) GOSC review. At the Oct 94, Army indicated it will track regulatory changes published in the Federal Register.

(4) Resolution. The Apr 95 GOSC agreed this issue is completed. The three-year limitation on recredit of sick leave upon a break in service was eliminated by the Family Friendly Leave Act and subsequent Federal regulations.

g. Lead agency. DAPE-CPC

Issue 314: Teen Program Under-Utilization

a. Status. Completed.

b. Entered. AFAP IX; 1991.

c. Final action. AFAP XVI; 1999.

d. Scope. Teen programs are under-utilized by a majority of teenagers. Teen programs suffer from a lack of vitality, leadership and initiative. In many areas, neither teen councils nor equivalent channels exist; in some others they exist only on paper. Teens perceive they lack influence in the decision making process for their own programs. This results in apathy. Where teen leadership does exist, it frequently operates in relative isolation, without the benefit of information and idea-sharing with other teen programs. Finally, there is insufficient adult focus on teen programs.

e. AFAP recommendations.

(1) Create an Army-wide "Teen Program of Excellence" using recommendations below as preliminary standards.

(2) Empower teen councils to give them ownership of their programs by the following:

(a) Invite the post commander to teen council meetings on a quarterly basis.

(b) Find an enthusiastic teen advocate among senior leadership who is acknowledged by post commander.

(c) Request teen representation on the community commander's council.

(3) Establish and maintain an Army-wide leadership communication network to include but not be limited to:

(a) Army-wide electronic bulletin board.

(b) Periodic Army-wide televideo conference.

(c) Research successful programs.

(4) Request commander provide unit support for youth activities in locations where it does not already exist.

(5) Recruit more adult and teen volunteers per regulatory guidance (AR 215-1) advocating volunteerism as the "backbone" of Youth Services programs.

(6) Expand joint efforts between Youth Services and schools for optimal efficiency and effectiveness in teen programming.

f. Progress.

(1) Related issue. Issue 439, "Teen Program Standardization" establishes guidelines on some of this issue's initiatives.

(2) Programming and training to increase participation of middle school age group. Approximately 74% of the Army middle and high school 11-15 year old youth population (88,789 youth) are too old for child care and too young for cars and jobs. Youth programs have refocused program options and methods of delivering service for this age group. A funding memorandum was distributed to MACOMs and installation in Jan 99 on the $12.8M Readiness Supplemental to Management Decision Package (MDEP) QYDP for the middle school/teen program. Supplemental funding will be used to hire nonappropriated fund (NAF) staff to promote program growth and provide positive youth/staff interactions. More than 275 installation staff were trained at the MWR Conference, the Boys & Girls Clubs of America Orientation and the Youth Sports Directors Training on this shift in youth program direction.

(3) Communication networks.

(a) Leadership communication. Weekly MACOM/HQ conference calls and semi-annual MACOM/HQ video teleconferences and/or semi-annual HQ/MACOM In Process Reviews have been ongoing since FY96.

(b) Teen communication. A semiannual newsletter is distributed to teens. The Army Teen Panel homepage became operational in Mar 97. Bosnia Support Funding will be used to provide internet connectivity in youth computer labs with a target of 75% for FY00.

(4) Empowering teens.

(a) Revitalizing teen councils. A teen council handbook was developed and distributed in Jan 98. Installation youth staff identify Teen Council advisors and provide MACOM list of Teen Council members. Installation Teen Councils are a baseline component in Army Youth Programs.

(b) Leadership development. Army-wide and regional/ MACOM Teen Discovery conferences train teens to assume installation leadership roles. Army-sponsored teen leadership opportunities include Army Teen Panel, Olympic Academy of Youth Sports Leadership Camp, Army Chaplain Character Education Initiative, Boys and Girls Clubs' of America Keystone Clubs, Prudential Youth Leadership Institute, and America's Promise National Youth Movement.

(c) Command forums. Teen Discovery and Army Teen Panel, the National 4-H Conference and Boys and Girls Clubs of America National Keystone Conference provide youth avenues to address issues on either a local or national level. Teen Panel and Teen Discovery surface youth issues for review at the installation, MACOM, and HQDA AFAP and send delegates to the Army AFAP. The Army Teen Panel serves as a bridge between Army teens and Army leadership.

(5) Command, community and parental involvement.

(a) Command support. A "How to" guide for military unit sponsorship was distributed in Feb 98 to improve installation youth programs and facilities.

(b) Community partnerships. MWR facilities and staff expertise enrich local teen programs (i.e., use of fitness centers, gyms, bowling centers). Additional community partnerships include Boys and Girls Clubs affiliate memberships, local 4-H and Cooperative Extension service collaborations for local programs, ACS relocation grants for teens to develop youth sponsorship materials, Family Advocacy Program funds for child abuse reporting hotline and prevention training materials, and MWR Youth Partnership materials.

(c) Parental involvement. Parent Advisory Councils are being expanded to include teens and parents of teens (SY9-00).

(6) Volunteering. The DOD committed to mobilize children of active duty personnel to volunteer 1.5M hours of service annually in community service projects (America's Promise). Army's Promise Passport program is designed to promote citizenship and support the DOD Commitment. Installation staff develop local implementation plans and report participation numbers and hours to their MACOM twice a year.

(7) GOSC review.

(a) Oct 93. The issue will remain active to reassess teen participation in 6 months.

(b) Oct 95. GOSC agreed that issue will remain active to continue the development of youth programs.

(c) Nov 98. Issue remains active to continue to improve the utilization of youth programs by 11-15 year old youth.

(8) Resolution. The Nov 99 GOSC determined this issue is completed based on improvements in the Youth program and the establishment of benchmarks and standards.

g. Lead agency. CFSC-FSCY

Issue 315: Waiting Period for Background Investigation

a. Status. Completed.

b. Entered. AFAP IX; 1991.

c. Final action. AFAP XII; Oct 94.

d. Scope. Background investigations need to be completed in a more timely manner.

e. AFAP recommendations.

(1) Provide applicant instruction in proper preparation of background checks application.

(2) Automate background check procedures to include simultaneous transmission of background check information to servicing agencies; for example, local DA field offices.

(3) Contract agency to conduct investigations which will provide a completed background check within 90 days of acceptance of application.

f. Progress.

(1) Assistance. In Feb 92, PERSCOM requested OPM assistance in obtaining completed National Agency Check and Inquiry (NACI) investigations in timely manner. In Mar 92, OPM responded that delays in processing time arise whenever requests lack information necessary to

conduct the investigation. When this occurs, OPM must return the investigation request to the submitting office. According to OPM statistics, Army had an overall submission return rate of 41%, compared to a Government-wide return rate of 30%.

(2) Feedback. The field was informed by message of OPM's response concerning the Army's incorrect completion of forms and high percentage rate of returned submissions. In Jun 93, OPM provided an automated report, by security office, indicating the reasons for and the percentages of cases returned as unacceptable. At CPMD's request the reports were recategorized based on personnel office. Future mailings will go directly from OPM to the individual reporting activities and CPOs on a monthly basis. Commands were requested to ensure that these reports are reviewed, training established, and processing tools developed, prior to submission of the investigative data to OPM.

(3) Improvements. According to OPM statistics, from Oct 93 through Jul 94, the number of submissions returned for further information was 17% (compared to 40% returned submissions in 1992). As of Sep 94, the OPM processing time for Federal-wide NACIs was close to 46 days.

(4) Resolution. This issue was completed by the Oct 94 GOSC because Army substantially reduced the return rate for NACI forms, resulting in decreased processing time for the background checks.

g. Lead agency TAPC-CPF-S

Issue 316: Civil Service Employees in Career-Conditional Status at Remote Sites

a. Status. Unattainable.

b. Entered. AFAP X; 1992.

c. Final action. AFAP XIII; 1996.

d. Scope. Spouses who are career-conditional employees and accompany their sponsors to remotely-located assignments within CONUS may suffer the loss of credited service already invested toward career status. Civil service employees must complete a 3-year period of substantially continuous creditable service to become a career status employee. This service must not include any break in service of more than 30 calendar days. There are provisions identified in the Federal Personnel Manual, chapter 315, that permit an exception for a spouse who accompanies the sponsor to an overseas assignment. Many CONUS remote sites mirror OCONUS in availability of civil service employment. No exception is made for spouses whose sponsors are reassigned to CONUS remote sites.

e. AFAP recommendation.

(1) Revise OPM regulation to include remote CONUS assignment exceptions to prevent loss of credited service.

(2) Define CONUS remote site criteria that is quantifiable by availability of Federal Government positions.

f. Progress.

(1) Combined issues. This issue was combined with Issue 377, "Family Member Career Status Eligibility," in Mar 95 because of the similarity in AFAP recommendations.

(2) Proposal to OPM. In May 91, this issue was submitted as a suggestion by the US Army Armament Research, Development and Engineering Center, Picatinny Arsenal, NJ. OPM denied the suggestion in May 92. In Jun 92, Hqs, US Army Armament, Munitions and Chemical Command requested the suggestion be forwarded back to OPM for reconsideration. DAPE-CPC endorsed the recommendation in Sep 92.

(3) OPM initiative.

(a) In Jul 94, in relation to National Performance Review recommendations, OPM informally staffed a proposal for a simple appointment system. Proposal would drop 3-year limit on reinstatement eligibility of career-conditional employees and link career status to completion of probation, rather than 3 years of continuous service. In Aug 94, Army advised OPM that it supports this proposal.

(b) In Oct 95, OPM issued final regulations in the Federal Register. Federal agencies voiced concern that the changes would impact reduction in force (RIF) outcomes because career tenure is one of the ranking factors considered for a RIF. Rather than introduce a new variable at a time when agencies will be facing a significant level of RIF activity, OPM did not implement the revision.

(3) Resolution. The Apr 96 GOSC determined this issue is unattainable based on the absence of support from downsizing government agencies.

g. Lead agency. DAPE-CPC.

h. Support agency. TAPC-CPF.

Issue 317: Clarification of Spouse Employment Preference Programs

a. Status. Completed.

b. Entered. AFAP X; 1992.

c. Final action. AFAP XV; 1998.

d. Scope. People do not understand the Spouse Employment Preference Programs in the employment process. Because of inconsistent information, downsizing, and constant relocation, the need for clarification is heightened.

e. AFAP recommendations.

(1) Develop, publish, and distribute DA Pamphlet clarifying all Spouse Employment Preference Programs.

(2) Provide continued, updated Spouse Employment Preference information at each permanent duty station.

(3) Standardize locations as much as possible for disseminating Spouse Employment Preference information; for example, CPOs, Welcome Centers, Job Information Centers, Newcomers' Welcome packets.

(4) Require that a clause stating that the sponsor's spouse may be eligible for employment preference be on sponsor's orders. The clause needs to be standardized and included on military and civilian orders.

(5) Educate all employees, including managers and supervisors, on Spouse Employment Preference process to include semi-annual updates.

f. Progress.

(1) Combined issues. This issue was combined with Issue 370, "Dissemination of Federal Employment Information" in Jan 95 because of similarity of AFAP recommendations. See Issue 370 for resolution of this concern.

(2) Assessment. One of the most difficult problems a CPO faces is that of providing complete, accurate, timely

information to its diverse customers. The complexity of the civilian personnel system, the continuous changes to program guidance, and the impact of individual circumstances all combine to create situations where information provided either is, or appears to be, unclear to the customer.

(3) Resolution. The Nov 98 GOSC determined this issue when it completed Issue 370 based on the establishment of the employment web site and the information on that site.

g. Lead agency. TAPC-CPF-S

Issue 318: Convenience of Services on Military Installations

a. Status. Completed.

b. Entered. AFAP X; 1992.

c. Final action. AFAP X; 1993.

d. Scope. Mission readiness and training are impacted by taking time off from work to take care of routine business. Far too few support services such as medical, ID cards, and social work services operate during convenient hours for soldiers and the Total Army family. Various installations and commands throughout the Army have successfully implemented flexible hours to meet customers' needs.

e. AFAP recommendation.

(1) Issue Army-wide guidance encouraging the establishment of nontraditional duty hours to provide access to necessary support services.

(2) Issue Army-wide guidance encouraging the establishment of nontraditional support service hours to better serve soldiers, family members, retirees, National Guard, Reserve Component, and DA Civilians--all members of the Total Army family.

f. Progress.

(1) Duty hours. Commanders are responsible for the establishment of duty hours. They are encouraged to be sensitive to the needs of soldiers. Data from the Fall 1991 Sample Survey of Military personnel indicates that 86% of soldiers feel they sometimes to almost always have time to handle urgent matters.

(2) Customer feedback. Consumers are encouraged to express their desires about service operating hours through many forums at installation level. PX and commissary advisory boards, mayoral and town hall meetings, suggestion boxes, and AFAP forums provide opportunities for consumers to identify services or operating hours that do not meet community needs.

(3) Medical services.

(a) The Army Medical Department does not have a standard policy regarding extended hours of clinical services. The major Medical Commands delegate authority to offer extended and weekend hours as needed to satisfy local community circumstances. It is impossible and impractical to establish one standard for all facilities, since MTFs support varied and unique populations.

(b) MTF commanders work closely with local installation commanders to develop and support policies which encourage extended hours/services to meet customer needs.

(4) ID cards. The ID regulation (AR 600-8-14) does not establish hours. However, it does state ID card customers should not wait longer than an average of 30 minutes for service. PERSCOM installation visits indicate there is sensitivity to customer needs. Many ID card offices open one night a week for service. ID cards can be processed by mail if it is impossible for an individual to go to a military facility.

(5) Resolution. This issue was completed by the May 93 GOSC. Duty hours and operating hours are a commanders decision, and systems are in place to assist commanders in making those decisions.

g. Lead agency CFSC-FSM.

h. Support agency OTSG/PERSCOM.

Issue 319: Dislocation Allowance for Single Soldiers

a. Status. Unattainable.

b. Entered. AFAP X; 1992.

c. Final action. AFAP XII; Oct 94.

d. Scope. Single soldiers assigned to Government quarters at a new duty station are not entitled to DLA, while their married counterparts receive this entitlement.

e. AFAP recommendation. Change 7 USC 407 to include DLA for single soldiers. Rate will be based on a minimum of 25% of the Basic Allowance for Quarters provided for the member's pay grade.

f. Progress.

(1) Authorization. Relocating single soldiers who will not make a barracks to barracks move are authorized DLA.

(2) Legislative attempts. In 1993, DLA for all single soldiers was surfaced to OSD Compensation. The other Services did not indicate an interest in this item. Also, the proposal was not accepted for review in the Unified Legislative Budget process. The 8th QRMC has an established agenda which does not include DLA for single soldiers.

(3) GOSC review. This issue was briefed at the May 93 GOSC. ODCSPER will work with the other Services to garner support to elevate this issue to OSD.

(4) Resolution. The Oct 94 GOSC determined this issue is unattainable because there is no support for DLA for soldiers living in furnished government housing (such as barracks).

g. Lead agency DAPE-MBB

Issue 320: Federal Beverage Procurement Laws Reduce NAF Profits

a. Status. Unattainable.

b. Entered. AFAP X; 1992.

c. Final action. AFAP X; 1993.

d. Scope. Profits for support of NAF activities are restricted under Public Law 99-661, 10 USC 2488, and the annual Defense Appropriation Act, which limit procurement of beverages (beer and wine) for resale on military installations to States in which the installation is located. Profits from the sale of beverages benefit NAF MWR programs. Restricting purchases of beverages from the most competitive sources significantly diminishes profits and reduces commanders' ability to fund other NAF MWR activities. DoD activities in Hawaii and Alaska are further restricted to purchasing distilled spirits, as well as beer and wine, within their respective States. This restriction prevents purchasing from the most competitive

source, which is normally the factory or major regional distributor, and results in a loss of potential profits estimated between $1.5M and $2M.

e. AFAP recommendation.

(1) Eliminate the portion of the annual Defense Appropriation Act that restricts DoD NAFIs to procure beverages from Alaskan and Hawaiian distributors, rather than the most competitive source regardless of location.

(2) Repeal Public Law 99-661, restricting the purchase of beverages by DoD activities. Allow DoD activities in all 50 States to purchase all beverages from the most competitive sources regardless of State boundaries.

(3) Eliminate barriers that inhibit NAF profits in support of MWR.

f. Progress.

(1) Legislation. In Dec 85, Congress restricted the purchase of all alcoholic beverages to in-State sources via the appropriations process. This was done at the request of State tax commissioners and local distributors who were concerned that the military might start centralized orders, thereby reducing State taxes and distributor earnings.

(2) Potential cost. Early estimates (1985) were that these provisions cost DoD MWR activities $30M per year. Alaska and Hawaii estimates were up to $4M per year. This was not persuasive in having the section repealed.

(3) Legislative change. The restriction on in-State purchase of distilled spirits was lifted in an FY 87 Continuing Resolution, though the restriction on wine and malt beverages was continued. Unhappy with the prospect of reduced tax revenues, the Hawaii and Alaska Senators included a separate provision continuing the restriction for Hawaii and Alaska. This continued restriction was objected to by all Services, but they were unsuccessful in having it deleted.

(4) Resolution. This issue was determined to be unattainable by the May 93 GOSC. Army has been unable to influence restrictions placed annually in the Defense Appropriation Act requiring DoD NAFIs in Alaska and Hawaii to purchase beverages from in-state distributors.

g. Lead agency CFSC-PNA

Issue 321: Financial Hardship While on TDY Enroute to New Permanent Duty Station

a. Status. Completed.

b. Entered. AFAP X; 1992.

c. Final action. AFAP XI; 1993.

d. Scope. Soldiers on TDY enroute between two CONUS permanent duty stations cannot receive the new permanent duty station's Variable Housing Allowance (VHA) rate until the soldier arrives.

e. AFAP recommendation. Revise the JFTR, paragraph U8005-A1, to allow soldiers in this category to draw VHA at either their old or new permanent duty station depending on the location of their family members.

f. Progress.

(1) Army regulation. AR 614-6 authorizes a soldier to accompany dependents to new duty station, sign in, and still use DA funds for TDY.

(2) Message to the field. A message was sent to MILPOs (Oct 93) indicating VHA procedure when a soldier is TDY enroute to PCS.

(3) Resolution. This issue was completed by the Oct 93 GOSC because AR 614-6 allows VHA determination based on the soldier's permanent duty station. The soldier may sign in at the new duty station, relocate family members, then travel to TDY location or the soldier may elect to remain "signed in" at old duty station while on TDY.

g. Lead agency DAPE-MBB

Issue 322: Funding Access for Family Assistance During All Stages of Mobilization

a. Status. Completed.

b. Entered. AFAP X; 1992.

c. Final action. AFAP XIV; 1997.

d. Scope. Total Army Operating Agencies (Active, Reserve, National Guard) had significant difficulty accessing and transferring funds for mobilization and predeployment Family Assistance. Procedures do not exist to cross-level funds (OMA, OMAR, OMANG) among the three Army components. This is a DoD-wide problem.

e. AFAP recommendation. Revise applicable DoD guidelines and establish open fund cites for family assistance during mobilization as is currently done for repatriation operations.

f. Progress.

(1) Analysis.

(a) Funding for repatriation operations are a centrally-managed allotment, set up as the mechanism through which individuals may be transported from foreign countries and returned to the U.S. during times of crisis. The repatriation allotment is not an open funding account. Its purpose is to provide a fund cite to procure transportation and accommodations on a fast turn-around basis. An allotment of this nature would not provide the solution to insufficient funds for Reserve family assistance during mobilization.

(b) When USAR units are activated during mobilization, their parent headquarters are expected to provide family assistance to the family members of the (now) active duty soldiers. Non-activated RC headquarters cannot spend active component appropriations. In Aug 90, CFSC offered OMA funds to the RCs for family assistance. They could not be accepted because insufficient time remained in the fiscal year to secure congressional approval to reprogram them to OMANG or OMAR funds.

(c) AR 600-20 assigns the ARNG as the lead agency "to coordinate the establishment of family assistance centers for Total Army families not living near Army installations during all levels of contingency and mobilization." At the lowest levels of contingency/mobilization, the STARC, which may have few, if any, units activated, has limited flexibility in reprogramming their ARNG funds to support the unbudgeted family assistance mission. They were not authorized to spend active component funding even if it was available for that purpose.

(2) General Counsel ruling. In 1994, the General Counsel ruled that OMA dollars can be used to support family assistance mission for reserve units when they are activated. Information on the General Counsel ruling was shared with FORSCOM, NGB, and OCAR Family Program offices 2nd Qtr FY 95.

(3) Transfer of issue. The issue was transferred from

CFSC to the ARNG in Oct 95 to resolve funding issues. In Oct 96, it was transferred to the USARC to review funding for USAR family assistance.

(4) Funding allocation. Procedures to transfer OMA funds to NGB units requiring support are in place and policy is established. A Program Manager within the NGB Family Programs Directorate coordinates policy and flow of funds to units. As necessary, additional accounts are established within the NGB Comptroller Directorate to allocate funds through the Program Manager to units for specific mobilization requirements.

(5) In Sep 97, FORSCOM and USAR staffs identified procedures to capture Reserve family assistance mobilization costs. FORSCOM will provide funds for the USAR to support family assistance for mobilized units.

(6) GOSC review.

(a) Apr 95. The GOSC agreed that this issue will remain active pending determination of program, budgeting, and guidance procedures to get OMA funds to the RCs to support family assistance during contingency.

(b) Oct 96. The GOSC closed the ARNG action based on development of procedures to fund family assistance at ARNG units. The issue was transferred to the U.S. Army Reserve Command to review funding for USAR family assistance.

(7) Resolution. The Oct 97 GOSC determined this issue is completed because a mechanism exists to transfer funds from FORSCOM to the U.S. Army Reserve for family assistance.

g. Lead agency AFRC-PRH-F.

h. Support agency FORSCOM/ASA(FM).

Issue 323: Guaranteed Cost of Living Adjustment for Retirees

a. Status. Completed.

b. Entered. AFAP X; 1992.

c. Final action. AFAP XIII; 1996.

d. Scope. Legislation currently authorizes COLAs for DoD civilians and military retirees. However, proposed budget may not provide funding for this entitlement.

e. AFAP recommendation. Sponsor legislation in the appropriation bill that guarantees a cost-of-living adjustment for military and DoD retirees when Social Security recipients receive a COLA increase.

f. Progress.

(1) Legislative basis. 10 US Code 1401a pegs COLA for retirees to the Consumer Price Index. No legislative initiative from DoD is required. Rather, DA's position is to argue against any legislation that would delink military retiree COLA from civilian retiree COLA.

(2) Legislative initiatives.

(a) The FY96 National Defense Authorization Act changed the FY97 COLA adjustment from Sep 97 to Dec 96.

(b) The FY97 National Defense Authorization Act restores COLA to its original 1 Dec 97 effective date, with the COLA increase being paid on 1 Jan 98.

(c) For FY 99 and all succeeding years, scheduled military COLA adjustments are the first day of December (paid on 1 Jan).

(3) GOSC review. This issue was briefed to the May 93 GOSC. The issue will remain active to show Army's continued support for COLA adjustments to retiree pay.

(4) Resolution. The Oct 96 GOSC determined this issue is completed based on Congressional action to restore COLA to its original determination date.

g. Lead agency. DAPE-PRR-C

Issue 324: Health Care Deficiencies for Other Than Active Duty Personnel

a. Status. Completed.

b. Entered. AFAP X; 1992.

c. Final action. AFAP XII, 1994.

d. Scope. With decreasing resources, Army Medical Treatment Facility accessibility for other than active duty personnel (OTAD) will continue to diminish. Current demonstrations, such as the CHAMPUS Reform Initiative (CRI) and Coordinated Care Program (CCP), provide increased access to medical services and offer alternatives to standard CHAMPUS deductibles and cost share. CRI is a triple option program which includes standard CHAMPUS, without change. CHAMPUS Prime is a voluntary enrollment program with reduced cost arrangements. CHAMPUS Extra offers reduced cost share when using preferred providers.

e. AFAP recommendation.

(1) Expedite the CCP to facilitate access to health care service by other than active duty personnel.

(2) Establish installation accountability for marketing/education of CCP.

(3) Support the initiative to change legislation to reimburse the MTF for treatment of MEDICARE beneficiaries over age 65.

(4) Propose legislation to waive MEDICARE deductible for patients over 65, who are treated at a MTF.

(5) Incorporate the positive aspects of CHAMPUS Prime into CCP.

(6) Task the Offices of the Chief Army Reserve/National Guard Bureau to survey National Guard and Reserve personnel to determine need for and potential participation in a group health/dental insurance plan that would incur no expense to the Government.

(7) Propose legislation to allow ARNG and reservists to purchase a group health/dental insurance plan at no expense to the Government, if indicated by recommendation 6 above.

f. Progress.

(1) TRICARE. The Coordinated Care Program evolved into TRICARE, a plan to ensure access to care for all categories of beneficiaries on a regional basis. The 12 DoD regions will provide access to health care via both MTFs and TRICARE managed care support contracts. Contracts are projected to be in place by FY97-98. TRICARE is expected to significantly improve access to care for non-active duty beneficiaries assigned at remote locations, at BRAC sites, and at other selected locations.

(2) Marketing and education. Beneficiary education is an integral part of the TRICARE program to insure that changes in the health care system are widely communicated and to help beneficiaries choose the options most appropriate for their health care needs. Aggressive education activities such as unit-level briefings, presentations at town hall meetings, newspaper articles, direct mailings, retiree health fairs are ongoing.

(3) Retiree care. Health care for MEDICARE eligible beneficiaries is tracked in Issue 402.

(4) Incorporate CRI into TRICARE. TRICARE will provide DoD beneficiaries with three options for access to health care, TRICARE Prime, Extra, and Standard.

(5) RC medical and dental insurance. Issue 122 tracks National Guard and Reserve personnel participation in a group health and dental insurance plan.

(6) GOSC review. At the May 93 GOSC meeting, the VCSA directed the development of a marketing plan to address confusion about medical coverage.

(7) Resolution. This issue was determined completed by the Oct 94 GOSC based on marketing improvements and the development of the TRICARE program. The Services will continue to pursue Medicare reimbursement for the treatment of retirees in MTFs.

g. Lead agency MCHO-CL.

h. Support agency None.

Issue 325: Inaccessible/Limited Medical Care Impacts Negatively on Quality of Life

a. Status. Completed.

b. Entered. AFAP X; 1992.

c. Final action. AFAP XII; Oct 94.

d. Scope. Soldiers and family members suffer severe financial penalties for ancillary costs of medical care when military health care is not available and CHAMPUS is not accepted.

e. AFAP recommendations.

(1) Include survey questions in the semi-annual soldier survey to evaluate the need for a medical cost of living allowance (COLA).

(2) Sponsor legislation for a medical cost of living allowance based on location.

(3) Publicize advisability of purchasing CHAMPUS supplement.

f. Progress.

(1) Combined issues. In Dec 93, this issue was combined with Issue 90, "Costs Associated with Obtaining Medical Care in CONUS."

(2) Survey questions. ARI advises that including related questions in SSMP would not provide any validation of this issue.

(3) Medical COLA. The DCSPER does not feel it prudent to pursue medical COLA at this time with TRICARE on the horizon and National Health Care reform in the Congress.

(4) Supplement. Soldiers who wish to protect themselves financially from medical costs should consider purchasing a supplemental medical insurance plan from a private company. Associations, organization, and insurance companies offer policies to supplement CHAMPUS. Each has its own rules, benefits, and premiums. DoD cannot recommend or endorse any particular plan. The "Army Times" provides a yearly supplement outlining the different plans.

(5) GOSC review. This issue was briefed to the May 93 GOSC. Although there is no support for additional COLAs at this time, this issue will remain active because of the President's national health care initiatives.

(6) Resolution. The Oct 94 GOSC determined that Issue 90 and the issues combined with it are completed because commanders may reimburse soldiers and family members for travel incurred when special medical care requires travel and because local commander approval limits have been increased for soldiers to receive civilian medical care.

g. Lead agency DAPE-MBB-C.

h. Support agency OTSG.

Issue 326: Initiatives to Increase CHAMPUS Awareness and Decrease Financial Burden

a. Status. Completed.

b. Entered. AFAP X; 1992.

c. Final action. AFAP XI; 1994.

d. Scope. CHAMPUS beneficiaries do not understand the program: their benefits; how to access services; and their personal and financial responsibilities to the program. Additionally, current costs create hardships for junior soldiers (enlisted and officer).

e. AFAP recommendations.

(1) Establish an adequately manned CHAMPUS Hotline at Headquarters, OCHAMPUS.

(2) Require MACOM and installation-level accountability for the education about and marketing of the total CHAMPUS program for all soldiers and spouses of active duty, National Guard, Reserve, and retiree personnel.

(3) Propose legislation to establish prorated CHAMPUS deductible, based on rank.

(4) Propose legislation to establish prorated CHAMPUS catastrophic cap, by grade, not to exceed $1,000.

f. Progress.

(1) Hotline. OCHAMPUS has 14 full time personnel working in the Benefits Service Branch whose primary responsibility is to respond to written inquiries from beneficiaries. Telephonic access is available 24 hours a day through voice mail answering machines. Benefits Service employees will, in most cases, return calls within 24 to 48 hours. OCHAMPUS' response to an "800" hotline was unfavorable because beneficiaries have the opportunity to have their questions answered in a timely manner through existing resources.

(2) CHAMPUS education and marketing.

(a) Staffing among HBAs, OTSG, and OCHAMPUS determined that education is best provided through a trained HBA due to the complexity of the program. If Army commands wish to accept a portion of the responsibility for education of CHAMPUS, they must be willing to appoint and fund a member of their command to attend a CHAMPUS introductory course and keep current with the many changes of CHAMPUS. OCAR and NGB mandate annual CHAMPUS training for reservists and their families.

(b) Marketing is achieved through publications, such as installation newspapers and the “Army Times.” HBAs provide presentations at health fairs, retiree meetings, and units, when requested by local commands. HBAs can also provide slide and video presentations, fact sheets, news releases and handbooks.

(3) CHAMPUS deductible. CHAMPUS outpatient deductibles for active duty families of sponsors of grade SGT and below are $50 per individual and $100 per family, while those in active duty rank of SSG and above have higher deductible charges, $150 per individual and $300

per family. Further prorated deductibles and catastrophic caps, by grade, are not presently planned. Deductibles and cost shares on the average cover less than 4% of the cost of inpatient and outpatient care. CHAMPUS is not an insurance; it is funded by appropriations approved by Congress and beneficiaries do not pay insurance premiums.

(4) Catastrophic cap. The catastrophic cap was reduced 1 Oct 92. for active duty families from $2,500 to $1,000; the cap for retirees was reduced from $10,000 to $7,500.

(5) GOSC review. This issue was briefed at the May 93 GOSC. It will remain active.

(6) Resolution. This issue was completed by the Apr 94 GOSC based on OCHAMPUS' voice mail system, improved CHAMPUS marketing, and adjustments to catastrophic cap and deductibles.

g. Lead agency DASG-PSA

Issue 327: Management of Enlisted Soldiers and Their Assignments

a. Status. Completed.

b. Entered. AFAP X; 1992.

c. Final action. AFAP XVII; Mar 02. (Updated: 1 Jun 02)

d. Scope. The management process of identification and selection of soldiers for assignment is inefficient, obsolete, nonparticipatory, and reactive. There is no direct personal contact between the majority of enlisted soldiers and their assignment manager regarding a future assignment. With the downsizing of the enlisted population, it will be feasible to manage the careers of enlisted soldiers in a manner similar to that of the officers corps. The present system does not allow the soldier an opportunity to learn of Army needs/vacancies which match the soldier's skills and assignment preferences.

e. AFAP recommendation.

(1) Establish a system/policy that supports direct contact between HQDA Assignment Manager and enlisted soldier. Offer the soldier three assignment options with a lead time of 6 months.

(2) Establish an automated system that will support enlisted personnel volunteering for an assignment based on needs of the Army, soldier choice, grade, and MOS.

(3) Establish training system for the new computer-based assignment program.

f. Progress.

(1) Policy review. A review of policies and procedures which allow soldiers to interact with PERSCOM was conducted in 1993. These include submission of DA Form 4187 (Personnel Action), updating the automated soldier assignment preference in SIDPERS, RETAIN, telephonic, e-mail, fax machines, and personal letters and visits to PERSCOM.

(2) Marketing. Articles designed to increase soldiers' awareness of procedures available to communicate their assignment preferences to PERSCOM were published in the “Army Times,” Soldiers Magazine, and PERSCOM's Perspective. The articles discussed procedures for submitting DA Form 4187, the RETAIN system, telephonic inquiries to branch managers, and personal visits to PERSCOM. The “Army Times” published articles in Sep and Oct 95 that provided updated information to soldiers on new communication initiatives. PERSCOM will again run a marketing plan coordinated with PAO when the new applications are on line.

(3) Assignment selection.

(a) PERSCOM increased the point value of the soldiers' automated assignment preferences, submitted through SIDPERS to PERSCOM. These values are used during the automated assignment nomination process to give greater value to the soldiers' assignment preferences. In this way, soldier preferences will have greater impact on their ultimate assignment selection.

(b) PERSCOM developed a system to open half of all Army requirements to the RETAIN system for 30 days. This gave reenlisting soldiers that have the station of choice option a wider range of choices. PERSCOM believes led to more reenlistments and greater compliance with assignment instructions as soldiers voluntarily applied themselves to current Army requirements.

(4) Automation.

(a) Automated phone systems. In 1994, PERSCOM determined that it is both feasible and desirable to develop new tools that would improve soldiers ability to engage in managing their careers. As a result, PERSCOM developed a major program that provided soldiers many new ways to manage their careers. A major piece of the new program was a telephone communication system that was implemented in two phases.

1. Phase I. The Enhanced Call Processing Project, an automated phone system through which soldiers were routed to their assignment managers to receive recorded or voice responses (Jul 94), increased the Career Division's ability to handle professional development and assignment inquiries from soldiers in the field.

2. Phase II. An interactive telephone system, Interactive Voice Response System (IVRS) (Sep 95), has the capability to access any database and provide information to the caller in the form of a digitized voice response. The system provides automated assignment, school, and retention information to soldiers calling from the field 24 hours a day. An update to IVRS (Jun 96) added automated Exceptional Family Member, Compassionate Reassignment, and Married Army Couples Program information. The IVRS averages over 5000 calls daily.

(b) The following communication tools for soldiers to manage their careers and, with the exception of the Assignment Preference Function, were available Sep 95.

1. FAX machines. EPMD installed FAX machines in all branches within the career divisions. Soldiers and personnel offices can FAX communications directly to the desired branch for expeditious processing.

2. E-Mail/Internet. E-Mail addresses within EPMD were changed to be more user friendly. The addresses contain the actual branch title so users can easily identify their branch manager’s address.

3. EPMD Pocket Card. EPMD distributed 490,000 pocket information cards to the enlisted force that contain quick references to assist in contacting PERSCOM (i.e., EPMD phone numbers, e-mail addresses, FAX numbers, and IVRS options menu). The card was revised to include changes and will be redistributed in conjunction

with the marketing plan to field the latest improvements to IVRS Phase II.

4. HQDA PERSGRAM. On a weekly basis, over 4000 PERSGRAMs are sent, via U.S. mail, directly to soldiers providing assignment notification and other career management information.

5. Assignment Preference Function. Effective 9 Oct 01, enlisted soldiers can update assignment preferences and related information thru a newly developed web application called the Assignment Satisfaction Key (ASK). This function provides the soldier with direct input capability to the Total Army Personnel Database by using their Army Knowledge Online (AKO) account ID and password. Soldiers are able to update assignment preferences, input or update volunteer assignment requests, input or update individual soldier contact information and indicate a preference for recruiting, drill sergeant or airborne duty. The Enlisted Distribution and Assignment System also contains the Assignment Preference Module which provides the field personnel managers the same capability, if required.

(5) Funding. Sufficient resources were requested or allocated to pay for all new communication initiatives.

(6) GOSC review.

(a) May 93. Issue remains active for further improvements to the enlisted personnel management system.

(b) Apr 95. Issue remains active for implementation of the interactive telephone system and other communication tools.

(c) Oct 95. Issue remains active for continued implementation of communication tools.

(d) Apr 98. Issue remains active pending implementation of the Assignment Preference Function.

(e) May 00. Personnel initiatives will delay fielding the Assignment Preference Module until the end of 2000.

(f) Nov 00. The VCSA directed that the Assignment Preference Module be fielded by the end of FY01.

(g) May 01. The Assignment Preference Function is one of the business processes that will be reviewed in the personnel transformation, but until the web-based technology is available, soldiers will go through their military personnel office.

(7) Resolution. The Mar 02 GOSC declared this issue completed based on systems that have been established to provide enlisted soldiers direct contact with their assignment managers and that allow them to volunteer for assignments.

g. Lead agency. TAPC-EPC-O.

h. Support agency. TAPC-EPC-I.

Issue 328: Marketing the Military Family Work Force

a. Status. Completed.

b. Entered. AFAP X; 1992.

c. Final action. AFAP XIII; 1996.

d. Scope. There are public misconceptions of the quality of the military family work force. Many civilian employers harbor bias against the military family work force because of transient life style and perceived lack of education. The military family member seeking employment needs positive marketing to civilian employers.

e. AFAP recommendation.

(1) Implement an aggressive media campaign modeled after "The Employer Support for the Guard and Reserve" and "The National Campaign for Army Recruitment" Programs.

(2) Educate civilian employers on the advantages of hiring family members. Use the Chamber of Commerce, local job fairs, State Employment Commissions, and other sources.

(3) Educate family members seeking employment to emphasize to prospective employers the benefits of hiring military family members. Accomplish this by developing DA instructional videos, pamphlets, and brochures.

f. Progress.

(1) Review media campaigns. As the result of a Mar 93 meeting with representatives from the National Guard and the Army Reserve to review their media campaigns, it was determined that such a media campaign would be too costly to pursue. Instead, an aggressive media campaign that included pamphlets, posters and training was determined the more feasible approach for this issue.

(2) Outreach. AR 608-1, 30 Oct 90, requires that FMEAP offices perform outreach to employers. Such outreach consists of "identifying avenues and methods to advocate for hiring of family members, to reduce employer hesitancy to their hire, because of the often perceived transient nature to their residency"; and "developing and sending letters to potential employers to acquaint them with the free service that ACS provides for helping to fill available positions. To the greatest extent possible, personal visits should be considered."

(3) Marketing/Information.

(a) Development of a DA pamphlet and posters were completed and were mailed to ACS centers in Apr 95. These marketing tools are targeted to civilian employers, FMEAP clients, and youth. The production of an instructional video/slide was discarded due to input from other Services which indicates that the format was not practical for use in the field. The projector and screen were difficult to transport to meetings or briefings.

(b) Marketing pamphlets, videos, and audio tapes for the ACS program (to include FMEAP) were fielded in May 94.

(4) Training. FMEAP managers received outreach training during workshops held yearly from 1991 to 1995. The training workshops in 1994 and 1995 were open to all Services and received world-wide publicity.

(5) Resolution. The Apr 96 GOSC declared this issue completed based on market and media campaigns, that include pamphlets, videos, and audio tapes, to market the military family work force to employers and to promote the use of Army employment assistance programs.

g. Lead agency. CFSC-FSA

Issue 329: Moving Expenses Exceed Reimbursement

a. Status. Completed.

b. Entered. AFAP X; 1992.

c. Final action. AFAP XI; 1994.

d. Scope. There is no reimbursement for travel cost between temporary lodging location and place of duty while a soldier is awaiting arrival of his/her privately owned vehicle (POV) between CONUS and OCONUS moves. Soldiers and family members are not adequately informed of

the agencies from which official calls regarding their move can be placed. Existing mileage allowances do not reflect the current cost of living. An inequity exists between installations regarding the number of days that a soldier may draw TLE.

e. AFAP recommendation.

(1) Revise JFTR to authorize in-and-around mileage equal to one round trip per day between the temporary lodging location and place of duty, until soldier has received notification of POV arrival.

(2) Provide information regarding agencies that will assist in placing official calls regarding military moves.

(3) Revise JFTR, paragraph U5105-B1, to maintain mileage allowance at a level commensurate with changes in the consumer price index.

(4) Initiate legislation to pay up to 10 days TLE at all duty locations (CONUS).

f. Progress.

(1) In and around mileage. No other Service supported reimbursing soldiers for transportation expenses while awaiting arrival of their POV. This item is no longer under consideration because the Services believe the existing systems are adequate.

(2) Official relocation calls. Commanders need to make maximum use of existing Government telecommunications systems to preclude soldiers making long distance calls at personal expense in conjunction with a PCS move. Information was included in current housing publications.

(3) Increased mileage allowance.

(a) PCS mileage allowances have not changed since 1980. In 1980, the PDTATAC attempted to increase mileage rates to 18.5 cents per mile for the member, vice 15 cents. Congress refused to appropriate additional PCS funds, and the rate stands at 15 cents per mile. The IRS allows 9 cents per mile as a deductible expense for a person using a POV to move.

(b) HQDA did not submit this item for inclusion in the FY 94 appropriations process because current allowances are more generous than IRS deductions and cover soldier costs.

(4) Temporary Lodging Expense. The FY 94 National Defense Authorization Act expands TLE at all CONUS installations to 10 days.

(5) Resolution. This issue was completed by the Apr 94 GOSC because of the expansion of TLE to 10 days and the availability of relocation information through such programs as SITES and PCS Express.

g. Lead agency DAPE-MBB.

h. Support agency DAPE-HR.

Issue 330: Multi-Language Translation of Family Support/Family Care Plan Documents

a. Status. Unattainable.

b. Entered. AFAP X; 1992.

c. Final action. AFAP XI; 1994.

d. Scope. Non-English speaking family members have difficulty translating guidelines/forms and understanding their benefits, entitlements, and family assistance. There is no standardized translation of the instructions and documentation for Family Care Plans. Better informed family members are more self-reliant and increase readiness by allowing the soldier to concentrate on mission-essential requirements.

e. AFAP recommendation.

(1) Conduct a needs assessment to determine which guidelines/forms need translation.

(2) Implement policy based on results of needs assessment.

(3) Publish new guidelines/forms by providing translations in commonly spoken foreign languages.

f. Progress.

(1) The Family Liaison Office coordinated a review of Army involvement in multi-language translations. The review contained the following positions from DAPE-HR:

(a) Such action is inconsistent with prevailing belief that soldier have primary responsibility for their families as part of their individual readiness.

(b) AR 600-20, para 4-1, states that English is the official language of the United States Army. Providing translated materials counters that regulation and may set a precedent for providing a variety of translations.

(c) This is a low need/high cost undertaking.

(2) Spanish speaking family members are most in need of this service.

(a) About 9% of active duty spouses and 16% of RC spouses are Hispanic. According to the 1992 Army Family Survey, approximately 26% of the Hispanic active duty spouses report slight to very serious problems obtaining Army family services because of English language difficulty. This equates to approximately 2% of all active duty spouses.

(b) If the difficulty rate were applied to the RC spouses, then it can be estimated that 23,500 spouse in America's Army family have varying degrees of need for material translated into Spanish.

(3) The other Services do not produce translated materials from the headquarters level. However, some of their family service centers provide them as needed locally.

(4) It is the position of DACH that bi-cultural family needs should be responded to locally on an "as needed" basis. Installation commanders are responsible for the welfare of their community and should assess local needs appropriately.

(5) Resolution. The Apr 94 GOSC determined this issue is unattainable because translations of guidelines and forms occur locally on an "as needed" basis. The request for universal translations is a low need/high cost undertaking.

g. Lead agency DAIM-ZAF.

h. Support agency CFSC/DAPE/DACH.

Issue 331: Multiple Permanent Change of Station Moves

a. Status. Completed.

b. Entered. AFAP X; 1992.

c. Final action. AFAP XI; 1993.

d. Scope. Military families incur financial hardships as a result of setting up households when multiple PCS moves occur within a 12-month period.

e. AFAP recommendation.

(1) Allow families the option to stay at current installation until housing is obtained on or off gaining installation.

(2) Require installation commander to implement pro-

grams such as Lease Indemnity Program or similar.

f. Progress.

(1) Multiple PCS moves. PERSCOM states there were 48,730 PCS moves in FY 92. Of those, only 2.5% were multiple moves (two moves in a 12 month period). Most of these moves are because of military schooling.

(2) Housing policy. Per AR 210-50, installation commanders may permit dependents of sponsors who depart an installation incident to PCS to remain in housing up to 90 days to preclude undue hardship. Extensions may be granted on a case-by-case basis.

(3) Lease Indemnity Program (LIP).

(a) LIP was designed to alleviate large up-front rental deposits for soldiers by indemnifying landlords. The FY 87 DoD Authorization Act directed DoD to test the LIP at one installation per Service. Fort Ord was the test site for the Army. Test results demonstrated value for junior grade soldiers who have difficulty making large security deposits when renting places to live. However, test results pointed out a reluctance on the soldiers part to sign DD Form 139 (Pay Adjustment Authorizations), authorizing collection of any moneys paid to the landlord by the Army on behalf of the soldier for damages caused during occupancy.

(b) Test results also showed that the program is not beneficial to landlords and that it is not a workable solution for most areas. There are major disadvantages for the landlords. Under the law, they must exhaust all available remedies before the Government compensates them. This delay discourages landlord participation.

(c) The FY 89 DoD Authorization Act authorized implementation of LIP DoD-wide, but provided no funding. The Army published and made the LIP available to all Army installations, keeping in place similar programs developed prior to the LIP.

(4) Alternative programs. Programs similar to LIP may be found at many installations. Cost to the soldier to participate in the program is a one-time, nonrefundable fee. This program requires no Government funding and works extremely well for both soldier and landlord.

(5) Resolution. This issue was completed by the Oct 93 GOSC because commanders have flexibility to allow family members to remain in quarters and to implement LIP or similar programs as needed.

g. Lead agency DAPE-HR-S

Issue 332: Portability of Benefits Act for NAF Employees of 1990

a. Status. Completed.

b. Entered. AFAP X; 1992.

c. Final action. AFAP XIX; Nov 02 (Updated: Feb 03)

d. Scope. Public Law 101-508 applies to DoD civilians whose positions were converted from NAF to APF employment systems within DoD. The program is effective retroactive to 1 Jan 87. All DoD employees who moved between NAF and APF during this period may have their benefits, such as retirement, annual and sick leave accrual, service credit for RIF purposes, etc., adjusted. These benefits were denied to employees whose positions were involuntarily converted from NAF to APF prior to 1 Jan 87. Public Law 99-638 provides employees creditable service for those positions identified between 18 Jun 52 and 1 Jan 66. Employees between 1966 and 1987 were excluded from these benefits.

e. AFAP recommendation. Amend Public Law 99-638 to allow benefits for employees not covered by PL 101-508 or PL 99-638.

f. Progress.

(1) Issue history. This issue was determined to be unattainable by the Apr 93 GOSC because crediting this service would create an unfunded liability to the Government or the retirement system. The issue was reopened by the Apr 94 GOSC to track new initiatives that would credit NAF service.

(2) Public Law 101-508. PL 101-508 did not grant retirement credit for employees. It allowed employees to make a one-time, irrevocable election (retroactive to 1987) to remain in their current retirement system or be covered under the new retirement system.

(3) Public Law 99-638. PL 99-638 provided retirement credit for a select group of NAF employees who were employed 1952-1965. The law was made retroactive to cover employees during a period of time when NAFI did not have their own retirement system. Retirement credit has not been authorized since 1966.

(4) Congressional interest. A DoD report to Congress (Mar 94) did not recommend expansion of portability benefits for NAF employees. The FY95 NDAA required DoD to determine the number of employees who might wish to receive federal retirement credit for NAF service between 1966-1986. DoD's report said the PLs could not be gapped they covered different benefits with different qualifying criteria. They also noted:

(a) PL 101-508 was established to correct an injustice to employees who were involuntarily transferred from NAF to APF. The majority of employees responding to the survey did not move involuntarily.

(b) PL 99-638 granted retirement credit only to employees conducting NAF MWR "special services", yet these employees did not experience any greater loss of retirement credit than employees in other NAF positions. Providing special treatment to this particular group of employees could generate future demands for similar credit from other groups of employees.

(5) Legislation for FERS employees. Congress reviewed the DoD report and included "gap" provision in the FY96 NDAA (amends PL 101-508) to provide retirement coverage elections for certain employees who moved between NAF and APF positions after 31 Dec 65. The DoD and OPM regulation containing implementation procedures was effective 10 Aug 96.

(6) Legislation to cover CSRS employees.

(a) In Sep 99, Army submitted a proposal for the FY02 ULB cycle to include FERS credit for NAF service. In Jan 00, OSD opposed the initiative, citing difficulty in balancing equity and costs, Army's estimate of personnel affected, and treatment of employees who elected to remain in the NAF retirement plan.

(b) OSD and component representatives reworked the ULB proposal to address the concerns. The revised proposal amended the portability of retirement benefits law to remove the requirement that employees be vested in the losing employer retirement system in order to elect to remain in that retirement system and provides CSRS

and FERS covered employees the opportunity to receive retirement coverage for prior NAF service.

(c) The proposal was included in the FY02 NDAA. On May 1, 2002, OPM issued Benefits Administration Letter 02-102, Retirement and Insurance Service, which provides guidance and procedures for crediting NAF service under CSRS and FERS. DOD issued a memorandum on June 10, 2002, subject, Retirement Election Opportunities Under Public Law 107-107, the NDAA for Fiscal Year 2002. This document provided additional guidance and instructions on verifying eligibility, processing new elections and documenting employee elections.

(7) GOSC review.

(a) May 93. Issue was determined unattainable because crediting this period of service would result in an unfunded liability to the NAF Retirement Fund or Federal Government.

(b) Apr 94. AFAP issue was reopened because of renewed congressional interest.

(c) Mar 97. Following discussion that the FY96 legislation grandfathered FERS employees and not CSRS employees, Army agreed to determine the magnitude of expanding the eligibility group. Concern was expressed over the cost.

(d) May 99. The GOSC was informed that a legislative proposal to address this issue was forwarded to OSD.

(8) Resolution. The Nov 02 GOSC declared this issue completed because the FY02 NDAA gave CSRS and FERS employees the opportunity to receive service credit for prior NAF service.

g. Lead agency DAPE-CP-PPE.

h. Support agency CFSC.

Issue 333: Promotion Points

a. Status. Completed.

b. Entered. AFAP X; 1992.

c. Final action. AFAP XI; 1993. (Updated: Jan 96)

d. Scope. Currently, a soldier can only add promotion points to the promotion packet annually or after accumulating 35 points.

e. AFAP recommendation. Change AR 600-8-19 to provide for soldiers to add a minimum of 20 cumulative points once per quarter.

f. Progress.

(1) Review. In Feb 93, a meeting of all section chiefs of the Promotions Branch at PERSCOM determined that the recommendation, as submitted, is unattainable. However, it is realized that for the "hard charging soldier" who has maximized his or her score on the APFT, weapons qualification, and awards, it is very hard to obtain 35 additional points in military or civilian education. Based on this realization, it was recommended that the number of points needed for an administrative reevaluation be lowered from 35 to 25.

(2) Change to AR 600-8-19. TAPC-MSP-E examined and evaluated implementation of current proposed procedures in Feb 93. Issue was incorporated into Interim Change I01 to AR 600-8-19 (1 Jun 94).

(3) Resolution. This issue was completed by the Oct 93 GOSC. AR 600-8-19 allows administrative reevaluation of promotion points upon accumulation of 25 points.

g. Lead agency TAPC-MSP-E

Issue 334: Reduced Funding Downgrades MWR Programs and Facilities

a. Status. Completed.

b. Entered. AFAP X; 1992.

c. Final action. AFAP XII; 1995.

d. Scope. Elimination and reduction of funds and manpower is having a significant negative impact on the quality of life for soldiers and the Total Army family. Although MWR programs receive high marks from soldiers, future funding plans project further reduction in APF. Lack of support for MWR programs has a negative impact on current readiness and future retention.

e. AFAP recommendation.

(1) Execute APF and NAF allocations to MWR programs and facilities for maintaining and improving quality of life.

(2) Maintain high priority for MWR resources by senior leadership, especially APF support of "mission essential" and "mission enhancing" programs.

(3) Allocate APFs to emphasize education and training programs to increase managerial effectiveness in business techniques, marketing programs and customer service to increase profitability to MWR.

(4) Remove regulatory, legal, and policy barriers to innovative revenue-generating initiatives, such as sale of commercial advertising.

f. Progress.

(1) MWR resources. Recommendations 1 and 2 are fulfilled with ongoing initiatives, such as the establishment of a 4-Star Board of Directors for MWR and HQDA reorganization to establish an organization for consolidated management of installation support programs and services. All such initiatives denote the Army leadership's focus on installation needs and commitment to provide quality programs and services to soldiers and families in a constrained resource environment.

(2) Training.

(a) The CFS Training Center offers a full range of training for Army MWR personnel, from non-managerial to executive-level. Programs of instruction address managerial effectiveness in a business environment, marketing and customer service, and program-specific instruction. MACOMs review the training status of their MWR personnel and evaluate where training is appropriate. Attendance is encouraged, and TDY/subsistence costs are funded by USACFSC.

(b) An extensive block of MWR training is provided in the Garrison Pre-Command Course at Fort Belvoir. The first General Officer Installation Commander MWR course was delivered in Nov 94. The Training Center is developing proposals to train DPCA, Garrison, and Installation Sergeants Major and Command Sergeants Major.

(3) Revenue generating barriers.

(a) Barriers to initiatives are contained in DoD memoranda, directives, instructions, manuals, and regulations. Statute or congressional direction enforces some of these. The MWR Board of Directors' Executive Committee adopted a long-range strategy to identify and attack roadblocks that impede the effective management of MWR programs.

(b) Sale of commercial advertising.

1. The Government Printing and Binding Regulations (GPBRs) of the Congressional Joint Committee on Printing prohibit the sale of commercial advertising by MWR activities through publications.

2. A Mar 94 memorandum from the Secretary of Defense delegated to the Service Secretaries approval authority to waive, with approval of the Deputy or Secretary of Defense, any requirement contained in DoD Directive, or with approval of the OSD Staff Principal, requirements contained in DoD Directive, or with approval of the OSD Staff Principal, requirements contained in DoD Instruction or Publication. Delegation of waiver authority may not be used to waive any legislative regulation or issuance or provision of law.

3. Using this waiver authority, USACFSC and OASA(FM&C) coordinated a waiver to policy through the Army Staff and Secretariat. The Army General Counsel rendered no legal objection and advised that "... the Department of Justice has taken the position that GPBRs are unconstitutional because they violate the constitutional principle of separation of powers . . . [T]he Office of Management and Budget has confirmed that the Executive Branch of the Federal Government views the GPBRs as a legal nullity, and therefore should not be used to inhibit our decision-making process." The Secretary of the Army forwarded a memorandum to OSD on 29 Sep 94 requesting support and OSD approved the waiver.

4. Effective 6 Jan 95, OSD MWR advertising policy allows MWR activities to accept paid commercial advertising in MWR media (all kinds) and to advertise MWR special events in local and national media when the MWR events are open to the public. The field was notified by electronic message, and Army policy in AR 215-1 was revised accordingly.

(4) Resolution. The Apr 95 GOSC determined this issue is completed based on strong oversight, resourcing, and management of quality MWR programs; a full range of training programs; and the approval of commercial advertising for MWR activities.

g. Lead agency CFSC-PNA

Issue 335: Safe Sex/AIDS: Teens Educating Teens

a. Status. Completed.

b. Entered. AFAP X; 1992.

c. Final action. AFAP XIV; 1997.

d. Scope. Youth want to play an active leadership role in planning, promoting, executing, and evaluating programs designed to educate them on safe sex and AIDS.

e. AFAP recommendation.

(1) Establish a teen safe sex and AIDS awareness task force composed of teens and appropriate adult representation to implement Youth Support Groups (YSG) at installation level.

(2) Establish YSGs headed by teens and a teen-approved adult advisor to plan, promote, implement, and evaluate programs to educate teens about safe sex and AIDS awareness.

(3) Implement local programs such as teen symposia, teen to teen counseling, guest speakers, interaction with surrounding community, and teen hot lines.

f. Progress.

(1) History. Proponency for this issue was accepted by OTSG in Apr 93. Issue transferred to CFSC in Feb 95.

(2) Validation. A Teen HIV/AIDS focus group, held during the World Teen Summit in Aug 94, indicated that youth wanted to learn more about HIV infection and felt that peers and young people living with HIV/AIDS would be the most effective educators. They also said that program content should include abstinence, safe sex practices, and communication skills building.

(3) Materials and training. The Army School-Age and Teen Project (ASA&T), a collaborative initiative between the U.S. Department of Agriculture and CFSC, reviewed national youth Safe Sex and HIV/AIDS initiatives for Army applicability. In 1996, the Act Smart HIV/AIDS Education Curriculum, published by the American Red Cross and the Boys & Girls Clubs was selected for staff training. A staff workshop, co-presented with a representative of the Surgeon General's office, was presented in the two-week residential course on Adolescent Growth and Development, delivered via the ASA&T Project, using the Act Smart curriculum.

(4) Workshops. Workshops addressing this issue were included in the Teen Discovery '95 and '96 curricula for both youth leadership staff and teens. Responses from teens in attendance indicated widespread knowledge and participation in school curriculum regarding HIV/AIDS.

(5) GOSC review.

(a) May 93. MEDCOM will develop and export a teen training package to installations.

(b) Oct 93. MEDCOM will include teen participation in program development when a means of validating parental consent is established.

(c) Oct 96. This issue will remain active pending completion of staff training on the Act Smart Curriculum.

(6) Resolution. The Mar 97 GOSC agreed this issue is completed. The overarching theme of the Act Smart HIV/AIDS Education Curriculum is abstinence, and participation in the training requires parental consent.

g. Lead agency CFSC-SFCY

h. Support agency MCHO-CL.

Issue 336: Section 6 Schools: Special Exception to Attendance Eligibility

a. Status. Completed.

b. Entered. AFAP X; 1992.

c. Final action. AFAP XIII; 1995.

d. Scope. Public Law 874, section 6, limits attendance at Section 6 schools to children residing on military reservations. Two exceptions to complete the school year are made to this law. One exception is for attendance of children whose families will move to on-post quarters within 90 days of the sponsor's arrival, and the other exception is for children of sponsors PCSing/retiring and moving into the community adjacent to the installation. Children of families not covered by these exceptions, who move off-post during the school year, are not allowed to complete the school year at the on-post school.

e. AFAP recommendation. Amend PL 874-6 to--

(1) Permit any student who begins the year in a Section 6 school to complete the school year if the sponsor moves to a community adjacent to the installation.

(2) Allow continued attendance in school predicated on

the understanding that the transportation to and from school will be at no expense to the Government and continued attendance is approved by the appropriate local governing board or official on a space-available basis.

f. Progress.

(1) Repeal of legislation. Section 6 of the Impact Aid legislation was repealed in 1995. The DoD DDESS, formerly Section 6 Schools, was reauthorized under Public Law 103-337, Section 2164 of Title 10, U.S.C.

(2) Revised policy. Per Section 2164 of Title 10, U.S.C., a dependent of a Federal employee may continue enrollment in DoD DDESS for the remainder of the school year notwithstanding a change during such school year in the status of the Federal employee that would otherwise terminate the eligibility of the dependent to be enrolled in DoD DDESS.

(3) Resolution. The Oct 95 GOSC determined this issue is completed based on legislation that allows a dependent of a federal employee to continue enrollment in a DDESS school for the remainder of a school year.

g. Lead agency DoDEA.

h. Support agency Office of the Director, DoD DDESS.

Issue 337: Thrift Savings Plan Deposits for Civil Service Retirement System Members

a. Status. Unattainable.

b. Entered. AFAP X; 1992.

c. Final action. AFAP XII; Oct 94.

d. Scope. Currently, Civil Service Retirement System (CSRS) members can only have a maximum of 5% of their pay, before taxes, deposited in the Thrift Savings Program. An increased contribution of up to 10% will encourage members to save more for their future.

e. AFAP recommendation. Change Public Law 99-335, Federal Employees Retirement Systems Act of 1986, to allow deposits up to 10% of a member's pay.

f. Progress.

(1) Review of proposal. The Director, Thrift Investment Board, stated in Jul 93 that increasing the CSRS contribution level to that of a FERS employee would provide unfair advantage to the CSRS employees because of the replacement ratios. Currently, the annuity that a CSRS employee can expect to receive under CSRS, with a 5% maximum TSP contribution equates to that which the FERS employee can expect to receive under FERS with Social Security and TSP. It takes all three tiers of the FERS system to equate to the CSRS benefit. The Thrift Investment Board does not consider a change warranted.

(2) GOSC review. This issue was briefed at the May 93 GOSC. The VCSA directed PERSCOM to coordinate the proposal with other Services and to submit request to change PL 99-335 to OPM.

(3) Resolution. The Oct 94 GOSC determined this issue is unattainable because allowing CSRS members to increase their TSP contributions to 10% would create a disparity with FERS member opportunity to replace pre-retirement income.

g. Lead agency TAPC-CPF-O

Issue 338: Transition Information and Assistance for the Total Army Family

a. Status. Completed.

b. Entered. AFAP X; 1992.

c. Final action. AFAP XI; 1993.

d. Scope. Public Law 101-510, which directs that transitional services be provided beginning 180 days prior to separation, is not being implemented as directed. There is insufficient time allowed for the Total Army family to plan and coordinate their transition to civilian life. The Total Army family has limited knowledge of available transitioning services provided by the Army Career and Alumni Program (ACAP). Expenditure of ACAP resources will have payback in public relations for the Army and also in savings on severance and unemployment compensation.

e. AFAP recommendation.

(1) Start the transition process 180 days before separation and ensure the Total Army family has sufficient time to properly utilize the services available.

(2) Create surge teams to provide additional support to overburdened locations.

(3) Intensify the marketing of programs to Total Army family with regard to outplacement/transition services.

f. Progress.

(1) The FY 93 National Defense Authorization Act requires pre-separation counseling for all transitioners be completed as soon as possible before separation, but in no event later than 90 days before the date of the separation.

(2) According to BRAC and RIF projections, the need for transition services will intensify over the next few years. The concept of the surge team is to assist personnel being affected by a RIF or BRAC who need help in a short, compressed time frame and cannot be provided services through fixed ACAP Job Assistance Centers (JAC) or regional JACs. Surge teams have provided support to the Army Corps of Engineers, HQ AMC and AMC sites outside the National Capital Region.

(3) Marketing efforts are on-going.

(a) U.S. Army Recruiting Command initiated a worldwide ACAP marketing plan with the goal of helping new soldiers and their families to view the ACAP as a benefit of military service.

(b) The ACAP Transition Services Managers have guidance to incorporate Army families into their marketing plan. ACAP services are also available to widows and widowers of active duty military and federal civilians who die in the line of duty.

(c) The ACAP will continue to mobilize all available public information tools such as Armed Forces Radio and Television Stations and the Army's Public Affairs information network, to educate the Total Army family about available transition services and benefits.

(4) The ACAP continues to network with the business community to enhance their support of the AEN.

(a) The Director of ACAP visits with local Chambers of Commerce and key community employers to develop partnerships.

(b) An AEN pamphlet was developed as a marketing tool, and a quarterly newsletter informs AEN members about the skills transitioning Army personnel have and tells employers about future Army/industry partnership initiatives.

(c) ACAP orchestrates job fairs at Army installations

and actively participates conventions, conferences, and various meetings in the business community.

(d) A toll free telephone line and a dedicated fax line was established.

(5) ACAP has been included into the curriculum of many of the officers and enlisted basic and advance training.

(6) GOSC review. An update on transitional services was provided to the May 93 GOSC. OASD (PSF&E) requested assistance in the promotion of DORS. This automated resume service is located at ACAP sites or at ACS.

(7) Resolution. This issue was completed by the Oct 93 GOSC. Requirements for pre-separation counseling, along with improvements in accessibility, marketing, business partnerships, and education have resulted in a more effective transition program.

g. Lead agency. TAPC-PDT-AJ.

h. Support agency. None.

Issue 339: Unlimited Commissary Privileges for Reserve Component

a. Status. Completed.

b. Entered. AFAP X; 1992.

c. Final action. AFAP XV; 1999.

d. Scope.

(1) RCs and their family members are authorized 12 discretionary visits per year in DoD commissaries as a result of AFAP Issue 141, "RC Commissary Privileges." In AFAP Issue 281, "RC Unlimited Use of Commissary/PX," unlimited use was considered, but implementation problems and costs were not addressed. Current implementation procedures require issuance and use of the DD Form 2529. Procedural costs include identifying, administering, printing, monitoring, etc. In addition to these costs, timely printing and issuance of the cards have been problems since inception. Unlimited access would not require any additional expenditures, but would result in savings. Funds required for current procedures could be used for other programs.

(2) Previous tests have demonstrated that unlimited access by RC and their family members has not resulted in any surge, shortage, or inconvenience to other entitled shoppers. On small installations and bases destined for closure, unlimited access by reservists can mean the difference between continued operation of commissary facilities or closure.

e. AFAP recommendation. Sponsor legislation to allow unlimited access to DoD commissaries by the RC and their family members.

f. Progress.

(1) Combined issues. In Feb 95, this issue was combined with Issue 381, “Increased Commissary Access for RC Personnel,” because of similar AFAP recommendations.

(2) Legislative action. The FY 99 National Defense Authorization Act expands RC commissary access from 12 days to 24 days.

(3) GOSC review. The May 93 GOSC was informed that expansion of commissary benefits for TPU reservists will continue to be pursued by Army.

(4) Resolution. The May 99 GOSC closed this issue when it declared Issue 381 completed based on FY99 legislation that expanded RC commissary access from 12 days to 24 days.

g. Lead agency. DAPE-PRR-C

Issue 340: AAFES/MWR Privileges for DoD Civilian Employees

a. Status. Unattainable.

b. Entered. AFAP XI; 1993.

c. Final action. AFAP XII; 1995.

d. Scope. DoD civilian employees are denied access to AAFES facilities and MWR activities. Money generated at AAFES/MWR ultimately benefits soldiers and their families.

e. AFAP recommendation. Allow DoD civilian employees to patronize all AAFES facilities and MWR activities.

f. Progress.

(1) Current policy. AAFES employees are allowed to purchase AAFES merchandise. In 1993, this was extended to their family members. Other MWR employees may purchase only items which are incidental to their participation in the MWR program or food which is consumed on the premises.

(2) Marine Corps policy. After the Marine Corps merged all MWR operations under one management structure, employees were given across-the-board shopping privileges. When made aware of this, OSD directed the Marine Corps to cease the practice by 1 Feb 94. However, a 1993 Senate Committee Report allowed continuation. In Aug 94, the issue was resolved in favor of employees based on the union’s position that shopping privileges became a condition of employment for employees hired since consolidation.

(3) Request for policy change. An Army request for exception to OSD policy, to extend AAFES and MWR privileges to all MWR employees, reached OSD in Mar 94. Subsequently, Army comments on draft changes to DoD Directive 1015.2 included a request for extension of purchasing privileges (excluding AAFES) for all MWR employees. This request was rejected in Aug 94. Based on OSD denial of this and previous requests for broader purchasing opportunities for MWR employees, expansion of shopping opportunities for all DoD employees will be denied.

(4) Resolution. The Apr 95 GOSC determined this issue is unattainable based on continued OSD denial of broader purchasing opportunities for MWR employees.

g. Lead agency CFSC-PN

Issue 341: Catastrophic Health Care (for Retirees)

a. Status. Completed.

b. Entered. AFAP XI; 1993.

c. Final action. AFAP XVII; May 01. (Updated: Jun 01)

d. Scope. In 1987, Congress passed legislation establishing a cap on the upper limit of the cost share portion of CHAMPUS-covered medical bills in any fiscal year. The current cap (1993) for retirees is $7,500 and $1,000 for active duty. The retiree cap is too high. Due to the drawdown, this cap will affect an even larger retiree population. [Note: Catastrophic cap is the upper limit on what beneficiaries pay for health care under TRICARE in a

given fiscal year.]

e. AFAP recommendation. Propose legislation to establish a new catastrophic cap for retirees not to exceed $2,500 per FY. The active duty cap would remain at $1,000.

f. Progress.

(1) History. The cap for retiree beneficiaries was adjusted on 1 Oct 92 from $10,000 to $7,500. Under the National Health Care Reform, proposed by the President in 1994, the recommended national catastrophic cap was $3000. The proposal did not succeed in Congress.

(2) Validation. DoD established a catastrophic cap of $3,000 per year for all retirees enrolled in TRICARE Prime. TRICARE Prime is a health maintenance organization option, with an enrollment fee and nominal co-payments. Most retirees enrolled in Prime never reach the $3000 cap in out-of-pocket costs.

(3) Reduced cap for retirees unable to enroll in Prime.

(a) In Mar 97, the Army Surgeon General requested DoD Health Affairs support legislation to lower the annual cap to $3000 for retirees who do not have access to TRICARE Prime. The OSD response listed several potential problems, including that TRICARE was priced to be budget neutral over a five-year period. Significant changes to the benefit structure could jeopardize budget neutrality. However, DOD(HA) indicated a willingness to assess the issue. The Army Surgeon General sent a follow-on memorandum to the ASD(HA) in Jun 98 with a second request to lower the cap to $3,000 for retirees without access to TRICARE Prime. The memorandum, which did not receive approval, noted that the number of impacted retirees is smaller since all TRICARE contracts are awarded. A third request was submitted in May 00.

(b) The TRICARE Management Activity (TMA) is not able to provide the actual percentage of beneficiaries likely to meet the cap and was not willing to pursue this initiative until monies were identified to cover the costs.

(c) The Army TSG included the reduction of the catastrophic cap in his list of congressional courtesy call items. Additionally, the CSA Retiree Council included the initiative in its legislative goals for the second session of the 106th Congress.

(4) Legislation. The FY01 National Defense Authorization Act authorized a reduction of the catastrophic cap from $7500 to $3000 for all military retirees, including those over age 65. The implementation date is 90 days after the receipt of supplemental funds, retroactive to 30 Oct 00.

(5) GOSC review.

(a) Oct 96. Issue will remain active for further review.

(b) Apr 98. OTSG will continue to pursue reduction of the catastrophic cap.

(c) May 00. An update on legislative initiatives for retiree medical care was provided to the GOSC membership.

(6) Resolution. The May 01 GOSC declared this issue completed based on the FY01 NDAA reduction of the retiree catastrophic cap from $7500 to $3000.

g. Lead agency DASG-TRC.

h. Support agency ASD(HA) and TMA.

Issue 342: Civilian Employee Exceptional Family Member Program

a. Status. Completed.

b. Entered. AFAP XI; 1993.

c. Final action. AFAP XIII; 1996.

d. Scope. AR 608-75 does not specifically address mandatory identification of adult exceptional family members of civilian employees. Currently civilian employees are being relocated to locations where needed services are not available.

e. AFAP recommendation. Change AR 608-75 to include mandatory identification of adult exceptional family members of civilian employees following selection for a position.

f. Progress.

(1) Regulatory change. In Aug 94, CFSC staffed a revision to AR 608-75 requiring civilian employees to identify adult EFMs when they are selected for positions outside the United States. The revision was published 3rd Qtr FY96.

(2) Resolution. The Oct 96 GOSC determined this issue is completed based on change to AR 608-75.

g. Lead agency CFSC-SFA.

h. Support agency ASA(M&RA).

Issue 343: Command Sponsorship for Families with Special Education Needs

a. Status. Unattainable.

b. Entered. AFAP XI; 1993.

c. Final action. AFAP XI; 1994.

d. Scope. Soldiers are being assigned to "with dependent" tours to areas where special education services are not readily available. Overall quality of life is denigrated due to an overburdened system. Limited resources are stretched, bringing about increased cost to both DoDDS and to America's Army. Delays in special education services impede the learning process for students, placing undue stress upon family members. As a result, readiness and retention rates are adversely affected.

e. AFAP recommendation. Change DoD 1010-13-R and applicable Army regulations to reflect that command sponsorship will be denied to soldiers with exceptional family members with special needs when DoDDS special education services are not readily available.

f. Progress.

(1) General Counsel ruling. The DoD General Counsel stated that lack of special education resources is not a basis for denial of command sponsorship. Sponsors of children with educational disabilities may not be adversely affected by denying them career enhancing overseas duty assignments. They must receive the same consideration for family travel to an overseas duty location (to which family travel is authorized) as families without an educationally disabled member. DoDDS and the military Services must comply with special education laws and provide services to eligible children.

(2) Assignment procedure. OCONUS family screening identifies family members for possible EFMP enrollment so soldiers can be pinpointed to a duty locations (with equally enhancing career opportunities) where DoDDS special education and military medical services are established.

(3) Resolution. The Apr 94 GOSC determined this issue was unattainable because command sponsorship cannot be denied a service member solely on the lack of special education resources at a duty station.
g. Lead agency CFSC-FSA

Issue 344: Commissary Benefits for Soldiers, Family Members, Retirees, and the Reserve Component
a. Status. Completed.
b. Entered. AFAP XI; 1993.
c. Final action. AFAP XII; 1995.
d. Scope. Commissaries are the integral component in the military pay and compensation package. The elimination of the commissary benefit will cause the Army to experience a 23% increase in subsistence expenses, which is viewed as a reduction in pay. This would negatively impact retention, readiness, and quality of life.
e. AFAP recommendation.
(1) DoD safeguard the commissary benefit with its present appropriated fund subsidized system.
(2) Keep the commissaries open.
f. Progress.
(1) Support. A Secretary of the Army letter to Secretary of Defense, 11 May 1994, supports retention of the commissary benefit. The SECDEF is committed to maintaining the commissary benefit at the current programmed level. Congress increased DoD commissary FY 95 appropriation by $30M.
(2) Cost savings. In 1993, the Defense Commissary Board discussed alternative means for internal cost reductions in the commissaries based on requirement to reduce operating costs below $1 Billion. DeCA implemented cost saving initiatives to include, automation modernization, DeCA reorganization, delivery ticket invoicing, and transferring Air Force troop issue support activities back to the Air Force. A commissary support matrix was developed to identify stores which could be closed with minimum impact on patronage.
(3) GOSC review. This issue was reviewed by the Apr 94 GOSC. Army will continue to protect the commissary benefit and reduce operational costs.
(4) Resolution. The Apr 95 GOSC determined this issue is completed based on DeCA's implementation of cost saving initiatives, increased congressional appropriation, and continued SECDEF support of maintaining the commissary benefit at the current programmed level.
g. Lead agency DALO-TST.
h. Support agency DAPE-MBB-C.

Issue 345: Compatibility between DEERS and SIDPERS
a. Status. Completed.
b. Entered. AFAP XI; 1993.
c. Final action. AFAP XII; 1995.
d. Scope. There is inadequate compatibility between the Defense Eligibility Enrollment Reporting System (DEERS) and the various versions of the Standard Installation Personnel System (SIDPERS). Delays are inherent in the present system which involves the mailing of SIDPERS tapes to the Defense Manpower Data Center (DMDC) to update the DEERS database. These delays cause numerous CHAMPUS-related problems (such as, late bill payment and denied medical treatment), as well as other quality of life hardships.
e. AFAP recommendation.
(1) Develop and implement an on-line SIDPERS interface with DEERS.
(2) Investigate the USAF PCIII system for possible use.
f. Progress.
(1) Alternative approach. A direct SIDPERS interface with DEERS is not necessary to improve the timeliness of passing information to DMDC. Use of the USAF PCIII system is cost prohibitive and is not necessary to achieve the desired results. The desired result can be accomplished by increasing the frequency of data being passed from the Total Army Personnel Database, maintained at PERSCOM, to DMDC.
(2) Weekly transmission. Coordination with DEERS and DMDC confirmed that Army gain/loss information was not being received in a timely manner for enlisted personnel. However, DMDC indicated that Army data is now being received weekly compared to once or twice a month in the past.
(3) SIDPERS 3. Coordination with Personnel Information Management Division indicates that, upon fielding of SIDPERS 3 (FY97), updates on all categories of soldiers can be sent via Defense Data Network (DDN) to DMDC.
(4) Resolution. The Apr 95 GOSC determined this issue is completed because gain/loss data of Army personnel is now transmitted weekly from the Total Army Personnel Data Base to the Defense Manpower Data Center.
g. Lead agency. TAPC-PDO-IP.
h. Support agency. None.

Issue 346: Continental United States (CONUS) Cost of Living Allowance (COLA)
a. Status. Completed.
b. Entered. AFAP XI; 1993.
c. Final action. AFAP XIII; 1995.
d. Scope. The cost of living for service members in CONUS varies significantly from area to area. This variance creates an imbalance in the standard of living of soldiers and their families, adversely affecting retention and readiness. COLA will help to provide an equitable standard of living for all soldiers of equal grades regardless of location.
e. AFAP recommendation. Write legislation to create a CONUS COLA for service members.
f. Progress.
(1) Legislative history.
(a) The 7th QRMC recommended a cost of living allowance in the continental United States to partially defray non-housing costs of service members assigned to high cost areas.
(b) The FY 95 National Defense Authorization Act authorizes payment of CONUS COLA for high-cost areas 90 days after submission of a detailed report to Congress.
(2) DoD report. The CONUS COLA report to Congress described the computation of the price index, the cost of living threshold, controls to prevent uncontrolled growth in expenditures, and identified deductions for exchanges, commissaries, and medical facilities.

(3) Implementation. CONUS COLA was implemented 1 Jul 95. It provides compensation for variations in non-housing costs in the continental United States. An area is considered high cost if the cost of living for that area exceeds the threshold percentage. Law establishes the threshold as no lower than 108% of the national average cost of living. The Secretary of Defense set the FY96 threshold at 109%. Soldiers receiving the allowance will receive a percentage of their basic pay as COLA. Since CONUS COLA is linked to basic pay, the allowance is taxable.

(4) GOSC review. This issue was briefed at the Apr 94 GOSC. Army will continue to pursue CONUS COLA.

(5) Resolution. The Oct 95 GOSC determined that this issue is completed based on FY 95 legislation that authorized CONUS COLA.

g. Lead agency DAPE-MBB-C

Issue 347: Continue Army Career and Alumni Program (ACAP) and Broaden Eligibility Requirements

a. Status. Completed.

b. Entered. AFAP XI; 1993.

c. Final action. AFAP XIII; 1996.

d. Scope. ACAP was developed to provide a comprehensive system of transition services to assist personnel leaving the Army with care and dignity. ACAP was created in November 1990, under a 5- year contract, to provide assistance during the drawdown. The program promotes the ability to recruit and retain a quality force in the years ahead by proving "America's Army takes care of its own." Currently, ACAP is offered only to soldiers, civilians, and family members separating from the Service for up to 60 days after official separation date.

e. AFAP recommendation.

(1) Extend the operation of ACAP beyond the drawdown based on a 5-year reviewing process.

(2) Extend eligibility for ACAP services to PCSing soldiers and their families, veterans, RC members, and retirees.

(3) Change policy to allow "America's Army" to use ACAP program and services, on a prioritized basis, beyond current time constraints.

f. Progress.

(1) Extension of ACAP operation. DoD Directive 1332.35, "Transition Assistance for Military Personnel", states that transition assistance programs should be designed to complete the military personnel life cycle, which begins with the service member's recruitment from the civilian sector, continues with training and sustainment throughout a service member's active service in the Armed Forces, and ends when the service member returns to the civilian sector." This implies that ACAP is not viewed as a temporary response to the downsizing of the Army, but a permanent element of the Army's personnel life cycle. The job assistance function of ACAP is contracted for a 5-year period. The current contract expires 7 May 97, and the ACAP is preparing the procurement requirements for a new contract. A needs assessment, conducted as part of the acquisition process, revalidated the need for job assistance services. In Jun 95, the Army completed a comprehensive program evaluation of the job assistance services and found that the more Job Assistance Center (JAC) services are used, the higher the success of salary and job opportunity.

(2) Extension of eligibility base. To extend ACAP's parameter to accommodate veterans, RC members, and retirees would require more money and more spaces.

(a) The Army researched this effort in concert with the Department of Labor and concluded that the Department of Labor and Department of Veterans Affairs are congressionally mandated to provide services to these groups. Funding is appropriated to those two federal agencies and not to Army.

(b) ACAP serves many soldiers and family members on an ad hoc basis. Additionally, on 30 Jul 96, FMEAP and ACAP signed a memorandum announcing the intent to increase partnership opportunities between the two organizations. The programs will complement each other through cooperative, creative initiatives to ensure that soldiers and family members receive quality employment assistance services.

(c) Section 1143, Title 10 United States Code provides transition assistance services for individuals who are voluntarily or involuntarily separating from active duty. There is no provision under the current law to allow for transition benefits and services to non-transitioning individuals.

(3) Time restrictions. The Army has changed the extension of eligibility time to use ACAP services from 60 to 90 days beyond separation. This is in compliance with the DoD Directive 1332.35, "Transition Assistance for Military Personnel", approved 9 Dec 93.

(4) Resolution. The Oct 96 GOSC determined this issue is completed based on preparations to extend the ACAP contract and the extension of time restrictions on use of ACAP services.

g. Lead agency TAPC-PDT-AJ.

h. Support agency CFSC-FSA.

Issue 348: DDP Coverage for Family Members of Active Duty Personnel

a. Status. Completed.

b. Entered. AFAP XI; 1993.

c. Final action. AFAP XII; 1995.

d. Scope. Soldiers who have less than 24 months remaining on active duty and who do not intend to remain on active duty are excluded from enrolling their family members in DDP. This causes significant financial hardship for military families and leaves them without affordable dental care.

e. AFAP recommendation. Propose legislative change to amend the current DDP contract to allow any service member (CONUS or OCONUS), with not less than 12 months remaining, the opportunity to enroll in DDP.

f. Progress.

(1) Congressional tasking. Section 703 of the National Defense Authorization Act for FY 94 tasked the DoD to study the possibility of extending dental benefits to families of soldiers returning from overseas with less than 24 months of service remaining. This report was sent to Congress on 31 March 1994. The proposal to amend the current DDP contract was not included in FY 95 legislation.

(2) Policy change. The Assistant Secretary of Defense,

Health Affairs, requested that DASD (Health Services Financing) modify the DDP rules to address this issue. Effective Aug 95, families of sponsors returning from OCONUS with 12 or more months remaining on active duty can enroll in DDP.

(3) GOSC review. At the Oct 94 GOSC, Army indicated it will pursue a means to allow service members returning from overseas with less than 24 months remaining in the service to enroll in DDP.

(4) Resolution. The Apr 95 GOSC determined this issue is completed because families of soldiers returning from OCONUS with 12 or more months remaining on active duty will be allowed to enroll in DDP.

g. Lead agency MCDS.

Issue 349: Dislocation Allowance (DLA) for Base Realignment and Closure (BRAC) Moves

a. Status. Completed.

b. Entered. AFAP XI; 1993.

c. Final action. AFAP XIII; 1996.

d. Scope. Soldiers (such as recruiters, ROTC, active Guard and Reserve, etc.) and their families living on military installations are directed to move when the installations are closed or realigned. Although most moves are local, the costs (such as security and utility deposits) incurred during preparation for and during the move require an outlay of funds that should be defrayed by DLA. Movement of HHGs is paid for by the Army. Currently, there is no entitlement to DLA without a permanent change of station or change of duty. Therefore, all additional costs are shouldered by the soldier.

e. AFAP recommendation. Sponsor legislation to authorize DLA to soldiers required to relocate due to BRAC.

f. Progress.

(1) Legislation. This item was submitted in the Unified Legislative and Budgetary process and was approved by the Services and included in the FY96 DoD Omnibus Authorization Act. This initiative was included in the FY96 Defense Authorization Bill which became law in Feb 96.

(2) Resolution. The Apr 96 GOSC determined this issue is completed because the FY96 Defense Authorization Act included authorization for DLA to be paid to soldiers required to relocate due to BRAC.

g. Lead agency DAPE-PRR-C

Issue 350: Donations of Used Items at the Army Community Service (ACS) Lending Closet

a. Status. Unattainable

b. Entered. AFAP XI; 1993.

c. Final action. AFAP XII; Oct 94.

d. Scope. AR 608-1 prohibits ACS from accepting used items for the lending closet. Many soldiers and families are in need of basic housekeeping items, to include basic kitchen items, appliances, high chairs, child care seats, playpens, cribs, ironing boards, beds, and transformers (OCONUS). These items are often unavailable due to the present prohibition in AR 608-1 which states that all donated items must be new.

e. AFAP recommendation. Change AR 608-1 to allow the ACS centers to accept used basic housekeeping items.

f. Progress.

(1) Regulator review. In Jan 94, USACFSC staffed a change to AR 608-1 with ARSTAF and MACOMs to accept used items for the lending closet. Three MACOMs nonconcurred with the proposed change. Standardization is essential for accurate accountability of ACS items. Accepting donations of used housekeeping items would be time consuming and lessen the quality of the current inventory. Also, it would complicate operational procedures which are already lengthy and reflect poorly on the gaining installation and the Army's concern for relocating soldiers and family members.

(2) ACS Director input. At the request of the Commanding General, USACFSC, this issue was discussed and voted upon at the ACS directors' training in May 94. The vote to accept used items for the lending closet was 20 (yes) to 71 (no).

(3) ACS donation policy. ACS will accept used items and disburse them to thrift shops or other community resources.

(4) GOSC review. The Apr 94 GOSC reviewed this issue and concurred with USACFSC proposal to further explore the issue at the May 94 ACS directors' training.

(5) Resolution. This issue was determined unattainable by the Oct 94 GOSC based on MACOM non-concurrence with proposed change.

g. Lead agency CFSC-FSA

Issue 351: Emergency Relief for Reserve Components

a. Status. Unattainable

b. Entered. AFAP XI; 1993

c. Final action. AFAP XXIV; Jun 08

d. Scope. During periods of limited activation, emergency and hardship situations occur which affect Soldier readiness and morale. Currently, AR 930-4 authorizes financial relief only when these Soldiers are on continuous active duty for 30 days or more. There is a definite need for emergency financial assistance for RC Soldiers and their Families when activated for fewer than 30 days.

e. AFAP recommendation. Establish emergency relief assistance for RCs activated for fewer than 30 days.

f. Progress.

(1) Related issue. This issue is similar to AFAP Issue 10, "AER for RC", which was determined unattainable in 1987 because the 30-day active duty requirement for AER eligibility was judged adequate to fulfill RC needs.

(2) Private organization relief fund.

(a) In Jul 94, TJAG opined that the establishment of an Army Reserve managed emergency relief fund is legally objectionable. Statutory authority to create a government corporation or a private organization similar to AER does not exist.

(b) An Apr 95 TJAG response interposed no legal objection to contacting private organizations to discuss the establishment of a fund for the RC.

(3) Army Emergency Relief policy.

(a) In Nov 93, the AER Board of Managers considered the request to provide AER assistance for RCs activated for fewer than 30 days and concluded that AER policy changes are not feasible.

(b) In Feb 94, DAAR-PE met with the Deputy Director

of AER to discuss the AER board's decision. AER offered to provide a copy of their computer software to support the establishment of a separate relief fund.

(c) In 1996 and 1997, the CAR met with various officials at AER to resolve discrepancies. AER policy remained unchanged.

(d) In Jan 98, the CAR forwarded a written proposal through FMWRC to the AER Board of Managers to expand AER financial assistance for Army Reservists. In Nov 98, the AER Board of Managers voted down the proposal to change policy. AER did not provide the USAR a written response on why the proposal was voted down. During the Nov 98 GOSC meeting, the Vice directed the G-1 to draft a proposal to the AER Board of Managers to reconsider this proposal out of cycle. AER did not provide the Army Reserve a written response on why the proposal was voted down.

(e) In Nov 99, the Chief, Army Reserves and the Director, Army National Guard signed a proposal requesting the AER Board of Mangers reconsider this issue.

(f) In Feb 00, the CAR and the Director, ARNG met with the DCSPER and Director, AER. The AER resisted a widespread expansion of benefits to all RC Soldiers not on extended duty. The conferees agreed to try to define a group of ARNG and USAR Soldiers who were likely to be in valid need of AER services while in pre-mob status, such as Soldiers alerted for Presidential Selected Reserve Call-up.

(g) On 5 Jun 02, a letter was sent to the AER Board of Directors. On 27 Mar 03 a follow-up letter to Director, AER from the CAR was sent emphasizing the importance of extending and/or modifying the authorization for the RC. A copy of the letter was furnished to VCSA, SMA, and Director ARNG.

(h) On 28 Nov 05, the CAR met with the Director, AER, to solicit a change to allow RC Soldiers on active duty less than 30 days to use AER loan services. The AER board of managers, for various reasons, voted not to change the current policy. After several discussions on this topic, the CAR accepted the decision made by the board of managers. The Army Reserve will pilot a campaign in 2007 and petition once again to AER to change its policy.

(4) Allotments. On 12 Jul 05, contact was made with Reserve Pay Analyst at Fort McCoy. The pay analyst indicated the current system does not allow for allotments; however, it can be used to collect recoupment such as AER Loans. The system has the option to process third party debt for other government agencies and forward funds to a specific routing/account number.

(5) RC Soldier interest. Survey conducted May 06 - Aug 06 had 2411 responses. Approximately 46 percent showed an interest to make contributions during the Mar 07 AER Campaign; 54 percent indicated they have no interest in making a contribution.

(6) AER Campaign. The Army Reserve conducted an AER Campaign Mar 07 – May 07. The results of the campaign indicated approximately $6K in contributions.

(7) Other Services' aid society policies.

(a) Air Force Aid Society (AFAS) Criteria for eligibility for assistance:

(1) Air National Guard or Air Force Reserve personnel away from home station on extended active duty 15 days or more under Title 10 USC are eligible. Assistance is limited to emergencies incident to, or resulting from, applicant's active duty tour.

(2) Air National Guard or Active Guard Reserve (AGR) personnel serving under Title 32 USC are eligible for emergency assistance in the categories of emergency travel due to illness or death of an immediate Family member and funeral expenses incidental to the burial of a dependent spouse or child, within the limits of the Society's funeral grant program.

(3) Personnel on active duty for training (ADT) and away from home station will be considered eligible for emergency assistance as if they were Title 32 AGR. Request for car repairs essential to return to home station will be considered on a case-by case basis.

(b) Navy Marine Corps Relief Society (NMCRS) has a policy of restricted eligibility addressing reserve personnel activated for less than 30 days. NMCRS policy is that if an emergency takes place with an immediate Family member such as death or critical illness, personnel can be declared eligible for assistance. Personnel in drill status or on active duty for training (ADT) might also qualify for financial assistance in the event of death or critical illness of spouse, dependent child, or parent.

(8) Resolution. This issue is was declared unattainable due to no statistical data available indicating a high volume of non-mobilized Army Reserve Soldiers and their Families requesting AER assistance and due to the OPTEMPO, Army Reserve Soldiers that are being mobilized qualify for AER assistance based on the criteria of being on Active Duty for more than 30 days. Also, when this issue was addressed in 1993, there were no other agencies that supported Army Reserve Soldiers and Families financially and there are now other agencies such as the VFW that can provide financial assistance to Army Reserve Soldiers and Families who do not meet the AER criteria.

g. Lead agency. ARRC-PRW-F

Issue 352: Equitable Child Care Fees

a. Status. Completed.

b. Entered. AFAP XI; 1993.

c. Final action. AFAP XII; 1995.

d. Scope. Current CDC fee structure adversely affects lower income families, specifically those below $16,000 annual income. The 1993 revision of fees eliminated most of the inequities between categories of income. However, Category I ($0-$23,000) continues to pay a higher percentage of income for child care than other income categories. Although a small number of patrons fall into this lower category, they can potentially pay as much as twice an income percentage than those in other categories.

e. AFAP recommendation.

(1) Split Category I into two categories: IA, $0-$16,000 and IB, $16,000-$23,000.

(2) Establish use of FY 92-93 fees or use base fee equal to 12% of income for Category IA.

(3) Request DoD recommend that no one in Category

IB be charged in excess of 12% of income.

(4) Leave remaining Categories II through V unchanged.

(5) Monitor new fee schedule for its impact at installation and MACOM levels.

f. Progress.

(1) Background information. A 1990 national child care survey reported low income families (up to $15,000) paid 23% of family income for child care, while those in higher income levels paid from 6 to 12% of income. Very few Army families earn less than $16,000 annual income. Annual income for PVTs with BAQ and BAS totaled $16,317 in 1994.

(2) Low income patrons. In Jan 94, USACFSC requested MACOMs provide data reflecting patron demographics for those with incomes less than $16,000 and explanations for large fee increases. MACOM fee impact reports (1st Qtr FY 94) identified 343 Category I patrons with TFI of $16,000 or less (2.5% of all CDC patrons).

(3) Low income rate.

(a) Special low income rate of $35 per week per child for patrons with TFI of $18K or under was published in Mar 94 with instructions for periodic audits to ensure accurate TFI computations. This satisfied the recommendation that low income patrons pay less than 12% of income for child care.

(b) A Mar 94 report to DoD requested a low-cost option to accommodate low income families and a 2-year policy cycle to reduce program upheaval. DoD policy was released 24 Jun 94 with no “low cost” option, but an increase in upper end of each fee category. Army policy was released to the field in Jun 94, specifying continuation of the special low income rate, high cost options using either the specified fees or by adding the COLA (but not both), and recommending the policy be stabilized for 1994.

(4) GOSC review. This issue was briefed at the Apr 94 GOSC. Issue remains open to track implementation of the $35 per week child care fee cap for low income families.

(5) Resolution. The Apr 95 GOSC declared this issue completed based on DoD policy that established a low income child care rate for patrons with Total Family Income of $18,000 or under.

g. Lead agency CFSC-FSCY

Issue 353: Erosion of Health Care Benefits for Military Beneficiaries

a. Status. Completed

b. Entered. AFAP XI; 1993.

c. Final action. AFAP XIII; 1996.

d. Scope. As a result of military downsizing and reduction of Army medical resources, access to health care for all categories of beneficiaries is limited. Out-of-pocket health care expenses for America's Army are increasing without offsetting compensation. As the nation moves toward national health care reform, it is imperative for the Army leadership to focus on and solve current health care problems while spearheading DoD's effort for a comprehensive, managed, health care program.

e. AFAP recommendation.

(1) Change AR 40-3 to raise the ceiling for local unit commander approval of routine medical care from $250 to $500 for active duty members.

(2) Expedite managed care in CONUS areas not currently being served by a military managed health care program.

(3) Reinforce the policy allowing non-availability statements where required care cannot be provided in a MTF within 30 days.

(4) Enhance utilization of non-physician medical personnel and RC health care providers to increase access to high demand services.

(5) Introduce legislation requiring employers to maintain civilian medical coverage for Reservists and their families during active duty service longer than 30 days.

f. Progress.

(1) Commander approval for medical care. AR 40-3 outlines approval authority when an active duty soldier needs medical treatment and there is no MTF in the soldier's local area. Interim change I02 to AR 40-3, 1 Aug 94, raises (to $500) the monetary limit on dental and medical treatment provided by civilian facilities to active duty soldiers. For treatment needs which exceed $500, approval must be obtained from the regional MTF commander. Emergency care if fully funded and is not addressed in this issue.

(2) Expedite managed care. The DoD implemented TRICARE by regions. Thus far, feedback from TRICARE users is positive and full implementation of TRICARE is projected by end of FY98. Issue 408 tracks the expansion of TRICARE Prime for remotely stationed families.

(3) Non-availability statements (NAS).

(a) The DoD medical system has no policy on time limits for NAS. Commanders set policies locally. CHAMPUS policy directs the MTF commander maintain medical management of patients at the facility. Requests for NASs are reviewed on an individual basis, and decisions are based on the MTF's capability and the medical necessity or urgency.

(b) The DoD Health Affairs developed a utilization management plan as part of its TRICARE managed care program. A portion of the plan addresses a standardized time frame to access services prior to issuing a NAS. Since the decision to issue a NAS normally causes the beneficiary out-of-pocket CHAMPUS expenses, the time frame established must be sensitive to the needs and desires of beneficiaries, as well as the medical necessity of the NAS.

(4) Non-physical medical personnel. Medical treatment facility commanders have the authority to grant clinical privileges to non-physicians restricted only by the education, training, and experience of the individual and applicable law. Advanced practice nurses (registered nurses with advanced clinical degrees) and physician assistants provide care in a wide variety of clinical specialties and settings. Other non-physician medical personnel, such as physical therapists and occupational therapists, are used as appropriate.

(5) RC personnel. MEDCOM coordinated with the U.S. Army Reserve Command for some U.S. Army Reserve Hospitals to provide health care in active component MTFs during their training cycles. A memorandum of understanding with the USARC formalizes the relationship

and provides flexibility to the MEDCOM in the use of reservists in our hospitals and clinics during training cycles.

(6) Medical coverage for reservists.

(a) Title 38, U.S.C., Chapter 43, as amended by PL 102-12, states that health care benefits are protected upon an individual's return to civilian employment. Section 4321(b)(1)(B) states that an exclusion or waiting period may not be imposed on a person who would otherwise be entitled to participate in an employer-offered health insurance plan if they were eligible for restored employment under the Military Selective Service Act.

(b) TRICARE provides health coverage for family members during extended periods of active duty. In most cases, they can continue to receive health care from their usual source of care, with TRICARE reimbursement. Cost share and the process for filing claims will depend on the health care provider's participation in TRICARE. Depending on their civilian health care coverage, Reserve families may find very little difference in the benefits and out-of-pocket costs under TRICARE.

(7) GOSC review. This issue was briefed to the Apr 94 GOSC.

(8) Resolution. The Apr 96 GOSC determined this issue completed based on the increased approval limit for commander approval of civilian medical care for soldiers, the implementation of TRICARE, the use of non-physician and RC personnel in MTFs, and the medical coverage available to Reservists' families.

g. Lead agency. MCHO-CL.

h. Support agency. OCAR.

Issue 354: Transfer of GI Bill Benefits to Family Members

a. Status. Unattainable.

b. Entered. AFAP XI; 1993.

c. Final action. AFAP XII; 1995.

d. Scope. Part of the GI Bill is money for college. Many service members who earn this benefit do not take advantage of it. The service member's family shares in the hardships of military life. There is no provision for the service member's spouse, child, or family designee to use this benefit.

e. AFAP recommendation. Propose new legislation to allow a soldier the option to transfer educational benefits to spouse, child, or family designee (in consideration of the single soldier).

f. Progress.

(1) Title change. The original title "GI Bill Benefits" was changed to "Transfer of GI Bill Benefits to Family Members" to reflect the intent of the issue.

(2) History. The transfer of GI bill education benefits to family members was addressed by AFAP Issue 71 in 1985. DAPE-MPA proposed legislation, but it was not approved by Congress. Transferability of GI Bill benefits to dependents was also the subject of a study by ARI in Oct 86. The study endorsed transferability, however, the Enlisted Division of ODCSPER found that the study significantly underestimated the cost of the program. Transferability was also proposed in HR 3180 in Aug 87. The Army supported the proposal, but DoD opposed it. In 1988, transferability was again reviewed. ODCSPER discussed this issue with Representative Montgomery (credited with the Chapter 30 legislation commonly referred to as the Montgomery GI Bill) and revised the Army position to be opposed to transferability. In 1994, the ASA(M&RA) addressed the issue with Congress, but found no one willing to sponsor such costly legislation.

(3) Cost.

(a) This appears to be a low-cost issue because the assumption is made that, when a soldier signs up for the MGIB and contributes the required $1200, the money is specifically put aside for that soldier. In fact, the system is funded on the basis that not all eligible soldiers will participate, and those that do participate will not use their full entitlement. Studies of Chapter 34 benefit eligibles (Vietnam-era GI Bill) benefit eligibles noted that only 60% took advantage of education benefits, and of those who did, very few used their full entitlement of 48 months. Thus, Chapter 30 (MGIB) reduced the entitlement to 36 months.

(b) Presently (1995), a soldier is eligible to receive $400 each month while attending school full time for up to 36 months, or $14,400. Soldiers attending school in-service or part-time are prorated accordingly. After deducting the soldiers contribution of $1200, the real cost to the Government for each soldier using his or her full benefit is $13,200. If this benefit is transferred to family members, the cost is compounded by the number of persons using the entitlement. Since family members are more likely to have time to attend school, their usage ratio could be much higher. If legislation provided the soldier an opportunity to designate the transfer of benefits to several family members, until the full 36 month entitlement expired, the increased cost could be significant.

(4) Issue proponency. In Mar 94, an action memorandum was sent to DAPE-MPA, authors of previous GI Bill legislative changes. The agency responded that they would not accept the issue. They did not consider legislation of this nature to be their area of responsibility, and noted there was no congressional or Service support for this legislative proposal. The issue returned to TAGD for resolution.

(5) Transfer at retirement. The Apr 94 GOSC requested TAGD to determine the feasibility of transferring the unused portions of a soldier's GI Bill education benefits to a family member of their choice at the soldier's 20 year retirement mark. In Feb 95, a memo was distributed to participants in the Montgomery GI Bill Working Group, requesting their departmental, agency, or directorate position on transferability at retirement. The issue received no support from the Services' representatives.

(6) Marketing. The education benefits available to soldiers, the funding of those benefits and the procedures for using the benefits in-service will be publicized. An article appeared in the Fall 1994 issue of "News for Army Families". G.I. Bill usage has been actively publicized at education workshops and professional education conferences and via information distributed to counselors in the field.

(7) GOSC review. The Apr 94 GOSC kept this issue open to pursue alternatives and to publicize the GI Bill program.

(8) Resolution. The Apr 95 GOSC determined this issue is unattainable based on the absence of congressional

and DoD support for the transfer of G.I. Bill benefits except under existing exceptions (disability/death of service member).
g. Lead agency. TAPC-PDE

Issue 355: Government-Sponsored Travel for Spouses to Attend Pre-Retirement Briefing
a. Status. Completed.
b. Entered. AFAP XI; 1993.
c. Final action. AFAP XII; 1995.
d. Scope. While soldiers are provided Government-sponsored travel to attend their mandatory pre-retirement briefing, spouses are not entitled to the same benefit. Current law requires the soldier and spouse be counseled, but the JFTR does not provide for this entitlement. Information presented at the briefing is invaluable for both soldier and spouse.
e. AFAP recommendation. Revise policy to entitle spouse's travel at Government expense for pre-retirement briefing.
f. Progress.
(1) Background. Affected spouses are usually at remote locations where soldier must travel to a transition point. Some MACOMs currently pay for soldier and spouse travel, but the practice is not consistent and uniform.
(2) PDTATC submission. DA submitted proposed change to PDTATC in Mar 94. All seven Services voted in favor of the change. The PDTATC released guidance that allows the Services to issue Invitational Travel Orders (ITOs) to spouses who are required to attend retirement counseling.
(3) Resolution. The Apr 95 GOSC declared this issue completed because spouses who must travel to receive counseling in connection with military retirement may be issued ITOs.
g. Lead agency. DAPE-MBB-C

Issue 356: High School Diplomas for Transferring DoD Students
a. Status. Unattainable.
b. Entered. AFAP XI; 1993.
c. Final action. AFAP XI; 1994.
d. Scope. DoD high school students have a difficult time matriculating because requirements vary from school district to school district. Difficulties occur and students are unable to obtain a diploma in four years.
e. AFAP recommendation.
(1) Create a Blue Ribbon Panel consisting of accreditation agencies and DoDDS representatives to develop basic educational requirements for a high school diploma.
(2) Request the Blue Ribbon Panel select an appropriate avenue for high school students who meet the requirements to obtain a diploma.
f. Progress.
(1) Background information. Authority for establishing high school graduation requirements rests with state and local education authorities. Consequently, criteria for high school graduation vary across the nation, and students who transfer to schools in a different state may find they lack credit(s) required by a specific state. For students in grades 9 through 11, this does not normally prevent graduation at the end of four years. Seniors may have difficulty meeting state requirements in areas such as physical education and state history. Students who, through no fault of their own, cannot meet state requirements, may be granted a diploma from the previous school system. Additional attendance to complete graduation requirements may be required in some cases.
(2) State authority. This issue is one of many which effect American children and the system of education in the United States. There is active debate and research among education reformers, education associations, state education authorities and the U.S. Department of Education regarding the structure of education systems, minimum levels of competency for each grade level, and the depth of curriculum in elementary and secondary schools. Much of this debate calls into question the fundamental relationship between state and Federal authorities. Historically, the responsibility for education has rested almost exclusively with state authorities with reluctance on the part of any state to yield authority to another entity. The establishment of nation-wide standards, including high school graduation requirements, necessarily requires resolution of this relationship. Consequently, it is doubtful that the creation of a panel to focus solely on the establishment of nation-wide high school graduation standards would be possible.
(3) Resolution. This issue was determined unattainable by the Apr 94 GOSC because establishment of standard high school graduation requirements has not been identified as a priority of a variety of studies on education standards. States are not inclined to relinquish their authority to establish their own educational standards.
g. Lead agency DoDDS

Issue 357: Insufficient Transition Time for Soldiers Separating Due to Disability
a. Status. Completed.
b. Entered. AFAP XI; 1993.
c. Final action. AFAP XIV; 1997.
d. Scope. Current Army policy does not allow soldiers separating or retiring due to disability sufficient time to transition into civilian life. Successful transition requires more than the allotted 20 days from the time the Disability Review Board recommends separation orders to release from active duty. Insufficient transition time degrades quality of life, placing unnecessary stress on the service member and family. A burden is placed upon Army support services, to include family housing, transportation, medical services, and professional counseling services. The uprooting of children from schools and spouses from career fields creates stress and unnecessary psychological hardships. Ultimately, poor perceptions of Army support services affect recruitment, unit readiness, and retention.
e. AFAP recommendation. Change DoDD 1332.18 to allow 45 days from the Secretarial level of adjudication to the soldier's release from active duty.
f. Progress.
(1) DoD policy change.
(a) The revised DoD Directive 1332.18, effective 4 Nov 96, deletes the 20-day average final disposition standard. The Directive provides that disability pro-

cessing is to be timely without denying Service members the transition and leave entitlements provided by statute.

(b) DoD Instruction 1332.38, effective 15 May 97, establishes the operational time standards for physical disability evaluation. The absence of a final disposition time standard in this Instruction allows each Service to establish an appropriate transition time.

(2) Army policy. AR 635-40 promulgates DoD and Army policy for physical disability processing. The current draft revision of this regulation will be changed to provide normally a minimum period to separation/retirement of 50 days from the date Physical Disability Branch receives the case for processing the Secretarial level approval.

(3) Resolution. The Oct 97 GOSC determined this issue is completed based on pending regulatory change.

g. Lead agency TAPD-ZB.

h. Support agency DAPE-MB.

Issue 358: Occupational Income Loss Insurance

a. Status. Unattainable.

b. Entered. AFAP XI; 1993.

c. Final action. AFAP XV; Apr 98.

d. Scope. Many RC soldiers have civilian income that exceeds their military pay grade. When activated, these soldiers and their families experience significant stress due to the financial hardship resulting from the loss of income. This stress can adversely affect soldier readiness and job performance.

e. AFAP recommendation. Establish a Government-sponsored insurance program to offset income loss incurred by RC soldiers due to activation. Premiums will be paid by the individual soldier at no cost to the Government.

f. Progress.

(1) Research.

(a) In 1992, the Office of the Assistant Secretary of Defense for Reserve Affairs commissioned a study by the RAND Corporation to analyze income and income loss data from the 1991 RC Personnel Survey and to report on the viability and design of an income-loss insurance program. In Jun 92, the initial working draft was published. It dealt with risk assessment, alternative types of coverage, and whether coverage should be mandatory.

(b) In Aug 92, a working draft was published which estimated income losses for all reservists, analyzed demand for mobilization insurance, and explored policy options for providing such insurance. From this, three basic insurance alternatives (private insurance, Government provided insurance, and joint private/Government insurance) were presented. Further research by RAND led them to conclude that providing optional mobilization income loss insurance is feasible.

(c) In Sep 93, RAND briefed OASD(RA) on their findings. In Jan 94, RAND hosted a meeting to review potential program designs and, in Jun 94, favorable results of the RAND study resulted in creation of a legislative proposal by OASD/RA. In Oct 94, the study results were staffed with the Department of Veteran's Affairs for review and comments.

(2) Legislation. The FY96 National Defense Authorization Act contained provisions for this insurance in Chapter 1214, Section 12522, "Ready Reserve Mobilization Income Insurance". On 1 Jan 97, all soldiers who did not elect into the program were coded as declinations. Soldiers who were mobilized during the registration window were given 60 days to enroll upon demobilization.

(3) Setbacks.

(a) Premiums were not received in sufficient amounts to fund benefit payment above the 4% level. Due to special congressional authorization most recipients received 100% of back payment through Aug 97. Since Sep 97, payments have been made at 5% of authorized amount.

(b) The FY98 National Defense Authorization Act terminated the Mobilization Income Insurance Program. No new enrollments were authorized after 18 Nov 97. Payment of benefits will continue to members serving on "covered service" or who have orders to "covered service" on or before 18 Nov 97. Benefit payments will continue, prorated at 5% of the monthly amount, until Congress acts on pending funds reprogramming request.

(4) GOSC review.

(a) Oct 94. Issue remains active to track legislation for RC income insurance.

(b) Oct 97. Issue remains active to monitor Presidential determination of program continuation.

(5) Resolution. Issue was determined unattainable by the Apr 98 GOSC based on termination of the program in the FY98 National Defense Authorization Act.

g. Lead agency AFRC-PRH-F

Issue 359: Reinstate Social Worker Positions in DoDDS

a. Status. Completed.

b. Entered. AFAP XI; 1993.

c. Final action. AFAP XV; May 99.

d. Scope. The changing political climate since 1989 and a redefined military mission have resulted in OCONUS communities with high concentrations of contingency units. these units regularly deploy up to 179 days. This creates a high anxiety/stressful environment for youth. Current youth counseling services and programs provided by DoDDS do not adequately address the stress and anxiety experienced by youth in areas of high contingency deployment.

e. AFAP recommendation.

(1) Reinstate DoDDS social workers in schools located in areas where contingency deployment is frequent.

(2) Provide funds and manpower authorization for these positions in a timely manner to alleviate this problem.

f. Progress.

(1) Related issues. In Feb 95, this issue was combined with Issue 390, "Substance and Violence Impacting Youth in the Army Community". Issue 445, "Shortage of Professional Marriage and Family Counselors" addresses similar concerns.

(2) Staffing levels. DoDDS staffing levels have been seriously affected by the drawdown of forces throughout the world. While there are some school social workers in the DoDDS European region, severe staffing restrictions make it impossible for DoDDS to establish new positions system wide for the foreseeable future. Furthermore, with school closures and staff reductions, it is very difficult for DoDDS to justify establishing social worker positions throughout the school system when community mental

health, social worker, and Family Advocacy Program services are present in all military communities.

(3) Social workers within DoDDS. DoDDS regional directors have authority to hire and assign school social workers as needed. Case by case consideration may be given to establishing school social work services in communities where a bona fide need for such services has been identified and when the needs of the community cannot be met by command medical, mental health, and Family Advocacy services.

(4) GOSC review. The Oct 94 GOSC requested a team approach to relook the need for youth counseling and to develop a solution. As a result, the issue was transferred to CFSC.

(5) Resolution. The May 99 GOSC closed this issue when it completed Issue 390 with which it had been combined. Although the GOSC did not specifically address the social worker in DoDDS, the GOSC acknowledged that there has been great progress in Youth Services teen programming and training. (See Issue 445 for updated information about counselors.)

g. Lead agency CFSC-SFCY.

h. Support agency DoDDS.

Issue 360: Scheduled Bus Service to Main Post Support Facilities

a. Status. Completed

b. Entered. AFAP XI; 1993.

c. Final action. AFAP XV; May 99.

d. Scope. DoD and DA regulations on bus operations restrict MACOM commanders in adjusting to the needs of their soldiers and family members. DoD 4500.36-R and AR 58-1 are complex and confusing. Downsizing has created military communities with widely dispersed troop billets, housing areas, and life support facilities. Public transportation is often available, yet unaffordable and untimely, thereby creating a financial hardship on America's Army.

e. AFAP recommendation. Change existing regulation and applicable laws, as required, to empower MACOM commanders to provide military bus service in a responsive, cost effective manner, within their resources, to maintain quality of life.

f. Progress.

(1) Federal law. The law, 10 U.S.C. 2632, delegates to the Service Secretary the authority to approve mass transportation support for isolated areas. In 1990, to improve the timeliness of the many requests, the SECARMY directed ODCSLOG to develop objective criteria that would provide needed flexibility and empower MACOM commanders to implement mass transportation service if criteria were met. The Army published that guidance in Jan 91. Requests to SECARMY for scheduled bus service to main post support dropped significantly.

(2) Increased limits for USAREUR and EUSA. In May 94, ODCSLOG recommended that SECARMY eliminate one of the objective criteria (the $100K approval limit by MACOM commanders). Inflation, currency fluctuation, and increasingly isolated Army communities was turning the original limit from a sound management tool into an unnecessary restriction on the commander's flexibility to mange resources during this period of rapid change. The ASA-I, L&E lifted the $100K restriction for USAREUR in Jun 94 and raised the limit for EUSA approval to $250K in Jun 95.

(3) Regulatory change. DoD Regulation 4500.36-R, after substantial revision to clarify and simplify DoD policy, was signed by the Deputy Under Secretary of Defense (Logistics) in Mar 94. The DoD regulation is the governing authority for AR 58-1. AR 58-1 was revised, and publication occurred in Apr 99. The regulation was carefully revised to reduce the potential for reader confusion concerning the Army and DoD regulations. It incorporated key policy on mass transportation in isolated areas.

(4) GOSC review. The Mar 97 GOSC agreed that it was necessary to give decisions to installation leadership, giving commanders the ability to take care of their people.

(5) Resolution. Issue was declared completed by the May 99 GOSC. Funding approval limits were raised and commanders were given more flexibility to solve their bus concerns locally.

g. Lead agency DALO-TSP

Issue 361: Special Meal Charge Exemption for Retirees and DA Civilians

a. Status. Completed

b. Entered. AFAP XI; 1993.

c. Final action. AFAP XIII; Oct 96.

d. Scope. A commander may designate one holiday meal (Christmas or Thanksgiving) and one Organization Day meal as a special event. The primary purpose of the meal is to enhance morale and strengthen cohesiveness in America's Army. Soldiers (active and reserve) and their family members are exempt from the surcharge for these special meals. Retirees, DA civilians, and their families are part of America's Army and are not included in this exemption.

e. AFAP recommendation. Revise AR 30-1, paragraph 6-16, to delete surcharge requirements for retirees, Department of the Army civilians, and their family members for the holiday meal and the Organization Day meal.

f. Progress.

(1) Exemption authority. DoD 1338.10-M, Manual for the DoD Food Service Program, identifies the DoD Comptroller as the sole authority for granting dining facility surcharge exemptions.

(2) Exemption request. A memorandum requesting the exemption was signed by the DCSLOG and approved by the ASA(FM) in Jul 94. The Under Secretary of Defense (Comptroller) disapproved the request on 4 Aug 94, since, in the Comptroller's view, the circumstances were not unusual and extraordinary. This decision followed similar responses made on other Services requests for retiree and civilian exemptions. The Comptroller generally only grants exemptions for enlisted family members being displaced from their housing by emergencies, renovations, or unit relocations.

(3) Single rate meal. From 1994 to 1996, the DoD Travel Re-engineering Task Force worked several proposals to establish a single meal rate (i.e., no surcharge) for all paying customers in the dining facility. Adoption of a single meal rate means there would be no exemptions, and all patrons would pay the same rate. The single meal

rate concept was approved by all Services and DoD. It will apply to all categories of military and civilian personnel and retirees.

(4) Implementation. The single meal rate concept was initiated on 28 Dec 95 with USD(C) approval for families of soldiers deployed for Operation Joint Endeavor to consume a command-sponsored meal in a dining facility at the single meal rate. Worldwide implementation began 1 Oct 96. The accommodation of patrons other than enlisted soldiers in APF dining facilities is a commander's prerogative, based on available resources.

(5) Resolution. The Oct 96 GOSC determined this issue completed based on establishment of a single meal rate that applies to soldiers, civilian employees, and retirees.

g. Lead agency. DALO-TST

Issue 362: Summer Youth Employment Selection Process

a. Status. Unattainable.

b. Entered. AFAP XI; 1993.

c. Final action. AFAP XIII; 1995.

d. Scope. In an attempt to avoid nepotism, sons and daughters of agency civilian or military personnel are treated in a discriminatory manner. Existing regulations state that these family members cannot be appointed to a summer job (filled under agency-developed plans) if there are non-family member applicants available with the same or higher rating.

e. AFAP recommendation. Amend Federal Personnel Manual Chapter 332, Appendix J, paragraph 3(3) dated 24 November 1989, to eliminate the restriction that these sons and daughters cannot be appointed if other eligibles are available with the same rating/ranking.

f. Progress.

(1) Local procedure and restrictions. Local activities have some discretion regarding the handling of applications for summer jobs. Procedures vary based on type of jobs filled, number of applicants, and whether rating applicants is practical. Generally, activities use a rating/ranking or a random selection (such as a lottery system). Even in a random process, sons/daughters cannot be considered as long as anyone randomly placed before them is available, nor can sons or daughters be passed over to select a lower candidate. Top to bottom order of selection is required for both procedures.

(2) Proposal to eliminate restrictions.

(a) A proposal was forwarded to OSD in Apr 94 to pursue revision of the rating/ranking procedure, since it restricts sons/daughters to a greater degree (for example, allows non-sons/daughters with the same or higher rating to be hired first). OSD staffed the proposal with the other DoD components.

(b) In a 30 Jun 95 memorandum, OSD reported that they are unable to support the proposal for the following reasons --

1. The majority of the DoD components felt the restriction should remain unchanged.

2. Many DoD organizations use a random referral procedure which is blind to family relationships. In these cases, managers are not bound by the sons and daughters restriction.

3. Other DoD components voiced concern that, if the restriction was deleted, supervisors would be unduly pressured to hire sons and daughters of fellow employees. OSD indicated that they want to avoid even the appearance of favoritism in this era of diminishing summer employment opportunities.

(3) Resolution. The Oct 95 GOSC determined this issue is unattainable because OSD or the other Services did not approve Army's proposal to lift summer hiring restrictions. The GOSC noted that agencies who select summer employees by random numbers are not affected by this system.

g. Lead agency DAPE-CPC.

Issue 363: Temporary Lodging Expense (TLE) for Move to First Duty Station

a. Status. Completed.

b. Entered. AFAP XI; 1993.

c. Final action. AFAP XVIII; Mar 02. (Updated: 1 Jun 02)

d. Scope. Soldiers are not entitled to TLE for the move to their first permanent duty station. Soldiers incur the same costs during their first move as they do during any other move to a permanent duty station.

e. AFAP recommendation. Propose legislation to authorize TLE for a soldier's move to a first permanent duty station.

f. Progress.

(1) Title change. Title was amended to add "...for Move to First Duty Station" to reflect the intent of the issue.

(2) Cost. Approximately 26% of the Army's first termers are married. Cost to the Army would be $14.5M to provide TLE to first termers.

(3) Legislative proposals.

(a) Legislation was not included in the DoD Omnibus Legislation for FY96 or FY97. Army agreed in concept, but lacked funds to approve the issue. Air Force submitted proposal at the FY99 Personnel Summit, but Army and Navy voted to defer the issue until FY00 Personnel Summit, held Feb 98.

(b) TLE for first term enlisted soldiers was included in the FY00 Omnibus legislation and was authorized in the FY00 NDAA.

(c) TLE for officers was submitted by Air Force as a ULB 2000 Summit item and was approved for submission with the FY02 DoD Omnibus bill. OMB rejected the initiative. It was, however, included in the FY02 NDAA and became effective on orders issued on or after 1 Jan 02.

(4) GOSC review.

(a) Apr 95. Army will continue to pursue legislation.

(b) Apr 96. Issue will remain active while legislative efforts continue.

(c) Oct 97. The TLE issue was fully supported by the GOSC attendees, but concern was expressed over cost.

(d) Nov 99. The GOSC was informed that the FY00 NDAA authorized TLE for enlisted first termers. Issue remains active to purse TLE for first PCS for officers.

(e) May 00. The cost for officers' TLE for first move would be $2.3M. The initiative is being advanced for FY02 legislation.

(5) Resolution. The Mar 02 GOSC declared this issue completed based on FY00 legislation that authorized TLE for first term enlisted personnel and FY02 legislation for

officers.
g. Lead agency. DAPE-PRC

Issue 364: Unemployment Benefits for Displaced Family Members
a. Status. Unattainable.
b. Entered. AFAP XI; 1993.
c. Final action. AFAP XIII; 1996.
d. Scope. Many States do not grant unemployment benefits to military family members or family members of certain DoD civilians if they terminate employment due to a PCS of the sponsor.
e. AFAP recommendation. Initiate action to ensure that all States accept a PCS move as a legitimate reason to grant unemployment benefits to military family members and family members of DoD civilians under mandatory mobility agreements.
f. Progress.
(1) Legislative proposal.
(a) The Department of Labor, Office of Unemployment Insurance Service, advised that Federal law would have to be enacted to require all State unemployment insurance (UI) laws to provide that individuals will not be disqualified from benefits if they quit to follow a spouse who is moving to a new job in a different location. PERSCOM forwarded the legislative proposal to OCLL in Mar 94. Thirty-six states do not provide unemployment benefits for military family members who move with their spouses. Of those 36, all but two grant benefits for people rotating from overseas.
(b) The Army Budget Office nonconcurred with the proposal in Feb 95, based on a projection that this amendment would increase the Army's Federal unemployment bill $6.5M over the next six-year cycle.
(2) Private sector process. Private sector unemployment benefits are financed by contributions from employers, based on the wages of their covered workers. When an employee resigns, moves to another State, and is deemed eligible for unemployment compensation, the State in which the contributions were made transfers funds to the State paying the UI.
(3) Support. The VCSA-directed working group convened in May 95 and unanimously endorsed the GOSC decision to keep this issue active pending assessment of DoD's position on the issue. However, in Sep 95, the DoD Spouse Employment Policy Forum voiced reluctance to seek legislation because of the political climate in Congress to diminish Government involvement in the affairs of the States.
(4) Information. Army disseminated information to family members about each State's eligibility and disqualification requirements through various news media.
(5) GOSC review. At the Apr 95 GOSC, the VCSA requested formation of a working group to discuss unemployment benefits for family members and recommend an Army position.
(6) Resolution. The Apr 96 GOSC determined this issue unattainable based on the political climate which protects states rights in areas such as this.
g. Lead agency SAMR-CP

Issue 365: Variable Housing Allowance (VHA)
a. Status. Completed.
b. Entered. AFAP XI; 1993.
c. Final action. AFAP XV; 1998.
d. Scope.
(1) VHA was designed by Congress to assist soldiers with housing related costs. The system for capturing data for VHA computation is in place and is workable. However, because many service members do not understand the importance of the survey, it is frequently not completed in an accurate, timely manner. This causes incorrect adjustments to the entitlements.
(2) Circa 1985, Congress indicated the intent to have the combined allowances (BAQ and VHA) defray 85% of housing costs. Because adjustments to BAQ are not directly linked to housing costs, the combined entitlements are falling short of the 85% level.
e. AFAP recommendation.
(1) Write legislation to ensure that as housing costs increase, the combined BAQ and VHA entitlements maintain the congressional intent to fund 85% of housing related costs.
(2) Utilize the existing annual survey for capturing data and establish mandatory briefing to promote accurate and timely completion of the VHA survey.
f. Progress.
(1) Combined issues. Issue 267, "Inadequate Housing Allowance", was combined with this issue in Mar 94 due to similarity in scope. This issue was combined with Issue 418, "VHA Computation" in Jan 97 because the combined housing allowance tracked in that issue will resolve the intent of Issues 267 and 365.
(2) Legislation. Congress replaced the expenditure-based system with a price-based allowance system that combined BAQ and VHA into one allowance called the Basic Allowance for Housing (BAH). The result was an easy to understand system, based upon an external data source that reflects private sector housing standards, independent of soldiers' housing expenditures, and is indexed to housing costs (not military pay raises). The BAH was authorized in the FY98 National Defense Authorization Act and became effective on 1 Jan 98.
(3) Resolution. This issue was completed when the Apr 98 GOSC completed Issue 418.
g. Lead agency DAPE-PRR-C

Issue 366: Access to Military and Civilian Health Services
a. Status. Completed.
b. Entered. AFAP XII; Oct 94
c. Final action. AFAP XIII; 1996
d. Scope. Rising health costs and congressional action mandating downsizing reduce the quality and access of health services for military beneficiaries. A perceived lack of accessible, quality and affordable health care services causes a morale and readiness problem for active duty military and their families. Established Department of the Army guidelines for access standards are not being adhered to. This creates a feeling the DA is not responsive to their medical needs.
e. AFAP recommendation.
(1) Implement immediately the access standards for

emergency, primary, and specialty care that are outlined in guidelines, to include emergency services, 24 hours a day, seven days a week; primary care with maximum wait times of one day for acute care, one week for routine care, and four weeks for well care; and specialty care with one week for urgent care and four weeks for routine care.

(2) Require installation commanders Army-wide to disseminate current information on existing and proposed health care programs and reports on levels of access. Utilize "chain down" briefings, Army Family Team Building, Family Support Groups, Retirement Services Office, and other existing community programs.

f. Progress.

(1) Combined issues. Issue 3, “Access to Primary Medical Care,” was combined with this issue in Mar 95 because of similarity of scope.

(2) Access standards. DoD Health Affairs developed a utilization management plan as part of its TRICARE managed care program. The plan addresses a standardized time frame for accessing medical services. Each TRICARE region negotiates these access standards. Minimum standards are: acute visit - one day; routine visit - one week; well visit - four weeks; and specialty visit - 4 weeks.

(3) Patient education. All Managed Care Support Contracts contain a requirement to educate patients on availability and access issues. Patient handbooks include a summary of health care options and the best way to access care.

(4) Training program. The OCHAMPUS training programs includes all individuals who provide, plan for, or oversee the provision of health benefits to eligible beneficiaries. Regional conferences bring together representatives of fiscal intermediaries, contractors, military medical staff, OCHAMPUS, functional experts, and others involved in the operation of the military health services system.

(5) Information distribution.

(a) MEDCOM distributed a comprehensive public affairs package to all MTFs in Aug 95. The Army Surgeon General personally requested that each MTF commander coordinate with the installation commander to provide information to the community. Simultaneously, he sent a memorandum to all installation commanders notifying them of the availability of TRICARE and other health care system information through the local MTF for use by any community forum or information medium.

(b) In Jan 96, MEDCOM sent a memorandum to the Commander, CFSC suggesting that they notify the family support programs at the installation level of the TRICARE public affairs materials at their MTFs. These materials and the local MTF Public Affairs office are available for “chain down” briefings, AFTB instruction, or other family support programs and forums.

(6) GOSC review. The Apr 95 GOSC reviewed the action plan to resolve this Top Five 1994 AFAP Conference issue.

(7) Resolution. The Apr 96 GOSC determined this issue completed based on the requirement that MTFs meet MEDCOM’s access standards or provide non-availability statements. All TRICARE contracts include minimum access standards that ensure medical treatment within reasonable time periods. To provide information to the field, chain teaching packets were prepared, a new marketing package was sent to the field, and HBA training increased.

g. Lead agency MCHO-CL

Issue 367: Ordered Moves

a. Status. Completed.

b. Entered. AFAP XII; Oct 94.

c. Final action. AFAP XIV; 1997.

d. Scope. Upon signing for Government quarters, BAQ and VHA are terminated unless on an "ordered move". An "ordered move" allows service members to receive BAQ and VHA until the end of the month or the end of the lease, whichever is first, not to exceed 30 days. DFAS does not recognize voluntary acceptance of quarters as an "ordered move". This immediate termination of BAQ and VHA creates undue financial hardship in that the soldier is contractually obligated to pay rent and utilities until the actual move out date.

e. AFAP recommendation. Direct DFAS to amend the DoD Financial Management Regulation, DoD 7000.14-R, Volume 7, part A (paragraph 30207), to state that ALL soldiers voluntarily accepting Government quarters are on "ordered move" status.

f. Progress.

(1) Title change. In Jan 97, the title of this issue was changed from “BAQ Determination Date” to “Ordered Moves” to more accurately reflect the intent of the issue.

(2) Definition. DCSPER prepared a message to clarify the definition of involuntary/directed move into Government quarters. The Per Diem, Travel, and Transportation Committee nonconcurred on draft message, stating it “runs the risk of losing the entire entitlement for all forces”. The Comptroller General decision held that a move into Government quarters must be an ordered move before household goods can be moved at Government expense.

(3) Assessment. The problem is not generated by the DoD Financial Management Regulation or Joint Federal Travel Regulation definition. Throughout DoD, the movement from offpost to onpost housing is normally considered a directed move, and, as a result, is paid for by the Government. Some Army commanders recently decided that since this is not a directed move, the soldier must pay the moving costs associated with local moves.

(4) Army policy change. Army adopted a policy which makes all moves from off-post housing to on-post housing “ordered” moves. The DCSPER released ALARACT message 291649Z MAY 97, Subject: Army Policy Concerning Local Moves and Storage of Household Goods. The policy was also included in the revision to AR 210-50.

(5) GOSC review.

(a) Oct 95. The issue will remain active pending Army clarification of moves into Government quarters.

(b) Oct 96. The issue will remain active pending GAO review and Army’s further assessment of the ordered move/voluntary move policy.

(c) Mar 97. The Army will adopt a policy similar to Air Force policy that makes moves from civilian housing to government quarters an ordered move. Army will issue a policy change to address this issue.

(6) Resolution. The Oct 97 GOSC determined this issue is completed based on Army policy change.
g. Lead agency DAPE-HR.
h. Support agency DAPE-PRR-C/OTJAG/OACSIM.

Issue 368: Child Care Cost
a. Status. Unattainable.
b. Entered. AFAP XII; Oct 94
c. Final action. AFAP XIII; 1995.
d. Scope. The inclusion of BAQ/BAS in determining total family income (TFI) forces parents to pay inflated TFI-based child care fees. Families, especially those with more than one child, single parents, and dual military are adversely affected. Additionally, some installations have raised fees, expect centers to generate income, and do not offer the multiple child reduction.
e. AFAP recommendation.
(1) Establish that CDCs are necessities and not profit making agencies.
(2) Delete BAS/BAQ from computation in determining TFI and supplement Child Development Center budget as necessary.
(3) Require all installations to provide the authorized 20% discount for multiple-child families.
f. Progress.
(1) Clarification of child care definition. Regulatory and legislative guidance authorizes child care as an employment issue and quality of life program, not an entitlement. It is not considered a profit-making agency.
(2) Family income definition. TFI was initially based on adjusted gross income, and, later, on gross income as reflected on the families' annual income tax return. These methods resulted in unusually large numbers of CDC patrons in categories I and II. In 1993, the TFI definition was changed to coincide with that specified for Earned Income Tax Credit for military personnel, including BAQ and BAS allowances. Although unpopular with patrons, this TFI definition resulted in a more effective way of determining a family's ability to pay a "fair share" of child care costs.
(3) TFI review. In Mar 95, Army requested DoD review TFI definition. A DoD review board composed of representatives from General Counsel, Comptroller, Military Pay and Compensation, Morale Welfare and Recreation, and Civilian Personnel Policy (NAF Personnel) determined the current definition a fair, consistent way to calculate TFI. In Jul 95, DoD endorsed the existing method and issued a statement that changing the TFI would not reduce the amount parents pay; the current method would continue. The TFI issue was also presented to other Services and the DoD Child and Youth Subcommittee. Although sympathetic, the other branches of service did not support the change. DoD published the 1995-96 fee policy continuing use of the current TFI and responded to Army that this method is viewed by a multi-disciplinary group as fair and to be continued. Army 1995-1996 fee policy guidance specified continued use of the current TFI definition.
(4) Multiple child discount. Major Command fee analysis reports and recommendations supported a multiple child reduction range of 10% -20%. The 95-96 fee policy guidance required a multiple child reduction of 10% to 20% for additional children in care from the same family.
(5) Marketing package. A "ready to use" fee marketing package promoting CDC customer awareness was released to garrison commanders in Jul 95 addressing cost of quality care, reasonable rates, and the value of the child care dollar.
(6) GOSC review. The Apr 95 GOSC agreed that costs should be monitored for six months to ensure stability.
(7) Resolution. The Oct 95 GOSC declared this issue unattainable based on the absence of support from DoD or the other Services for a change to the use of TFI as the basis for child care fees.
g. Lead agency. CFSC-FSCY

Issue 369: Department of Defense Non-Resident Program
a. Status. Unattainable.
b. Entered. AFAP XII; Oct 94
c. Final action. AFAP XIII; 1995
d. Scope. Frequent military reassignments subject Army youth to widely varying high school graduation requirements which often delay graduation. Existing DoD policy does not meet the needs of students outside DoD schools.
e. AFAP recommendation.
(1) Require the DoD Education Activity to extend to family members a non-resident opportunity to graduate from DoD-system schools under existing DoD Education Activity requirements.
(2) Publish a catalog outlining the non-resident program to include course curriculum, degree completion requirements, records to be maintained, application procedures, etc.
(3) Publicize the program by distributing the catalog and promotional materials to all installations.
f. Progress.
(1) Assessment. Authority for the establishment of high school graduation requirements rests with state and local education authorities. The requirements vary from state to state, and this has an impact on any student who transfers to a new school during his or her high school career.
(2) DoDDS. DoDDS high school juniors and seniors are counseled that they may be awarded a DoDDS diploma if, through no fault of their own, they are unable to meet the graduation requirements of their new school (state). In instances where CONUS school policies regarding graduation requirements preclude the granting of diplomas to DoDDS students, the DoDDS school, upon receipt of a transcript from the stateside school certifying the successful completion of those courses normally required for graduation from a DoDDS school, will grant the high school diploma.
(3) Assistance. As a courtesy to any military youth experiencing delays in graduating from high school, DoDEA will contact the youth's school or district of attendance to inquire about a timely graduation. The state or local education agency is the final authority in such decisions. DoDEA would lend its professional knowledge and experience to attempt a resolution if the following conditions are met:
(a) The delay in graduation has occurred through no fault of the student.

(b) The student has attended high school in at least two different states in grades 9 through 12.

(c) The student has attended high school (grades 9 through 12) for four years.

(4) GOSC review. The Apr 95 GOSC determined that this issue will remain active while DoDEA pursues the possibility of their liaisoning with states or schools on behalf of students outside the DoDDS system.

(5) Resolution. The Oct 95 GOSC determined this issue is unattainable because DoDEA does not have the authority to issue diplomas to students who attend schools in other systems. However, DoDEA will liaison with a school/district on behalf of a military student when graduation delays occur through no fault of the student.

g. Lead agency DoDEA

Issue 370: Dissemination of Federal Employment Information

a. Status. Completed

b. Entered. AFAP XII; Oct 94

c. Final action. AFAP XV; 1998.

d. Scope. Currently Federal employment information fact sheets and DA Pamphlets are not reaching target audience in clear, concise, use-friendly terms. Miscommunication can result in denial of entitlements provided by law/regulation. The effects could include discontent, loss of income, stress, frustration, and confusion for Army families. This could impact readiness and retention.

e. AFAP recommendation.

(1) Establish an Army standardized brochure of Federal employment information (i.e., Military Spouse Preference, Executive Order 12721 (Eligibility of Overseas Employees for Noncompetitive Appointments), Priority Placement Program, Leave Without Pay, etc.).

(2) Incorporate brochure into existing programs provided by activities charged with disseminating employment information, such as CPO, ACS (FMEAP), and ACAP.

(3) Create a Federal employment module in the family member portion of Army Family Team Building (AFTB).

f. Progress.

(1) Combined issues. In Jan 95, Issue 317, "Clarification of Spouse Employment Preference Program" was combined with this issue because of similar AFAP recommendations.

(2) Assessment. The field response to the data call for information on family employment programs indicated a plethora of information is available to family members in various forms, e.g., handbooks, pamphlets, information papers, etc.

(3) Internet capability.

(a) Overview. Civilian Personnel established an Internet capability, called Civilian Personnel Online (CPOL), that provides managers and employees information, regulations, and job vacancy announcements. This vehicle has the advantage over traditional brochures/pamphlets of being readily updated to provide current program information throughout Army. The web address for CPOL is http://www.cpol.army.mil.

(b) Information. Information on family member employment programs can be downloaded by anyone with access to the Internet as a handout or for personal use. Information is included on such topics as Military Spouse Preference, the Priority Placement Program, Leave Without Pay, and Executive Order 12721.

(c) Vacancy listings. The CPOL lists Army job vacancies. Army's MWR job opportunities are listed on CPOL and through a link on the "Links to Other Sites" page.

(d) Resumes and application. OSD is fielding new automation systems (e.g., Resumix) that will impact the way application for vacancies is made. In Dec 97, Army developed a Resume Builder that is available through CPOL. Using the resume builder, an applicant may submit a resume directly to the office responsible for posting an announcement, save and print the resume locally, or import their completed resume into a word processor for further refinement and distribution in hard copy.

(4) AFTB module. Civilian Personnel does not recommend the development of an employment module for AFTB. This would require extensive developmental effort and frequent updates. More importantly, the Internet vehicle is proving to be highly effective in providing the most current information to employees, managers, and personnelists. Users can obtain information specific to their individual needs and situations.

(5) GOSC review. The Oct 97 GOSC kept this issue open to get more feedback on the Internet system and to ensure NAF employment information is included on CPOL.

(6) Resolution. The Nov 98 GOSC determined this issue is completed based on the establishment of the employment web site and the information on that site.

g. Lead agency SAMR-CP

Issue 371: Earned Income Tax Credit (EITC) Overseas

a. Status. Completed.

b. Entered. AFAP XII; Oct 94

c. Final action. AFAP XII; 1995.

d. Scope. Currently, service members and DoD civilians residing overseas for more than half of the tax year are not eligible for EITC. To qualify for EITC, an individual must be under a certain income level, have a filing status other than married filing separately, and have a qualifying child living with them in the U.S. for more than half the tax year. Therefore, service members and DoD civilians residing overseas are denied this tax reduction.

e. AFAP recommendation. Propose legislation that waives the U.S. residency requirement for service members and DoD civilians serving overseas who otherwise qualify for EITC.

f. Progress.

(1) Enabling legislation. A provision that amended EITC to make overseas members eligible was included in the implementing legislation for the General Agreement on Tariffs and Trade. The legislation was passed by the 103rd Congress and signed into law on 8 Dec 94. It applies to taxable income for Tax Years 1995 and beyond.

(2) Eligibility. Eligibility for EITC is limited to earned income and adjusted gross income of less than $24,396 for a soldier with one qualifying child, or $26,673 for more than one qualifying child. The value of Government quarters or BAQ and subsistence allowance received do count in the earned income limit. VHA does not count in the earned income limit.

(3) Resolution. The Apr 95 GOSC declared this issue

completed based on legislation that makes overseas service members and DoD civilians eligible for the Earned Income Tax Credit.
g. Lead agency. DAPE-PRR-C

Issue 372: Education on Retirement Benefits and Entitlements
a. Status. Completed
b. Entered. AFAP XII; Oct 94
c. Final action. AFAP XIII; 1996
d. Scope. An educational void regarding retirement benefits and entitlements exists throughout the Army. Base Realignment and Closure (coupled with force reductions has reduced access to benefits and entitlements previously available, increasing the need for education. Education should begin upon entering the service. Despite a continuous effort, information concerning availability of retirement benefits and entitlements is not reaching all eligible persons. This is adversely affecting quality of life for service members and their families.
e. AFAP recommendation.
(1) Reinforce, expand, and include education programs about retirement benefits and entitlements in unit training, Army Family Team Building (AFTB), and Family Support Groups (FSGs).
(2) Establish an automated, wide-area network, such as Internet, with centralized control which will allow timely updates of retirement benefits and entitlements.
(3) Develop a trifold brochure capsulizing retirement benefits and entitlements to be distributed throughout America's Army.
(4) Publicize information and write articles on retirement benefits and entitlements on at all levels through Public Affairs Offices and Retirement Services Offices.
f. Progress.
(1) Videos. Videos are available at installation libraries and Retirement services Offices for active duty and reserve soldiers. Videos are targeted to active duty soldiers who are nearing retirement or reserve soldiers who have received their 20 year letter or who are nearing age 60. Soldiers and family members may view these videos at the installation or at home to assist them in understanding their entitlements and benefits.
(2) DA Pam. DA Pam 600-5, 30 Aug 93, is available at installations for soldiers and their family members.
(3) Information at Retirement Services Offices (RSOs). Information available at installation RSOs --
(a) A standardized briefing packet, with briefing slides, was developed for use at periodic pre-retirement orientations. This packet is reviewed annually and is updated as required.
(b) A ten page pre-retirement Counseling Guide provides retirement information and suggestions that assist the soldier and family members transition into retirement. The brochure is available at all installation Retirement Services Offices.
(c) Each year, the Army Retirement Services Office purchases copies of the Retired Military Almanac for distribution to installation Retirement Services Offices. This publication is also available for purchase in Post Exchanges at minimal cost.
(d) Quarterly, the Army Retirement Services Office distributes a Retirement Services Information Letter to MACOM and Installation Retirement Services Offices to provide the latest information on retirement benefits and entitlements.
(4) Presentations at installations.
(a) All retiring and separating soldiers are required by law to be counseled prior to retirement. The Army Career and Alumni Program (ACAP) is responsible for administering the check list to insure that all retiring soldiers receive the appropriate counseling.
(b) Installation Retirement Services Officers provide periodic group pre-retirement orientations which educate soldiers and family members on the retirement process and their benefits and entitlements. AR 600-8-7 makes attendance mandatory for the retiring soldier. Upon request, installation Retirement Services Officers are available to provide individual counseling to soldiers and family members.
(c) Army Community Services has information and conducts courses on “Planning for Transition” for retiring soldiers and their spouses.
(d) Several military service associations make presentations at installations on transitioning from military to civilian life at no cost to the soldier or their family members.
(5) Army Family Team Building (AFTB). The AFTB program provides information on benefits and entitlements in all three levels of instruction. FRG leaders attend AFTB courses of instruction.
(6) News releases. The Army Retirement Services Office prepares periodic news releases for distribution to ARNEWS that contain information on benefits and entitlements, the importance of proper preparation for retirement, and attendance at pre-retirement orientations.
(7) Electronic communication.
(a) In Mar 95, Army Retirement Services became a member of America Online (AOL) which provides access to the Internet. Military City Online (MCO) is offered via AOL and provides a news, information, and communication network dedicated to military personnel. Active duty, retired personnel, and their family members can contact Army Retirement Services through the MCO Retired Board by posting a message on the Army Retirement Services Folder. In addition, Army Retirement Services conducts a computer chat room, reads other message boards and provide responses to questions on military retirement benefits and entitlements. Information concerning these sessions are published in Army Echoes and other media. Army Retirement services can be reached through AOL and Internet at HQRSO5@AOL.COM.
(b) In Jun 95, Army Retirement Services created a Retiree HomePage on the Army website http://www.army.mil. In addition to the Mission Statement of Army Retirement Services, Information Papers on various subjects, a Preretirement Counseling Guide, a SBP Computer Analysis Program, DoD Fact Sheets on SBP, and recent issues of Army Echoes are on the Retiree HomePage. Future items include information on Reserve and National Guard Retirement, DA Pam 600-5, and the annual reports of the Chief of Staff, Army Retiree Council.
(8) Trifold brochure. A brochure capsulizing retirement benefits and another on military retired pay was pub-

lished. Approximately 5000 copies were distributed to installation Retirement Services Offices. The trifold may be reproduced at installation level.

(9) Training. During the 1994 Worldwide Personnel Conference, the Army Retirement Services Office made presentations on preparing for retirement, benefits and entitlements, and the functions and responsibilities of installation Retirement Services Officers.

(10) GOSC review. The Oct 95 GOSC agreed that this issue will remain active as Army continues to publicize retirement benefits and entitlements.

(11) Resolution. The Apr 96 GOSC determined this issue is completed based on new initiatives to improve the education of soldiers, retirees, and family members on retirement benefits. These initiatives include distribution of a trifold, news releases, a HomePage, and on line forums.

g. Lead agency DAPE-RSO

Issue 373: Educational Financial Aid Eligibility for Family Members

a. Status. Unattainable

b. Entered. AFAP XII; Oct 94

c. Final action. AFAP XV; 1998.

d. Scope. The inclusion of Overseas Housing Allowance (OHA), Variable Housing Allowance (VHA), and Cost of Living Allowance (COLA) in the computation of income results in most military family members not qualifying for educational financial aid. OHA, VHA, and COLA were designed by Congress to offset expenses incurred in high cost of living areas, not to supplement expendable income.

e. AFAP recommendation. Delete OHA, VHA, and COLA from the computations in determining total family income for Government educational grants and loans.

f. Progress.

(1) Assessment. Family members seeking financial aid to support their pursuit of post-secondary education may apply for a variety of federally funded grants and loans. Eligibility for most of the federal student aid programs is based on financial need rather than academic achievement. Eligibility for aid is determined by the amount of money the family earns, tuition costs, the cost of living as determined by the individual school, and the size of the family. After the student completes the Free Application for Federal Student Aid (FAFSA), the U.S. Department of Education uses a standard formula established by Congress to determine the Expected Family Contribution or discretionary income that the student or family has available to apply towards college costs. Guidelines for the federal aid programs are very specific about what types of income must be included in computing the Expected Family Contribution. Housing allowances and other compensation that some people, particularly clergy and military personnel receive for the their jobs, must be included as income. Some soldiers and family members do qualify for federal student aid.

(2) Legislative support.

(a) A memo to assess support for requesting legislative change was sent to DoD and the Services' education chiefs in Mar 97. The DoD education chief supports pursuing the legislative change in principle, but DoD's final approval would be based on the recommendation of Entitlements and Compensation Policy proponents for the Department. The Navy, Air Force, and Marine Corps education chiefs do not support changing current legislation.

(b) The potential size of the group (Sep 96 data) that would benefit by changing the law, including all Services, includes 285,000 COLA recipients; 44,000 OHA recipients; and 648,000 VHA recipients.

(c) In Mar 97, Education Division forwarded memos to ODCSPER Entitlements and Compensation Policy Branch and OTJAG Administrative Law Division requesting their position on the legislative proposal. The Army Entitlements and Compensation Policy Branch non concurs with the proposal unless a change was made for all citizens eligible for financial aid. After their review of the types of untaxed income and benefits that must be reported on the FAFSA (i.e., Earned Income Credit, untaxed Social Security benefits, Aid to Families with Dependent Children, child support for the student, Individual Retirement Accounts, etc.), they do not think soldiers or their family members should be treated differently than the general population. They state that DoD has worked hard to have soldiers treated the same in all areas of compensation as their fellow citizens. The OTJAG response did not provide a position, but provided guidance on submitting a proposal and identified the code of law that would need to be amended. The Office of the Assistant Deputy for Continuing Education and Transition in the Office of the ASA(M&RA) concurred with the ODCSPER position.

(3) Relationship to food stamp eligibility. Traditionally, DoD has been cautious about pursuing issues related to military personnel eligibility for federal social programs (i.e., need-based programs such as food stamps, etc.) since it could lead to scrutiny and possible loss of other military benefits. In 1983, the GAO conducted a study of military families and their eligibility for food stamps. The law states that Government housing (either provided in-kind or the cash allowance if on-base housing is not available) is an integral part of military pay, and it should be treated as such when determining military members' food stamp eligibility. The DoD concurred saying that treatment of the military population should be consistent with that of the civilian population in determining eligibility for a legislated need-based program such as food stamps.

(4) Right of appeal. The Department of Education authorizes financial service directors at colleges and universities to use their professional judgment if a soldier or family member comes in and requests to appeal the finding (computation) of the Expected Family Contribution. Based on evidence that the individual may produce with regard to cost of living, the financial services director can adjust their income up or down based on the fact that their cost of living may be higher than what the computation would show.

(5) GOSC review. The Mar 97 GOSC was informed that Army is working this issue with the other Services, and if it is feasible, will advance it as a FY 99 legislative initiative.

(6) Resolution. The Nov 98 GOSC determined this issue was unattainable based on the absence of support

from the Army and the other Services. The Army community will be informed that they can appeal the determination of federal student aid eligibility.
g. Lead agency TAPC-PDE

Issue 374: Equitable and Lower Dependent Dental Plan Costs
a. Status. Unattainable.
b. Entered. AFAP XII; Oct 94
c. Final action. AFAP XIII; 1995.
d. Scope. Current dental care coverage for beneficiaries results in costly out-of-pocket expenses for soldiers. Limited lifetime funding for orthodontic services does not keep up with increasing dental care costs. Excessive cost sharing deters family members from pursuing complete, quality dental care.
e. AFAP recommendation. Amend USC Title 10 to:
(1) Increase ceiling on orthodontic services to $1,700.
(2) Increase coverage to 100% for simple restorations and sealants.
(3) Increase coverage to 80% for periodontics.
(4) Increase coverage to 70% for crowns, bridges, and removable prosthodontics.
f. Progress.
(1) Related issue. See Issue 443, "Lack of Choice in Family Member Dental Plan" for an update on this recommendation.
(2) Current coverage. Implementation of increased DDP benefits was effective 1 Apr 93. The plan covers 100% of diagnostic and preventive, 80% of restorative and sealants, 60% for periodontics, oral surgery, and endodontics, and 50% for prosthodontics. There is a $1,000 annual maximum for care and a $1200 lifetime maximum on orthodontic services. The plan offers a level of coverage comparable to that offered by commercial carriers to larger employers.
(3) Cost. The cost estimated to the Government to fully implement the AFAP recommendations would be about $3M for each percentage point of increased coverage. The cost to the Government to increase the maximum coverage for orthodontics from the current $1,200 to $1,500 would by $7.2M. Increasing the lifetime orthodontic maximum from $1,200 to $1,700 would increase Government costs by an estimated 5.5%.
(4) Resolution. The Oct 95 GOSC determined this issue is unattainable because increasing coverage is costly. The benefits included in the Family Member Dental Plan are better than benefits in most civilian dental plans.
g. Lead agency. MCDS

Issue 375: Erosion of Retiree/Survivor Health Benefits
a. Status. Completed.
b. Entered. AFAP XII; Oct 94
c. Final action. AFAP XVII; May 01. (Updated: Jun 01)
d. Scope. It is difficult for retirees and survivors to receive medical care under the current system. With the burden of retiree and survivor decreased income, current and proposed managed care programs can create excessive out-of-pocket expenses. There is an additional hardship incurred with conversion to Medicare. The option to use MTFs is often not available due to the low priority status of retirees.
e. AFAP recommendation.
(1) Monitor the effects of the regional managed care programs, within 12 months of their implementation, for significant improvements in out-of-pocket costs, accessibility, and standardization of health care.
(2) Provide results of the monitoring program to local installation commanders within the region for information purposes.
(3) Reduce medical costs to retirees if the study shows disproportionate retiree and survivor costs as compared to other military beneficiaries within the region.
f. Progress.
(1) TRICARE. TRICARE implementation in all regions within the Continental United States was completed in Jun 98. TRICARE offers reduced rates to eligible retirees through the TRICARE Prime and Extra managed care options. Retirees, their dependents, and survivors have an annual enrollment fee (replacing the annual deductible) of $460 per family or $230 per individual.
(2) Surveys. DoD conducts an annual health care survey of its beneficiaries as required by Section 724 of the FY93 NDAA which asks a wide range of health-related information, including health status, access to care, and satisfaction with health care. Army's overall satisfaction from 1996 to 1999 increased from 70% to 79%.
(3) External health care options. Retirees age 65 and over (MEDICARE eligible) have access to civilian health care network providers under contract with TRICARE. Retirees over age 65 may utilize the TRICARE Health Care Finder System to locate Medicare providers. Additionally, many MEDICARE eligible retirees have access to affordable civilian health care options through HMOs.
(4) Retiree health care.
(a) The FY99 NDAA authorized: a three-year demonstration of the Federal Employees Health Benefits Program, a three-year demonstration of a TRICARE Pilot Pharmacy Benefit, and a TRICARE Senior Supplemental (TSS) program.
(b) The FY01 NDAA authorized TRICARE for Life, which extends TRICARE eligibility to military Medicare eligibles and makes TRICARE second payer to Medicare in the US. It also provided a senior pharmacy benefit and reduced the TRICARE catastrophic cap from $7,500 to $3,000.
(5) Dental insurance.
(a) The TRICARE Family Member Dental Plan is open to survivors of Active Duty personnel at no cost to the family members. The FY01 NDAA expanded this benefit from one to three years.
(b) The retiree dental plan began in Feb 98, covering basic care, to include diagnostic and preventive services, basic restorative services, endodontic and periodontal treatment, surgical treatment, anesthesia, and some diagnostic/preventive services. Recent legislation allows retirees dental coverage comparable to the active duty family member plan. Retiree family members can now enroll without the retiree enrolling.
(6) GOSC review.
(a) Apr 95. The action plan to resolve this Top Five 1994 AFAP Conference issue was briefed.

(b) Mar 97. The results of recent health care surveys show high retiree satisfaction.

(c) May 99. The briefing generated much discussion about satisfaction and access to care. The VCSA noted that finding the assets and capability to treat the increasing retiree population is the challenge our medical community is facing.

(7) Resolution. The May 01 GOSC declared this issue completed because FY01 NDAA health care enhancements addressed the intent of this issue. Retiree health care is also tracked in AFAP Issue 402, "Health Care Benefits for Retirees Age 65 and over."

g. Lead agency. DASG-TRC

h. Support agency. OASD(HA).

Issue 376: Payment of Active Duty Health Care From Civilian Sources

a. Status. Completed

b. Entered. AFAP XII; Oct 94

c. Final action. AFAP XVII; May 01. (Updated: Jun 01)

d. Scope. Untimely processing of claims at various levels prevents the care provider's prompt payment of medical bills. Late medical payments can result in undue financial hardship for the active duty soldier, such as unfavorable credit ratings, use of personal funds for payment, and incurring additional debt.

e. AFAP recommendation.

(1) Increase staffing to support the volume of Supplemental Care claims to be processed at all levels of claims processing points.

(2) Standardize automation procedures and training for processing claims at all DA medical facilities.

(3) Standardize the claims processing procedures used by those MTFs that have been successful (such as Fort Bragg and Fort Sill).

f. Progress.

(1) Title change. The original title of this issue, "Expedite Processing of Supplemental Care Claims to Ensure Timely Payment," was changed at the Aug 96 AFAP In Process Review to more accurately reflect the intent of the conference working group. This issue deals with health care for active duty military in geographically separated units who must receive their health care from civilian sources.

(2) Feedback. Results of a Jun 95 and Aug 96 MEDCOM survey showed that staffing levels were not efficient or effective. The most frequent problem was incorrectly submitted claims. Manual claims processing procedures and automation problems also contributed to processing delays.

(3) Claims processing standards.

(a) Responsibility for active duty claims payment was transferred to TRICARE contractors, and stringent claims processing standards were implemented. All denied claims are sent for review to the centralized Tri-Service MMSO. Specialists review the claim and make a determination on whether or not the care should be authorized. If the claim is authorized, the claim will be paid within 60 days. If the claim is not authorized, it will be denied and the soldier will be responsible for payment.

(b) Contractors are required to process to completion 95% of all claims within 30 days and 100% of all claims within 60 days. As of 5 Feb 01, the average contractor processing time for Supplemental Health Care Claims is 98% within 30 days and 100% within 60 days. The average contractor processing time for TRICARE Prime Remote claims is 98% within 30 days and 100% within 60 days. TRICARE managed care support contractors (MCSC) can incur financial penalties for sustained failures in meeting claims processing standards.

(4) Debt Collection Assistance Officer (DCAO). Effective 26 Jul 00, DOD formally established DCAOs as POCs at MTFs for service members and other eligible TRICARE beneficiaries, stateside and overseas, to use in resolving medical bill payment issues. DCAOs are dedicated to resolving claims issues and will act as liaison between the beneficiary, collection agency and contractor.

(5) GOSC review.

(a) Oct 95. Issue will remain active for MEDCOM to reduce the processing time for supplemental claims.

(b) Oct 96. Much has been done to reduce processing delays, but there more work needs to be done.

(c) May 99. The VCSA tasked OTSG to identify how much it would cost the Services to establish a contract requirement that all claims would be processed in 21 days.

(6) Resolution. The May 01 GOSC declared this issue to be completed based on improved claims processing times.

g. Lead agency. MCHO-CL.

h. Support agency. DA DCSPER, USAREC, TRADOC, AMC, FORSCOM, ISC, and ORCA.

Issue 377: Family Member Career Status Eligibility

a. Status. Unattainable.

b. Entered. AFAP XII; Oct 94

c. Final action. AFAP XIII; 1996.

d. Scope. Relocations often preclude family members from achieving career status in a timely manner based on existing employment laws (5 CFR 315.201(a)).

e. AFAP recommendation. OPM should revise the Code of Federal Regulation (CFR) to reduce the three-year requirement for career status to one year.

f. Progress.

(1) Combined issues. Issue 316, "Civil Service Employees in Career Conditional Status at Remote Sites," was combined with this issue in Mar 95 because of the similarity in AFAP recommendations.

(2) OPM initiative.

(a) In Jul 94, OPM sent agencies their draft proposal to simplify existing requirements for career tenure, linking it to completion of probation instead of three years of continuous service and dropping the three-year limit on reinstatement eligibility for career conditional employees. OPM said the current rules were too burdensome in today's society where workers are highly mobile and subject to relocation.

(b) In Oct 94, OPM issued the proposed changes in the Federal Register. In Jul 95, OPM indicated that some agencies had concerns about the changes. In Oct 95, OPM issued final regulations in the Federal Register. Federal agencies voiced concern that the changes would impact reduction in force (RIF) outcomes because career tenure is one of the ranking factors considered for a RIF.

Rather than introduce a new variable at a time when agencies will be facing a significant level of RIF activity, OPM did not implement the revision.

(3) Resolution. The Apr 96 GOSC determined this issue is unattainable based on the absence of support from downsizing government agencies.

g. Lead agency. SAMR-CP.

Issue 378: Health Services for Base Realignment and Closure (BRAC) Installations

a. Status. Completed.

b. Entered. AFAP XII; Oct 94

c. Final action. AFAP XIII; 1996.

d. Scope. Once installations are identified as (BRAC) sites, health services are drastically reduced and/or withdrawn from the installation while significant numbers of soldiers and family members remain. Local and remaining military health services are unable to respond to continuing demands. Family members need assistance to determine type, necessity and source of care.

e. AFAP recommendation.

(1) Maintain primary care access at BRAC installations until troop levels reach a point that can be absorbed by local health services in accordance with MTF access standards.

(2) Provide professional medical screening services to advise beneficiaries of appropriate treatment and medical provider (for example, telephone advice).

f. Progress.

(1) Medical Service Action Plan (MSAP). In coordination with the U.S. Army Medical Command (MEDCOM) Health Services Support Area, and the TRICARE lead agent, all U.S. Army MTFs at installations recommended for realignment or closure prepare a MSAP to document the timely and orderly withdrawal of medical support. The MTFs develop MSAPs using MEDCOM guidance, regulations, and standards of providing health care. The MSAP addresses milestones for the phase-out of services, alternative methods of meeting needs, availability of care in the local area, and needs for patient education and marketing the transition plan. The MSAP also includes a referral system for matching each patient with the appropriate provider for continued services. The Health Benefits Advisor plays a significant role in the process. The MEDCOM reviews the MSAPs to ensure the provision of quality health care and emergency services during the drawdown process.

(2) Resolution. The Apr 96 GOSC determined this issue is completed based on the requirement that MTFs at BRAC locations must prepare and submit a plan that outlines the withdrawal of medical support.

g. Lead agency. MCHO-OP.

h. Support agency. OASD(HA).

Issue 379: Impact Aid to Schools

a. Status. Completed.

b. Entered. AFAP XII; Oct 94.

c. Final action. AFAP XX; Jun 04. (Updated: Jun 04)

d. Scope. Impact Aid (Public Law 103-382, Title VIII) that compensates public schools for military (actually Federal) presence is congressionally underfunded. Inadequate funding negatively affects the quality of education by decreasing funds for essential school programs and resources.

e. AFAP recommendation.

(1) Pursue full funding of Impact Aid in Congress.

(2) Encourage the membership of the Association of the United States Army, Noncommissioned Officer Association, National Military Family Association, National Association of Federally Impacted Schools, and other special interest groups to support the solving of the problem of Impact Aid.

(3) Require installation commanders to work closely with school systems to educate the community on the subject of Impact Aid. Incorporate "Support of Community Schools" in the Army Family Team Building curriculum.

f. Progress.

(1) Proponency for Impact Aid. Impact Aid is a U.S. Department of Education function and responsibility. Department of Defense (DoD) and Department of Army policy is that Department of Education retain responsibility for funding Impact Aid. Military family members often misunderstand the intent and use of Impact aid.

(2) Purpose of Impact Aid. Impact Aid legislation established the Federal Government's responsibility to provide financial assistance to school districts upon which the government placed a financial burden. P.L.103-382 (Section 8001) states as its purpose: "to provide financial assistance to local educational agencies in order to fulfill the Federal responsibility to assist with the provision of educational services to federally connected children, because certain activities of the Federal Government place a financial burden on the local educational agencies."

(2) Impact Aid funding. Full funding for Impact Aid (FY04) is $1.956B – an additional 64% of the current appropriation.

(a) There are two Impact Aid funding categories affecting military-connected students. Category "B" students live on a military installation and category "D" students live off the installation. Based on a very complicated funding formula, annual Impact Aid payments vary widely – from less than $50 per child to over $4,000 per child in a few school districts with a very high percentage of military-connected children residing on a military installation.

(b) In FY04, Department of Education received $1.2295B – a 3.4% increase from the FY03 appropriation. In FY04, Congress rejected a 14.5% proposed cut that would eliminate Impact Aid for military children residing off post. The FY04 Defense Appropriation provides a DoD Impact Aid Supplement of $35M to assist 118 local school districts with more than 20% military-connected children.

(3) Army initiatives. Army strategies to consistently educate family members, commanders and school personnel include:

(a) Address Impact Aid at the federal level through DoD Educational Opportunities Office, the DoD Social Compact initiative and membership on Department of Education on Federal Interagency Committee on Education (FICE).

(b) Address Impact Aid at the Joint Service level through the DoD Quality of Life EXCOM, the Joint Service

Education Subcommittee; DoD Education Roundtables, and the Army sponsored Youth Education Action (YEA) Working Group.

(c) Address Impact Aid at grass roots level through installation School Liaison Officers who work with 130 community school system signatories of the School Education Transition Support (SETS) Memorandum of Agreement (MOA).

(d) Address Impact Aid through internal Army initiatives, i.e., educating family members about importance of advocating for Impact Aid through Army Family Team Building (AFTB) training; School Liaison Officer outreach to school personnel and military families; leadership course emphasis on command role in supporting Impact Aid efforts.

(e) Address Impact Aid through partnerships with national organizations who are strong advocates for full funding of Impact Aid by providing impact statements for organizations to use in their congressional testimony; attending annual conferences when Impact Aid is addressed, and inviting organization reps to speak at or participate in Army training for School Liaison Officers.

(f) Address Impact Aid through meetings with all Impact Aid partners. Army's Youth Education Action (YEA) Working Group serves as a clearinghouse for education issues impacting military families.

(5) GOSC review.

(a) Oct 96. The GOSC requested DoDEA to provide a plan to get more grass roots support for this issue and to brief that plan to the Spring 97 GOSC.

(b) Mar 97. A DoDEA Information Paper describes the Impact Aid program. Funding issues will be reviewed through various training outlets, to include commanders conferences and garrison and installation commander training.

(c) Nov 98. This issue will continue to address Impact Aid funding and to increase awareness of Impact Aid at all levels.

(d) Mar 02. Army will continue to work with DEd, OSD, and advocacy organizations to address under funding.

(e) Nov 02. The VCSA asked for a briefing to improve his understanding of Impact Aid.

(6) Resolution. The Jun 04 GOSC declared this issue completed based on increases in funding and improved advocacy efforts to educate the military community and Congress on the importance of Impact Aid.

g. Lead agency. CFSC-CYS

Issue 380: Inadequate Support of Family Readiness Groups

a. Status. Combined

b. Entered. AFAP XII; Oct 94

c. Final action. No (Updated: 14 Nov 06)

d. Scope. Inadequate support of FSGs, especially during periods of non-deployment, exists primarily because a dedicated program manager has not been assigned to monitor activities. Increased deployments and vanishing resources have raised the need for this service, placing it on a commensurate level with existing services, such as EFMP and FAP, which have full-time program managers.

e. AFAP recommendation. Establish DA-funded, full-time FSG program managers for all active duty installation, Reserve ARCOM/TAACOM, and National Guard Joint Force Headquarters (JFHQ).

f. Progress.

(1) Issue history. In Aug 97, this issue was combined with Issue #421, "Army Family Team Building (AFTB) Resources" because a joint AFTB and FRG Coordinator position was linked to the restructuring of Army Community Service. In Jan 00, it was separated from that issue.

(2) Active component staffing.

(a) There are 82 full-time dedicated mobilization/deployment positions required for active duty installations. There are currently 44 full-time dedicated mobilization/deployment positions at 39 installations, leaving a shortfall of 38 positions. These positions are validated and included in the ACS staffing requirements based on the US Army Manpower Analysis Agency (USAMAA) approved yardstick identified in Issue 491 (ACS Manpower Authorizations and Funding).

(b) Mobilization/Deployment Program Managers are responsible for giving the predeployment briefings to Soldiers who are on orders, work with families, train the FRGs, train the Rear Detachment commander on their responsibilities, provide sustainment support to the unit and unit commanders, and provide reintegration classes. They are generally at the GS 9-11 level.

(c) FMWRC worked with IMA to establish and approve the FY06 MOB TDA per guidance from Deputy ACSIM and G8. The TDA has been staffed and approved by G3; however, garrison cannot invoke or utilize the MOB TDA under conditions less than full mobilization unless an exception to policy is granted. IMA is working the FY07 and future MOB TDAs. As of 14 Feb 06, IMA plans to fund ACS at $73M or 85% of the requirement. IMA's contribution to 90/90, $73M, will not cover the ACS Mobilization/Deployment Program FTEs.

(3) Guard and Reserve staffing

(a) Validated requirement for the NGB is 233 FTEs; The Installation Program Installation Group (PEG) validated the requirement in the FY06-11 POM to support family readiness. NGB has hired 58 Family Readiness Assistants for 50 States and 4 Territories.

(b) The Army Reserve is undergoing a transition due to BRAC realignment. The result is a requirement for 30 positions due to formation of new command and control structure. The cost associated with the 30 positions is approximately $1.47M. The 55 validated positions the Army Reserve received beginning in FY06 were the result of other requirements and are not related to this issue. Army Reserve received only 39 of these 55 positions. The $8.5M received in FY06 does not include the funding for the 30 mobilization manager positions referred to in AFAP Issue 380.

(c) The FY06 Appropriation Conference Report (pages 475 and 476) appropriates $8.5M for the Army Reserve and $12.5M for National Guard Bureau to support unit mobilizations, specialized pre-deployment training, transportation to and from the areas of operations, home station, recovery, and reset, and post-deployment training to ensure recovery to established readiness standards for full spectrum combat operations around the world. These

funds may be used for Mobilization/ Deployment positions.

(d) During the 24 Jan 06 GOSC meeting, the VCSA tasked ACSIM to report back if it could not cover the funding for Mobilization/Deployment positions for the active Army (ACS positions), the Army National Guard and the Army Reserve. In follow-on correspondence:

(1) DACSIM reported that FY06 funding was not available to fund the required ACS positions.

(2) VCSA in turn asked about the impact of not funding the positions. FMWRC responded that installations would continue to depend upon untrained, overburdened staff members from other areas or volunteers to accomplish Deployment Cycle Support training; thus, the training may be inadequate to meet the needs of the Expeditionary Army.

(3) The VCSA asked, "Are we using the same Command Levels of Standards (CLS) for these positions across compo? Especially where we are in AC/RC % for OEF/OIF. Make sure we are doing the right things to FUND where we need these positions."

(4) FMWRC responded that CLS only applies to IMA. The RC senior leadership determined Deployment Program Managers requirements. The functions are the same across all components. ACS staffing is based upon a metric determined by the US Army Manpower Analysis Agency Staffing Guidelines.

(5) The Deployment Program Manager shortfall of 38 positions for the active Army is part of the total ACS staffing shortfall (AFAP Issue 491).

(6) FMWRC is working with IMA to identify the funds needed to resource ACS staffing.

(4) GOSC review.

(a) May 00. Seventeen Army installations have identified a requirement for a full-time Mobilization Deployment Readiness Specialist. The position is one of the five core ACS services and hence can be budgeted for when requirements are identified.

(b) Jun 04. Issue remains active to eliminate the mobilization/deployment position shortfalls.

(c) Jan 06. Issue remains active while program waits continued funding. ACSIM was tasked to report back to VCSA if funding for Mobilization/Deployment positions for the active Army (ACS positions), the Army National Guard and the Army Reserve could not be covered.

(d) Nov 06. The GOSC determined that this issue will be combined with Issue 491.

g. Lead agency. IMWR-FP

h. Support agency. ARNG, USARC

Issue 381: Increased Commissary Access for Reserve Component Personnel

a. Status. Completed.

b. Entered. AFAP XII; Oct 94

c. Final action. AFAP XV; 1999.

d. Scope. Present limitations on commissary privileges for RC personnel cause a reduction in their morale, thus negatively impacting the National Guard and Reserve relationship to America's Army family.

e. AFAP recommendation. Provide, through legislative action, commissary privileges to RC personnel equal their 48 authorized drill periods per year.

f. Progress.

(1) Related issues. In Feb 95, Issue 339 (1992) was combined with this issue because of similarity of AFAP recommendation. This issue is related to previous RC Commissary issues, 141 (1985) and 281 (1990).

(2) Legislative initiatives.

(a) A proposal to expand eligibility to 48 days per year was prepared for FY96 legislation. An OSD expansion of the proposal to unlimited use, which all Services supported, never advanced into legislation.

(b) A proposal to conduct a regionalized test of unlimited commissary privileges for members of the Selected Reserve was contained in the FY97 Omnibus Bill, but was not included in either the House or Senate version of the FY97 NDAA.

(c) The FY99 NDAA expands RC commissary access from 12 days to 24 days and authorizes National Guard members and their dependents, commissary and MWR Activities access while in State status during a Federally-declared disaster.

(3) GOSC review. The Oct 96 GOSC agreed that this issue should remain active to continue legislative initiatives.

(4) Resolution. The May 99 GOSC declared this issue completed based on legislation that increased RC commissary access from 12 to 24 days per year.

g. Lead agency. DAPE-PRR-C

Issue 382: Lease Assistance Program

a. Status. Completed.

b. Entered. AFAP XII; Oct 94

c. Final action. AFAP XV; 1998.

d. Scope. Some installations are not providing lease assistance programs to assist soldiers and their family members with lease deposit expenses. These programs are not being marketed or utilized at the installations where they are available. This results in a financial hardship for many soldiers and their families who are assigned to U.S. Army Recruiting Command, Cadet Command, Active Guard Reserve, installations that have increased soldier populations. and other high rent areas.

e. AFAP recommendation.

(1) Implement a lease assistance program for soldiers not currently served by an existing program.

(2) Market existing programs for lease assistance to soldiers at installations and isolated areas.

f. Progress.

(1) Handbook. The new CHRRS handbook is available at installation housing offices for distribution to anyone needing lease and purchase assistance information.

(2) Lease assistance programs. Many installations have implemented some form of a lease assistance program, such as Rental Set-Aside, which helps convince apartment and single family owners to rent at or near allowance levels and to waive credit report fees and security deposits. Other installations have deposit waiver programs that deal with security and utility deposits. All or some of these programs can be implemented based on local market conditions and staffing. These programs all have the same purpose, reducing out-of-pocket expenses for soldiers renting local housing.

(3) GOSC review. The Oct 96 GOSC agreed that indi-

viduals assigned to independent duty need to know where to go for housing assistance.

(4) Resolution. The Apr 98 GOSC determined this issue completed based on the increased availability of housing and lease assistance information.

g. Lead agency. DAIM-FDH-M

Issue 383: Military Pay Diminished by Inflation

a. Status. Completed

b. Entered. AFAP XII; Oct 94

c. Final action. AFAP XVI; 1999.

d. Scope. Currently, maximum military pay raises are limited by law to .5% lower than the Employment Compensation Index (ECI). Inflation-driven costs in housing, child care, transportation, food, and medical expenses are not being met by current compensation. Additionally, increasing deployments are limiting spouse employment opportunities, employment that many families now depend on to supplement income. Overall military buying power continues in a downward spiral that negatively impacts quality of life.

e. AFAP recommendation.

(1) Propose legislative change that provides, as a minimum, military pay raises equal to the annual ECI.

(2) Establish military pay as the highest priority with budget submissions.

f. Progress.

(1) Combined issues. In Feb 95, Issue 306, "Inequitable Military Pay," was combined with this issue because of similarity of AFAP recommendations.

(2) Legislative action.

(a) The FY97 NDAA approved a 3.0% pay raise which was above the by-law rate of ECI minus ½ of one percentage point (2.8%).

(b) The FY98 NDAA authorized a 2.8% pay raise (ECI of 3.3% - .5%).

(c) The FY99 NDAA authorized a 3.6% pay raise which is above the by-law pay raise (3.6% - .5% = 3.1%).

(d) The FY00 NDAA authorized a 4.8% pay raise which .5% above the ECI. It also includes a provision that requires FY01-06 military pay raises at .5% above the ECI.

(3) GOSC review.

(a) Apr 95. The GOSC reviewed the action plan because it was the Number One 1994 AFAP conference issue.

(b) Apr 98. Issue will remain active to pursue pay raises at full ECI.

(c) Nov 98. Issue remains active to continue to pursue pay raises at full ECI.

(4) Resolution. Issue was declared completed by the Nov 99 GOSC because the FY00 NDAA requires FY01-06 military pay raises exceed the ECI by .5%.

g. Lead agency. DAPE-PRR-C

Issue 384: Montgomery G.I. Bill Benefits Distribution

a. Status. Unattainable

b. Entered. AFAP XII; Oct 94

c. Final action. AFAP XIII; 1995.

d. Scope. Present Montgomery G.I. Bill (MGIB) benefit distribution often fails to adequately cover the cost of education expenses. Basic benefits entitle a recipient up to a maximum total of $14,575. The maximum they can receive in one month is $405. For example, if a soldier enrolls in a 12 month technical program which costs $800 a month, the benefit could cover only half the cost, even though the full benefit would have been more than enough to cover the cost of the program. This is also true for a recipient pursuing a graduate program.

e. AFAP recommendation. Amend monthly educational allowance to reflect current monthly rate or actual course cost, whichever is greater, not to exceed total allowable benefit.

f. Progress.

(1) Coordination. Informal conversation with the Department of Veterans Affairs (DVA) revealed that Congress has looked at accelerated MGIB payments for almost ten years and has been unable to garner enough support to pass a legislative change. Informal conversation with the other Services revealed that they will not support this legislative change mainly due to cost.

(2) Intent of MGIB. The MGIB was not designed to pay 100% of educational costs, but to serve as a stipend to support the pursuit of higher education.

(3) Potential consequences. If a person takes an accelerated payment and fails to complete the course, the veteran could lose the money (benefits) paid to the school. The DVA may require reimbursement for the benefits not used. With no refund from the school, this could cause a financial hardship on the person.

(4) Cost analysis. The DVA cost analysis of accelerated payment showed additional costs of $170.1M for FY97, $182.9M for FY98, and $189.9M for FY 99. The DVA budget cannot support this issue.

(5) Resolution. The Oct 95 reviewed this issue and determined it would be unattainable upon submission of a cost analysis for accelerated payments. ODCSPER provided this information to the VCSA in Nov 95.

g. Lead agency. DAPE-MPA-RP.

h. Support agency. TAPC-PDE-EI.

Issue 385: Montgomery G.I. Bill for Veterans Education Assistance Program Era

a. Status. Completed

b. Entered. AFAP XII; Oct 94; May 01

c. Final action. Oct 95; Jan 09 (Updated: 3 Oct 08)

d. Scope. Many Soldiers enlisting during the existence of the Veterans Education Assistance Program (VEAP), 1 Jan 77 to 30 Jun 85, did not enroll because it was not an economically attractive package. VEAP cost the Soldier $2700 and produced $8100 in education benefits. As of 1 Jul 85, the Montgomery G.I. Bill (MGIB) offered $10,800 in educational benefits for a cost to the Soldier of $1200. VEAP era Soldiers were not offered the MGIB. All Soldiers (including VEAP era) who retire early, enroll in special separation benefit/voluntary separation incentive (SSB/VSI), or are involuntary separated can enroll in MGIB. VEAP era Soldiers, who remain on active duty and retire on length of service, are not offered this benefit. Soldiers who did not participate in VEAP are not eligible for the MGIB program.

e. AFAP recommendation. Allow all VEAP era Soldiers remaining on active duty to enroll in the MGIB. (Based on

VCSA direction at the May 01 GOSC, the recommendation was revised from, "Open a six-month window of opportunity for VEAP era Soldiers remaining on active duty to enroll in the MGIB")

f. Progress.

(1) Issue history. This issue was closed as unattainable by the Oct 95 AFAP GOSC based on the projected cost of allowing VEAP era Soldiers to enroll in the MGIB. At the May 01 AFAP GOSC meeting, the Vice Chief of Staff, Army directed the creation of an AFAP issue to allow Soldiers to enroll in the Montgomery GI Bill who did not sign up for the Veterans' Educational Assistance Program (VEAP). Issue 385, "Montgomery G.I. Bill for Veterans Education Assistance Program Era" was re-opened and staffed in Jul 01.

(2) Legislative action.

(a) Two windows were opened by Public Law 104-275 (Oct 96-Oct 97) and Public Law 106-419 (Nov 00-Oct 01) to allow VEAP era Soldiers with money in their VEAP account to convert to the MGIB. Soldiers without money in VEAP were excluded. The cost to convert was $1,200 during the first window and $2,700 in the second. Of approximately 48,000 eligible Soldiers, over 15,000 converted.

(b) Legislation before the 107th Congress to allow another conversion period with no requirement to have previously participated in the VEAP was not enacted.

(c) The Coast Guard initiated a FY05 ULB action for consideration by the 108th Congress to allow MGIB eligibility without prior VEAP participation. It was deferred to the FY06 ULB but was not resubmitted due to lack of support.

(d) Also during the 108th Congress, HR879 (Feb 03) sought a one-year period to allow all VEAP era Soldiers remaining on active duty to enroll in the MGIB with a $2,700 contribution. HR2174, submitted 20 May 03, proposed a one-year period for VEAP era members to enroll in MGIB who met specific criteria and made a $2,700 contribution. HR879 and HR2174 were not enacted and were not reintroduced during the 109th Congress.

(e) At the Jan 06 GOSC, it was approved to have this issue incorporated with proposed legislation S. 1162 (Elimination of MGIB Expiration Date, AFAP Issue #385). However, S. 1162 was not supported.

(f) This issue was submitted in September 06 as an FY09 ULB action recommending that one final conversion window be established (Number MPP 19-09A). During the OSD review, the action received little support and was not forwarded for legislative consideration.

(4) Resolution. The January 2009 HQDA AFAP GOSC declared the issue completed as the Post 9/11 GI Bill, effective 1 Aug 09, is eligible to individuals who have served on active duty after 09/10/01 for an aggregate period ranging from 90 days to 36 months or more or at least 30 continuous days if discharged due to a service-connected disability. This includes all VEAP era members serving on or after 9/11/01.

g. Lead agency. DAPE-MPA

h. Support agency. TAPC-EICB

Issue 386: No Cost to the Government Dental Insurance

a. Status. Completed.

b. Entered. AFAP XII; Oct 94

c. Final action. AFAP XV; 1998.

d. Scope. Deficiencies in dental care coverage do not benefit America's Army Family; specifically retirees, RCs (non Active Guard Reserve), DA civilians, and their families. Affordable dental care to support America's Army family enhances quality of life and prevents long term, costly dental treatment.

e. AFAP recommendation. Create a dental insurance program at no cost to the Government that provides coverage for retirees, RCs (non AGR), DA civilians and their family members.

f. Progress.

(1) Civilian employees. Army civilian employees can choose to participate in dental plans offered as part of the Federal Employee Health Benefits Package. These plans are subsidized by the federal government.

(2) Reserve Components.

(a) On 1 Oct 93, the ODCSPER task force on Title XI implementation forwarded its plan, including dental evaluation and treatment of ARNG soldiers, to Congress. Title 10, Section 1076b, of the FY96 National Defense Appropriation Bill required OSD to implement a dental insurance program for members of the select reserve.

(b) The TRICARE Selected Reserve Dental Program was implemented 1 Oct 97 with Humana Military Health Care Services as the program contractor. The government pays 60% of the premium, the service member, 40% ($4.36 per month). There is no cost share for covered diagnostic, preventive, and emergency services. Cost share factors, based on grade/rank, apply to other covered services. Eligibility is limited to Selected Reserve and Guard personnel with at least 12 months of service remaining. The dental coverage is tied to readiness and does not include family members.

(3) Retirees. The FY97 NDAA (Title 10, Section 1076c) required DoD to implement a dental insurance plan for military retirees, their eligible family members, and eligible un-remarried surviving spouses of deceased military members. Benefits for enrollees began 1 Feb 98. Enrollment is voluntary and enrollees are responsible the full cost of the premiums. Premiums are based on the geographic area in which the enrollee resides. The plan features a variety of preventive, restorative, endodontic, periodontic, and oral surgery services at specified levels of cost sharing.

(4) GOSC review. The Mar 97 GOSC was updated on the dental plans available to DA civilians and those pending for reservists and retirees.

(5) Resolution. The Apr 98 GOSC determined this issue completed because of the implementation of dental insurance for selected reservists and retirees and the availability of insurance for DoD civilians.

g. Lead agency. DAPE-PRR-C

Issue 387: Privately Owned Vehicle Storage

a. Status. Completed.

b. Entered. AFAP XII; Oct 94.

c. Final action. AFAP XIII; 1996.

d. Scope. Many service members on tours outside the

continental United States (OCONUS) are not authorized POV shipment due to tour restrictions. The service member must either sell his or her vehicle or store the vehicle at personal expense. Either option results in considerable financial loss.

e. AFAP recommendation. Enact legislative change to allow storage of one POV per service member at Government expense when the member is sent to an assignment where shipment of a vehicle is prohibited.

f. Progress.

(1) POV storage was approved by the minor ULB Summit in Aug 95 for FY97 legislation. Provision was included in the FY97 NDAA

(2) Resolution. The Oct 96 GOSC determined this issue is completed because, effective 1 Apr 97, POV storage will be provided when a service member is assigned to a duty station that does not authorize shipment of that vehicle.

g. Lead agency. DAPE-PRR-C

Issue 388: Rate System for Variable Housing Allowance

a. Status. Completed.

b. Entered. AFAP XII; Oct 94.

c. Final action. AFAP XV; 1998.

d. Scope. The current system for determining VHA rates is inadequate. The inconsistent return of the Annual Per Diem Travel and Transportation Allowance Committee (PDTATAC) Housing Survey, which is used as a factor in determining VHA rates, does not reflect actual housing expenses. The information from the PDTATAC housing survey needs to be supplemented with data gathered by the required annual BAQ/VHA recertification (which includes rent and utilities information). This would give a more accurate picture in developing VHA rates.

e. AFAP recommendation. Include the Annual BAQ/VHA recertification with existing PDTATAC Housing Survey in determining VHA rates.

f. Progress.

(1) Combined issue. This issue was combined with Issue 418, “VHA Computation” in Jan 97 because the combined housing allowance will not be based on member surveys.

(2) Legislation. Congress replaced the expenditure-based system with a price-based allowance system that combined BAQ and VHA into one allowance called the Basic Allowance for Housing (BAH). The result was an easy to understand system, based upon an external data source that reflects private sector housing standards, independent of soldiers’ housing expenditures, and is indexed to housing costs (not military pay raises). The BAH was authorized in the FY98 National Defense Authorization Act and was effective 1 Jan 98.

(3) Resolution. This issue was completed when the Apr 98 GOSC completed Issue 418.

g. Lead agency. DAPE-PRR-C

Issue 389: Shortage of Funding for Army Family Housing

a. Status. Completed

b. Entered. AFAP XII; Oct 94

c. Final action. AFAP XIV; 1997.

d. Scope. Current funding levels are inadequate for Army Family Housing (AFH). Soldiers assigned to locations where funds are not sufficient to maintain, repair, refurbish, and construct AFH must rely on inadequate, unaffordable family housing in the private sector. Further, self-help programs are underfunded which cause this problem to be more critical. Inadequate family housing funding adversely impacts the quality of life for soldiers and their families.

e. AFAP recommendation.

(1) Obtain adequate funding for Army Family Housing to meet the Army goal of a 35-year replacement cycle.

(2) Expand, encourage, and fund self-help projects.

(3) Seek host nation funding support (such as payment in kind) for investments in family housing overseas.

f. Progress.

(1) Funding. Since FY 94, funding levels for Army family housing operation and maintenance (AFHO) have increased. To counter the shortage of available funds for family housing revitalization, the Army is aggressively pursuing recently enacted authorities to privatize the operation, maintenance and revitalization of the Army’s family housing. These authorities enable the Army to leverage its scarce resources with private sector capital to revitalize and/or add more housing near Army installations than would otherwise be possible with only appropriated funds.

(2) Self Help stores. The FY97/98/99 budget include maintenance and repair funding which should allow the stockage of installation self-help service stores.

(3) Host nation funding support. In FY96, the AFH budget resumed funding substantial projects for major repairs and revitalizing AFH units in USAREUR. However, continually scarce Army resources makes host nation support an important source of facilities. The overseas commands have developed capital investment strategies which combine appropriated and host nation funding for their facilities.

(4) GOSC review. The Oct 95 GOSC concurred that this issue should remain active.

(5) Resolution. This issue was determined to be completed based on increased funding for AFH. A new issue, Issue 440, was created to track repair funds and privatization initiatives.

g. Lead agency. SAFM-BUI-F

Issue 390: Substance Abuse and Violence Impacting Youth in the Army Community

a. Status. Completed

b. Entered. AFAP XII; Oct 94

c. Final action. AFAP XV; 1999.

d. Scope. Youth are constantly victimized by the presence of substance abuse and violence on Army installations and in surrounding communities. The abuse of multiple substances has increased the incidence of violence and other high risk behavior. Existing programs fail to meet the needs of Army youth.

e. AFAP recommendation.

(1) Collect and maintain statistical data on substance abuse and violence as it relates to youth.

(2) Designate teen clinics at every installation with con-

fidential outpatient treatment and counseling for high risk behavior, to include substance abuse. Include preventive education services for teen and families at the teen clinics.

f. Progress.

(1) History.

(a) In Jan 95, "...Impacting Youth" was added to the original title. Issue was transferred to CFSC.

(b) Combined issues. In Feb 95, Issue 284, "Shortage of Mental Health Professionals to Work With Youth" and Issue 359, "Reinstate Social Worker Position In DoDDS" were combined with this issue.

(2) Statistics.

(a) CFSC reviewed possible sources of data on Army youth violence and substance abuse. Collecting accurate and complete information is problematic. 65% of our youth live off post and 81% go to public schools; much of their time is tied to school or activities off post. Definitions of "violence" and "substance abuse" can vary considerably by community and agency, and findings based on such data could be questioned.

(b) In the Fall 96 Sample Survey of Military Personnel, 27% of soldiers reported moderate to very great problem with youth violence on post and 12% reported their school-age children have been victims of gang violence or organized gangs. Children of enlisted personnel were twice as likely to be victims. The Army Teen Panel conducted an informal survey of over 1600 teens and 65% of those surveyed reported violence affected them in some way, ranging from fear, loss of friendship, or death of someone they knew.

(c) MEDCOM reported that during FY95, 1430 teens between the ages of 13 and 19 were treated in Army MTFs on an inpatient basis for mental health and substance abuse treatment services. CHAMPUS paid $25.4M for 1539 teens (ages 13-19) who were treated for mental health and substance abuse treatment services.

(d) In Apr 96, DoDDS reported 15,433 students were involved in disciplinary incidents due to violence and/or substance abuse, a decrease of less than 1% over 1995.

(e) CFSC-SFA reports that 26.7% of all family violence cases involve substance abuse.

(3) Installation staff training. Installations were provided activity programs, computer labs, software and technical assistance to increase the programs offered to installation youth. Youth staff participated in a two-week course on adolescent growth and development, with workshops on violence, conflict resolution, communication skills, and gang awareness.

(4) MP training. Teen Discovery '96 participants' recommended improving relationships between teens and MPs on Army installations. As a result, lesson plans on juvenile issues and methods of handling and processing juvenile offenders were inserted into MP training courses. Lessons train MP personnel to identify, respond, and process incidents involving juvenile offenders and/or gang related activities. Related MP training includes intervention approaches, child abuse interviewing techniques, and facts on children which include psychological and behavior characteristics of teens.

(5) Teen Clinics. The US Army Medical Command does not have the responsibility, authority, or resources to establish designated teen centers and provide risk management and primary prevention/education services to teens and their families. The MEDCOM is responsible for treatment through the Alcohol and Drug Abuse Prevention and Control Program. Standardizing treatment at clinics solely for teens would require $33.5M and an annual staffing cost of approximately $11M.

(6) GOSC review.

(a) Mar 97. Army is gathering and tracking statistics to review the incidence and cost of youth violence and substance abuse.

(b) Nov 98. CFSC will explore the feasibility of obtaining credible statistics on substance abuse and violence involving Army youth. The issue of teen clinics will also be explored more aggressively.

(7) Resolution. The May 99 GOSC closed this issue. The gathering of statistics was determined to be unattainable and the establishment of teen clinics was cost prohibitive and complicated by privacy and medical issues. However, the GOSC acknowledged that there has been great progress in teen programming and training.

g. Lead agency. CFSC-SF-CY.

h. Support agency. MCHO-CL/DALO-ODL/DoDDS

Issue 391: Survivor Benefits for Service Connected Deaths

a. Status. Completed.

b. Entered. AFAP XII; Oct 94.

c. Final action. AFAP XX; 2004. (Updated: Jun 04)

d. Scope. Under current law, survivors are inequitable disadvantaged when a service member dies on active duty. When a service member with fewer than 20 years of service dies prior to being medically retired, the survivors are ineligible for the Survivor Benefit Plan (SBP). If the service member does not die instantly and is medically retired with 100% disability, the survivors may receive SBP. A Reservist serving on Active Duty Training (ADT), Individual Drill Training (IDT), and Annual Training (AT) is not entitled to certain death benefits.

e. AFAP recommendation.

(1) Propose and support enactment of legislation that treats active duty death as a 100% disability retirement and provides SBP compensation for eligible survivors of Active Duty service members.

(2) Propose and support enactment of legislation that would extend death and disability benefits to all Reservists from the time they depart their domicile to perform authorized inactive duty training until they return to their domicile.

f. Progress.

(1) Issue analysis.

(a) The inequity in benefits cited in this issue results if the Army retires a soldier before he/she expires, which results in extra benefits to certain categories of survivors (i.e., insurable others or children).

(b) Under Title 38 and the DIC law, DIC is paid first, and if it exceeds the SBP, then there is no SBP. DIC is non-taxable.

(c) The SBP annuity is 55% of what the member's retired pay entitlement would have been had he/she been retired based on total service-connected disability. The "retired pay entitlement" is 75% of the member's final or

high-36 pay.

(2) Legislation.

(a) Amendatory legislation to treat members who die instantly as 100% disabled was not supported in the FY96, 97 and 99 ULB process due to the PAYGO restrictions. The Senate version of the FY01 NDAA addressed this issue.

(b) The FY02 NDAA (retroactive to 10 Sep 01) directs that survivor benefits are payable in all active duty deaths where there is an eligible survivor (i.e., spouse or children), regardless of years of service. The spouse/children of all soldiers who die on active duty will receive the same survivor benefits as only retirement-eligible members did previously. Congress intended that the Services will cease expeditious retirement processing of death-imminent members, done primarily to enhance family survivor benefits, but did not bar such practice.

(c) The FY04 NDAA, effective 24 Nov 03 (retroactive to 10 Sep 01) equalizes active duty and retiree options. It allows eligible children to receive the SBP annuity if the surviving spouse beneficiary becomes ineligible and allows the surviving spouse to forego SBP in favor of direct payment to eligible children (avoids the DIC/SBP offset applied to spouses).

(3) Benefits for RC on IDT status. P.L. 107-107, Section 642, directs that survivor benefits are payable in all active duty deaths where there is an eligible survivor (i.e., spouse or children). The FY04 NDAA, effective 24 Nov 03 (retroactive to 10 Sep 01) provides a Reserve Component SBP annuity to the eligible survivor of a member who dies in the line of duty while performing IDT.

(4) GOSC review.

(a) Apr 95. Issue reviewed because it was the Top Five 1994 AFAP Conference issue. It will remain open to pursue the necessary legislation.

(b) Oct 95. Issue will remain active to continue efforts to obtain legislation.

(c) Oct 96. At the direction of the GOSC, this issue will explore coverage for peace time deaths.

(d) Nov 98. ODCSPER stated that approximately 300 soldiers a year fall into this category.

(e) May 99. Conditions affecting the standardization of survivor benefits (elimination of current loop-holes) or allowing the current system to continue were presented.

(f) May 01. VCSA kept this issue in active status and asked the Army staff to seek Senate support for this initiative.

(g) Mar 02. Issue remains active to monitor the status of legislation to address soldiers in IDT status.

(5) Resolution. The Jun 04 GOSC declared this issue completed based on legislation that effectively eliminates incentive to medically retire service members.

g. Lead agency. DAPE-RSO

Issue 392: Unaccompanied Personnel Housing Funding

a. Status. Completed.

b. Entered. AFAP XII; Oct 94.

c. Final action. AFAP XIII; 1996.

d. Scope. Installation Operation and Maintenance Army (OMA) account funding is insufficient to provide an acceptable level of maintenance, repair, and self-help materials for UPH. Because UPH must compete with other base operations for funds from the OMA account, installation commanders are forced to make decisions between providing dollars for soldiers' housing or dollars for training, missions, equipment, supplies, or facilities. This situation results in poor living conditions for unaccompanied personnel, thus adversely impacting morale.

e. AFAP recommendation.

(1) Establish an account at HQDA level specifically for UPH maintenance and repairs.

(2) Fence OMA dollars for UPH in HQDA guidance to MACOMs.

(3) Program an amount in the established UPH account equivalent to Army Family Housing which contains the growth of backlog of maintenance and repairs and brings UPH in compliance with Single Soldier Quality of Life Standards.

(4) Use the Better Opportunities for Single Soldiers (BOSS) Program to prioritize UPH maintenance requirements and establish creative, responsive, and expanded self-help programs.

f. Progress.

(1) OMA funding. OMA funding to installations for all categories of facility maintenance including single soldier housing has historically fallen short of requirements. With the continued downturn in Army TOA during POM 96-01, which left all OMA Real Property Maintenance (RPM) funded at less than 50% of requirements, the Army leadership articulated to the Secretary of Defense the need for additional funds to address the shortfall in this critical area. In the FY96 PDM/PBD cycle, OSD provided the Army additional Quality of Life dollars of which $400M were set aside in RPM for FY96-99 to "bridge the gap", i.e., fund barracks repair until sufficient military construction dollars are available to move the Army toward the new "One Plus One" barracks standard.

(2) Real Property Maintenance (RPM). Congress provided $167M for RPM in the FY96 DoD appropriation language, with $100 specified for barracks repair. Congress intends the RPM plus-ups be used as specified. To this end, language was included which directed that any diversion of RPM funding to other activities, by any of the Services, are subject to prior notification reprogramming procedures. This notice will eventually lead to an Army imposed control of RPM spending by the MACOMs.

(3) MACOM guidance. A separate narrative was included in the FY96 Funding Letter sent to MACOMs to delineate additional barracks repair dollars received. The Army retained the MDEP E3H7 to capture dollars obligated by MACOMs for barracks maintenance. Execution will be tracked quarterly as part of the "Budget Execution Review".

(4) Input. Installation commanders are encouraged to solicit input from all sources, including the BOSS program, to determine the optimum execution of the UPH dollars.

(5) Resolution. The Apr 96 GOSC determined this issue is completed. In FY96, Congress provided $167M for Real Property Maintenance, of which $100M was for barracks repair. MACOM execution of these dollars will be tracked and reported in the Quarterly Annual Performance Review.

g. Lead agency. DAIM-ZR

Issue 393: Active Duty Subjected to CHAMPUS Maximum Allowable Charges
a. Status. Completed.
b. Entered. AFAP XIII; 1995.
c. Final action. AFAP XIV; 1997. Updated: Feb 00
d. Scope.
(1) Active duty soldiers are not required to pay for health care services. On the occasion that soldiers are required to use civilian care, several problems have arisen. Some have been refused care due to the CHAMPUS Maximum Allowable Charges (CMAC) limit. (CMAC is a set dollar rate limit paid to a provider for treatment given to a CHAMPUS beneficiary. The amount varies depending on the service provided).
(2) Soldiers who receive civilian medical treatment are billed for the difference between CMAC and the provider's fee. If fees are not paid in full or in a timely fashion by the government, soldiers often are billed individually. If payment is not made, soldiers have been contacted and harassed by the provider's collection agencies. For example: A soldier at a recruiting command, with no military treatment facility nearby, used a local hospital medical treatment. The government paid the provider the CMAC rate. The fee paid did not meet the entire bill, and the provider billed the soldier for the remainder. The bill difference was over $5,000. The soldier could not pay, and after 60 days was turned over to a collection agency resulting in a bad credit rating.
e. AFAP recommendation. Remove the CMAC limit for active duty.
f. Progress.
(1) Assessment. The CMAC rate determines the fair market value of a health care procedure, and MEDCOM uses it as a yardstick to determine if the provider overbills for medical care. For the sake of good fiscal management, MEDCOM encourages soldiers to use health care providers who accept the CHAMPUS rates. In cases where the remotely stationed soldiers have no other option, the servicing MTF commander has the authority to waive the application of the CMAC rate. If a provider bills the soldier for amounts in excess of the CMAC rate, the soldier should contact the responsible MTF to settle the difference with the provider. It is the soldier's responsibility to refer balance billing back to the responsible MTF commander.
(2) TRICARE Prime Remote. Effective 1 Oct 99, remotely assigned service members are enrolled in a contractor's civilian network. Active duty members will not pay co-payments or be billed for services.
(3) Resolution. The Mar 97 GOSC determined this issue is completed because current procedures allow for waiver of the CMAC limit for active duty personnel and 1-800 lines exist for both the MEDCOM headquarters and USAREC Family Support Coordinators to assist soldiers with medical claims.
g. Lead agency. MCHO-CL.
h. Support agency. OASD(HA).

Issue 394: Binding Arbitration for Medical Malpractice Claims
a. Status. Unattainable.
b. Entered. AFAP XIII; 1995.
c. Final action. AFAP XIII; 1996.
d. Scope. Processing of medical malpractice claims filed by aggrieved patients currently averages approximately 28 months, with some complex cases taking over five years to finalize. This lengthy process causes undue emotional and financial hardship on soldiers and family members. [Scope was modified to correct the processing times for malpractice claims]
e. AFAP recommendation.
(1) Establish legislation allowing binding arbitration as an option to settle medical malpractice claims.
(2) Create an arbitration process similar to civilian insurance companies.
f. Progress.
(1) Assessment.
(a) The United States Army Claims Service is willing to use alternative dispute resolution procedures recently set forth by the Department of Justice (DOJ) in appropriate cases to assist in determining damages in medical malpractice cases. However, the use of binding arbitration is not appropriate, and it would not be wise to seek legislation to alter the current method of resolving claims of medical malpractice against DoD.
(b) Under the Federal Tort Claims Act (FTCA), if a case cannot be settled administratively, a claimant may sue the United States in District Court. In Military Claims Act (MCA) cases, no court suit is possible, rather one may appeal to the Army General Counsel who acts for the Secretary of the Army. The DOJ opposes the use of binding arbitration to resolve medical malpractice cases under the FTCA and would no doubt object to any legislation to that end.
(2) Settlement. The time required to settle medical malpractice claims does not average 5 or more years as set forth in the scope. Some cases take considerable time to settle due to the complexity of the case, the need for medical examination and review, or a requirement that the medical condition stabilize to determine future damages. In 1995, for cases involving over $100,000 in damage, the average processing time was 28 months. This is comparable to civilian processing times (26.4 months).
(3) Flexibility. When it is not possible to readily determine the damages in a meritorious case and there are immediate needs, USARCS uses advance payments in the form of cash and medical trusts to fund continued medical care and other necessities prior to the final settlement of the case.
(4) Resolution. The Apr 96 GOSC determined this issue is unattainable. The current negotiated settlement process establishes a fair system for soldiers and the government to settle medical malpractice claims.
g. Lead agency. DAJA

Issue 395: Continental U.S. Cost of Living Allowance
a. Status. Completed.
b. Entered. AFAP XIII; 1995.
c. Final action. AFAP XIV; 1997.

d. Scope. The present threshold for Continental U.S. Cost of Living Allowance (CONUS COLA) eligibility is inadequate. This adversely affects the quality of life for soldiers and their families in high cost of living areas. Although Congress authorized a CONUS COLA threshold of 8% for locations where non-housing related costs exceed the national average by 8%, the Secretary of Defense raised that threshold to 9%.
e. AFAP recommendation. Implement the threshold of CONUS COLA at the Congressional level of 8%.
f. Progress.
(1) Staffing action. The CONUS COLA Working Group staffed and forwarded the recommendation to the Secretary of Defense. The CONUS COLA threshold of 8% was approved, effective 1 Jan 97.
(2) Resolution. Issue was completed by the Mar 97 GOSC because the CONUS COLA threshold is at the congressionally approved level of 8%.
g. Lead agency. DAPE-PRR-C

Issue 396: Degree Completion Program for Enlisted Soldiers
a. Status. Unattainable.
b. Entered. AFAP XIII; 1995.
c. Final action. AFAP XIII; 1996.
d. Scope. Currently there is no enlisted degree completion program established within the Army. However, Title 10, USC 2005 authorizes degree completion programs to "any persons." Enlisted personnel have limited opportunities to complete degree programs. Establishing an enlisted degree completion program enhances a better trained force which further enhances readiness and retention of the Army.
e. AFAP recommendation. Establish an enlisted degree completion program to mirror the officer degree completion program.
f. Progress.
(1) Review. DCSPER and PERSCOM action offices did not support request. The SMA presented the proposal to MACOM CSMs at his annual Spring conference. The MACOM CSMs said the proposal was not feasible, would add to the TTHS account and affect readiness. They were comfortable with current programs available to enlisted soldiers to pursue civilian education.
(2) Resolution. The Oct 96 GOSC concurred with the SMA that the AFAP recommendation is unattainable, citing cost, equity, and requirement issues.
g. Lead agency. DAPE-ZAS.
h. Support agency. PERSCOM.

Issue 397: Dependency and Indemnity Compensation Excludes RC Members
a. Status. Completed.
b. Entered. AFAP XIII; 1995.
c. Final action. AFAP XV; 1998.
d. Scope. Reserve Component (RC) members in inactive duty training (IDT) status attending required military-related educational courses are not covered under the Dependency and Indemnity Compensation (DIC) Act (DICD 38 U.S.C. 1301-1322; CFR Part 3; Veterans Benefits Act of 1922, 138 Cong. Rec. S17364-01, enacted 29 Oct 92) regarding service connected death(s). As a result of current wording in the DIC, when a RC member dies attending a course in IDT status, survivors are denied compensation under DIC. This exemption also excludes survivors from other eligible survivor benefits (SGLI, death gratuity, and burial benefits).
e. AFAP recommendation. Delete from the DIC Act any and all wording that denies death benefits to RC members on IDT status attending required military education.
f. Progress.
(1) Research. The Office of the Deputy Chief of Staff for Personnel (ODCSPER) research of current legislation and coordinated with ASD(RA) shows that all RC members in an active status are entitled to DIC.
(a) Definition of active status. Active military, naval, or air service is defined as active duty, active duty for training, and inactive duty for training during which the individual was disabled or died from an injury incurred or aggravated. Members in the Retired Reserve are also in an active status.
(b) Definition of inactive status. Title 10, section 1014(b) defines inactive status as Reserves who are on the inactive status list of a Reserve Component or who are assigned to the inactive Army National Guard or inactive Air National Guard.
(2) Validation. ODCSPER is unaware of survivors being denied benefits. Without substantial evidence to present to OSD/RA, showing a systemic problem, there does not appear to be a need to distribute a message worldwide to explain the difference in active duty and active service.
(3) GOSC review.
(a) Apr 96. The GOSC was informed that ODCSPER was clarifying the issue to further define the problem.
(b) Mar 97. The Office of the Chief of Army Reserves said it would work with ODCSPER to clarify Army policy on this topic. (Further research could not validate any denial of benefits, so clarification was determined to be unnecessary.)
(4) Resolution. The Apr 98 GOSC determined this issue is completed based on a comprehensive review that indicated reservists on IDT status are covered under the DIC Act.
g. Lead agency. AFRC-PRH-F.
h. Support agency. DAPE-PRR-C.

Issue 398: Distribution of Funding for Army Family Housing
a. Status. Completed.
b. Entered. AFAP XIII; 1995.
c. Final action. AFAP XIV; 1997.
d. Scope. The procedures used to distribute funds (Military Construction (MILCON) and Army Family Housing Operations) has resulted in inadequate Army family housing, predominantly in Outside Continental United States (OCONUS) locations. This adversely affects health, safety, and morale of America's Army.
e. AFAP recommendation.
(1) Change policies and procedures to direct more housing dollars (MILCON funds and AFH-O) to areas where housing is inadequate.
(2) Do not factor in speculative host nation funds, such as payment in kind, when distributing housing funds.

(3) Accelerate implementation of privatization of family housing for CONUS and OCONUS.

f. Progress.

(1) Funding. Army family housing operation and maintenance funds continue to be distributed to the major commands in proportion to the housing allowances that soldiers forfeit when living in an Army housing unit and the number of housing units occupied. Housing allowances reflect housing costs in the local community and serve as a primary means of ensuring an equitable distribution of funds among the commands. In FY97, the foreign area commands received 40% of total AFHO funding compared with their 28% of the Army's family housing inventory.

(2) Host nation funds. Starting in FY96, the AFH budget resumed funding substantial projects for major repairs and revitalizing AFH units in USAREUR. However, continually scarce Army resources makes host nation support an important source of facilities. The overseas commands have developed capital investment strategies which combine appropriated and host nation funding for their facilities.

(3) Privatization. DoD's authority to privatize family housing is valid only in the US.

(4) Resolution. The Oct 97 GOSC completed this issue, but created a new issue, Issue 440, "Revitalize All Army Family Housing and Eliminate the Deficit by 2010," to track the overseas housing venture and funding for OCONUS housing repair.

g. Lead agency. SAFM-BUI-F

Issue 399: Extension of Family Dental Plan Upon Separation

a. Status. Unattainable.

b. Entered. AFAP XIII; 1995.

c. Final action. AFAP XV; 1998.

d. Scope. Dental insurance coverage for family members is terminated upon a soldier's separation from active duty. This termination of coverage presents a potential health hazard or a financial hardship for soldiers whose family members are undergoing covered dental treatment at the time of separation.

e. AFAP recommendation.

(1) Extend coverage for in-progress dental care past the date of separation for one year.

(2) Utilize the current premium share.

f. Progress.

(1) Analysis. Extending the benefits of the Family Member Dental Plan (FMDP), requires a change in Sections 1076 and 1077, Title 10.

(2) Service support. The DENCOM received written replies from the Air Force and Navy (Sep 97) stating that this issue has not been identified as a concern for their personnel. Both take the position that this issue does not warrant further action. In Jan 98, the DENCOM again queried the Air Force and Navy. Both services indicated that continuity of care has not been identified as a concern for their personnel.

(3) GOSC review. The Oct 97 GOSC agreed that this issue should remain active to seek support of other Services.

(4) Resolution. The Nov 98 GOSC determined this issue is unattainable because of the lack of support from the other Services for this initiative and the additional cost that would result if dental benefits were extended beyond separation.

g. Lead agency. MCDS.

h. Support agency. OTSG.

Issue 400: First Time Permanent Change of Station Dislocation Allowance

a. Status. Completed.

b. Entered. AFAP XIII; 1995.

c. Final action. AFAP XVIII; Mar 02. (Updated: Jun 02)

d. Scope. Soldiers making their first Permanent Change of Station (PCS) move are not authorized Dislocation Allowance (DLA). These soldiers can least afford out-of-pocket expenses during this initial transition period. These expenses create a financial burden on new soldiers with families.

e. AFAP recommendation. Amend U.S. Code Title 37, Section 407, Travel and Transportation Allowance, to include DLA for soldiers with families making their first PCS.

f. Progress.

(1) Legislative history.

(a) The ODCSPER and Assistant Secretary of the Army for Manpower and Reserve Affairs disapproved forwarding the issue to the Spring 97 ULB Summit because of fiscal constraints.

(b) The Army submitted this initiative in the 2001 Major ULB Summit. It was deferred until the 2002 Summit.

(c) The issue received unanimous support from the other services during the 2002 Major ULB Summit. The Office of Manpower and Budget, however, rejected the proposal.

(2) Legislation. The FY02 NDAA included DLA for soldiers making their first PCS move, effective 1 Jan 02.

(3) GOSC review.

(a) Apr 96. Noting that 23,000 accessions yearly would qualify for this allowance, concern was expressed over funding.

(b) May 99. ODCSPER informed the committee of OSD's deferral to 2002.

(4) Resolution. The Mar 02 GOSC declared this issue completed based on legislation that authorizes DLA for first PCS.

g. Lead agency. DAPE-PRC

Issue 401: Funded Respite Care for Exceptional Family Member Program Families

a. Status. Unattainable.

b. Entered. AFAP XIII; 1995.

c. Final action. AFAP XIV; 1997.

d. Scope. Respite care for disabled persons is very costly. This burdens families who may already have increased medical expenses. Currently, Operations and Maintenance, Army (OMA) funds may be used only to pay or subsidize the cost of respite care for open cases of suspected or substantiated child abuse and neglect.

e. AFAP recommendation. Obtain authorization to extend the use of OMA funds to either pay or subsidize respite care for Exceptional Family Member Program

(EFMP) families.

f. Progress.

(1) Legislative coordination. The OASA(FM-BUR) and OASA(M&RA) nonconcurred with the proposal because it would generate a new unfunded benefit. Also, OASA(M&RA) maintained that the proposal would cause inequities of service levels Army-wide by providing discretionary authority for commanders to fund respite care from existing OMA dollars.

(2) GOSC review. The Apr 96 GOSC was informed that a legislative proposal was being staffed that would not ask for more money, but would give commanders the authority to use OMA funds to fund respite care for EFMP families.

(3) Resolution. The Mar 97 GOSC agreed this issue is unattainable because of the absence of support for OMA funds to pay for or subsidize respite care for EFMP families.

g. Lead agency. CFSC-SFA

Issue 402: Health Care Benefits for Retirees Age 65 and Over

a. Status. Completed.

b. Entered. AFAP XIII; 1995.

c. Final action. AFAP XVIII; Mar 02. (Updated: Jun 02)

d. Scope. CHAMPUS eligibility terminates for all military retirees and family members (CONUS and OCONUS) upon reaching age 65. Retirees and family members then must access health care at a Military Treatment Facility on a space-available basis or through Medicare. Costs associated with Medicare, such as prescription nonpayment, premiums, copays, and deductibles, result in financial hardship for retirees.

e. AFAP recommendation.

(1) Change current law to approve Medicare subvention.

(2) Make TRICARE Prime available to retirees and families who are Medicare-eligible (CONUS and OCONUS).

f. Progress.

(1) Issue validation. About 1.5 million Americans, age 65 and older, are beneficiaries of both the Military Health Services System and Medicare.

(2) TRICARE demonstrations.

(a) The FY97 Balanced Budget Act authorized a DoD/Health Care Financing Administration (HCFA) test of Medicare subvention. The law also authorized civilian Medicare HMO reimbursements to DOD MTFs for care DoD provides to the military Medicare beneficiaries enrolled in the civilian HMOs. The Medicare program is not implemented OCONUS; therefore, test sites involved CONUS locations only.

(b) The FY99 NDAA authorized DoD to initiate three additional three-year demonstrations covering health care for military Medicare eligible retirees in FY 00: The Federal Employees Health Benefits Program, to end Dec 02; TRICARE Senior Supplement Program, to end 31 Dec 02; and the TRICARE Pharmacy Pilot Program, which was phased into the TRICARE Senior Pharmacy Benefit on 01 Apr 01.

(3) FY01 NDAA authorized:

(a) TRICARE for Life, which began 1 Oct 01, extends TRICARE eligibility to military Medicare eligibles covered by Medicare Part A and enrolled in Part B.

(b) TRICARE will be second payer to Medicare in the US and be first payer for military Medicare eligibles enrolled in Medicare Part B who live in overseas locations.

(c) Pharmacy. The senior pharmacy program was implemented on 01 Apr 01. It is a comprehensive senior pharmacy benefit, including retail and mail order services for military Medicare eligibles enrolled in Medicare Part B.

(d) Catastrophic cap. The TRICARE catastrophic cap was reduced from $7,500 to $3,000, which makes the cap the same for retirees enrolled in TRICARE Prime, for those not enrolled in Prime, and for retirees over 65 years of age and eligible for Medicare. The reduced cap was implemented 15 Dec 01 with an effective date of 30 Oct 00.

(e) TRICARE Plus. On 01 Oct 01, the Services initiated TRICARE Plus, a primary care enrollment program at MTFs which have capacity. Most major Army MTFs participate in the program. TRICARE Plus covers all categories of military beneficiaries except Active Service members and features assignment to MTF primary care providers. Specialty services may be available at the MTF, but are also available in the local community.

(4) GOSC review.

(a) Apr 96. GOSC was briefed on the Medicare subvention bill before Congress and the proposed demonstration projects.

(b) Oct 96. DoD will implement the demonstration project despite lack of Congressional funding.

(c) Nov 98. The issue will track demonstrations.

(d) Nov 00. Update provided on demonstrations.

(5) Resolution. The Mar 02 GOSC declared this issue completed based on the benefits now available under TRICARE for Life to military retirees over age 65.

g. Lead agency. DASG-TRC.

h. Support agency. OASD(HA); TMA.

Issue 403: Honor Current Federal Civilian Retirement Benefits

a. Status. Completed.

b. Entered. AFAP XIII; 1995.

c. Final action. AFAP XIV; 1997.

d. Scope. Congress is proposing changes to the current retirement benefits, such as: using high 3 vs. high 5, raising the retirement age from 55 to 60, increasing employee contribution from 7% to 7.5%, and limiting Cost of Living Adjustment (COLA) by delaying payment increase from January to April and eliminating payment until age 62. These changes constitute a break in faith and will have a negative impact on the morale of all federal civilian employees.

e. AFAP recommendation. Establish a grandfather clause to exempt present employees that are now under the Civil Service Retirement System (CSRS) and the Federal Employee Retirement System (FERS) from future erosion of benefits.

f. Progress.

(1) History. The SECARMY and CSA joined forces with other DoD components to strongly oppose changes to the military and civilian retirement systems for current em-

ployees. After DoD's opposition was submitted, the Administration took a stand to oppose a Congressional Budget Proposal on this issue. During budget debates, the President agreed to increase the employee/employer contributions and delay the COLAs.

(2) Assessment. The Office of the Assistant Secretary of the Army (Manpower and Reserve Affairs) is firmly committed to opposing changes that would diminish current employee benefits. OASA submitted a paragraph for inclusion in the FY98 Army Posture Statement that reads in part, "The Army is fully committed to ensuring stable retirement benefits to the nation's military and civilian retirees. We will continue to support commitments made years ago to those who have served and who currently serving in our military and Government." This issue completed for the AFAP, but is an on-going issue for the Army.

(3) Resolution. The Mar 97 GOSC agreed Army should continue to monitor initiatives that would erode retirement benefits, but declared this AFAP issue is completed

g. Lead agency. SAMR-CP

Issue 404: Inadequately Trained Personnel for Teen Programs

a. Status. Completed.

b. Entered. AFAP XIII; 1995.

c. Final action. AFAP XVI; 1999.

d. Scope. Teen programs do not have trained personnel (comparable to CDS). Teens have age-related concerns such as substance abuse, teen pregnancy, health and welfare, suicide, and violence and so need trained personnel to offer teen programs.

e. AFAP recommendation. Establish and implement a policy requiring personnel working with teens to be formally trained on teen issues which could include drug awareness, suicide prevention, conflict resolution, and teen pregnancy prevention.

f. Progress.

(1) Operational materials. Since FY96, a variety of operational materials have been distributed to the field to ensure a consistent level of programming. These include staff resource libraries with "off the shelf" materials used in 4-H club programs, homework center and computer lab manuals, portable challenge equipment, youth sponsorship materials, and workforce preparation for teens. Boys and Girls Clubs training and program materials were distributed as part of the affiliate membership benefits.

(2) Training.

(a) Since FY96, youth management personnel have participated in several training opportunities to prepare them to train their staff until the official training program is completed.

(b) Since FY95, teen program specialists for each MACOM have been centrally funded through an interagency agreement with land grant universities. Technical assistance visits provided by the specialists have resulted in increased program options, participation, and staff competence.

(c) To ensure training takes place, installation CDS Training and Programming Specialists (TAPs) assumed responsibility for training teen staff. A NAF TAP position description (includes a requirement to have a background in working with teens) was distributed to the field in Jul 99.

(d) In Mar 99, CFSC distributed a standard IDP linked to responsibilities and training for staff working with teens. The IDP reflects input from the field. The IDP tracks required training for all staff and is used as evidence of successfully completed training for promotion purposes.

(e) A series of training modules for staff working with teens was developed to complement "off-the-shelf" training materials.

(3) Job standards. Job standards and competencies were developed in 2nd Qtr FY99 for youth staff working with teens. These were incorporated into training materials (released 1st Qtr FY00) and position descriptions (released Feb 99).

(4) GOSC review. The May 99 GOSC was updated on recent training initiatives. CFSC informed the GOSC that the issue will remain active until youth staff are trained using the new modules.

(5) Resolution. The Nov 99 GOSC declared this issue completed. Baseline training requirements for youth staff were established; job descriptions and career progression are linked to training; and trainers and program managers were trained on using instructional materials at their installations.

g. Lead agency. CFSC-SFCY

Issue 405: Limitations of Health Promotion Programs

a. Status. Completed.

b. Entered. AFAP XIII; 1995.

c. Final action. AFAP XIV; 1997

d. Scope. AR 600-63 limits a civilian employee to 3 hours per week of administrative leave for an 8-week orientation program that meets the requirements of a health promotion program. Limited participation in and, in some cases, non-availability of this program negatively impacts readiness, retention, and the overall well-being of our Total Army Family. This program has been proven to reduce sick leave, identify and prevent health problems, lower stress levels, decrease risk of injury, and increase productivity.

e. AFAP recommendation.

(1) Extend the 3 hours per week administrative leave for Health Promotion Program from 8 weeks to 6 months.

(2) Send Army message announcing changes.

(3) Publish guidelines for implementing this program in all Army activities.

(4) Develop or reinforce innovative management practices (e.g., flex time, awards program) to encourage continued fitness endeavors of newly health-conscious employees.

f. Progress.

(1) Policy change. In Jan 95, a draft revision of AR 600-63 was staffed to extend, from 8 weeks to 6 months, civilian employee participation in the Army Health Promotion orientation. A message was sent to the field in Mar 96 notifying installations of the extension of administrative leave.

(2) Program guidelines. The Center for Health Promotion and Preventive Medicine (CHPPM) designed a civilian physical fitness program consisting of a health and

fitness assessment, wellness classes and events, and a series of physical activity and exercise offerings. The program is an exportable training package for the Total Army. The U.S. Army Physical Fitness School, in coordination with CHPPM, also has a training package providing guidelines to implement a civilian fitness program.

(3) Resources. CHPPM established a centralized health promotion resource center to provide health program information, military and civilian points of contact, and health education materials education. Center users can obtain useful information for program development and implementation.

(4) Resolution. The Mar 97 GOSC agreed this issue is completed based on policy change that extended the health promotion program to six months.

g. Lead agency. DAPE-HR-PR

Issue 406: Management of Commissaries by Defense Commissary Agency

a. Status. Completed.

b. Entered. AFAP XIII; 1995.

c. Final action. AFAP XIII; 1996

d. Scope. America's Army Family has great concern about the possibility of allowing AAFES or any other for-profit organization to assume management of the commissaries. Presently the commissary is operated by the Defense Commissary Agency (DeCA) as a nonprofit organization funded by an 5% surcharge and appropriated funds. If commissary management is taken from DeCA, it is no longer a nonprofit organization and will lose its appropriated funding. While this may save the government money, it will increase prices, decreasing the buying power of the service member's dollar.

e. AFAP recommendation. Retain management of commissaries under DeCA.

f. Progress.

(1) Business approach.

(a) On 1 Oct 96, DeCA became a Performance Based Organization and will continue to operate with appropriate funds. The business-based approach will allow commissaries to operate similar to that of the commercial retail industry and should reduce costs, streamline operations, and reduces the risk of commissaries being privatized.

(b) DeCA will continue to sell groceries, except tobacco products, at cost plus 5% surcharge.

(2) Resolution. The Oct 96 GOSC determined this issue completed. DeCA was declared a PBO, and there is no current movement for commissaries to be run other than by DeCA.

g. Lead agency. DeCA

h. Support agencies. AAFES/NEXCOM/Services MWR panels.

Issue 407: Management of Tuition Assistance at Installation Level

a. Status. Completed.

b. Entered. AFAP XIII; 1995.

c. Final action. AFAP XV; 1998.

d. Scope. Currently, AR 621-5, para 6-6c, and DA policy restrict installations from approving Tuition Assistance (TA) beyond ceiling hours to service members. Consequently, installations cannot maximize usage of available surplus TA funds. This is due to the fact that the education service officer (ESO) and/or commanders do not have the authority to grant the use of these surplus TA funds to service members.

e. AFAP recommendation. Revise AR 621-5, para 6-6c, to allow installation level ESO and/or commanders the authority to grant waivers of the TA ceiling limits on a case by case basis.

f. Progress.

(1) Augmenting TA with local funds. FY96, 97 and 98 guidance permitted commanders to augment installation-level TA budgets to allow TA above the DA established minimum of 15 SH. They were allowed to use local funds to increase the number of SH per soldier, but not to raise the dollar caps on tuition cost. Commanders have flexibility to reprogram funds from the ACES VACE account (non-TA dollars) into the ACES VATA account (TA dollars), based on local needs.

(2) Centralized management. The Education Division investigated strategies to centralize TA funds to provide standardization of funds Army-wide. It was determined that commanders would be less inclined to augment a centralized TA account which is outside of their resource management controls.

(3) Standardized TA policy.

(a) As a result of different TA policies between the Services, soldiers, sailors, airmen, and Marines may sit in the same courses at the same time, but receive different amounts in TA. On 6 Jan 97, DoD Directive 1322.8, Voluntary Education Programs for Military Personnel, directed the Services to establish a uniform TA policy across the Services.

(b) Under TA policy (1 Oct 98) soldiers receive 75% of tuition costs up to $187.50 per SH with a maximum total yearly amount of $3500. Computer and lab fees are also paid at 75% or $187.50 per SH, whichever is less. This benefit package could permit soldiers to take more courses than under previous Army policy and have less out-of-pocket expenses. The Army also implemented policy that allows soldiers to receive TA up-front when enrolling in distance learning courses that are 24 weeks or less in length (in lieu of the reimbursing soldiers after successful completion). The Army fully funded the TA program for the POM years.

(4) GOSC review.

(a) Apr 96. The GOSC was informed that the TA floor was increased from 12 semester hours per FY per soldier to 15 semester hours. Commanders may augment with local funds to increase TA hours beyond the 15 semester hour floor.

(b) Oct 96. The Chief of Staff, Army requested this issue remain active. Issue will focus on working with OSD to develop a standard DoD tuition policy.

(c) Mar 97. The VCSA confirmed that the CSA has given guidance not to fence administration overhead dollars. He said if there are ways to put the dollars into education and reduce overhead, the CSA has given guidance to do that.

(5) Resolution. At the Nov 98 GOSC, PERSCOM outlined the new TA policy. The issue was declared "com-

pleted" based on the greater educational benefits the policy gives soldiers.
g. Lead agency. TAPC-PDE

Issue 408: Medical Care at Remote Locations (for active duty family members)
a. Status. Completed.
b. Entered. AFAP XIII; 1995.
c. Final action. AFAP XIX, Nov 02 (Updated: Feb 03)
d. Scope. Current TRICARE plans do not ensure that TRICARE Prime and TRICARE Extra will be available at all locations. Active duty families assigned to areas where these two options are not available suffer financial hardship due to deductibles/copays associated with necessary usage of TRICARE Standard. Use of supplemental insurance is an inadequate solution due to premium costs and exemption of pre-existing conditions.
e. AFAP recommendation.
(1) Require TRICARE contractors to provide Prime and Extra options in all areas where active duty military families are assigned. (The requirement for the service member to "reside with" remote family members is being tracked in Issue 488)
(2) If not attainable, initiate legislation to allow the waiver of deductibles and co-payment associated with forced use of TRICARE Standard.
f. Progress.
(1) TRICARE Prime Remote demonstration. A DoD demonstration project began in May 96 in Region 11 (WA and OR) that required the contractor to provide TRICARE Prime to remotely stationed soldiers and their families. In Dec 96, MEDCOM concurred with Health Affairs' recommendation to continue implementing TRICARE Prime in remote areas.
(2) Legislation for service members. Per the FY98 NDAA requirement to provide a CHAMPUS-like benefit for Active Duty service members who live and work 50 or more miles from a military medical facility, TRICARE Prime Remote (TPR) was initiated CONUS-wide, 1 Oct 99.
(3) Legislation for active duty family members.
(a) The FY01 NDAA eliminates TRICARE Prime co-payments for ADFMs and extends TPR to ADFMs who reside with their military sponsor in TPR zip code areas. The legislation waived (retroactive to 30 Oct 00) deductibles, co-payments, and cost shares when ADFMs use TRICARE-covered services until TPR implementation, 1 Sep 02.
(c) TPR for Family Members does not cover geographically separated spouses, college students, etc. who do not reside with the sponsor. (See Issue # 488)
(4) GOSC review.
(a) Mar 97. The GOSC was informed that the TRICARE Prime Remote expansion for active duty members and their families is slated for Spring 98.
(b) May 99. OTSG told the GOSC that they had informed DOD Health Affairs that Army supports enrolling remotely assigned families in Prime, rather than TRICARE Standard. However, OTSG noted that any action had to be cost neutral.
(5) Resolution. The Nov 02 GOSC declared this issue completed based on legislation that authorized TRICARE Prime Remote for active duty family members (TPRADFM) who live with eligible sponsors in TPR zip codes (effective 1 Sep 02).
g. Lead agency. MCHO-CL-M
h. Support agency. MCHO-CL-P, TMA

Issue 409: Off-Shore Acquired Line Items in Overseas Commissaries
a. Status. Completed.
b. Entered. AFAP XIII; 1995.
c. Final action. AFAP XIV; 1997.
d. Scope.
(1) Commissary procurement of local discretionary Off-Shore Acquired (OSA) items in overseas areas was severely curtailed in 1982 by Congress. Discretionary OSA items are products procured in the overseas market that are considered to be in competition with U.S. manufacturers. Examples are: baking goods, condiments, waters, pastas, cheeses and chocolates. Limitations were enacted when the House Armed Services Committee conducted a review of all OSA items after receiving complaints from U.S. manufacturers and military brokers. Discretionary OSA line items were reduced at that time from 1201 to 155.
(2) A needs assessment survey indicated morale would be greatly improved by an increase of at least 95 line items. Increased accessibility to these items would improve cultural awareness between the overseas community and their host country. Additionally, increase of OSA line items would enable commissaries to locally replenish items that are not accruable due to stock shortages. The quality of life for America's overseas Army Family should be put before the private interests of manufacturers.
e. AFAP recommendation. Increase discretionary OSA line items from 155 to 250.
f. Progress.
(1) Staff action. A memo was sent to OSD on 18 Sep 96 seeking increased OSA items in overseas commissaries. In Dec 96, ASD(FMP) requested a list of authorized OSA discretionary items and a list and justification of proposed new items.
(2) OCONUS coordination. In Jun 97, USAREUR communicated that the matter was resolved. Conversation with commissary officer at the originating installation indicated that swapping out slow moving OSA items with customer requested items or new items has helped to satisfy customers.
(3) Resolution. Issue was completed because resolution was accomplished at installation level.
g. Lead agency. DALO-TST

Issue 410: Partial Basic Allowance for Quarters
a. Status. Unattainable
b. Entered. AFAP XIII; 1995.
c. Final action. AFAP XIII; 1996.
d. Scope. Single soldiers living in government provided quarters (for example: barracks and bachelor quarters) receive partial BAQ compensation even though they have no housing expenses.
e. AFAP recommendation.
(1) Eliminate partial basic allowance compensation for

soldiers living in government quarters.

(2) Grandfather those soldiers currently receiving this payment.

(3) Reallocate funds currently designated for partial allowance for quarters to accounts dedicated to build, maintain and improve bachelor quarters.

f. Progress.

(1) Validation. The payment of partial BAQ was authorized by PL 94-361 in 1977 when a pay raise went to allowances rather than basic pay, and Congress compensated soldiers living in the barracks with a partial BAQ allowance. The Army currently spends $12M for partial BAQ.

(2) Coordination. ODCSPER queried the sister services. There is no support to take away this allowance from barracks soldiers

(3) Resolution. The Oct 96 GOSC did not support taking this allowance away from single soldiers and declared this issue unattainable.

g. Lead agency. DAPE-PRR-C

Issue 411: Persian Gulf Illness

a. Status. Completed.

b. Entered. AFAP XIII; 1995.

c. Final action. AFAP XIII; Apr 96.

d. Scope. There are no adequately coordinated efforts to collect and disseminate information about Persian Gulf Illness. Establishing Persian Gulf Illness registration deadlines, as the Department of Veterans Affairs (VA) has done, is unrealistic. Current resources are inadequate to investigate and research Persian Gulf Illness.

e. AFAP recommendation.

(1) Contact all individuals deployed to Desert Shield/Desert Storm by all available resources to establish the broadest possible baseline for research.

(2) Eliminate all deadlines, including the 1 October 1996 VA deadline, for Persian Gulf registration.

(3) Establish a national Persian Gulf Illness office to collect and disseminate information as it becomes available.

(4) Establish a trust fund with money solicited from host countries for education and study of Persian Gulf Illness.

f. Progress.

(1) Prior action. Most of the recommendations from the AFAP conference already exist as actions at various levels of DoD, Veterans Affairs (VA), Center for Disease Control (CDC), Environmental Protection Agency (EPA), and the Department of Health and Human Services (HHS).

(2) Contact. Attempts have been made to contact all Persian Gulf veterans who may have health concerns through numerous national media releases. Toll free numbers are available for anyone with health care concerns. Physicians who treat Persian Gulf veterans and suspect service related illnesses have a great deal of information available through medical channels. Several toll free phone numbers were established with nationwide press releases. The World Wide Web contains updated and accessible public information on all research and other activities related to the health of Persian Gulf veterans. The sites provide the toll free numbers, descriptions of the agencies involved, a synopsis and current status of VA research projects, DoD projects and HHS projects.

(3) Deadlines. The VA has extended the Deadline for Persian Gulf veteran registration and provides priority access to care to Persian Gulf veterans.

(4) National office. A national Persian Gulf Illness office already exists. The Persian Gulf Veterans Coordinating Board monitors interagency activities. The co-chairs of this Presidentially appointed national board include the Secretaries of Veterans Affairs, Defense, and Health and Human Services.

(5) Research initiatives. The Persian Gulf Interagency Research Coordinating Council, established pursuant to the Persian Gulf War Veterans Health Status Act (Title VII, PL 102-585) met monthly to coordinate research activities. The National Institute of Health held a Persian Gulf Experience and Health Workshop in Apr 94 to determine if there was enough information to establish a case definition of “Persian Gulf Syndrome”. National experts in toxicology, environmental medicine, and other related disciplines found no conclusive evidence that led to any specific set of symptoms to establish a Persian Gulf Syndrome. The National Academy of Sciences, an independent agency, provides ongoing review of scientific, medical, and other information on the health status of Persian Gulf veterans. The EPA serves as a consultant on environmental studies and conducts research on individuals possibly suffering from chemical sensitivity.

(6) Trust funds. MEDCOM sees no need to pursue a trust fund unless funds become unavailable. Currently, the funding for Persian Gulf Illness studies is not threatened.

(7) Resolution. The Apr 96 GOSC determined this issue is completed based on the accessibility of information about Persian Gulf medical issues, the VA extension of registration deadlines, and the availability of funds for medical research.

g. Lead agency. MCHO-CL

Issue 412: Policy and Benefits of Legal Guardians

a. Status. Completed.

b. Entered. AFAP XIII; 1995.

c. Final action. AFAP XIII; Apr 96.

d. Scope. Some military families are unaware of recent statutory changes that extended military benefits to pre-adoptive children and wards. Information disseminated by message traffic only is not effective. Consequently, families are unaware of the legal requirement to receive these benefits.

e. AFAP recommendation. Publish changes to Army Regulation(s) that implement statutory changes to benefits of legal guardians.

f. Progress.

(1) History. On 29 Aug 94, the Under Secretary of Defense (Personnel Readiness) sent a memorandum for Secretaries of the Military Departments directing that changes in benefits and entitlements in the FY94 NDAA be implemented immediately. In Oct 94, DCSPER published a world-wide message implementing these policy changes for Army.

(2) ID cards. A joint service regulation, AJFI 36-3026 “ID Cards for Members of the Uniformed Services, Their Dependents, and Other Eligible Persons,” will be published in 1997. The publication will govern ID card policy

for all Services.

(3) Information. Since implementation of the policy, PERSCOM has published articles in the Army Times, and Army Echoes, and OCHAMPUS published articles in their newsletters. The Office of the Judge Advocate General disseminated this information through information papers, discussions at continuing legal education programs, and an article in the Army Lawyer.

(4) Resolution. The Apr 96 GOSC determined this issue is completed because the Oct 94 message implemented FY 94 legislative changes in benefits and entitlements for wards of legal guardians.

g. Lead agency. TAPC-PDO-IP.

h. Support agency. DAJA-LA and DAPE-PRR-C.

Issue 413: Separate Center/Age Appropriate Space for Teens

a. Status. Completed.

b. Entered. AFAP XIII; 1995.

c. Final action. AFAP XVII; Nov 00. (Updated: 24 Aug 00)

d. Scope. Existing youth facilities at most installations fail to meet the needs of teens for age and space separation from school-age children. These facilities provide teens insufficient priority or privacy resulting in teens not participating in activities.

e. AFAP recommendation. Establish guidelines and policies for teen centers and their space requirements with input from teens when constructing a new building, renovating an existing building, or allocating space exclusively for teens.

f. Progress.

(1) Validation.

(a) Focus groups were conducted at Teen Discovery and installation youth were surveyed by Army Teen Panel members reference teen centers. Survey data indicates a desire by teens to have access to other MWR programs, equipment and facilities. The Army Youth Services Process Action Team (PAT) identified need for space for teens and teen programs, separate from younger children.

(b) A survey of Army installations is completed annually to determine the number and locations of teen centers. FY00 data shows 136 youth centers and 36 stand alone facilities, an increase of 10 Youth Centers and 10 stand alone since FY98.

(2) Policy guidance.

(a) AR 215-1, para 8-23, reads, "Activities for school-age children (6 through 12 year olds) and teens (13 through 18 year olds) are generally conducted separately by:

1. Scheduling different time blocks (or days) for each age group within the same facility; and/or

2. Designing special teen areas within the youth center or other facility; or,

3. Operating a stand-alone teen center."

(b) Separate teen space issues are included in the U.S. Army School-Age and Teen Program Principles, now in use by the field (installations).

(c) In the CFSC Feedback "Star Notes" (Dec 97), CFSC's Commander urged commanders to review and take appropriate action to resolve their installation teen space issues.

(3) Improving teen/youth center environment. Army Youth Standards require dedicated space for teens at each youth center, satellite location and teen involvement in determining appropriate space. Architectural consultation services and technical assistance is available to installations through their affiliation membership with Boys and Girls Clubs of America.

(4) Alternative space/facilities.

(a) MWR program managers are working with Youth Services staff to identify space for teens. Training was conducted on how to implement MWR and Youth Partnerships at the Fall 96 Garrison Commanders' Conference, Oct 97 MWR training, on-site workshops and video teleconferencing.

(b) DOD and CFSC issued policy guidance in support of using DOD schools as an additional source of space for some Child and Youth Programs.

(c) To free up more space for teens and middle school youth, plans were proposed and alternative space identified for approximately 60 school age programs that were using space in Youth Centers.

(5) Construction guidelines. Youth Center Standard Design includes a designated space for teens to "hang out," watch TV, listen to music, video cassettes and hold meetings. As new youth centers are constructed youth directors are encouraged to involve teens in the selection of furnishings, paint color, and equipment. Teen input on space, environment, homework centers, and computer labs has been incorporated in all current youth center design projects.

(6) Design. CFSC established and conducted a Child and Youth Services Construction Workgroup comprised of MACOM, Installation, Engineering, and facility proponents, in Jun 00. This workgroup established modifications to be incorporated into the existing Youth Center design. A Child Development Design package was developed for space targeting space usage for children ages 6-10 years. As these designs are implemented at the installation, school-age programs occupying and conducting programs in Youth Centers will have separate space that frees up space for the middle school/teen population.

(7) GOSC review. The May 99 GOSC was told that not all installations have adequate youth center space for teen use, but installations are finding creative ways to find facility space without building new youth centers.

(8) Resolution. The Nov 00 GOSC determined this issue is completed based on the establishment of space requirements, guidelines and policies for separate center/age-appropriate space for teens.

g. Lead agency. CFSC-SFCY.

h. Support agency. USACE/CFSC-COD.

Issue 414: Standardization of Army Barracks Policies

a. Status. Completed.

b. Entered. AFAP XIII; 1995.

c. Final action. AFAP XIV; 1997.

d. Scope. Barracks residents must conform to inspection, visitation, and charge of quarters (CQ) policies that differ from service members residing elsewhere. This undermines troop morale, readiness and retention.

e. AFAP recommendation. Develop HQDA policy that

creates a uniform barracks living standard that conforms with non-barracks residents, to include eliminating CQs, minimizing inspections, and standardizing visitation policies.

f. Progress.

(1) Staff action. Action was initiated by the DCSPER to solicit MACOM input to develop a baseline barracks policy. However, during the message staffing, the DCSPER received a request from the SMA to allow his office, with the assistance of the Community and Family Support Center, to assume lead on this issue by way of a Process Action Team. Subsequent dialogue between the SMA and CSA resulted in a decision to not pursue the development of a Army baseline barracks policy at this time.

(2) Commanders' responsibility. The MACOMs, working with the subordinate commands, will establish barracks policy standards instead of a DA policy on this topic.

(3) Resolution. The Mar 97 GOSC agreed that this issue has been reviewed and the action plan has been completed. The VCSA reiterated that the senior leadership of the Army has said that commanders and noncommissioned leaders are responsible for the way soldiers live in the barracks. This includes ensuring that good order and discipline standards are maintained and that soldiers have a safe and secure environment where their rights are respected 24 hours a day.

g. Lead agency. DAPE-HR-PR

Issue 415: Ten Year Cap on Montgomery GI Bill for Reservists

a. Status. Unattainable.

b. Entered. AFAP XIII; 1995.

c. Final action. AFAP XIV; 1997.

d. Scope. Most United States Army Reservists (USAR) do not have the opportunity to use their full benefits within the 10 year period as established in chapter 1606 of the Montgomery GI Bill (MGIB). Many service members can only attend school on a part time basis due to full-time jobs and USAR commitments. A service member taking one course per semester would only use 30 months of full time benefits during this period.

e. AFAP recommendation.

(1) Eliminate the 10 year eligibility window for use of Chapter 1606 MGIB benefits.

(2) Allow reservists to use MGIB benefits from the date they establish basic eligibility until they separate from selected reserves.

(3) Grandfather this amendment to include those reservists that established eligibility since 1985.

f. Progress.

(1) Cost analysis. The MGIB-Selected Reserve (SR) is a non-contributory program for individuals. Each component is required to deposit an amount into the Educational Benefits Trust Fund equal to the present value of the benefits for persons entering the preceding month. An expansion of the pool of eligibles would cause a concurrent increase in the deposit and per capita rate.

(2) Coordination. Since the MGIB-SR includes other RCs, their opinions on this proposal were solicited. The Air Force and Navy Reserves support the elimination of the ten-year cap to enhance recruiting and provide full use of the program benefits. The Marine Corps, Coast Guard, Army Reserve, and Army National Guard do not support the issue, primarily based on cost. The Army Reserve prefers other new programs and initiatives that they can use as accession tools.

(3) GOSC review. The Mar 97 GOSC agreed that this issue should remain active to continue to seek support for a legislative proposal.

(4) Resolution. The Oct 97 GOSC determined this issue unattainable based on absence of broader Service support.

g. Lead agency. DAPE-MPA

Issue 416: Tuition Assistance for Overseas Spouses

a. Status. Completed.

b. Entered. AFAP XIII; 1995.

c. Final action. No. (Updated: Jun 02)

d. Scope. Financial aid is extremely difficult for spouses to obtain overseas (excluding Alaska and Hawaii). Entitlements that offset the high cost of living disqualify most, if not all, spouses in those locations. Additionally, the Army, unlike the Navy and Air Force, does not have significant programs which provide tuition assistance to spouses. Since employment opportunities are limited, most overseas spouses are unable to earn money to pay for tuition.

e. AFAP recommendation.

(1) Army request Army Emergency Relief amend their charter to include educational benefits for spouses overseas (excluding Alaska and Hawaii).

(2) Identify and provide additional sources of funding to support overseas spouse tuition assistance.

f. Progress.

(1) Cost analysis. Education Division contacted representatives from the Air Force Aid Society (AFAS) and Navy-Marine Corps Relief Society (NMCRS) for data on their program operations. Based on the number of Army spouses residing overseas (51,000) and estimates that 81% of the general population has a high school degree, Army estimated that there are approximately 32,000 potentially eligible spouses. Assuming the program is need-based, Army estimated a start-up cost of $2M for a program patterned on existing programs.

(2) Army Emergency Relief decision process.

(a) In the 1991-92 time frame, AER considered and rejected sponsoring a spousal TA program or endowment to secure funds for this purpose. The Board of Managers viewed this as an inappropriate role for AER, despite what was being done by other aid societies.

(b) The 1995 AFAP Conference delegates voiced support for this initiative and, the Family Member Education Working Group that was established as a result of the Apr 95 AFAP GOSC meeting recommended reapproaching the Army leadership and AER on sponsorship of this type of program.

(c) In Apr 96, the AER Board of Managers again considered and rejected sponsoring a spousal tuition aid program as being "in conflict with their fiduciary responsibility of administering soldiers' money." The Oct 96 AFAP GOSC was informed of the Board's decision. In Nov 96, the Chief of Staff, Army requested AER reconsider their position. The Board of Managers agreed to a test program offering education grants to overseas spouses.

(3) AER pilot. The pilot began in the Fall 97 in U.S. Army Europe & Seventh Army (USAREUR). AER planned to evaluate pilot operations for 2-3 years then decide on continuation or the expansion of the program to other OCONUS locations.

(4) AER Spouse Education Assistance Program (SEAP).

(a) SEAP is centrally managed from AER Headquarters to monitor program activity and ensure standardization. It is a need-based program supporting spouse undergraduate, vocation/technical, high school completion, and English as a Second Language study. Applicants are required to be dependent spouses of active duty soldiers assigned OCONUS and reside with their sponsor. Grants cover up to 50% of tuition, up to $350 per academic term and a yearly maximum of $1,750.

(b) AER sends brochures and applications for the program to Army education centers and AER sections overseas. Brochures and applications can also be downloaded from www.aerhq.org. Completed applications and supporting materials must be mailed to AER headquarters to meet term application deadlines published in the brochure, on the application, and on the web site.

(c) Cumulative statistics for Academic Years 1997-2001 indicated 5,639 spouses were awarded assistance totaling $1,484,793. Spouses of enlisted solders received 93% of the grants; spouses of warrant officers received 1%; and spouses of officers 6%.

(4) Expansion to Pacific. In Nov 99, the Board of Managers approved continuing the program in USAREUR and expanding it to include Japan, Okinawa, and Korea (effective, Aug 00).

(5) Expansion to CONUS. The AER Board voted not to extend the program to CONUS because there are job and educational financial assistance available within CONUS that are not available OCONUS. They voted not to expand the program to Alaska and Hawaii for the same reasons. In Nov 00, the Adjutant General of the Army requested AER reconsider expanding the program to Alaska and Hawaii. At their annual meeting (Nov 00), the Board voted again not to expand the program to Alaska and Hawaii for the reasons noted above.

(6) Marketing. Information on assistance programs is fully publicized through all appropriate education, family member, and Public Affairs channels, to include USAREUR Stars and Stripes, Armed Forces Radio/TV stations, and local commander's channels overseas. Army Education Centers maintain Home Pages with information on educational programs and services.

(7) GOSC review.

(a) Oct 96. The GOSC was informed of the AER Board's decision to not consider a spousal tuition assistance program.

(b) Apr 98. The issue will continue to track the AER spouse tuition assistance program.

(c) May 00. Issue remains active pending program implementation in Korea, Okinawa, and Japan.

(8) Resolution. The Mar 02 GOSC declared this issue completed because the AER Spouse Education Assistance Program is functioning in Europe, Japan, Korea and Okinawa.

g. Lead agency. TAPC-PDE.

h. Support agency. Army Emergency Relief.

Issue 417: Uniformity of Better Opportunities for Single Soldiers Programs and Procedures

a. Status. Completed.

b. Entered. AFAP XIII; 1995.

c. Final action. AFAP XIV; 1997.

d. Scope. No written or regulatory guidance exists to govern Major Command (MACOM) and installation Better Opportunities for Single Soldier (BOSS) programs. Not all installations have full-time BOSS representatives. This suppresses the voice of single soldiers.

e. AFAP recommendation.

(1) Implement interim Department of Army (DA) guidance under Army Regulation 215-1 to establish a baseline operational program.

(2) Develop a DA regulation governing the BOSS program.

(3) Require installation commanders to appoint a full-time BOSS representative so representation is commensurate with troop population.

f. Progress.

(1) AR change. AR 215-1, published 4th Qtr FY95, provides program guidance dealing with recreation. Also included is limited information regarding BOSS committees and handling of quality of life issues.

(2) BOSS circular. A two-phase process action team (PAT), comprised of MACOM Command Sergeants Major and program managers as well as installation participants (BOSS representatives, MWR advisors, and chain of command representatives), developed the BOSS program Circular. The circular contains operational instruction on the BOSS program as well as delineates program responsibilities. All MACOMs and the Army Staff concurred with the draft, and DA Circular 608-97-1 was published 29 Aug 97.

(3) Installation BOSS representatives. Section 2-4c of the BOSS circular states under installation commanders' responsibilities that an enlisted BOSS coordinator duty position will be established at installations that can justify the position. The position will be supported from internal installation resources.

(4) GOSC review. The Oct 96 GOSC agreed this issue should remain active pending publication and distribution of the DA Circular.

(5) Resolution. The Oct 97 GOSC said this issue is completed based on the publication of the BOSS circular. In response to questions from GOSC members about the circular's impact on barracks policies, it was reiterated that BOSS committees are information feedback mechanisms and do not set policies or other guidance. The VCSA directed that a message be drafted that states that the BOSS circular does not contain any aspect of barracks policy.

g. Lead agency. CFSC-SR-B.

h. Support agency. SMA/OACSIM.

Issue 418: Variable Housing Allowance Computation

a. Status. Completed.

b. Entered. AFAP XIII; 1995.

c. Final action. AFAP XV; 1998.

d. Scope. Current public law forces use of expense-driven member surveys as a basis for calculating Variable Housing Allowance (VHA). By using this system instead of a price-based allowance system which more accurately gauges housing and utility costs, soldiers are inclined to live in substandard housing due to insufficient VHA. After the expense-driven survey is completed, the results reflect a misleading housing allowance requirement for the soldier. This process can have a snowball effect over time that could lead to substandard housing being occupied by the soldier.
e. AFAP recommendation. Change method of gathering VHA data from expense-driven member survey to a price-based allowance system.
f. Progress.
(1) Combined issues. Issues 267 and 365 were combined with this issue in Jan 97 because the combined housing allowance tracked in this issue will resolve the intent of Issues 267 and 365.
(2) Legislative proposal.
(a) The OSD Housing Reform Working Group devised a housing allowance model that combines BAQ and VHA into one allowance and replaced the expenditure-based system with a price-based allowance system. The goals were to establish an easy to understand system based upon an external data source that reflects private sector housing standards, independent of soldiers' housing expenditures, and indexed to housing costs (not military pay raises).
(b) The issue was staffed through the ULB and was forwarded to Congress. The combined housing allowance (BAH) was authorized in the FY98 NDAA with an effective date of 1 Jan 98.
(3) GOSC review. The Mar 97 GOSC expressed concern about potential costs and shifting of funds among Services. Although some shifting will occur, the positive aspect of this issue is that the entitlement would be linked directly to housing costs in an area, not to survey information.
(4) Resolution. The Apr 98 GOSC determined the issue is completed based on the FY98 NDAA which enacted a Basic Allowance for Housing.
g. Lead agency. DAPE-PRR-C

Issue 419: Dining Facility Meal Rates
a. Status. Unattainable.
b. Entered. AFAP XIII; 1996.
c. Final action. AFAP XIV, 1997.
d. Scope. On 1 Oct 96, DoD implemented a single rate meal charge for all paying customers in dining facilities. The standard meal rate was developed to eliminate meal surcharge exemption requests for various categories of individuals by charging all paying customers (enlisted, officers, retirees, families, and civilian employees) the same rate. The only exemption to the new meal charge is for junior enlisted families. However, enlisted soldiers who draw Basic Allowance for Subsistence now pay more for meals they eat in the dining facility than they did previously, whereas every other category pays less. For example, an enlisted soldier's lunch now costs $.85 more and three meals cost $2.25 more than previously. For enlisted soldiers who eat meals in the dining facility, this increase is significant.
e. AFAP recommendation. Return meal rates for enlisted personnel to previous meal rate (prior to 1 Oct 96 change).
f. Progress.
(1) History. This issue was introduced into the AFAP at the 31 Oct 96 GOSC meeting following concerns expressed by the Sergeant Major of the Army about the increased meal rates for enlisted soldiers.
(2) Staffing action. A memorandum was written in Jan 97 requesting OSD return to previous meal rate of $4.75. The Army Staff non-concurred with the draft memo, citing that BAS exceeds daily meal rate and that a return to the previous rate would result in a loss to OMA and MPA and would negatively impact travel re-engineering initiatives that tie the single meal rate to temporary duty per diem rates.
(3) Resolution. The Mar 97 GOSC agreed that this issue is unattainable due to lack of Army support.
g. Lead agency. DALO-TST.
h. Support agency. DAPE-PRR-C.

Issue 420: Privately Owned Vehicle Storage During OCONUS Assignment
a. Status. Unattainable.
b. Entered. AFAP XIII; 1996.
c. Final action. AFAP XIV; 1997.
d. Scope. Because of working spouses and family commitments, many Army families own two vehicles. Current regulations authorize shipment of one vehicle at Government expense to an OCONUS duty assignment. The family must then sell their second vehicle, store it at their own expense, or leave it with friends or family during their OCONUS assignment. This financial burden is a direct consequence of military relocation, but is not reimbursable.
e. AFAP recommendation. Authorize storage of one POV per service member at Government expense when military member is on an accompanied tour to an OCONUS duty station.
f. Progress.
(1) History. This issue was introduced by the ADCSPER at the Oct 96 GOSC meeting to complement the recently completed POV storage change that was effected in the FY97 NDAA.
(2) Cost. Estimates indicate the approximate annual cost to Army for this expanded benefit would be $50M, probably taken out of Total Obligation Authority (TOA) funds.
(3) Coordination. The Army Staff non-concurred with this recommendation.
(4) Resolution. The Oct 97 GOSC said this issue is unattainable based on cost.
g. Lead agency. DAPE-PRR-C.
h. Support agency. DALO-TSP.

Issue 421: Army Family Team Building (AFTB) and Army Family Action Plan (AFAP) Program Resources
a. Status. Completed.
b. Entered. AFAP XIV; Mar 97.
c. Final action. AFAP XX. (Updated: 18 Nov 03)

d. Scope. Army Family Team Building and the Army Family Action Plan teach and provide family members skills that lead toward self-reliance and a process through which soldiers and families may raise well-being issues of concern for leadership consideration. The success of these programs is hindered by lack of paid staff personnel and financial resources. This shortfall, combined with a normal flux of volunteers, has resulted in inadequate administrative oversight at the local level.

e. AFAP recommendation.

(1) Provide funding for installation-level AFTB and AFAP coordinators and an accounting code to capture expenditures.

(2) Provide program funding to implement and sustain AFAP and AFTB at the installation level.

f. Progress. (The AFTB/AFAP funding recommendation in Issue 466 was added to this issue in Jan 00, and the recommendation to obtain CSA/SMA endorsement was transferred to Issue 466.)

(1) Validation. Prior to this issue, no funding was specifically appropriated for AFTB or AFAP at installations – manpower and support funding were dependent on the organizational element to which the programs were assigned, which was generally ACS. Since AFTB and AFAP were non-mission programs in ACS and did not carry their own funding, they followed core mission programs for resourcing.

(2) Funding.

(a) CFSC staffed a data call to the major Army commands (MACOMs) to determine manpower and funding in support of AFTB and AFAP at MACOMs and installations. The response established the unfinanced requirement (UFR) that CFSC submitted for the 03-07 POM cycle.

(b) Based on the VCSA's direction in Nov 00 that the issue be resolved beginning in FY01, the Army provided funding to power projection/support platform and forward-deployed locations in FY01.

(c) $3.2M of the $5.7M FY02 requirement was funded. The total requirement (138 positions, $8.2M) was funded in FY03.

(3) AMSCODE. Request to establish an AMSCODE for AFAP and AFTB to capture program expenditures by MACOM was incorporated into DFAS Manual 37-100 in 2nd Qtr FY02. The AMSCODE extension is .20.

(4) GOSC review.

(a) Oct 97. This issue remains active to pursue an AFTB/FSG coordinator position.

(b) Nov 99. The GOSC was updated on initiatives to resolve this issue. AFAP added to issue scope.

(c) Nov 00. Per the VCSA's direction to speed up the funding process, CFSC submitted requirements to ASA(FM&C) to accelerate the funding request to include FY01 and FY02.

(d) May 01. Funding for Phase I is being released to the field.

(e) Mar 02. The VCSA directed funding of the FY02 UFR.

(f) Nov 02. The VCSA directed funding of the FY03 UFR.

(5) Resolution. The Nov 03 GOSC declared this issue completed based on funding to support program operations and positions for AFAP and AFTB to include the Army National Guard and Reserves.

g. Lead agency. CFSC-FP

Issue 422: Army Family Team Building Funding for RC and Geographically Separated Units

a. Status. Combined.

b. Entered. AFAP XIV; Mar 97.

c. Final action. No. (Updated: Jun 01)

d. Scope. The Army Family Team Building (AFTB) program is intended for the Total Army family. However, lack of funding to support AFTB training at the local (unit) level within the Army National Guard (ARNG), United States Army Reserve (USAR), and active duty geographically separated units (e.g., recruiting, ROTC) results in the inability to fully implement the program. The lack of funding negatively impacts on readiness and retention.

e. AFAP recommendation. Allocate AFTB program funding for local (unit) level training of instructors and family members for ARNG, USAR, and active duty geographically separated units.

f. Progress.

(1) Issue history. This issue was combined with Issue 421, "AFTB and AFAP Program Resources" in Mar 01 because Issue 421 addresses funding for Reserve Component and MACOMs with geographically separated units.

(2) Validation. AFTB operates on a train-the-trainer concept whereby volunteers from the active Army and RC are trained by the U.S. Army Community and Family Support Center and return to their military community and support the AFTB program. The program is not funded beyond DA. Program funds to assist the RCs and GSUs located away from an active installation would greatly enhance the implementation initiatives and provide volunteers more accessibility to training.

(2) GSUs. CFSC identified the US Army Recruiting Command, US Army Cadet Command, and Military Traffic Management Command as GSUs not traditionally supported by an active duty Army installation.

(3) Funding requests. The total cost of this initiative is $2.7M ($2.5M APF/160K NAF).

(a) The USAR Family Readiness Program: $822K for 14 full-time civilian authorizations.

(b) The ARNG Family Program: $673K for 11 full-time civilian authorizations.

(c) USAREC Family Program: $393K for 6 full-time civilian authorizations.

(d) The Cadet Command: $178K for 3 Region/Brigade-level positions.

(e) The MTMC will not participate as their installations are slated for closure in the near future.

(4) Link to AFAP and Issue 421. Funding requirements to support the USAR, the ARNG, USAREC and the Cadet Command were included as part of the FY03-07 POM submission for a program manager to administer AFTB and AFAP in the field (see AFAP Issue #421). At the Mar 01 AFAP In Process Review, this issue was combined with Issue #421, Army Family Team Building (AFTB) and Army Family Action Plan (AFAP) Program Resources.

(5) GOSC review. The May 00 GOSC was informed that the ARNG was successful in acquiring additional

funds and that the USAR has included AFTB in the FY02-07 budget cycle. USAREC and Cadet Command will be included in the HQDA POM request (Issue 421).
g. Lead agency. CFSC-FSO.
h. Support agency. ARNG/USAR/USAREC/Cadet Command/MTMC.

Issue 423: Authorization for Dental Treatment (for Active Duty Personnel)
a. Status. Completed.
b. Entered. AFAP XIV; Mar 97.
c. Final action. AFAP XIV; 1997.
d. Scope. When non-emergency dental services for soldiers are not provided by the Military Treatment Facility (MTF), or if soldiers are located in remote areas, soldiers must go to civilian sources for treatment. An authorization is needed from the military approving authority for treatment costing over an amount established by the Medical Command (currently set at $500). There is no standardized tracking system in place to ensure that soldiers receive a disposition (approved, disapproved, need more information) in a timely manner. This negatively impacts dental readiness and lowers soldier morale.
e. AFAP recommendation. Establish a policy directing that the disposition of a request for authorization of dental services from civilian sources be forwarded to the soldier within 21 working days from initial receipt at the approving authority.
f. Progress.
(1) Revised policies.
(a) DoD established policy that non-emergency requests for dental treatment from civilian providers be processed and a reply forwarded within 21 days of receipt by a MTF.
(b) The U.S. Army Dental Command prepared a supporting policy for implementation at all subordinate dental activities that requires dental commanders to recommend disapproval or approval to the medical authorizing authority in 5 days or less.
(2) Resolution. The Oct 97 GOSC determined this issue is completed because Army requires a response in 5 days or less.
g. Lead agency. DENCOM

Issue 424: Beneficiary Expansion for TRICARE Prime Remote
a. Status. Unattainable.
b. Entered. AFAP XIV; Mar 97.
c. Final action. AFAP XVIII; Mar 02. (Updated: Jun 02)
d. Scope. Currently, retirees, Reserve Component (RC) soldiers, and their family members that are eligible for TRICARE are not authorized to use TRICARE Prime Remote. This option is currently available only to Active Duty soldiers and their family members. The inability to enroll in TRICARE Prime Remote causes a hardship to retirees, RC soldiers, and their family members in remote locations. If TRICARE Prime Remote is available in an area, it should be open to all TRICARE eligibles.
e. AFAP recommendation. Amend eligibility requirements for TRICARE Prime Remote to include all those eligible for TRICARE.
f. Progress.
(1) Related issue. AFAP Issue #408 addresses health care for remotely stationed active duty service members and their families.
(2) TRICARE Prime Remote. TRICARE Prime Remote was phased in for Active Duty members in FY99, followed by their families in FY02. (See Issue 408)
(3) Expanding TPR to other beneficiaries.
(a) Many individuals within DOD expressed a desire to explore opening TPR to other eligible beneficiaries, including retirees, in locations where the program is established for Active Duty service members.
(b) There are about 1.6M retirees/family members in DOD non-catchment areas. The cost to provide care under TPR for active family members is about $458 per beneficiary. USA MEDCOM estimates a cost $738M annually to provide care TPR to other than active members and their families. Active service members are assigned to remote locations due to mission requirements and most have little choice in assignment locations. Therefore, TPR for active duty is DOD's first priority.
(c) In view of recent medical initiatives for over-65 retirees and on-going funding constraints/priorities, it is not feasible for DOD to pursue this initiative at this time. Congress has not been forth coming with legislation to support TPR for other than active duty members/families.
(4) GOSC review. At the May 99 GOSC, OTSG noted that expanding Prime Remote to all TRICARE eligibles would be very expensive. Expansion of mail order pharmacy and enrollment in the Federal Employees Health Benefits Program were discussed. Over 24% of inpatient health care in DOD MTFs still goes to retirees.
(5) Resolution. The Mar 02 GOSC determined that expanding TPR to other than active duty members and their families is unattainable because of cost.
g. Lead agency. MCHO-CL-M (USAMEDCOM).
h. Support agency. ASD(HA)/TMA

Issue 425: Carrying Shoulder Bags in Uniform
a. Status. Completed.
b. Entered. AFAP XIV; Mar 97.
c. Final action. AFAP XV; 1998.
d. Scope. AR 670-1, para 1-10d, states that commercial bags will not be worn by soldiers in uniform unless on a bicycle or motorcycle. Most violations occur when soldiers must carry a briefcase for work, a gym bag for physical training, and other items such as a laptop computer.
e. AFAP recommendation. Change AR 670-1 to allow bags to be carried over the shoulder, maintaining the integrity of the uniform.
f. Progress.
(1) Review. The CSA directed the DCSPER to select a Process Action Team to review “carrying shoulder bags in uniform” and to provide a response by 28 Aug 97.
(2) Regulatory change. The Secretary of the Army approved the following change to paragraph 1-10d, AR 670-1, “Commercial rucksacks, gym bags or like articles may be worn over the shoulder while in uniform. Backpacks may also be worn over the shoulder(s) when riding a bicycle or motorcycle. All items worn over the shoulder must black with no ‘logos”. ‘Logos’ includes Army, agency, or organization seals, insignias, crests, etc. The

backpack or shoulder bag policy amends the policy stated in paragraph 1-10d, AR 670-1."

(3) Resolution. The Nov 98 GOSC closed this issue based on the change to AR 670-1. The ADCSPER informed the GOSC that when bags are carried in the hand or transported on a bike or motorcycle, there are no color or logo restrictions.

g. Lead agency. DAPE-HR-PR

Issue 426: Certification of OCONUS Schools

a. Status. Completed.

b. Entered. AFAP XIV; Mar 97.

c. Final action. AFAP XV; 1999.

d. Scope. Department of Defense Dependent Schools (DoDDS) are obligated to certify non-DoD schools in accordance with Department of State regulation 2035.1 (Use of Non-DoD Schools) using categories of certification (A-E). However, Department of State (DoS) dependents can attend any school which has been accredited by a U.S. regional accrediting agency (Southern Association of Colleges and Schools), or they may choose correspondence schools, home schooling, or parochial schools. The DoS employees have more choices than DoD employees in selecting schools for their dependents. The variation in standards used for OCONUS education certification limits the educational choices for DoD dependents, which potentially puts them at an educational disadvantage.

e. AFAP recommendation.

(1) Eliminate the disparity between DoDDS and DoS schools certifications.

(2) Allow DoDDS to use the same accrediting process as the DoS.

f. Progress.

(1) Legislation. Section 1407(b) of the Defense Dependents' Education Act of 1978 (20 U.S.C.926(b)) was amended by the FY99 NDAA to authorize the Secretary of Defense to pay an educational allowance to defray the educational expense of certain overseas, space-required dependents in overseas areas where the DoD does not operate a school. Prior to this legislation, sponsors were limited to "certified" non-DoD schools. Sponsors will have the opportunity to choose a school appropriate to their children's needs at their overseas location. The cognizant DoDDS approval authorities for eligible children located within their respective geographical areas of responsibility are the Chiefs, Area Service Centers, Europe and Pacific, or the Comptroller, Headquarters, Arlington, VA. The educational allowance is limited to the Department of State Standardized Regulations.

(2) Implementation. A directive-type memorandum outlining the new guidelines was signed 31 Mar 99 by the Acting ASD(FMP) and was distributed to all DoD components and each embassy. A DoDEA senior staff member briefed the Defense Intelligence Agency and Defense Foreign Military Sales at their worldwide conferences on the new legislation.

(3) GOSC review. The Nov 98 GOSC left this issue in an active status to pursue implementation of revised certification standards.

(4) Resolution. The May 99 GOSC declared this issue completed. Wide dissemination of the new guidelines was encouraged. Officials indicated the information would also be placed on the DoDEA web site.

g. Lead agency. DoDEA

Issue 427: Dental Insurance for Mobilized Reserve Component Personnel

a. Status. Completed.

b. Entered. AFAP XIV; Mar 97.

c. Final action. AFAP XVII; Nov 00. (Updated: Sep 00)

d. Scope. When Reserve Components (RC) are mobilized, their family members may lose dental insurance coverage. The Soldiers and Sailors Civil Relief Act will protect coverage for 30 days from the date of mobilization. After that, family members cannot qualify for the same dental benefits as the family members of Active Component soldiers because, under the Active Duty Family Member Dental plan, eligible beneficiaries are only those family members of active duty soldiers with at least two years remaining on active duty, or have the intention to remain on active duty for at least 24 months. This excludes RC soldiers who normally mobilize for less than 270 days.

e. AFAP recommendation. Provide a dental insurance plan for family members of mobilized RC personnel, equal in benefits and cost to the current Active Duty Family Member Dental Plan (FMDP), and exclude the 24-month active duty requirement.

f. Progress.

(1) Validation. Active Duty FMDP enrollment criteria prevent reservists on active duty beyond 30 days and less than 2 years from enrolling. This could potentially leave their families uninsured for extended periods.

(2) Coordination. OTSG requested assistance from TRICARE Management Activity (TMA) to evaluate the cost/feasibility of a combined plan. TMA recommended that OTSG develop a proposal including utilization estimates and draft legislative language. Air Force expressed no intention to pursue further action stating this issue had not been identified as a concern for their personnel. Navy expressed only minimal interest. In Aug 98, both Services voiced support for this issue if insurance premiums and fees were not increased for current enrollees.

(3) Legislation.

(a) The FY00 NDAA combines the TRICARE Family Member Dental Plan and the TRICARE Selected Reserve Dental Program. The new plan (the TRICARE Dental Plan (TDP) enables Reservists and their enrolled family members to have dental coverage and maintain this coverage whether or not the sponsor is on active duty. The legislation also specifies that Reservists called to active duty in support of contingency operations may disenroll from the plan at the end of their active duty tour, even if it is less than the minimum enrollment period (12 months).

(b) In a reserve status, RC members pay 40% of the dental plan premium, and their enrolled family members pay 100% of the premium. Once on active duty, the RC members disenroll from the plan and receive dental care in military facilities. Their family members who are enrolled in the TDP pay only 40% of the premium.

(4) New plan and contract. The implementation date of the new contract (United Concordia Companies, Inc.) with enhanced benefits is 1 Feb 01.

(5) GOSC review.

(a) Apr 98. OTSG said the Tri Service Dental Chiefs would work on this issue.

(b) Nov 99. Issue remains active to track implementation of new dental contract.

(6) Resolution. The Nov 00 GOSC determined this issue to be completed based on FY00 NDAA that expands coverage in the TRICARE Dental Plan to reservists and their families and authorizes continued coverage whether or not the sponsor is on active duty.

g. Lead agency. MEDCOM

Issue 428: Deployment Medication

a. Status. Completed.

b. Entered. AFAP XIV; Mar 97.

c. Final action. AFAP XVIII; Mar 02. (Updated: Jun 02)

d. Scope. Soldiers and families are not receiving enough disclosure regarding medications and immunizations administered during all phases of deployment. The potential side effects and adverse reactions may present possible health risks to soldiers, spouses, and future children. This lack of information contributes to an increase in family pre-deployment and post-deployment anxieties.

e. AFAP recommendation. Provide written information regarding the possible side effects and adverse reactions of deployment medications and immunizations to soldiers and their family members at pre-deployment and post-deployment briefings.

f. Progress.

(1) Validation. When this issue entered the AFAP, the Army had no uniform policy on the type or amount of information soldiers and/or families must have on side effects of immunizations required prior to major deployments.

(2) Information sheets.

(a) Pharmacists from the North Atlantic Regional Command met with CHPPM personnel and developed Deployment Medication Information Sheets (DMIS) on vaccines and other preventive medications service members could receive in preparation for movement or during a deployment. Each DMIS provides basic information in laymen's terms and is divided by subheadings of uses, side effects, precautions, drug interactions, and notes.

(b) Over 30 DMIS are available for medications such as Typhoid, Tetanus, Yellow Fever, Anthrax, Immune Globulin, Cholera, Polio, Ciprofloxacin, Hepatitis A, and Doxycycline. The DMIS are available at Army pharmacies and are posted on the CHPPM homepage, http://chppm-www.apgea.army.mil. In 4th Qtr FY01, the CHPPM DMIS site was linked to the OSD deployment website, http://deploymentlink.osd.mil,

(3) Dissemination of information. The DMIS are to be downloaded by the unit medical officer and made available to deploying personnel during soldier readiness processing (SRPs) or other deployment preparation activity. It is the medical officer's responsibility to coordinate with the deploying unit commander to ensure availability and distribution of DMIS specific to their deployment location.

(4) Marketing. A memorandum was sent to the Deputy Director for Medical Readiness (J4), 18th MEDCOM Commander, FORSCOM Surgeon, and MEDCOM Regional Medical Commanders requesting the dissemination this information to all possible users within their command. CHPPM disseminated a worldwide message marketing the DMIS during 4th Qtr FY00.

(5) GOSC review.

(a) Oct 97. The GOSC was briefed on the plan to provide deployment medication information.

(b) Nov 98. MEDCOM told the GOSC that the Army does not tell soldiers or their families much about their medications, and that we should not be hesitant to tell soldiers what they are getting.

(6) Resolution. The Mar 02 GOSC declared this issue completed based on the availability and accessibility of deployment medication information sheets.

g. Lead agency. DASG-HS.

h. Support agency. USA CHPPM.

Issue 429: Dislocation Allowance for Retiring Soldiers

a. Status. Unattainable.

b. Entered. AFAP XIV; Mar 97.

c. Final action. AFAP XV; May 99.

d. Scope. Currently, the Joint Federal Travel Regulation does not authorize retiring soldiers Dislocation Allowance (DLA). Retiring soldiers incur financial expenses similar to those created by permanent change of station moves for which DLA is provided. This is not equitable compensation at a time of declining income.

e. AFAP recommendation. Authorize DLA equal to one month's basic allowance for quarters (BAQ) for each retiring soldier.

f. Progress.

(1) Analysis. Estimated annual cost to the Army would be approximately $10M. Currently, retirees receive travel cost to home of record and all authorized pay.

(2) Legislative attempts.

(a) The ODCSPER and ASA(M&RA) disapproved forwarding the issue to the Spring 1997 ULB Summit because of fiscal constraints.

(b) The ODCSPER submitted this action for the 2000 ULB Summit. It was disapproved for submission due to funding constraints

(3) GOSC review. The Oct 97 GOSC acknowledged the cost is considerable, but requested the issue remain active for at least one more cycle.

(4) Resolution. Based on discussion at the May 99 GOSC, this issue was declared currently unattainable, but will be allowed to resurface in 2002.

g. Lead agency. DAPE-PRR-C

Issue 430: Distribution of Army Simplified Dividends

a. Status. Completed.

b. Entered. AFAP XIV; Mar 97.

c. Final action. AFAP XVI; Nov 00. (Updated: Feb 00)

d. Scope. Army Simplified Distributions (ASD) are provided to installations where AAFES facilities are located. The loss of revenue for installations that experience the reconfiguration or closing of an AAFES facility results in a loss of money to the installation's MWR fund which re-

duces the number of programs available and therefore affects quality of life on that installation.

e. AFAP recommendation. Revise the current ASD policy to provide continuity of ASD funds to maintain MWR programs at installations affected by AAFES changes.

f. Progress.

(1) Validation. AAFES closed a facility at Fort Richardson which resulted in military personnel at Fort Richardson to patronize the AAFES facility at the adjoining Elmendorf Air Force Base and, thus, a loss of ASD distributions to the Fort Richardson MWR Fund. Examples of other adjoining bases are McCord AFB/Ft. Lewis, McGuire AFB/Ft. Dix, Pope AFB/Ft. Bragg, and Vogelweh/Kaiserslautern.

(2) AAFES position. The AAFES position on this issue is that any sharing between the Army and Air Force has to be worked out locally.

(3) Distribution. For every AAFES profit dollar, AAFES keeps 50 cents for recapitalization, Army gets 30 cents and Air Force 20 cents. The Army splits the 30 cents into core dividends and Army Simplified Dividends (ASD). ASD are returned to the installation at the rate of .4 of 1% of the installation's PX revenue. Army installations receive 100% of the Class VI profits and 80% of the profits from phone contracts.

(4) MWR Board actions.

(a) When the issue was presented to the MWR Board of Directors Working Group in Aug 97, they nonconcurred to subsidize Ft. Richardson for the shortfall occurring as a result of the facility closure. A memorandum was sent to all MACOMs relaying the MWR BOD position that negotiating a share in the Simplified Dividend is not desirable Army-wide.

(b) Upon further review of the AAFES dividend disbursement, it was realized that the Army receives its AAFES dividend regardless of whether patronage is at an Air Force or Army PX. However, the Army installation cannot obtain their portion of the dividend since they no longer have revenue on which to base their ASD. The MWR Board of Directors Executive Committee (Feb 00) approved a proposal to provide Fort Richardson with proceeds the Army received from the new AAFES facility at Elmendorf. The proposal passed without comment at the MWR Board of Directors meeting that followed.

(5) GOSC review.

(a) May 99. The GOSC was told that CFSC is reassessing this issue to ensure that installations receive their fair share of AAFES dollars that are distributed to the Army.

(b) Nov 99. The GOSC did not support the MWR EXCOM's position. CFSC said they will resurface the issue at the Jan 00 MWR EXCOM.

(6) Resolution. The May 00 GOSC declared this issue completed based on the decision of the MWR Board of Directors to provide ASD to an Army installation whose AAFES customer base patronizes another Service's facility because of the closure of an exchange at the Army installation.

g. Lead agency. CFSC-FM.

h. Support agency. AAFES.

Issue 431: Family Separation Allowance

a. Status. Completed.

b. Entered. AFAP XIV; 1997.

c. Final action. AFAP XV; May 99.

d. Scope. Family Separation Allowance Type II entitlement is not sufficient to offset family separation expenses and has not kept pace with yearly inflationary costs as reflected by the Consumer Price Index (CPI). This results in financial hardships for separated family members.

e. AFAP recommendation.

(1) Assess Family Separation Allowance purchasing power to determine if this entitlement has kept pace with cost of living adjustment based on the CPI and changing family needs.

(2) Reform FSA Type II entitlement based on confirmed disparity.

(3) Attach FSA Type II entitlement to the CPI and review annually.

f. Progress.

(1) Legislative initiatives.

(a) The 1997 ULB Summit supported an increase of FSA-II from the current $75 per month to $120 per month. The FY98 NDAA increased FSA-II to $100 per month, effective 1 Jan 98.

(b) Initiative to tie FSA-II to CPI was forwarded to OSD in Dec 98 for inclusion in 2000 ULB Summit. OSD disapproved.

(2) Resolution. The May 99 GOSC completed this issue because FY98 legislation increased FSA to $100/month.

g. Lead agency. DAPE-PRR-C

Issue 432: Full Day Kindergarten

a. Status. Completed.

b. Entered. AFAP XIV; Mar 97.

c. Final action. AFAP XXI; Nov 04. (Updated: Nov 04)

d. Scope. The current two and one-half hours of instruction in a Department of Defense Education Activity (DoDEA) kindergarten is not an adequate amount of time to begin a child's education. Based on an average six-hour DoDEA instructional day, approximately 126 days are lost per school year when kindergarten programs are two and one-half hours in length. Therefore, the children of the global Army family are not given the same opportunities as some of their CONUS counterparts who attend a full-day kindergarten program.

e. AFAP recommendation. Implement a full-day kindergarten in all DoDEA schools.

f. Progress.

(1) Funding. In 1999, DoDEA obtained the full-time equivalents and funding to establish full time kindergarten in DoDEA overseas schools to extend the kindergarten school day from 2.5 hours to 6.0 hours.

(2) DDESS schools. Full day kindergarten was already operational in the domestic schools (DDESS).

(3) Implementation.

(a) A committee of representatives from the military command, DoDEA Area Directors offices, parents, teachers, district superintendents, teacher's organizations, and school principals developed the full-day kindergarten implementation plan.

(b) Full day kindergarten was phased in the DoDDS overseas schools as facilities, money, and manpower be-

came available. Sites with available classroom facilities were the first to implement full-day kindergarten (FY00). In SY 2004-2005, the full day kindergarten initiative was fully implemented in 96 elementary schools throughout DoDDS.

(4) GOSC review.

(a) Apr 98. This issue will remain active to pursue funding for OCONUS full-day Kindergarten.

(b) May 99. The issue was kept open to monitor the implementation of the full day kindergarten.

(c) Nov 02. Full day kindergarten has been implemented in 126 CONUS and OCONUS schools.

(5) Resolution. The Nov 04 GOSC determined this issue is completed based on full day kindergarten implementation in 96 overseas elementary schools.

g. Lead agency. DoDEA

Issue 433: Geographically Separated Military Spouse Employment Preference

a. Status. Completed.

b. Entered. AFAP XIV; Mar 97.

c. Final action. AFAP XVII; May 01. (Updated 1 Jun 01)

d. Scope. The current military spouse employment preference law and DA policy states that a spouse is only eligible to receive preference when the sponsor is co-located. Many times, mission requirements, such as unaccompanied tours, repatriation, and deployment, prevent military spouses from being co-located. This requirement for co-location negatively affects spouse employment preference eligibility.

e. AFAP recommendation. Amend public law and DA policy to include military spouse employment preference for spouses who relocate when their sponsor is on a non-command sponsored unaccompanied tour. [Recommendation was refocused by Nov 99 AFAP GOSC. Original recommendation asked for employment preference whenever spouses could not be co-located because of mission requirements.]

f. Progress.

(1) Validation. The location of positions covered by military spouse preference (MSP) is limited by law to positions in the commuting area to which the military sponsor is relocating. MSP is granted at a follow-on location when the future assignment is identified on the military sponsor's travel orders.

(2) Implications. As DoD continues to downsize, expansion of MSP could increase competition for scarce employment opportunities and result in fewer opportunities for spouses that re-locate with their sponsors to a new permanent duty station. Additionally, if Army pursued legislation for spouses of military sponsors, the proposal should be expanded to include spouses of civilian employees who are deployed (e.g., emergency-essential civilians) or accept unaccompanied tours, and to repatriated spouses of civilian employees.

(3) Army policy on follow-on assignments.

(a) The Homebase/Advanced Program provides a follow-on assignment to the same location (homebase) or to another CONUS installation (advanced assignment). Soldiers may leave their families at the losing installation, move them to the advanced assignment, or decline participation in the HAAP. If they decline to participate, they may move their families to and from a "designated point" or remain at the present location.

(b) US Total Army Personnel Command (TAPC) reports that all Soldiers in the grades of E5 - E8, warrant officer, and O1 - O5 on orders to a dependent restricted OCONUS tour are provided a follow-on assignment unless they choose not to participate in the assignment program.

(c) In Dec 00, TAPC sent a message to Personnel Service Centers reiterating that, when applicable, sequential assignment information should always be listed in the "special instructions" section of PCS orders.

(4) GOSC review.

(a) Nov 98. Following support for this initiative from GOSC members, this issue remains active to monitor the number of registrations and placements.

(b) Nov 99. After considerable discussion, the issue remains active to pursue MSP during a non-command sponsored tour.

(5) Resolution. The May 01 GOSC declared this issue completed because follow-on assignments are indicated on most unaccompanied PCS orders, thus allowing spouses to receive MSP if they move to the follow on assignment.

g. Lead agency. SAMR-CPP.

h. Support agency. PERSCOM.

Issue 434: Military Savings Plan

a. Status. Completed.

b. Entered. AFAP XIV; Mar 97.

c. Final action. AFAP XVIII; Mar 02. (Updated: Jun 02)

d. Scope. As a group, soldiers do not have tax-deferred savings plan options which are affordable, flexible, and stay ahead of inflation. The military has no vehicle in place by which to use our "collective buying power" to secure such a savings plan and to protect soldiers from disreputable financial institutions and financial scams.

e. AFAP recommendation.

(1) Secure viable tax-deferred savings plan options (via automatic deductions/payment plan) through a designated representative on behalf of military members as a collective group.

(2) Provide mandatory information briefings on the Military Savings Plan through chain teaching, upon initial entry into military service, and annually thereafter.

(3) Establish quality control procedures to monitor the Military Savings Plan.

f. Progress.

(1) History. This issue was voted the Number One issue at the April 1997 AFAP Conference.

(2) Legislative initiatives.

(a) When the Uniformed Services Thrift Savings Plan (TSP) was presented to the 1998 ULB Personnel Summit, Services' support was split and the proposal was voted down due to PAYGO implications. In May 98, members of Congress introduced a bill that would allow military members to save for retirement in a TSP. However, the bill required the initiators find $100M a year to offset the loss of federal income taxes.

(b) The FY01 NDAA provides authority for members of the uniformed services to participate in the Federal Thrift Savings Plan. Military personnel can contribute up

to 7% of basic pay and up to 100% of special pays, incentive pays, and bonuses before taxes each month. Total annual contributions are limited to the Internal Revenue Service annual limits. The government is not required to match contributions, but the Secretary of Defense may offer matching contributions to service members in critically manned skills in exchange for a commitment to serve for six years.

(3) GOSC review. The Nov 99 GOSC was told that Army will pursue TSP funding and implementation.

(4) Resolution. The Mar 02 GOSC declared this issue completed. Sign up for military TSP began 9 Oct 01; the first payroll deduction was in Jan 02.

g. Lead agency. DAPE-PRC

Issue 435: Montgomery GI Bill Enrollment

a. Status. Completed.

b. Entered. AFAP XIV; Mar 97.

c. Final action. AFAP XV; Apr 98.

d. Scope. Soldiers do not fully understand the benefits of the Montgomery GI Bill and the permanent consequences of declining enrollment. Enrolled soldiers may not realize the magnitude of opportunity the Montgomery GI Bill affords. Soldiers who decline enrollment may do so because of inconsistent counseling and information given prior to entry on active duty.

e. AFAP recommendation.

(1) Develop a consistent educational procedure and a checklist for use by recruiting personnel to fully inform soldiers about the irrevocability of a soldier's decision to decline MGIB and the availability of continuing education.

(2) Require use of this educational procedure and checklist by policy or regulation.

f. Progress.

(1) MGIB briefings. The MGIB is explained to applicants several times during the recruiting, enlistment, and reception process. It is first explained during the sales presentation, then by the guidance counselor at the Military Entrance Processing Station (MEPS), again at the mandatory Delayed Entry Program (DEP)/Delayed Training Program (DTP) orientation, and again at the Reception Battalion.

(2) MGIB video. In Jul 97, the U.S. Army Recruiting Command (USAREC) distributed a video to fully explain MGIB features and procedures for enrollment/declining enrollment. It can be used by recruiters during the sales presentation and again after recruits have joined the Delayed Entry Program.

(3) Checklist. A checklist covering required briefing topics was included the update of USAREC Regulation 601-95, Delayed Entry and Delayed Training Program, May 98.

(4) Welcome Kit. A DEP/DTP Welcome Kit, fielded May 98, includes useful, as well as mandatory information, for each new enlistee. The kit includes a thorough information paper on the MGIB and requires a DEP/DTP member's signature indicating knowledge and understanding of the program. The recruiter provides the Welcome Kit to each new DEP member 3-10 days after enlistment.

(5) Resolution. The Apr 98 GOSC determined this issue completed based on the improved education of soldiers about the MGIB during the recruitment, enlistment and reception process.

g. Lead agency. DAPE-MPA-RP.

h. Support agency. USAREC RCRO-PP.

Issue 436: Prescription Printout

a. Status. Completed.

b. Entered. AFAP XIV; 1997.

c. Final action. AFAP XVI; 1999.

d. Scope. Not all prescriptions are dispensed with written cautionary information on side effects. Lack of this information may lead to life threatening situations.

e. AFAP recommendation.

(1) Provide through the pharmacy, short, concise print-outs with all dispensed medications listing side effects, cautions, and drug and food interaction.

(2) Amend AR 40-2 to require pharmacies to provide print-outs with all dispensed medications listing side effects, cautions, and drug and food interactions.

f. Progress.

(1) Cautions. Pharmacists are required to provide verbal counseling to patients upon dispensing medication. Since reading comprehension levels vary and written pharmaceutical information can be complex, MEDCOM does not want written information to become a substitute for verbal counseling.

(2) System upgrade. The cost of a system upgrade of CHCS to perform this requirement is approximately $340,000. Systems that will replace CHCS will perform the process automatically. Until CHCS is upgraded or replaced, patients who desire a printed drug information sheet to help them understand their prescribed medication need to ask their pharmacist for one.

(4) Compliance.

(a) In Aug 98, MEDCOM sent a memorandum to MTF Commanders instructing them to educate patients on the availability of printed information sheets on their medications upon request.

(b) A message was sent to all Army Pharmacy Chiefs asking that they post a sign in their patient waiting areas informing patients that printed information on prescribed medications is available upon request. A May 99 survey of all Army Pharmacy Chiefs indicated that all Army pharmacies had appropriate signs posted.

(5) GOSC review. The Nov 98 GOSC was informed that the Services are progressing to a system that automatically provides an prescription printout.

(6) Resolution. The Nov 99 GOSC declared this issue is completed based on the posting of signs at pharmacy windows informing patients that printed prescription information is available upon request.

g. Lead agency. MCHO-CL.

h. Support agency. Army-DMIS.

Issue 437: Reserve Component Retirement Pay Options

a. Status. Unattainable.

b. Entered. AFAP XIV; Mar 97.

c. Final action. AFAP XVI; Nov 99.

d. Scope. America's Army has different standards for Active Component (AC) and Reserve Component (RC) re-

tirement pay. While AC soldiers draw pay immediately upon retirement, RC soldiers must wait until age 60.

e. AFAP recommendation. Authorize soldiers, upon transfer to the Retired Reserves, the option to receive a reduced rate of retirement pay immediately, or to wait until age 60 to receive full retirement pay.

f. Progress.

(1) Cost of reserve retirement. The Sixth Quadrennial Review of Military Compensation (6th QRMC) (FY 86) conducted a comprehensive analysis of the Reserve retirement system. The study examined a number of alternatives to the current system, i.e., lump sum payment; an actuarially neutral early annuity; and a two-tier/years-of-service early annuity option. They recommended a two-tier, early annuity option at any point after 20 years of qualifying service. Further examination indicated that this option would be cost prohibitive because it would require an increased payout from the retirement trust fund for the first 13 years after enactment.

(2) Review. OSD(RA) indicates that any proposal to change the retirement system would require detailed analysis of funding reprioritizing by each Service. The only activity on this subject is infrequent Congressional inquiries (approximately 4 per year). ODCSPER queried the other Services who all indicate that no proposals are being pursued by them.

(3) Drawbacks. Implication of providing a reduced rate of retirement pay upon completing 20 years of RC service include:

(a) Yearly adjustments to retired pay would be in accordance with retired pay COLA.

(b) Upon receipt of the 20 Year Letter, the reservist would be required to make an SBP election, and, if they elect coverage, deductions would begin immediately.

(c) Upon receipt of the 20 Year Letter, the reservist would be immediately subject to the Uniformed Services Former Spouses Protection Act. Divorce courts would be able to divide the retired pay immediately, rather than delaying action until age 60.

(4) GOSC review. The Nov 98 GOSC recommended this issue remain active to work the issue with the other Services.

(5) Resolution. The Nov 99 GOSC determined this issue is unattainable based on the absence of support from OSD or the other Services.

g. Lead agency. DAPE-PRR-C

Issue 438: Special Supplemental Food Program for WIC for OCONUS Personnel

a. Status. Completed.

b. Entered. AFAP XIV; Mar 97.

c. Final action. AFAP XX. (Updated: Nov 03)

d. Scope. Section 653, Public Law 103-337 authorized the Secretary of Defense to establish a special supplemental food program for members of the Armed Forces outside the continental United States. The law directed the Secretary of Agriculture to transfer funds to the Secretary of Defense to implement the program. However, due to lack of funding, OCONUS personnel eligible for the Special Supplemental Food Program for Women, Infants and Children (WIC) are not receiving benefits. Failure to resource this program is undermining the readiness of the Force and quality of life.

e. AFAP recommendation. Pursue legislation to appropriate funds to resource the WIC program for OCONUS personnel.

f. Progress.

(1) Legislative initiatives.

(a) DOD submitted funding for the WIC Program as an Omnibus legislative proposal in Feb 97. USDA nonconcurred with the DOD request.

(b) The FY98 NDAA authorized DoD to use operations and maintenance funds for WIC overseas pending receipt of funds from Secretary of Agriculture. However, no dollars were added to the USDA budget to fund this program and, without congressional appropriation, USDA did not have funds to support OCONUS WIC.

(c) The FY00 NDAA directed DOD to fund and implement an OCONUS WIC program. DOD secured funding to implement the program in FY01.

(2) Lead agent. DOD determined the OCONUS WIC program is a health and nutrition program and transferred proponency from OSD Force Management Policy to OSD Health Affairs. OSD Health Affairs/TRICARE Management Agency was tasked to implement the program.

(3) Implementation. Full implementation was completed in Dec 02. As of Nov 03, 27,793 participants receive benefits at 53 sites in 11 countries in Europe, Pacific, and Latin America.

(4) GOSC review.

(a) Oct 97. Issue remains active for funding.

(b) May 99. An update on FY00 legislative proposals was provided.

(c) Nov 99. OSD is developing implementing guidelines for the program.

(5) Resolution. The Nov 03 AFAP GOSC declared this issue completed based on full implementation of OCONUS WIC.

g. Lead agency. CFSC-FSA.

h. Support agency. OSD(FM&P).

Issue 439: Teen Program Standardization

a. Status. Completed

b. Entered. AFAP XIV; Mar 97

c. Final action. AFAP XXV, Jan 09 (Updated: 23 Oct 08)

d. Scope. There are inconsistencies in teen programs from installation to installation. There are no established guidelines to insure installation commanders place appropriate emphasis on teen programs or equitably allot funds designated for youth programs. This directly impacts teen morale.

e. AFAP recommendations.

(1) Benchmark successful teen programs to develop a model for all installations.

(2) Establish standard guidelines for installation commanders on teen programs to include topics such as: designated areas for teen use, Teen Council, workforce preparation, volunteer opportunities, youth sponsorship, adult advisory committees, mentorship, and positive alternatives for at-risk behaviors.

(3) Report progress to Teen Panel semi-annually and Teen Discovery annually until this issue is closed by the AFAP GOSC.

f. Progress.

(1) Related issues. Issue #314 refocused the teen program to target younger teens/middle school age group. Issue #413 addressed teen space, facilities and non-facility based programs.

(2) Program framework.

(a) New framework established for all Army Youth Programs based on four required "service areas"

(1) Life Skills, Citizenship & Leadership Opportunities

(2) Sports, Fitness and Health Options

(3) Academic Support, Mentoring &Intervention Services

(4) Arts, Recreation & Leisure Activities

(b) Baseline programming includes: Middle School Policy Memorandum Program Framework for predictable programming: Youth Councils; Community Service; Homework Centers; Workforce Preparation; Youth Sponsorship; Baseline Curriculum Materials; Youth Leadership Forums; and Computer Labs. Benchmarked against Boys and Girls Clubs/4-H Clubs national "best practices". DoDI 6060.4 (Youth Programs) outlines baseline services.

(3) Teen and parental input.

(a) Teen input.

(1) Reporting via annual teen updates through ATP and Regional Youth Leadership Forums. All installations have functioning Youth Councils, and per CSA guidance all Regions have established Teen Panels to surface and address youth concerns to higher headquarters including through the Army Family Action Plan Process. Army Teen Panel members serve as the voice for Army youth. Army youth participated in the DoD Strategic Youth Action Planning Conference (Sep 98), in the Youth Roundtable (May 99) at Army Education Summits 2000 & 2002, and in Army Family Action Plan 2005 Conferences at all command levels.

(2) Installation and Region Child and Youth Program staff hold focus groups with Teens as part their annual on site CYS inspection protocol and sponsor annual local and Regional Youth Forums to ensure programs are customer driven.

(b) Parental input. Youth Program Standards requires Parent Advisory councils on each installation. AFAP Issue #314 addressed expansion of Parent Advisory Councils to include teens and parents of teens.

(4) Personnel and Financial Resources.

(a) Personnel. Youth Staff are included in the Child and Youth Personnel Pay Program (CYPPP) which outlines requirements for foundation and annual staff training, contains standard position descriptions that include teen participation "caseloads," and staff compensation linked to job competency. Formal training plans are in place. Promotions for adults working with teens are based on successful completion of competency based training. Staff may earn an Army funded Youth Practicum Staff Credential.

(b) Financial support.

(1) AFAP Issue #439 (Teen Program Standardization) briefed at GOSC Jun 06. Vice Chief of Staff of the Army (VCSA) requested more data to justify additional funding. VCSA directed Office of the Provost Marshal General to investigate correlation between Youth Participation and criminal conduct on Garrisons. Provost Marshal General results found higher participation in Youth Programs correlated with less juvenile criminal conduct.

(2) Funding embedded in annual cost for acceleration of youth spaces to meet Department Standard 35% of Youth Program Demand (PBR 09-13 BP3.0) and FMWRC Quick Wins initiatives). Adjustments will be made in POM 10-15 to address impact of Expeditionary Force parental absences on youth.

(3) Teen Standardization Plan funded through Army Initiative #2, Army Soldier- Family Action Plan per initiative tasks 2.2.1.1 and 2.1.4.3.

(5) Teen Program Policy and Operational Guidance: Policy guidance in DoDI 6060.4 and AR 215-1, numerous procedural guidance memorandums on program operations, and a series of handbooks and user manuals have been issued to increase the predictability of Army Youth Programs from installation to installation.

(6) Accountability measures and performance outcomes.

(a) AFAP Issue #314 established a requirement to measure teen program utilization and meet phased teen utilization goals.

(b) Standards, critical indicators, and measurable outcomes for baseline teen programming have been developed in conjunction with IMCOM/Region and installation staff. Youth Programs are now included in DoD certified annual regional inspections comparable to existing child care inspections.

(7) Resolution. The January 2009 AFAP GOSC declared the issue complete as policy and operational guidance and program certification included in AR 215-1 and DoDI 6060.4 (Youth Programs), includes: dedicated teen space, youth technology labs, transportation to out of school programs, annual leadership forums, Teen and Parent Councils. POM 10-15 funding supports a trained and adequately compensated stable youth work force, delivery of 35% of Youth Program demand and addresses the impact of Expeditionary Force parental absences on youth.

g. Lead agency. IMWR-CY

h. Support agency. G1; IMCOM

Issue 440: Revitalize All Army Family Housing and Eliminate the Deficit by 2010

a. Status. Completed.

b. Revision entered. AFAP XIV; Mar 97.

c. Final action. AFAP XX; Jun 04. (Updated: Jun 04)

d. Scope. Army Family Housing (AFH) is unaffordable, and the inventory does not meet current quality standards. Deferred AFH maintenance, repair, and revitalization are estimated to exceed $6B by the turn of the century. The deficit will remain at over 10,000 houses. These conditions adversely impact the quality of life of soldiers and their families.

e. AFAP recommendation.

(1) Eliminate all inadequate AFH units and deficit by 2010 using a combination of privatization of AFH operations in the U.S. and plus up of revitalization funds in foreign areas.

(2) Demolish unneeded, excess houses.

(3) Increase the availability of affordable off-post hous-

ing.

f. Progress.

(1) Issue history. The Oct 97 AFAP GOSC directed the drafting of a new AFAP issue to address the elimination of the housing deficit and revitalization of Army Family Housing. Issue 67, “Family Housing Deficit Elimination” (which entered the AFAP in 1983 as “Family Housing Availability”) was combined into this issue.

(2) Army housing.

(a) In May 01, the Army had about 109,000 sets of family quarters that housed 25% of Army families. The deficit was about 7500 units across the Army. The Installation Status Report (FY00) indicated that 78% of Army quarters are inadequate (maintenance, mechanical systems, square footage, amenities).

(b) Using a combination of traditional Military Construction, operations and maintenance support, privatization, and divestiture, the Army is programming full sustainment of the owned inventory in FY 2006 and the elimination of all inadequate houses by 2007 (except for foreign areas which we are delaying until FY 08 to provide time to make adjustments once final stationing decisions are made).

(3) Privatization projects. As of Jun 04, 80% of the Army’s U.S. inventory is either complete or officially programmed. Fourteen installations have been privatized and twelve are in the process. In FY05 seven more will be privatized. The FY06-10 POM contains sufficient funds to privatize another twelve installations. By 2016, all CONUS housing will be privatized. In Korea and Germany, the Army has proposed large build-to-lease programs.

(5) Demolition. DA continues to fund demolition of excess, or units that are not economical to repair, thereby reducing out year expenses.

(6) CHRRS. Army continues to emphasize CHRRS programs such as the Rental Set-Aside, Utility/Security Deposit and Volunteer Realtor Programs which find landlords who will rent at a soldier’s allowance level and waive credit reports and security deposits.

(7) GOSC review.

(a) Nov 99. In FY01, the Army will put $100M into CONUS family housing and $60M into OCONUS. At this rate, OCONUS family housing will reach adequate standards by 2010. Adequate standards in CONUS will not be achieved until 2035 at current funding and privatization rates.

(b) Nov 00. The VCSA reiterated his support for privatization, noting that the infrastructure on our installations is decaying faster than we have the capacity to fix or revitalize it.

(c) May 01. The GOSC provided details about the new housing and communities being built through privatization.

(8) Resolution. The Jun 04 GOSC declared this issue completed based on the success of privatization and its timeline.

g. Lead agency. DAIM-FD.

h. Support agency. SAILE(I&E).

Issue 441: Financial Planning Education

a. Status. Completed.

b. Entered. AFAP XV; Apr 98.

c. Final action. AFAP XX; Jun 04

d. Scope. Lack of consumer skills and training in basic financial management practices result in difficulties which degrade soldier and unit readiness, morale, and retention. Without accessible and continuous counseling and education, financial difficulties will remain a training distracter.

e. AFAP recommendation.

(1) Establish a full time command financial specialist (CFS) position at battalion level Army wide.

(2) Institute standardized training for the CFS similar to that given at III Corps. Establish an additional skill identifier to reflect this training.

(3) Establish financial management education beginning at lowest levels in Army school systems.

f. Progress.

(1) Validation. Approximately 30% of soldiers have some type of financial problems during their first years on active duty, with debt collection agencies interfacing with 21% of those soldiers.

(2) Army position. At this time, HQDA DCSOPS cannot add NCO positions to the Force Structure to resource a full-time command financial specialist (CFS) position at battalion level Army-wide. Decisions to divert critical NCO leadership to meet other requirements regardless of merit, remain a prerogative of command. Many units are establishing a Command Financial Specialist (CFS) position by making it an additional duty. Examples of successful endeavors in this effort include Forts Bragg, Campbell, Carson, Hood, Lewis, and Stewart. These NCOs are trained and monitored by the local ACS Offices. MACOMS, Corps, and individual units are accomplishing all this with very limited efforts and support from HQDA.

(3) Financial planning training.

(a) In Oct 98, two hours of financial planning training was included in basic training

(b) In Jan 99, two hours of financial training were included in Advanced Individual Training (AIT).

(c) In Jan 99, soldiers began to receive eight hours of instruction at their first duty station after AIT.

(d) Army Family Team Building training was replaced with the Training Support Package, "Supervised Financial Readiness Planning" in the PLDC course in Jan 00.

(e) Since 1 October 2003, Financial Planning has been initiated in PLDC, BNCOC, and ANCOC. In PLDC, the Training Support Package (TSP) (L229) identifies ways to promote good financial management, good credit, and investment options. The TSP (L329) in BNCOC provides information on warning signs on too much credit and debt management, different insurance options and how they work and government credit card use. ANCOCs TSP (L429) focuses on the sources of retirement income, the process to purchase a home and the proper use of the government credit card.

(4) GOSC review.

(a) Nov 98. Army-wide implementation of the CFS program would commit over 400 SGTs or SFCs in the active component alone. The SMA said the Army cannot dedicate an NCO out of every battalion, but can make every platoon leader a counselor through the school-

houses. The VCSA said the III Corps fix is not an Army position right now and the Army will go after the solution in a systemic, long-term approach with TRADOC education.

(b) Mar 02. The VCSA directed a Sergeants Major review of the financial education program to determine the adequacy of time and quality of the program used in basic training and AIT, materials provided at unit level, and type of financial training needed for NCO and Officer education systems.

(5) Resolution. The Jun 04 GOSC determined this issue is completed. Financial management education has been established in the Training Support Package at each level of NCOES in addition to required financial training at the first duty station.

g. Lead agency. DAMO-TRI.

h. Support agency. TRADOC.

Issue 442: Lack of Benefits Due to Geographic Location

a. Status. Completed.

b. Entered. AFAP XV; Apr 98.

c. Final action. AFAP XXI; May 05 (Updated: May 05)

d. Scope. A soldier's assignment requiring duty away from a military installation limits benefits to soldiers and family members. Non-availability of these resources (i.e. commissary, PX, fitness centers, child care, etc.) creates a financial hardship.

e. AFAP recommendation. Monetarily compensate soldiers for additional expenses incurred due to the lack of access to military facilities based on their geographic location.

f. Progress.

(1) Validation. HQDA is aware that soldiers serving in isolated duty locations incur greater out-of-pocket expense than soldiers serving on an installation. This issue has been cited during Congressional hearings.

(2) Hardship Duty Pay (HDP). The FY98 NDAA allows up to $300 per month (CONUS/OCONUS) for hardship assignments. OSD initiated the HDP change effective 1 Feb 01. The OSD Working Group did not approve Army's request to include CONUS isolated duty in its parameters. Many OCONUS sites are designated HDP-L sites, and members receive from $50-$150 per month while serving in these areas.

(3) CONUS COLA. A recommendation to lower the CONUS COLA threshold 1% was not approved for FY02 or FY03 legislation. The net effect would add 14 cities to CONUS COLA and $25 additional dollars for CONUS COLA current recipients. This initiative is tracked in AFAP Issue 451.

(4) Parking fees. Paid parking for ROTC, Recruiters and MEPCOM personnel was authorized in the FY00 NDAA, effective 1 Oct 01.

(5) Support services. Commanders of remote units can seek assistance for contracting support services (e.g., gymnasium and child care) from the US Army Community and Family Support Center.

(6) Working Group. The VCSA tasked G-1 to work a new definition of this issue (Nov 02 GOSC). A Working Group comprised of ARSTAF CSMs and SGMs with a wide range of experience in isolated duty areas met in Fall 02 to review benefits currently offered members on an installation and to discuss alternatives and solutions.

(a) The group defined isolated duty as those assignments where service members were not near an military installation and could not avail themselves of benefits normally associated with living on or near an installation. Lack of benefits was determined to mean: commissary and post exchange, gas stations, gymnasiums, childcare facilities, TRICARE/ Dental care, motor pool/craft shops, and other MWR activities.

(b) The Office of the Surgeon General advised that TRICARE Prime Remote should take care of the majority of medical care problems for remote soldiers.

(c) The working group agreed that the chain of command could provide a contract for both the childcare facilities and gymnasiums.

(d) Commissary benefits, installation support, i.e., gas stations and MWR activities were discussed at length. Consensus was that isolated problems could be taken care of with chain of command involvement. The group concluded that command input and training could assist isolated soldiers in effectively integrating into the non-military community.

(e) Conclusion: Isolated duty assignments need to be considered within the context of a soldier's entire career. Although housing allowances and expenses may vary between assignments, pay raises and changes to the allowances provide soldiers an expectation of a constant level of income. The study concluded that rather than pay soldiers a special allowance, the Army's priority needs to be all soldiers' base pay.

(7) GOSC review.

(a) Nov 98. This issue will continue to review allowances that would help offset cost of living at isolated duty stations.

(b) Mar 02. The VCSA asked the staff to focus this issue – to work with the MACOMs to understand all the needs and get a better definition of the issue.

(c) Nov 03. The VCSA asked G-1 to make this issue more specific and recraft it to look at other things we can do to improve the quality of life for Soldiers in isolated locations.

(d) Jun 04. GOSC did not concur with unattainable status. Issue remains active for proponents to pursue initiatives that will improve living conditions for geographically isolated Soldiers.

(8) Resolution. The May 05 GOSC determined this issue is completed, noting that legislative changes (pay raises, increased BAH, TPR) have alleviated some of the financial hardship associated with duty away from a military installation. Other improvements include more efficient processing of authorizations for military personnel to receive civilian dental care and initiatives to contract for child care facilities and fitness centers. Commanders also use work-arounds such as training holidays to allow Soldiers and families to drive to a nearby installation for exchange, commissary, military treatment facility, etc.

g. Lead agency. DAPE-PRC

Issue 443: Lack of Choice In Family Member Dental Plan

a. Status. Completed.

b. Entered. AFAP XV; Apr 98.
c. Final action. AFAP XVI; Nov 00
d. Scope. Currently, there is only one choice in the Family Member Dental Plan. Enhancements such as general anesthesia and extended orthodontic coverage have been repeatedly requested by family members. The present plan is not flexible enough for changing family needs.
e. AFAP recommendation.
(1) Maintain current dental plan as a basic option.
(2) Implement additional options for services not covered in the basic plan to include general anesthesia, increase the lifetime cap of orthodontic care, and eliminate age restriction on orthodontic care.
f. Progress
(1) Validation. Previous AFAP proceedings have identified the TFMDP benefit structure as an area of interest. TRICARE Management Activity (TMA) is aware of concerns about the level of dental benefits.
(2) "Option" plan. The TMA reviewed the existing dental plan and other commercial benefit packages. A "basic plan with extra coverage options" is not feasible in insurance plans because of adverse population selection. The only people who would select increased service coverage would be those who would use those extra services. Therefore, the extra premium costs will likely be more than the actual cost of the additional covered services. Insurance is feasible only when the risk is spread among a large population pool.
(3) New contract. The 2000 TFMDP contract includes coverage for general anesthesia, raises the lifetime maximum orthodontic benefit from $1200 to $1500, and increases the maximum age limit for orthodontic coverage from 18 years to 23 years. Orthodontic coverage for all ages would have raised the premium price for all enrollees above the maximum amount mandated by public law and, therefore, was not included in the new plan. In Apr 00, TMA awarded the new contract to United Concordia Companies, Inc. (the current contractor). Implementation of the new benefits began 1 Feb 01.
(5) GOSC review.
(a) Nov 98. If improvements to the dental package are approved, a decision must be made whether to modify the existing contract or wait for renewal of the FMDP. Issue remains active to review options.
(b) Nov 99. A new family member dental plan contract was released for bid on 5 Nov 99.
(6) Resolution. The Nov 00 GOSC determined this issue is completed based on the Feb 01 implementation of the new TFMDP which expands orthodontic benefits and covers general anesthesia.
g. Lead agency. MCDS
h. Support agency. OTSG.

Issue 444: Retirement Benefits/Entitlements -- Perception of Erosion
a. Status. Completed.
b. Entered. AFAP XV; Apr 98.
c. Final action. AFAP XVI; Nov 99.
d. Scope. The perception of some members of the Total Army Family is that the government is breaking faith by reducing and eliminating retirement benefits for those who serve our country. Existing transition programs under Title 10, i.e. ACAP, will end in FY99. The lack of predictability regarding entitlements and benefits erodes trust and causes retention disparity. This adversely impacts readiness throughout the Army.
e. AFAP recommendation.
(1) Establish a Bill of Rights for individuals based upon initial entry into the service which educates soldiers on what they can expect upon retirement.
(2) Establish a Total Army Family educational/outreach program to communicate and market soldier benefits to the current and future force.
(3) Continue resourcing the entire transition program, i.e., benefits and ACAP.
f. Progress.
(1) Bill of Rights.
(a) Upon initial enlistment all soldiers are given in writing specific guarantees that the Army is able to support, i.e., Montgomery GI Bill, Army College Fund, Loan Repayment, Cash Bonus, Military Occupational Specialty Training, and Station/Unit/Command Area of choice.
(b) The Army does not support a Bill of Rights for Soldiers. The Army does not have the authority to obligate the government to guarantees of future entitlements. Legal entitlements to retirement benefits for DoD beneficiaries; i.e., health care, pay, commissary, exchanges, and use of military installation facilities are established by Congress in statutes, which constantly evolve with each fiscal year authorization act.
(3) Communication and marketing of benefits. The Army informs soldiers of current benefits. We cannot predict what our future benefits may hold.
(4) ACAP. ACAP receives funding from DoD and the Army. In 1999, DOD funding for ACAP was $13M, the Army supplement was $16M.
(a) In Oct 98, the DCSPER and SMA co-chaired a Senior Policy Review Council comprised of military and civilian leadership to review the transition needs of the soldiers of the 21st Century. The council recommended that ACAP continue as an important element of the personnel life cycle process; that services continue to include individual counseling and resume assistance; that ACAP leverage technology to off-set funding and manpower reductions; and that the Army re-establish a minimal level of funding to maintain current services.
(b) In 1999 the DCSPER Manning PEG accepted and validated a critical funding level of $5.3M throughout the POM years. However, funding was reestablished at $2-2.6M per year for FY01-05. In Aug 99, following the VCSA's request to band ACAP services with required funding, supplemental Army funding was received ($5.3M) for FY00 with reduced funding level for the POM years FY01-05.
(5) GOSC review.
(a) Nov 98. The VCSA expressed legal concerns about the Bill of Rights portion of this issue and directed that the issue be refocused on the ACAP recommendation.
(b) May 99. The VCSA asked the Adjutant General to band the ACAP funding requirement and said Army would look at it.

(6) Resolution. The Nov 99 GOSC declared this issue completed because the VCSA said that Army would restore funding for the POM years.
g. Lead agency. TAPC-PDT
h. Support agency. DAPE-PRR-C; DAPE-MPE

Issue 445: Shortage of Professional Marriage and Family Counselors (OCONUS)
a. Status. Completed.
b. Entered. AFAP XV; Apr 98.
c. Final action. AFAP XIX, Nov 02 (Updated: Feb 03)
d. Scope. Military families need assistance in coping with pressures in the overseas military environment. Currently chaplains are the major counseling option unless there is abuse. Not all chaplains are trained marital counselors, and cultural circumstances preclude the use of local civilian counseling services.
e. AFAP recommendation. Increase the number of family counselors in overseas areas by increasing active duty social work assets overseas, offering RC family counselors extended overseas tours, and expanding use of contract resources.
f. Progress.
(1) Validation. The European Medical Command (ERMC) identified 12 communities (Hanau, Schweinfurt, Mannheim, SHAPE, Katterback/Illesheim/Ansbach, Darmstadt, Kitzingen, Friedberg/Butzbach, Baumholder, Wiesbaden, Grafenwoehr/Vilsek, and Hohenfels) with insufficient resources to handle the need for preventive marriage and family counseling.
(2) Contract. A contract for 12 marriage and family counselors for Europe was awarded to SAIC in Oct 99, and by Mar 00, all contracts marriage and family counselors were in place. The contract providers are assigned to the 12 identified communities, under the clinical supervision of the Chiefs of Social Work at the three European hospitals (Heidelberg, Landstuhl and Wuerzburg).
(3) Funding. USAREUR agreed to fund contracts through FY01 using contingency operations dollars. The ERMC and US Army Medical Command received approval for FY02-07 funding. Funding projections including inflation are $6M for FY03-07. Per OTSG, the initiative is funded directly out of MEDCOM funds rather than going forward as an unfinanced requirement (UFR) to the POM.
(4) Assessment. ERMC is satisfied with the overall operation of the marriage and family therapy contract that provides counseling services in support of families at identified installations. The therapists are well integrated into the military community. SAIC, in collaboration with ERMC, conducts annual training to provide continuing education units (CEUs) and to assure that training is provided to all contractors. On average, at the 12 marriage and family counseling locations, a client can schedule an appointment within 3 days. The average counseling session is 1.25 hours. Several M&F therapists created a marketing spot for Armed Forces Network Radio, a series of short mini-dramas called “Secrets of the Stairwell” which won The Broadcast Product of the Quarter Award for best spot announcement.
(5) Chaplains. There are 18 coded Family Life Chaplain (7K) positions in USAREUR. Family Life Chaplains are assigned to fill these positions when available. When there are insufficient Family Life Chaplains, priority goes to the areas with the largest troop density and greatest need. Chaplains who have additional training through the Clinical Pastoral Education internship or a field grade Chaplain with more knowledge of family systems and experience fill the remaining FLC positions.
(6) GOSC review.
(a) Nov 98. Following a comment from a CONUS based CSM, the VCSA said that he believed this is an Army problem, not just an OCONUS problem, and directed the DCSPER to assess the funding issue.
(b) Nov 99. USAREUR confirmed that they would fund $1M for 12 therapists in FY00 and FY01. Other therapists will consist of in-place staff plus TRICARE providers.
(7) Resolution. The Nov 02 GOSC declared this issue completed based on the staffing of marriage and family counselor therapists to meet the needs that were identified by ERMC.
g. Lead agency. MSEU-SW
h. Support agency. Chief of Chaplains; OTSG/MEDCOM

Issue 446: Army and Air Force Exchange Service (AAFES) Limited Clothing Selection
a. Status. Completed.
b. Entered. AFAP XVI; Nov 99.
c. Final action. AFAP XVII; Nov 00 (Updated: Nov 00)
d. Scope. AAFES retail outlets do not stock a variety of clothes spanning the price spectrum. Some demographic groups are forced to shop at civilian retailers resulting in loss of MWR revenue. This negatively affects the morale and financial well being of all patrons, especially where the PX is the only shopping option.
e. AFAP recommendation.
(1) Stock small quantities of clothing in each price range rather than large quantities in only a few price ranges.
(2) Establish local inventories based on results of comprehensive survey of all eligible patrons.
f. Progress.
(1) Store categorization. AAFES stores have been divided into five major “clusters,” or “customer personalities" based on target age, rank, lifestyle, and disposable income. Detailed plans of the sales floor in each cluster have been developed. They identify specific name and proprietary brands that will be sold in each store which will provide a complete breadth and depth of both brands and price points. The plans are dynamic, in that they can be revised based on changes in the apparel market. They are being used as a basis for future main store renovations and new construction projects.
(2) AAFES initiatives. During FY 00, AAFES undertook three major initiatives to meet these goals:
(a) “Best Brands-Best Prices” accentuates its best brand and prices with signs and tickets reflecting the savings over the Manufacturer’s Suggested Retail Price. The messages have resulted in significant sales increases over previous years.
(b) Greater emphasis has been given to improving the quality, selection and price point of its proprietary

brands, particularly those developed to meet the needs of the active duty military family.

(c) AAFES initiative to provide greater assortment and selection was accomplished by adding more variety by reducing the number of pieces in each of the coordinate groupings.

(3) Customer surveys. The combined apparel score from Jun 00 surveys at different Army installations with similar customer characteristics, shows a 6.5% customer satisfaction index increase over the score of similar departments in Nov 99.

(4) Resolution. The Nov 00 GOSC declared this issue completed based on the AAFES initiatives that have increased the assortment and selection of clothing in various price ranges.

g. Lead agency. AAFES

Issue 447: Audio/Video Surveillance for Child Development Centers

a. Status. Completed

b. Entered. AFAP XVI; Nov 99

c. Final action. AFAP XXIV, Dec 07 (Updated: 27 Aug 07)

d. Scope. Approximately 70% of Army Child Development Centers (CDCs) do not have audio/video surveillance equipment. This equipment provides an additional prevention measure for child abuse and unwarranted allegations. Surveillance equipment is also used as a training aid and possibly increases the sense of security for families utilizing the centers. Although all CDCs built since 1995 include the conduits for this equipment, installations have been unable to fund the purchase and installation of the surveillance equipment. Audio/ video surveillance equipment in all CDC facilities would be a one-time cost and would save the Army money in the long run.

e. AFAP recommendations.

(1) Provide 100% HQDA funding to purchase and install audio/video surveillance equipment in all Child Development Centers Army-wide.

(2) Include the purchase and installation of audio/video equipment in the standard Child Development Center design.

f. Progress.

(1) Funding.

(a) Operating Maintenance Army (OMA) dollars must be used to purchase and install monitors, cameras, operating consoles, etc. for the security surveillance system (AR 415-15 - Appendix L, Information Systems Support). Military Construction (MILCON) dollars can be used for cabling and fittings.

(b) Surveillance systems were funded and installed in all CDCs and Youth facilities and are funded for all new CDC and Youth construction projects to include the FY08-09 Permanent Modular Facility Projects.

(2) Facility design. Purchase and installation of video surveillance systems is included in all Child and Youth construction projects, and placement/location of video cameras in the interior of the facility and outdoor play areas is identified all Child and Youth Standard Designs.

(3) GOSC review.

(a) May 00. FMWRC reported that the CDS requirement was submitted to the Army Budget Office as a FY00 UFR, IAW VCSA direction to fund this project.

(b) Nov 03. FMWRC reported that the outstanding action on this issue is $3.9M funding for maintenance in school age/youth facilities.

(4) Resolution. The Dec 07 GOSC declared this issue completed based on the funding and installation of systems in all CYS facilities.

g. Lead agency. IMWR-CY

Issue 448: Basic Allowance for Housing (BAH) Appropriation and Data Collection Criteria

a. Status. Completed

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XVIII; Mar 02 (Updated: Jun 02)

d. Scope. Current BAH rates fall short of congressional intent. Data collection methods for BAH calculations do not include unique key factors. As a result, soldiers may live in substandard housing or choose to supplement the cost of adequate housing.

e. AFAP recommendation.

(1) Increase the BAH appropriations to meet authorized 85% of the National Median Housing Cost.

(2) Change the data collection process criteria to include factors, such as crime rate, age of housing, condition and housing availability.

f. Progress.

(1) BAH increase. Public Law 106-398 (FY00 NDAA) repealed the requirement for service members to pay 15% of their housing cost out of pocket. BAH achieved 11.3% reimbursement on 1 Jan 02; 100% reimbursement is programmed for FY05.

(2) Quality criteria. Criteria such as schools, crime rates, and facilities standards were defined in May 00. Census Tract data methodology was utilized during the 2001 BAH data collection process. The data collection process addressed all quality criteria except schools. Data was used to develop the BAH rates for 1 Jan 01.

(3) GOSC review. The SMA told the MACOM representatives at the May 00 GOSC that they needed to get involved with the housing survey at their installations to make sure the survey data is based on where soldiers live.

(4) Resolution. The Mar 02 GOSC declared this issue completed based legislation that has increased BAH rates, and the use of housing costs submitted by local commands as the primary data source for BAH rates. Emphasis was placed on the fact that housing costs submitted by local commands are key to accurate BAH rates.

g. Lead agency. DAPE-PRC

Issue 449: Child Care Funds for Family Member Training

a. Status. Completed

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XX; Jun 04 (Updated: Jun 04)

d. Scope. Child care funds are needed for family members attending command-sponsored training. These funds are authorized for spouses who attend command-

sponsored orientations, but not command-sponsored training. Lack of funding prevents attendance at these courses and may adversely affect family readiness.

e. AFAP recommendation. Change Army Regulations 608-1 (Army Community Service) and 215-1 (MWR Activities and NAF Instrumentalities) to reimburse child care costs for family members attending command-sponsored training such as Operation Ready, English as a Second Language, Budget, Wellness, and Army Family Team Building.

f. Progress.

(1) Regulatory review. No changes in regulatory guidance, e.g., AR 215-1 and 608-10 regarding the use of APF to fund command sponsored child care is required. Since APF are authorized, NAF may not be used to reimburse child care costs for family members attending command sponsored training (para 4-11n, AR 215-1).

(2) Funding. The estimated annual cost to fund child care during command sponsored training is $1.3 M. This issue was not supported as an emerging requirement in the FY05 POM.

(3) Process. Funding for hourly care for command-sponsored training will remain decentralized and managed locally within existing command and activity budgets.

(a) Local ACS offices are authorized to budget APF for these costs.

(b) Some Chaplains have established a process for funding group hourly care through a Memorandum of Agreement (MOA) with Installation CYS programs. This MOA can be modified to meet the needs of other installation activities.

(c) Installation activities in need of hourly care for command-sponsored training may arrange transfer of funds to installation CYS to offset the cost of care during command sponsored training.

(4) GOSC review. At the Nov 03 GOSC, following request to broaden this issue to address the Guard, Reserves, and other geographically isolated units, the VCSA said he would like to give visibility to UFRs having to do with the Guard and Reserve family support programs.

(5) Resolution. The Jun 04 declared this issue completed. No regulatory changes are required. APF may be used to provide child care for command-sponsored training. Use of APF for this purpose will remain decentralized and managed locally within existing command and activity budgets.

g. Lead agency. CFSC-FP

h. Support agency. CFSC-CYS; CFSC-SP

Issue 450: Clothing Replacement Allowance (CRA)

a. Status. Unattainable

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XVII, May 01 (Updated: Jun 01)

d. Scope. Current Clothing Replacement Allowance (CRA) only replaces a portion of required issue items and does not adequately assist the soldier in replacing and purchasing uniform items. Establishing a debit system would eliminate improper use of CRA funds and would be cost effective for the soldier and the United States military.

e. AFAP recommendation.

(1) Establish a debit card system that electronically transfers funds to a Clothing Replacement Allowance account on the soldier's anniversary date.

(2) Increase the CRA based on required items.

f. Progress.

(1) Debit card. The Sergeant Major of the Army and MACOM CSMs non-concurred with the recommendation to develop and issue a debit card system for CRA. Soldiers purchase military clothing as necessary to replace items throughout the year. Debit card funds may not necessarily be available at the time a purchase is required. It is recognized that there are periods (e.g., when soldiers go to PLDC) that they exceed the annual CRA allocation. There are other years, however, when soldiers do not spend their entire CRA allocation.

(2) The Clothing Replacement Allowance.

(a) CRA is computed using the most current required Clothing Bag items and is adjusted annually based on changes in standard price. CRA provides 100% of the replacement cost of required clothing bag items prorated over each item's expected useful life. Useful life is recomputed annually and considers actual annual sales and service population. Between 1985 and 2001 standard CRA has increased from $118.80 to $390.36 per year.

(b) Acquisition planners phase-in new or changed items to deplete existing uniform stocks, enable soldiers to realize the full useful life of uniforms they already possess, provide CRA at the new rates prior to mandatory purchase, and enable manufacturing to meet required production schedules. Between 1996 and 2001, all changes had a phase-in period that equaled or exceeded the useful life of the existing item except for the women's neck tab which has a standard price of $5.10.

(3) Coordinating change to CRA. Any new computation method must be applicable to all services and be approved by OSD. At Jun 00 joint services meeting, the Army presented the issue that the CRA is inadequate. The other Services did not agree. OSD requested that the Army develop a method that would allow/justify an increase in the CRA with specific examples to identify why the CRA is inadequate. The Office of the Deputy Chief of Staff for Logistics could not develop a new computation method that would allow/justify an increase in CRA.

(4) Resolution. The May 01 GOSC concurred that a debit card system is not warranted and also agreed that the CRA is adequate to "on average" replace Clothing Bag items as required. Issue was declared unattainable.

g. Lead agency. DALO-TST

h. Support agency. DSCP

Issue 451: CONUS Cost of Living Allowance (COLA) Threshold Index.

a. Status. Unattainable

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XXI; May 05 (Updated: May 05)

d. Scope. The Secretary of Defense establishes the COLA Threshold Index. Current index is at 8%. Areas must meet or exceed the average cost-of-living in the rest of CONUS by at least 8% before service members in that area are entitled to COLA. Many soldiers and family

members living in high cost areas suffer financial hardship, often requiring them to work extra jobs/and or seek supplemental services, e.g., WIC or food stamps.
e. AFAP recommendation. Lower the CONUS COLA Threshold Index to 7%.
f. Progress.
(1) Impact. Lowering the threshold one percentage point would add 14 cities to the CONUS COLA list and would provide an additional 1% ($25) increase to current CONUS COLA recipients. Cost of lowering the CONUS COLA index to 107% would be approximately $14M.
(2) Legislative action.
(a) DCS G-1 submitted a proposal to lower the CONUS COLA threshold from 108% to 107% in the FY02 ULB. The ULB voted against the proposal.
(b) In March 03, the initiative was submitted for FY05 ULB summit and was rejected again.
(c) Discussions with the Chief, Economics and Statistics Branch, Per Diem Travel and Transportation Allowance Committee that determines COLA rates indicated that there is no support by the other Services or OSD to lower COLA index to 107%.
(3) GOSC review. At the Nov 02 GOSC meeting, the VCSA said that Army supports a reduction in the CONUS COLA threshold and told G-1 to get the other Services to support it.
(4) Resolution. The May 05 GOSC declared this issue unattainable based on the lack of support from the other Services.
g. Lead agency. DCS-G1

Issue 452: Crisis Care for Family Members
a. Status. Unattainable
b. Entered. AFAP XVI; Nov 99.
c. Final action. AFAP XVII, May 01 (Updated: Jun 01)
d. Scope. Families in crisis situations often have no place to turn because soldiers do not qualify for the Family Leave Act. Commanders have the ability to address each unique situation by granting leave; however, they must balance mission requirements with family needs. Soldiers and families experience increased stress, lower morale and financial hardship when leave is denied. This could affect soldier retention.
e. AFAP recommendation. Create a resourced program to provide in-home care to assist in crisis situations Army-wide.
f. Progress.
(1) Definition. For purposes of this issue, crisis care is defined as a medical situation requiring short term intervention with home care.
(2) Medical programs. The US Army Community and Family Support Center reviewed TRICARE policies to identify in-home care benefits.
(a) TRICARE recognizes home health services such as skilled nursing, physical therapy, speech therapy, occupational therapy and medical social services.
(b) Community health nursing and social work service function as links with civilian agencies.
(3) Army Community Service (ACS).
(a) ACS makes in-home care referrals to community health nursing, social work service and civilian agencies.
(b) Family Readiness Groups frequently provide support and assistance during crisis situations.
(c) Advocacy is provided to help individuals receive the needed care.
(4) Community. Community donations (wives' clubs, private sources and chapels) frequently fund respite care.
(5) Military. Military leave policy provides maximum flexibility in crisis situations.
(6) Resolution. The May 01 GOSC concurred that in-home care needs are met by existing medical and ACS programs.
g. Lead agency. CFSC-FSA.
h. Support agency. OTSG.

Issue 453: Education Transition Assistance for K-12 Military Family Members
a. Status. Completed
b. Entered. AFAP XVI; Nov 99.
c. Final action. AFAP XX; Nov 03 (Updated: 18 Nov 03)
d. Scope. The educational progression of military family members can be adversely affected by their mobility and varying educational requirements among schools. The majority of family members attend public schools both on and off-post, over which the Army has little influence. There is no educational transition assistance that allows for students, parents, and commanders to interact with local schools in responding to education issues.
e. AFAP recommendation. Authorize and fund full-time educational liaison staff for every installation.
f. Progress.
(1) Funding and manpower. MACOMS identified initial staffing and operational requirements for installation School Liaison Officers (SLO) in Dec 99. Funding was approved ($6.8M for 68 SLOs) beginning FY02. Follow up data call determined need for additional 49 SLOs. Positions were funded for FY03 ($4.9M). No manpower authorizations are needed; positions are supported with appropriated funds under MWR USA practice. Training for SLOs is centrally funded.
(2) GOSC review.
(a) May 00. Update provided on funding and manpower requirements for a full-time education staff at each installation.
(b) Nov 00. Several MACOMs are funding SLO positions out of their own budget.
(c) Nov 02. The VCSA stated that the Army will fund the $4.9M SLO buyout in FY03.
(3) Resolution. The Nov 03 GOSC determined this issue is completed based on funding for the full SLO requirement (117 positions).
g. Lead agency. CFSC-CYS

Issue 454: Execution of Sponsorship Program
a. Status. Completed
b. Entered. AFAP XVI; Nov 99.
c. Final action. AFAP XXI; May 05 (Updated: May 05)
d. Scope. There is a continuing problem of soldiers receiving ineffective sponsorship upon arrival at their new duty station. Lack of command emphasis results in ineffective assignment of sponsors, unreliable follow through of sponsors and inadequate training of sponsors. This

causes undue stress and hardship for soldiers and their families, lowers morale and reduces commitment to their unit.

e. AFAP recommendation.

(1) Mandate addition of sponsorship training to mission task list.

(2) Implement the monitoring and evaluation requirements in AR 600-8-8 and report findings to higher headquarters.

(3) Require a trained sponsorship pool at the unit or installation level to respond to unprogrammed and programmed arrivals.

f. Progress.

(1) Mission task list. Per the Deputy Chief of Staff, G-3, it is inappropriate to list Army Community Services (ACS) training requirements on the mission essential task list. AR 608-1(ACS Center) tasks ACS to conduct sponsorship training and the ACS Management Report tracks it.

(2) Regulatory change. In 3rd Qtr FY02, the US Army Community and Family Support Center revised AR 600-8-8 to require:

(a) Use of the DA Form 7274 (Sponsorship Program Survey) including sponsorship questions in AR 600-8-8 in the Organizational Inspection Program.

(b) Commanders of major Army commands and field operating agencies to submit a summary of sponsorship issues and trends to USACFSC.

(c) Installation commanders to ensure that a trained sponsorship pool exists at the unit or installation level to respond to unprogrammed and programmed arrivals.

(3) Sponsorship pool. AR 600-8-8 requires commanders to appoint a sponsor for incoming personnel. Some commands have implemented innovative strategies to ensure and track a pool of trained sponsors. S-GATE (an automated sponsorship program) is successful in United States Army Europe (USAREUR) and Korea.

(4) GOSC review. The Nov 02 GOSC was informed that CFSC will pursue automating sponsorship.

(5) Resolution. The May 05 GOSC determined this issue completed based on revision to AR 600-8-8 which put the requirement to monitor and evaluate sponsorship programs in the Organizational Inspection Program and requires commanders to have a trained sponsorship pool at unit or installation level.

g. Lead agency. CFSC-FP.

h. Support agency. HRC.

Issue 455: Extension of Temporary Lodging Expense.

a. Status. Unattainable

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XXI; Nov 04 (Updated: Nov 04)

d. Scope. The current number of days authorized for Temporary Lodging Expense (TLE) is insufficient. In many saturated and geographically separated unit areas, long term housing arrangements are not readily available to soldiers. During high volume Permanent Change of Station (PCS) periods, turnover and availability can cause extended delays in acquiring housing. Additional time allows the soldier to make informed decisions and provide suitable housing arrangements for their family members.

e. AFAP recommendation.

(1) Change the current maximum TLE entitlement from 10 to 15 days.

(2) Grant Installation Commanders authority to extend TLE beyond 15 days on a case by case basis, not to exceed 30 days.

f. Progress.

(1) Legislative action. Army supported a FY02 Unified Legislative and Budgeting (ULB) proposal to extend TLE to 15 days. The initiative was deferred to FY03. It was again considered for FY03, but the DoD deferred it until FY05 due to lack of funding. Expanded TLE was not submitted for FY05 and FY06 due to the cost and lack of Service support. The cost estimate for an extension of TLE is $18M.

(2) TLE changes. Since 1999, the following changes have been made to TLE:

(a) Initial PCS personnel authorized TLE.

(b) TLE increased from $110 to $180/day maximum.

(c) BAH/BAS offset eliminated--Soldier's BAH and BAS no longer deducted from TLE payment.

(3) GOSC review.

(a) May 00. Air Force survey indicated that 60% of families use more than their 10-day TLE entitlement during a PCS.

(b) Nov 03. Recommendation to close this issue as unattainable was not supported. The VCSA asked G-1 to reframe this issue to focus on granting authority to extend TLE on a case-by-case basis.

(4) Resolution. The Nov 04 GOSC closed this issue as unattainable and directed G-1 to craft a new issue to address the re-stationing of Soldiers from Europe and Korea. New issue entered AFAP as Issue 483, "Support for Re-stationed Soldiers."

g. Lead agency. DAPE-PRC

Issue 456: Graduation Requirements for Transitioning High School Family Members

a. Status. Completed

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XVIII, Mar 02 (Updated: Jun 02)

d. Scope. Department of Defense (DoD) family members who move frequently are burdened with inconsistent school requirements for high school graduation. These variations may prevent a student from graduating with his/her peers even though they may have sufficient credits, but lack one specific requirement unique to an area. Some families are leaving twelfth grade high school students behind to complete their senior year, thus disrupting the family unit and creating additional financial and emotional hardship.

e. AFAP recommendation.

(1) Develop and implement a process that allows credits to transfer so that students can graduate on time with an accredited high school diploma.

(2) Establish criteria to allow service members to extend tour of duty enabling family members to graduate from their current high school.

f. Progress.

(1) Secondary Education Transition Study (SETS). The initial SETS results, conducted by the Military Child Education Coalition (MCEC), were presented to senior

Army leaders, school superintendents, and school board members 21-23 May 00. The SETS Report, Executive Summary, and Parent Guidebook were published Jul 01 and are available through the Military Family Resource Center by email request, mfrcrequest@calib.com. The major outcome was a SETS Senior Leader Action Plan that included recommendations for addressing graduation requirements and senior moves. Specifically, a memorandum of agreement (MOA) was proposed to address these issues among the nine SETS communities.

(2) Memorandum of Agreement (MOA). The Senior leaders from the nine SETS communities (Forts Benning, Bragg, Lewis, Sill, Hood, Campbell, Bliss and Tagu (Korea) and Baumholder (Germany) signed MOA for SY 2001-02. The MOA contains protocols and suggestions for easing transition, e.g. options and opportunities for earning graduation credit, information about state testing, and high school diploma reciprocity. Since Jul 01, 60 additional school systems have signed the MOA.

(3) Road Map for military students. SETS provides recommendations to parents and students through the "Academic Passport" which outlines types of classes students should take during the high school years to facilitate credit transfer. That information is provided to parents/students through School Liaison Officer workshops, the Child and Youth Services website, AFTB classes, community forums and meetings.

(4) Army Education Summit. An education summit (26-28 Jul 00) reviewed youth education issues surfaced from installations, as well as those already in the Army Family Action Plan and the SETS Senior Leader Plan. Graduation requirements and military assignment policy were voted two of the "Top Ten" education concerns at the Summit.

(5) Youth Education Action (YEA) Group. The YEA Group was formed to serve as a clearinghouse to address and coordinate all Army youth education initiatives. It is comprised of military and civilian Army members and representatives from other government agencies and private organizations to include the DoD, DEd, Military Child Education Coalition, Association of the United States Army, National Military Family Association, senior spouses and the public school community. An interagency action plan addresses graduation requirements for transitioning high school family members.

(6) Military assignment policy. PERSCOM sent implementing instructions to the field (MILPER Message Number 01-135) on 3 Apr 01 that allow soldiers with a family member due to graduate from high school to initiate a tour stabilization request by submitting DA Form 4187. The application suspense is 12 months prior to the start of the student's senior school year. PERSCOM is the approval authority for all tour stabilization requests.

(7) GOSC review.

(a) May 00. Graduation requirements are being addressed through the YEA initiative and the senior move policy is being reviewed by ODCSPER.

(b) May 01. The MOA was signed by the participating school districts; the Army established a tour stabilization policy for soldiers with HS seniors.

(8) Resolution. The Mar 02 GOSC determined this issue is completed based on the Army's senior year stabilization policy, the SETS MOA, and development of the Academic Passport.

g. Lead agency. CFSC-CYS

Issue 457: Modification of Weight Allowance Table

a. Status. Unattainable

b. Entered. AFAP XVI; Nov 99

c. Final action. AFAP XXVII, Feb 11

d. Scope. The current Joint Federal Travel Regulation (JFTR) Permanent Change of Station (PCS) weight allowance table does not support the changing Army demographics. More service members are entering with established Families, Families are larger, and Retention Control Points have been extended, creating increased career longevity. Using the current PCS weight allowance table, service members frequently pay excess costs, unload valuable property prior to moving, do not ship essential belongings, and must replace or store items.

e. AFAP recommendation. Amend enlisted portion of the PCS weight allowance table in the JFTR to more closely match the officers' portion, making:

(1) Weight allowance of an E1-E4 equal to the weight allowance of a 01

(2) Weight allowance of an E5 equal to 02

(3) Weight allowance of an E6 equal to 03

(4) Weight allowance of an E7 equal to 04

(5) Weight allowance of an E8 equal to 05

(6) Weight allowance of an E9 equal to 06-010

f. Progress.

(1) The weight allowances are established by law. A change to the law requires a concurrence by all of the Services. A Deputy Under Secretary of Defense (DUSD), Military Personnel Policy (MPP) working group, comprised of representatives from all Services, was formulated in August 2000 to review the current weight allowances and determine if a weight increase was warranted. The working group considered the basic allowance for housing standards, excess weight cost data, years of service, regular military compensation, rank, family size, and dependency status (with or without dependents).

(2) The Services concurred with a change to the JFTR to increase the PCS administrative weight allowance from 20 percent to 25 percent of the authorized weight allowance or 2,500 pounds, whichever is greater, effective 1 October 2002. An administrative PCS weight allowance is authorized on a PCS to or from a permanent duty station (PDS) outside the continental United States at which Government-owned furnishings are provided.

(3) The Services nonconcurred with the two DUSD (MPP) legislative proposals for an across the board weight allowance increase. As a Quality of Life (QOL) initiative based on an increase in the number of service members entering the Services with Families, the Services supported an increase to the PCS weight allowances for pay grades E1 through E4. The National Defense Authorization Act (NDAA), dated 12 December 2001, increased the PCS weight allowances for pay grades E1 through E4, effective 1 January 2003.

(4) The FY 06 NDAA authorized increased PCS weight allowances for senior noncommissioned officers, grades E7 through E9, effective for orders issued on or after 1

January 2006. The Sergeant Major of the Army and equivalent in each Service is authorized a PCS weight allowance of 17,000 pounds with dependents and 14,000 pounds without dependents for the remainder of his/her military career.

(5) The Services concurred with a change to the JFTR for a higher weight allowance (not to exceed 18,000 pounds) of a member below the pay grade of O-6 on a case-by-case basis due to hardship in April 2006.

(6) In June 2006, the Assistant Secretary of the Army, Financial Management, Research Analysis and Business Practices, agreed to develop a business case for increased weight allowances.

(7) Effective 1 February 2009, the administration weight allowance for accompanied tours to Korea increased from 25 percent to 50 percent of the PCS weight allowance.

(8) In July 2009, U.S. Army G-4 proposed a change to the JFTR to allow the Service concerned to establish the administrative weight allowances by location not to exceed 50 percent. Status: Under review by the Services.

(9) In September 2009, the House of Representatives' version of the NDAA FY 10 proposed an increase in the weight allowances for grades E5 through E9 of 500 pounds for each grade. The proposal was not included in the approved NDAA FY 10. The approved NDAA FY 10 requires the Secretary of Defense to submit a report containing a review of the allowances, recommended changes and an estimated cost for the recommended changes not later than 1 July 2010.

(10) In May 2010, the Services concurred with the Chairman, Joint Chiefs of Staff's report to Congress advising that the weight allowances are currently adequate and suitable for members of the Armed Forces.

(11) On 13 December 2010, Army G-4 briefed the SMA and the other Service Senior Enlisted Advisors on past weight allowance increases and Army's initiatives to increase the weight allowances. The recommendation requires legislation and is not supported by the other Services.

(12) Resolution. Issue was closed as unattainable. Although enlisted PCS weight allowances have increased, they are not at a level that closely matches officer weight allowances. Between 2002 and 2009, administrative weight allowances and PCS weight allowance for grades E1 - E4/E7 - E9 increased; authority was granted for the Services to increase PCS weight allowances on a case-by-case basis for hardship (limit: 18,000 pounds) and 500 pounds of spouse professional weight allowance was authorized. In May 10, the Chairman, Joint Chief of Staff's report to Congress advised that weight allowances are currently adequate and suitable for members of the Armed Forces. In July and December 2010, the Office of the Army G-4 briefed the Sergeant Major of the Army, Command Sergeant Majors and other Service Senior Enlisted Advisors on past weight allowance increases and Army's initiatives to increase the weight allowances. The SMA stated that the Senior Enlisted Advisors from the other Services do not consider enlisted weight allowance an issue at this time.

g. Lead agency. DALO-FPT

Issue 458: Newly Acquired Dependent Travel and Transportation Entitlements after the Permanent Change of Station (PCS) Authorization/Order Effective Date

a. Status: Unattainable

b. Entered. AFAP XVI; Nov 99

c. Final action. AFAP XXVII, Feb 11

d. Scope. Service members who acquire new dependents after the effective date of permanent change of station orders (as cited in Joint Federal Travel Regulations [JFTR] appendix A) are not entitled to travel and transportation allowances for those dependents. This results in the service member paying out of pocket travel and transportation expenses to move newly acquired dependents to their permanent duty station (PDS).

e. AFAP recommendation: Amend the JFTR to establish date of marriage, adoption, or other legal action as the authorization date to establish dependent status for travel and transportation entitlements.

f. Progress.

(1) Current transportation entitlements only allow shipment of household goods (HHG) and travel of dependents acquired before the effective date of the orders. The effective date of the orders, for simplicity sake, is the date the individual signs into his/her new duty station. Service members receive Basic Allowance for Housing (BAH) or Overseas Housing Allowance (OHA) at the "with dependent" rate on the effective date of the marriage or adoption. The same dates are used for starting dependent medical, dental, PX, and commissary privileges. However, the effective date of the permanent change of station (PCS) orders is the date used to establish dependent travel and transportation allowances in conjunction with a PCS move. DoDI 1315.18 (Jan 05) paragraph E4.4.5 contains this guidance. As such, there is no authority to move at Government expense a dependent (or to move the dependent's HHG) acquired after the effective date of the PCS orders to the member's current permanent duty station (PDS).

(2) From FYs 02-03, Army proposed this initiative to the other Services who had mixed support. The proposal establishes date of marriage, adoption, or other legal action as the effective date for dependent status for travel & transportation allowances. On 13 Mar 03, DAPE-PRC discussed current PCS authorizations with Assistant Secretary of Army for Manpower and Reserve Affairs to determine if a change to the JFTR was possible to allow SM to use remaining HHG authorizations to move newly acquired dependents HHG. In Aug 03, the Per Diem Committee indicated that the current legislation does not allow transportation authorized for items acquired after the effective date of the orders. Their response is based on Comptroller General and OSD General Counsel Decisions.

(3) On 11 Jul 05, the Asst DCS, G-1 Mr. Lewis, attempted to garner support for this initiative from the other Services at the quarterly ADCSPER breakfast. The other Services were again mixed in their support.

(4) The ULB process is a mechanism to obtain authority in law to permit this allowance. In August 2006, Army submitted a ULB for FY 09. Army, Air Force, Joint Staff,

and special operations low intensity conflict (SOLIC) voted to support this ULB. Navy and Coast Guard voted to defer it to FY 10. OSD program and evaluation (PA&E) voted not to support this ULB. The final decision was to defer to FY 10.

(5) In August 2007, Army re-submitted this ULB for consideration for FY 10 while simultaneously attempting to garner support for this ULB from the other Services. Army, J1, SOLIC, and RA supported the proposal. Air Force voted to defer the proposal FY 11. Air Force advised that there was insufficient information/analysis to convince Air Force Corporate Boards. Air Force was also concerned that changes in tour length are not specifically required. Navy, OSD Comp, OSD PA&E, and Coast Guard did not support the proposal. Navy advised new authority was not needed, and that Title 37 USC 406 does not prohibit payment of allowance after PCS date, and to consider simply revising the Joint Federal Travel Regulations. OSD PA&E advised that the DOD should compensate members and not their dependents. Coast Guard advised that this issue should be vetted at military advisory panel (MAP) level. Because of the limited support, USD P&R did not support the proposal.

(6) In January 2009, DAPE-PRC recommended to VCSA to categorize this AFAP item as unattainable and to close this item. The VCSA non-concurred with the DAPE-PRC recommendation and decided to keep the proposal active.

(7) In September 2009, DAPE-PRC informed the JFTR MAP of the Army's intent to convene a Principals meeting (senior round table) to gain consensus.

(8) DAPE-PRC requested data from Defense Manpower Data Center (DMDC) of Army Active and Reserve Component Soldiers who reported acquiring dependents (i.e., spouse, adopted child, parents, and step parents) during the previous five (5) fiscal years (FY 03-08). The data could not definitively depict Soldiers who acquired dependents after completion of their PCS moves.

(9) During the 2nd quarter of FY 10, DAPE-PRC requested USAREUR G-1's position and an updated business case in order to strengthen business case, garner Sister Service support.

(10) DAPE-PRC revised the overall cost analysis based on the increased end strength from 540K (FY 08) to 549K (FY 09) or 1.67% and cost per move planning factor that increased from $4K to $5K. DAPE-PRC requested additional data from DMDC of Soldiers stationed OCONUS who acquired dependents by marriage, birth, or adoption. We will prepare a revised FY 13 ULB for submission during the 4th quarter of FY 2010 (FY 13A ULB Cycle). However, this issue is not limited to Soldiers acquiring dependents while stationed OCONUS. It would also apply Soldiers acquiring dependents (dependents as defined in statute: fathers, mothers, fathers & mothers-in law, etc. that would qualify as a dependent) while assigned to a CONUS installation.

(11) Revised FY 13A ULB to include recommendations from the Council of Colonels for resubmission in the ULB cycle. OSD (P&R) rejected the FY13A ULB due to a "No" vote during the FY 10 ULB cycle review.

(12) There is no exception to policy waiver to fully support this issue. However, Soldiers who acquire new dependent (s) after completion of their PCS can request for command sponsorship. If approved, Soldier will incur a new Active Duty Service obligation for tour length upon arrival of dependent (s) to the command. Regardless, shipment of new dependent (s) HHGs is not authorized. The Soldier/new dependent is authorized to use Space-A travel to the OCONUS command. Upon PCS, Soldier will be entitled to all PCS entitlements for the entire family.

(13) Resolution. The issue was closed as unattainable because of lack of support in the legislative process. Transportation entitlements only allow shipment of HHG and travel of dependents acquired before the effective date of orders, which is the date the Soldier signs into a new duty station. The Per Diem, Travel, & Transportation Committee reviewed the proposal 1999-2005; other Services had mixed support for changing the JFTR. A ULB submitted for FY09 was deferred until FY10, and the majority of voting members in ULB process did not support in final ULB vote for FY10. OSD (P&R) rejected the FY13A ULB due to a "No" vote during the FY 10 ULB cycle review. There is no exception to policy waiver to fully support this issue.

g. Lead agency. DAPE-PRC

Issue 459: OCONUS Retiree and DOD Civilian Dental Care

a. Status. Completed.

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XVII; Nov 00. (Updated: Sep 00)

d. Scope. There is limited availability of dental care in Dental Treatment Facilities for OCONUS retirees, DOD civilians, and their family members. Retirees and DOD civilians are not afforded the opportunity to utilize space available dental care. The current definition of space availability, per The Assistant Secretary of Defense (Health Affairs) policy 97-045, prohibits the access to unfilled appointments.

e. AFAP recommendation.

(1) Redefine Policy 97-045 authorizing Dental Commanders more flexibility than the current policy allows for the treatment of retirees, DOD civilians, and their families.

(2) Institute a mechanism to provide space available dental care in dental treatment facilities for OCONUS retirees, DOD civilians, and their family members.

f. Progress.

(1) Policy clarification. The US Army Dental Command's (DENCOM's) primary mission is maintaining the dental readiness of active duty soldiers, and, as such, is not resourced to provide routine dental care to OCONUS retirees, DOD civilians, and their family members. Health Affairs' Policy #97-045 permits routine care for other than active duty beneficiaries when the dental readiness of supported units is more than 95%.

(2) Unfilled appointments. HA Policy #97-045 does not specifically address unfilled appointments, but the Army Dental Command permits local commanders to maximize efficient use of resources and available, unfilled appointments. This occurs by allowing OCONUS retirees, DOD civilians (at HA approved fee schedules), and their family members to use unfilled appointments that are not filled by active duty personnel or their family members. DENCOM reiterated their policy on broken and unfilled

appointments to all OCONUS dental treatment facilities, Mar 00. This policy complies with DOD(HA)'s interpretation of Policy #97-045.

(3) Priority. DENCOM policy and procedure already supports space available care to OCONUS retirees, DOD civilians, and their family members IAW established priority of care (active duty (highest) followed by family members of active duty, retirees, FM of retirees, and DOD Civilians (at the required fees)). If a clinic is unable to fill treatment time with an AD patient, a standby patient from another beneficiary category may receive treatment.

(4) Treatment. Each clinic will establish a program to address open treatment time to include:

1. A list of patients who can report to the clinic on very short notice.

2. Alternate methods of filling open treatment time (i.e., extending services provided to patients presently undergoing care, providing additional treatment for sick call patients, or performing active duty examinations).

3. A process that allows non-active duty patients to stand by in a clinic for care if open treatment time occurs.

(5) DoD policy. Army requested that Department of Defense (Health Affairs) amend Policy #97-045 to authorize OCONUS dental clinics more flexibility to treat retirees, DOD civilians, and their families. DoD(HA) responded that they did not believe that the policy required revision, preferring that local dental commanders develop space-available dental care policies based on the local needs, as long as they comply with existing regulations and policies.

(6) Resolution. The Nov 00 GOSC declared this issue completed because Health Affair's policy gives local commanders latitude to manage appointments and schedule retirees, DoD civilians and their families into unfilled appointment slots.

g. Lead agency. DASG-HS-CD.

h. Support agency. ASD\HA, MCDC.

Issue 460: Official Mail Limitations of Family Readiness Group (FRG) Newsletters

a. Status. Completed

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XIII; Mar 02 (Updated: Aug 01)

d. Scope. The current DoD mail regulation (DoD Official Mail Manual 4525.8-M) is too restrictive as to the content of FRG newsletters. The dissemination of information and promotion of unit cohesion are important missions of FRGs. Personal and social information links family members and promotes unit cohesion. The current interpretation of the DoD official mail manual does not allow for this type of information to be included in an "official" newsletter mailed via the DoD mail system.

e. AFAP recommendation. Change interpretation or amend DoD Official Mail Manual 4525.8-M to allow FRG newsletters to include personal and social information that has a positive impact on unit cohesion and esprit de corps. Examples include FRG events, birth announcements, and promotion announcements.

f. Progress.

(1) Policy change.

(a) The Office of the General Counsel reviewed this initiative in Sep 99, and in Jan 00, CFSC proposed an interpretation of the existing language that allows limited unofficial information that is otherwise legal and incidental to the mailing's official purpose. Final language approved by Military Postal Service Agency (9 May 00) reads as follows:

C1.3.12. Information that would otherwise be unofficial may be included in official command publications such as daily, weekly, housing, and family support group-type bulletins/newsletters when the local commander determines its dissemination will contribute to morale or esprit de corps. Such information may be included only if it is not otherwise prohibited by this manual, it does not exceed 20 percent of the printed space used for the official information, there will be no increase in cost to the Government, and it does not include personal wanted/for sale advertisements.

(b) The DoDI 4525.8 and 4525.8-Manual are on line at **http://www.dtic.mil/whs/directives/**. The information was disseminated by message to MACOMs and installations on 28 Jan 02.

(2) GOSC review.

(a) May 00. The Office of the General Counsel approved inclusion of unofficial information in FRG newsletters (unless specifically prohibited) as long as it does not exceed 20% of printable space and there is no increase in government cost.

(b) Nov 00. The revision to the DoD Mail Manual should occur by Jan 01.

(5) Resolution. The Mar 02 GOSC declared this issue to be completed based on the publication of the DOD Mail Directive and revised Manual to allow limited items of unofficial information to be included in family readiness group newsletters as long as they are not specifically prohibited by the Manual.

g. Lead agency. CFSC-SP

h. Support agency. MPSA-OMM

Issue 461: Pay Table Reform

a. Status. Completed

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XX; Jun 04. (Updated: Jun 04)

d. Scope. The enlisted pay table is not consistent with the requirements and demands of military service. Comparing entry-level military service to entry-level civilian jobs to determine the base of the military pay table (E-1pay) is a false comparison and creates a false base. The base of the pay table should reflect the responsibilities and training requirements of junior enlisted personnel. The table should continue to build through the enlisted grades, commensurate with increased levels of responsibility. The FY00 targeted pay raise further distanced enlisted and officer pay. An E-6 with 14 years of service received a 5.7% pay raise to earn $2192/month, while an 03 with 3 years of service received a 7.3% pay raise to earn $3113/month. Pay table reform is critical to the recruitment and retention of a quality military force.

e. AFAP recommendation:

(1) Determine if base-level pay is sufficient and if military pay should be based on civilian comparability.

(2) Study the relationship between officer and enlisted pay and determine if pay levels are consistent with responsibility and experience.

(3) Reform enlisted pay tables based on study results.

f. Progress:

(1) QRMC review.

(a) Under the provisions of section 1008 (b) of title 37, United States Code, every four years the President must direct a complete review of the principles and concepts of the compensation system for members of the uniformed services.

(b) The 9th QRMC released its report on military compensation in Mar 02. Data and analyses suggest that military pay – particularly for mid-grade enlisted members and junior officers – has not kept pace with compensation levels in the private sector. Today's force is more highly educated than in the past and the current pay table may not include a high enough premium to sustain this more educated force. Adjustments in both level and structure of the pay table are needed.

(2) Pay table. Based on analysis conducted by the 9th QRMC, DoD established as a benchmark that military compensation should approximate the 70th percentile of earnings of civilians with comparable education and years of experience. The compensation of mid-grade and senior enlisted personnel was below the 70th percentile benchmark.

(3) Pay raises. Targeted pay raises were implemented in the FY03 and FY04 budgets that continued incremental corrective action proposed in the 9th QRMC report. Change must be incremental because of the magnitude of the increase required to fully fund the recommendations of the 9th QRMC. Pay raises 2000-2005: 2000 - 3.7%, 2001 - 4.8%, 2002 - 4.6%, 2003 - 4.1%, 2004 - 4.1%. President's 2005 Budget - 3.5% is programmed.

(4) GOSC review.

(a) May 00. GOSC was informed that the best way to make adjustments to military pay is through the 9th QRMC.

(b) Nov 03. Incremental pay raises continue.

(5) Resolution. The Jun 04 GOSC declared issue completed. Pay raises have brought the NCO Corps up to the levels that the 9th QRMC recommended in Mar 02.

g. Lead agency. DAPE-PRC

h. Support agency. OSD-FMP-MPP, SMA, Other Services, RAND Corporation

Issue 462: Personnel Tempo/Deployment Tempo

a. Status. Completed

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XX; Nov 03 (Updated: Nov 03)

d. Scope. Increased mission requirements under current force structure have a serious negative impact on today's Army. Current operational deployments are affecting retention and overall quality of life for Army soldiers and their families.

e. AFAP recommendation. Stop the drawdown and increase personnel to meet mission requirements.

f. Progress.

(1) Drawdown. The drawdown ended in 1995.

(2) Personnel.

(a) Significant improvement in unit personnel from FY99 to FY03 due to the CSA Manning the Force initiative markedly improved personnel readiness as demonstrated in 100% aggregate fill of major combat units, to include those deployed to OEF/OIF.

(b) The Army meets and exceeds its Force Structure Allowance (FSA). Current Army FSA is capped at 480K. FY03 Army End Strength equaled 499.3K. The FY04 NDAA caps Army End Strength at 482.4K. The Secretary of the Army may approve an additional 2%; the Secretary of Defense may approve an additional 3%. The Army FY04 End Strength is projected at 494.8K.

(c) The G-1 does not have the authority to increase the size of the Army. The Army's Force Structure Allowance is established by Congress and driven primarily by the budget. The G-1 is, however, responsible for ensuring Army units are filled to the level of organization as established by the G-3. The G-3 determines the Authorized Level of Organization (ALO) for every unit in the Army. The G-1 then fills the unit to its ALO.

(3) Force stabilization. Force stabilization will increase readiness and stability and mitigate negative impact of increased deployments.

(4) GOSC review. At the May 00 GOSC, the members were updated on initiatives to track soldier deployment days.

(5) Resolution. The Nov 03 GOSC declared this issue based on improvements in personnel readiness as demonstrated by 100% aggregate fill of major combat units.

g. Lead agency. DAPE-MPE-DR

h. Support agency. DAMO-ODR

Issue 463: Quality Military Clothing

a. Status. Completed

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XVIII; Mar 02 (Updated: Jun 02)

d. Scope. Military clothing suppliers are not producing quality products, forcing soldiers to purchase items that do not meet expected wear life. Prices have increased - quality has not.

e. AFAP recommendation.

(1) Open contract bidding to more suppliers to decrease costs.

(2) Enforce quality control and adhere to contract manufacturing standards.

(3) Increase command emphasis of the use of existing quality deficiency reports (QDRs).

f. Progress:

(1) Contract bidding. All items procured by Defense Supply Center Philadelphia (DSCP) are solicited on a competitive basis. This has kept prices in check. By statute, the military is required to buy American-made textiles and American garment manufacturers.

(2) Quality control. Most of the DSCP items are procured under military specifications. Quality Deficiency Reports (QDRs), the vehicle to track defects, are at an all-time low (see para 3). The Best Value contracting methodology, wherein quality is more important than price, severely limits contractors with bad quality records from receiving new awards.

(3) QDRs. HQDA, message, DTG 291341Z Feb 00, was sent to Army commanders and AAFES. At the Nov 00 AFAP GOSC, CSMs were again asked to look for quality problems and to encourage soldiers to submit

QDRs if problems were found. In FY01, the Army submitted 248 product QDRs against 49 items ($168K) -- .03% of the $606.5M in clothing purchased from DLA by the Army for FY01. Of the 248 QDRs, 136 were for 23 recruit clothing items; many concerning the Improved Physical Fitness Uniform. These problems have been resolved.

(4) Price increases. DSCP contracts are awarded on the basis of competition and price reasonableness. There is no profit in the price of an item. The price the customer pays is what the government pays for the item, plus costs that need to be recovered, such as transportation and handling.

(5) Battle Dress Uniform (BDU). The Army Uniform Board met in Jan 01, and the CSA subsequently granted approval to pursue development of a wrinkle-free BDU. At approximately $5 per laundering, over the life of a garment the potential saving to the soldier is much more than the additional $7 these BDUs would cost. Development will include testing and a cost analysis to determine savings to soldiers over the life of the garment.

(6) GOSC review. At the Nov 00 GOSC meeting, concern was expressed about the price of the BDU.

(7) Resolution. The Mar 02 GOSC declared this issue completed. Military clothing is purchased using best value contract methodology. Quality control does not appear to be a problem based on low percentage of QDRs submitted by soldiers.

g. Lead agency. DALO-TST

h. Support agency. DSCP

Issue 464: Reserve Component Commissary Benefits

a. Status. Unattainable

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XVII; May 01 (Updated: Jun 01)

d. Scope. It is inequitable for there to be a minimal number of commissary visits given to the RC forces. Under the current policy, commissary privileges are limited to 24 visits for RC members. Increasing RC commissary visits may enhance the perception of benefit equality and assist retention within the Reserve.

e. AFAP recommendation. Increase RC commissary visits from 24 to 48, in addition to access during active duty.

f. Progress:

(1) Cost. Commissaries are supported through appropriated funds. Therefore an increase in commissary access may require an increase in federal funding. Any potential funding impact must be explored before legislation is considered.

(2) Legislation.

(a) DOD submitted three proposals between 1990 and 1997 to grant reservists unlimited commissary access.

(b) On 31 Dec 97, Section 1064, Title 10, U.S. Code authorized 24 days of eligibility for each Ready Reservist who earns 50 or more points in a retirement year. These days are in addition to use of commissary during periods of Active Duty.

(c) OSD indicated that Congress would not support future proposals to extend commissary visits based on the 1997 legislative change from 12 to 24 visits.

(3) Resolution. The May 01 GOSC concurred that expanding RC commissary benefits is unattainable at this time.

g. Lead agency. DAPE-PRR-C

Issue 465: Reserve Component (RC) Post Mobilization Counseling

a. Status. Completed

b. Entered. AFAP XVI; Nov 99

c. Final action. AFAP XXVI, Jan 10

d. Scope. With the rise in the number of RC Soldiers mobilized, there is an increasing need for Soldiers and Family members to be afforded counseling services. Upon release from active duty (REFRAD), there are no provisions in place to assist RC Soldiers and Family members who need counseling, such as marital, Family, and financial. Currently, RC Soldiers and Family members must rely on expensive civilian agencies for these services. Access to these counseling services would ensure RC Soldiers' and Family members' well being.

e. AFAP recommendations.

(1) Allow Soldiers and Family members up to one-year post mobilization to identify the need for counseling relating to service connected problems.

(2) Provide counseling services at low or no cost after identifying the need of the Soldier and Family member.

f. Progress:

(1) Military process. If the need for care is connected to mobilization, the member's commander may complete a line of duty that would entitle the member to medical care. The NGB, in conjunction with the USAR, is seeking to change policy that precludes attendance in drills during the first 90 days after redeployment. Findings indicate that when Soldiers are with fellow Soldiers, they talk more about what is going on in their lives.

(a) ARNG.

(1) The National Guard Joint Force Headquarters (JFHQs) with implementation of Deployment Cycle Support Plan (DCSP), Family Assistance Centers (FACs), and in conjunction with Military One Source (MOS), Military Family Life Consultant and Military Severely Injured System are providing counseling services and online professional assistance.

(2) Programs such as Military OneSource, Military Family Life Consultant, Troop and Family Life Counseling, Veteran Affairs, Military Severely Injured Center had provided over 45,000 counseling sessions, a 14% utilizations of the counseling services. Counseling case sessions were related to: depression, Family relationships, stress management, emergency financial resources, deployment/returning from Deployment, emotional aspects of divorce/separation, anger management, other non-medical counseling issues and anxiety.

(3) In August 2007, NGB-J1-FP established an AFAP Advisory Council comprised of select State Family Program Directors (SFPDs) from across the nation to champion this issue and allow Soldiers and Family members up to eighteen (18) months post mobilization to identify the need for counseling relating to service connected problems. The Advisory Council briefed Chief,

National Guard Bureau (CNGB) on 23 AUG 2007 and received additional guidance to focus on IBCTs. The Advisory Council will meet quarterly and provide regular input on AFAP issues, recommendations and progress.

(4) The National Guard Bureau Family Program office also compiles and sends out every month a newsletter "The Program" to all State Family Program Directors containing announcements regarding benefit updates, news releases and new web resources available.

(2) Chaplain programs. US Army Reserve Command (USARC) conducted a train-the-trainer event on marriage enrichment for more than 80 Chaplains in Aug 03 to prepare them to conduct post-mobilization Family retreats throughout the USARC for all demobilizing Reservists and Families. Information on AOS and Post Deployment Care Management is included in Family retreats. US Army Reserve Command (USARC) is conducting regional chaplain led Family retreats post-mobilization available to all returning Soldiers.

(3) Post Deployment Care Management (PDCM).

(a) During the 1st Qtr FY07, the National Guard Bureau (NGB) under DoD Section 676, has established a Special Working Group on Transition to Civilian Employment of National Guard and Reserve Members Returning from Deployment in Operation Iraqi Freedom (OIF) or Operation Enduring Freedom (OEF). This will allow the working group identify and assess the needs of RC members returning from deployment in OIF/OEF in the transition to civilian employment. This action will improve the flexibility and adequacy of military transition assistance programs (TAP) for the Guard and Reserves.

(b) The intent is to ensure maximum participation by members of the Reserve Components in pre-separation counseling and TAP. To this end, it is vitally important that the National Guard community have a decisive impact on future plans in the area of TAP for the Reserve Components. Special Group will assist in this endeavor, with the end-state being two-fold: (1) to develop a template for a nation-wide reintegration/reentry model at home station that can be tailored to meet individual State needs and (2) to develop a business case to propose a legislative change to implement a home station program that may be staffed by the Office of Secretary of Defense (OSD).

(c) NGB-J1-Family Programs has partnership with the new program Military Severely Injured Center from OSD. The program is a 24/7 hub for information, case management with referrals and tracking system. Resource advocacy: hospitalization, employment, education, retraining, rehabilitation, discharge, Family support, CONUS air travel (TSA), and counseling for OIF and OEF veterans and Families.

(4) Military/Army One Source (MOS/AOS). MOS provides referrals 24 hours per day, 7 days per week; up to six face-to-face counseling sessions, and crisis materials (1-800-464-8107, CONUS; 1-800-464-81077 (OCONUS). MOS contract management began Jun 03 and is available to all active and mobilized reserve component, National Guard, and Reserve Soldiers. PDCM provides continuous medical screening and assistance to AC, National Guard and RC Soldiers and assistance for Family member. PDCM covers deployment related health concerns, embedding deployment health care ombudsmen/ advocates into primary health care, and other medical related concerns in support of Soldiers and their Family members. If counseling sessions are needed after the six free sessions, referrals are made through TRICARE or their current health care coverage. If there is no health care coverage, referrals are made to community agencies that charge nominal fees or are free. MOS services are probing the needed active assistance service for all members in benefit to our Family Readiness Programs.

(5) Vet Centers.

(a) The Department of Veterans Affairs is offering hospital care, medical services, nursing home care, and counseling services to post mobilization Soldiers and Family members 2 years from the date of discharge, for combat related or potentially combat related illnesses, injuries. Mental health care follows the same 2 yr eligibility- Family member is seen in connection with the veteran. At the end of the two year period, if a veteran is not service connected, there may be co-payments, based on their income. A veteran or Family member can be seen at the Veteran Counseling Centers nationwide if they are discharged and a combat veteran. The service is free for the life time. Hospital care, medical services and nursing home care is also available to veterans at no cost.

(b) Utilization of the 206 available Vet Centers has improved in the Guard and Reserves. Bereavement Counseling is available to Soldiers and Families and counseling for PTSD is also available for veterans with written material available to Families. Soldiers can also receive additional counseling anytime if documented on a Line of Duty for diagnosed conditions such as depression or Posttraumatic Stress Disorder. Coordination is being made with the VA to provide the numbers of RC Soldiers and their Families using the Vet Centers to validate the usage.

(6) Family Assistance Centers (FACs). Key players are FACs (325) that are publicized, as the primary entry point for any service and assistance that any military Family member may need during the deployment process. This process includes the preparation, sustainment, and reunion phases of deployment, information, referral, outreach and follow-up. The primary service provided by the FACs is information, referral, outreach and follow-up to ensure a satisfactory result.

(7) Military Family Life Consultants provide service members and their Families with short term situational problem-solving non-medical counseling services. This non-medical counseling is designed to address issues that occur across the military lifestyle and help Service members and their Families cope with the normal reactions to the stressful/adverse situations created by deployments and reintegration.

(8) Survey. To evaluate the successes and challenges of the programs offered, development of an evaluation process is required. A survey was composed for distribution to returning Soldiers and their Families to monitor usage and utilization of services. On 27 Jun 05, the Army Reserve revealed their web portal at their

MACOM AFAP Conference. The portal provides information to counseling services and other available resources. The Survey was posted to the web portal to evaluate information received, usage, and knowledge of services available. Notification of the survey was done through AKO and Family Programs Staff in the field. There were 324 responses. Of the 83% who were aware of the counseling, only 19% utilized the services. Those who sought counseling were comprised of a combination of both Soldiers and Family members. Services utilized consisted of Military OneSource (25 percent), Department of Veterans Affairs (22 percent), Army Reserve Chaplain (12 percent), and other (41 percent) such as TRICARE, community religious organizations, and Employee Assistance Programs through civilian employers.

(9) USARC.

(a) US Army Reserve Command (USARC) conducted a train-the-trainer event on marriage enrichment for more than 80 Chaplains from 18-21 Aug 03 to prepare them to conduct post-mobilization Family retreats throughout the USARC for all demobilizing Reservists and Families. Information on AOS and PDCM is included in Family retreats. ARNG is continuing to develop implementation goals and guidance. The USARC is conducting regional chaplain-led Family retreats post-mobilization for all returning Soldiers.

(b) Focus groups were conducted in first quarter of FY05 to conduct a needs assessment prior to distribution of a written survey through our web portal (standing up in summer of 05). The four focus groups consisted of Family members and Soldiers who had been re-deployed from one to eighteen months. Preliminary results indicate counseling is in fact needed at the one year mark and beyond. Many Soldiers and their Family members were struggling with readjustment issues. A survey showed that 83 percent of USAR Soldiers are aware of the counseling-related services and 19 percent are using them.

(c) The Director, Army Reserve Family Programs began the distribution of Battlemind Training CDs to all Family Programs Office within the Army Reserve. Family Programs at all levels would employ in all Family Programs Training.

(10) Web Portal.

(a) ARNG. NGB Family Programs website www.guardFamily.org has been updated with an integrated tracking system that will facilitate and monitor our website users. These will allow NGB to improve outreach programs for our end users.

(b) USAR. To ensure information is getting to USAR Soldiers and Families, the Army Reserve has established a web portal to provide information. In addition, information is provided at reunions and pre-deployment briefings.

(11) Dec 06, coordinated with the Army Reserve Public Affairs marketing point of contact to establish a site with the assistance from Army Public Affairs regarding post-deployment support information.

(12) Feb 07, the Army Reserve Family Programs Office conducted a survey to evaluate its services to Families of mobilized Soldiers. There were 718 responses – 2% indicated counseling was a priority, and 92.2% are aware of the services Family programs provide. The Army Reserve Family Programs continues to provide information on counseling services at mobilization briefings (via teleconference and in person).

(13) Veterans of Foreign War (VFW). Strategic partnership with VFW programs has been established to provide assistance to all service members and their Families during the deployment process. VFW personnel will provide assistance to State Family Programs Directors (SFPDs) to answer questions, coordinate support, and act as liaison between their organization and the Joint Force Headquarters (JFHQs).

(14) Strategic partnership with American Veterans (AMVET) programs has been established to provide assistance to all service members and their Families during the deployment process.

(15) GOSC review.

(a) May 01. The VCSA said that this issue would remain open but that it needs to focus on finding a solution beyond the VA and Red Cross.

(b) Jun 04. Issue remains open to monitor counseling services for Reserve Soldiers returning from theater.

(c) Nov 04. The GOSC was informed that the Army Reserves intend to distribute a survey to returning Soldiers and Families 1st Qtr FY05 to assuage utilization of counseling services.

(d) Nov 06. The GOSC requested the issue remain active and will be broadened to explore how to best get information to RC Soldiers and Families. Representative from the National Military Family Association (NMFA) applauded the work done in this area, but stated that they hear from Families that they are not aware of the services available to them and that some of the services are not robust enough to handle the need. OTSG attendee noted that there are an inadequate number of behavioral health providers in the nation. PAO offered to work with the USAR and NGB to put a site on the army.mil web page that identifies post-deployment support services.

(e) May 07. Issue remains active. Counseling services for RC Soldiers and Families will be included in the review of counseling services tasked in Issue 474 (Shortage of CONUS Professional M&FCs).

(16) Resolution. Counseling is available, for extended periods, during all phases of deployment, to include career life cycle support.

g. Lead agency. NGB-FP and AFRC-PRW-F

h. Support agency. ARNG G-1, OCCH and FMWRC

Issue 466: Standards and Regulatory Material for Army Family Action Plan (AFAP) and Army Family Team Building (AFTB)

a. Status. Completed

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XX. Nov 03

d. Scope. Lack of dedicated standards, and accountability for AFAP and AFTB programs cripples the effectiveness of these programs. Without standardized programs, Army communities are not afforded equal representation through grassroots input and educational empowerment. Absence of these programs diminishes quality of life, self-reliance, and confidence within the total Army family.

e. AFAP recommendation.

(1) Develop and implement program standards for AFAP and AFTB requiring at least one key standard reported to the MWR Board of Directors.
(2) Update AFAP and develop AFTB program circulars outlining HQDA, MACOM, and installation responsibilities.
(3) Publish a letter from the Chief of Staff of the Army (CSA) and the Sergeant Major of the Army (SMA) directing all subordinate command teams to actively support AFTB and mandating that information about AFTB be included in local command orientation programs.
f. Progress. (In Jan 00, the AFTB/AFAP funding component of this issue was transferred to Issue 421 and CSA/SMA program endorsement was transferred from Issue 421 to this issue.)
(1) CSA and SMA Proclamation. On 16 Dec 98, the CSA and SMA jointly signed a proclamation designating 16 Dec as AFTB Day. In this memorandum the CSA and SMA encouraged command teams to embrace and fully support AFTB.
(2) Program Standards.
(a) AFAP baseline standards: The AFAP program has four key standards that are reported to the MWR Board of Directors (a designated AFAP manager; annual installation AFAP forums; annual mid-level AFAP forums; and a Commander's AFAP Steering Committee).
(b) AFTB baseline standards: In Sep 02, the MWR Working Group approved three AFTB baseline program standards. These standards will track whether the installation has a designated AFTB Program manager, conducts the minimum number of Level One courses; and has a minimum number of DA-certified AFTB Master Trainers to work the program.
(3) Accreditation. Both programs developed accreditation standards. Implementation was initiated in FY02 in concert with ACS accreditation visits. .
(4) Regulations. The AFAP regulation (AR 608-47) and AFTB regulation (AR 608-48) were published in Nov 03.
(5) GOSC review.
(a) May 00. Updates were provided on the development of program standards and the milestones for program regulations.
(b) Mar 02. Program standards have been established for AFAP and are pending approval for AFTB. Program accreditation is being accomplished in concert with ACS accreditation. AFAP and AFTB regulations are undergoing legal review.
(6) Resolution. The Nov 03 GOSC declared this issue completed based on implementation of AFAP and AFTB baseline and accreditation standards and publication of respective Army regulations.
g. Lead agency. CFSC-FP

Issue 467: State Laws Impacting Military Families
a. Status. Completed
b. Entered. AFAP XVI; Nov 99.
c. Final action. AFAP XX. Jun 04
d. Scope. Soldiers and family members who are transferred from one duty station to another are repeatedly subjected to a variety of state laws. Military families often face financial hardship because of differences in state laws concerning tuition, taxation, employment, vehicle registration, licensing and titling. The Army Legal Assistance Policy Division has drafted a proposed Model Uniform Code of Rights and Protections for Members of the Uniformed Services to resolve these and other issues. Adoption of such a code will ensure uniformity between state laws regarding the rights and obligations of soldiers and family members.
e. AFAP recommendation. Adopt a Model Uniform Code of Rights and Protections for Members of the Uniformed Services.
f. Progress.
(1) Model code. Army drafted a model code that contained 14 provisions. Two former provisions (universal acceptance of powers of attorney and wills prepared by military assistance officers) were eliminated after they became federal law. The Draft Model Code, sent to DoD in Feb 01, was never forwarded it to the National Conference of Commissioners on Uniform State Laws.
(2) Legislation.
(a) During the 107th Congress, the House Veterans Affairs Committee expressed interest in updating the Soldier's and Sailor's Civil Relief Act. The services were able to include provisions to accomplish three of the most import goals of the Model Code.
1. Permit termination of a real property lease by active duty soldiers moving due to PCS moves or deployment orders.
2. Provide protections from personal property taxes for property owned jointly by a servicemember and spouse
3. Prevent states from increasing the tax bracket of a nonmilitary spouse who earned income in the state by adding in the service member's military income for the limited purpose of determining the nonmilitary spouse's tax bracket.
(b) The revision did not make it out of the Veterans Affairs Committee in the 107th Congress, and was reintroduced in the 108th Congress. The House Veterans Affairs Committee removed the language that would provide protection from personal property taxes for property owned jointly by a servicemember and spouse. The Senate added language that would allow a servicemember to terminate a motor vehicle lease if they are deployed for over 180 days or receive PCS orders to an OCONUS location. On 19 Dec 03, President Bush signed legislation creating the Servicemembers Civil Relief Act
(4) GOSC review.
(a) May 00. TJAG explained that the Model Code packaged the most military-friendly provisions of various state laws.
(b) May 01. The GOSC was informed of recent additions to the model code.
(5) Resolution. The Jun 04 GOSC declared this issue completed. Although most of the provisions in the Model Code were not adopted, passage of the Servicemembers Civil Relief Act (SCRA) favorably resolved several key issues.
g. Lead agency. DAJA-LA

Issue 468: TRICARE Chiropractic Services
a. Status. Completed.
b. Entered. AFAP XVI; Nov 99.
c. Final action. AFAP XVIII; Mar 02

d. Scope. Chiropractic care is not an established TRICARE benefit. Soldiering is inherently a physically demanding occupation. Soldiers and other beneficiaries use chiropractic services at their own expense. The preliminary results from the recent Chiropractic Health Care Demonstration Program (CHCDP) indicate there is a demand for chiropractic care and that participants consider chiropractic services valuable.

e. AFAP recommendation. Institute chiropractic services as a TRICARE benefit to cover all categories of beneficiaries.

f. Progress

(1) Chiropractic demonstration. TMA delivered the final report of the Chiropractic Health Care Demonstration Program to Congress, 3 Mar 00. The executive summary report states that while implementation of chiropractic services is feasible, the incorporation of chiropractic care within the DOD is not advisable. The report stated that full implementation of chiropractic care services for the DOD beneficiary population at this time would likely require reducing or eliminating existing medical programs that already compete for limited Defense Health Program dollars.

(2) Legislation. The FY01 NDAA authorized a five-year phase-in of chiropractic services for all active duty military personnel at designated military medical treatment facilities (MTFs). It also expanded the scope of chiropractic services to include, at a minimum, care for neuro-musculoskeletal conditions typical among military personnel on active duty. Congress did not appropriate funding for the active duty chiropractic services authorized in the NDAA. MEDCOM funded the Army initiative for FY02; TMA submitted an unfinanced requirement for $107.6M to cover FY03-07 program cost.

(3) Implementation. Per the FY01 NDAA, chiropractic services will continue at Forts Benning, Carson, Jackson and Sill, and Walter Reed Army Medical Center for active members only. Over the next five years, chiropractic services will phase in at other MTFs. Forts Bragg, Hood, and Campbell are in the second phase and Forts Meade, Stewart and Lewis are in the third phase.

(4) Resolution. The Mar 02 GOSC determined that this issue is completed based on legislation that authorized chiropractic care for active duty members and the Army's development of a phased-in implementation plan.

g. Lead agency. DASG-HS-PA

h. Support agency. OTSG

Issue 469: TRICARE Prime Copayments for Emergency Room (ER) Services

a. Status. Completed

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XVII, May 01

d. Scope. Military families have to render a co-payment when they use civilian emergency rooms or urgent care centers under the TRICARE program. Currently, the co-payments for family members enrolled in TRICARE Prime are $10 for family members of E-1 to E-4 service members, $30 for E-5 and above.

e. AFAP recommendation. Eliminate all copayments for these type of services when used by family members enrolled in TRICARE Prime.

f. Progress.

(1) Legislation. The FY01 NDAA eliminated TRICARE Prime co-payments for active duty family members. The provision was implemented 1 Apr 01.

(2) Resolution. The May 01 GOSC declared this issue completed based on FY01 legislation that eliminated all co-payment for family members enrolled in TRICARE Prime.

g. Lead agency. TRICARE Management Activity and MCHO-CL-M

h. Support agency. Health Policy and Services Directorate, TRICARE Division

Issue 470: TRICARE Personnel Training

a. Status. Completed.

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XVIII; Mar 02

d. Scope. Beneficiaries complain about poor customer service, billing errors, and conflicting information. TRICARE staff persons are not effectively and routinely evaluated for proficiency and updated on procedural changes. This creates frustration for TRICARE eligible beneficiaries due to billing errors and conflicting information.

e. AFAP recommendation

(1) Establish initial and refresher training requirements.

(2) Evaluate success of the training on basis of customer satisfaction to include analysis of complaints and billing errors.

f. Progress.

(1) Training. TRICARE University offers web-based distance learning courses in TRICARE tailored to train BCACs, DCAOs, and Health Benefits Advisors. All military Health System employees can access the site.

(2) Other resources. Various tools are available to assist beneficiaries.

(a) Guidance on implementing the Beneficiary Counseling and Assistance Coordinators (BCAC) program was distributed to Army military treatment facilities (MTFs) 4th Qtr FY00.

(b) The Debt Collection Assistance Officer (DCAO) Program, established in 3rd Qtr FY00, assists beneficiaries with outstanding claims. The average time to resolve an Army DCAO claims case is 25 days.

(c) The TRICARE Help email Service (THEMS) assists with beneficiary issues and provides accurate and timely information. This program has been expanded to all military Services and receives about 700 inquiries per month. THEMS provides fact sheets on topics such as claims and helps alleviate problems by identifying common mistakes and indicating how to prevent them.

(d) TMA provides toll-free telephone numbers to assist beneficiaries with all types of questions. The numbers are: 1-877-DOD-MEDS for the Senior Pharmacy program, 1-888-DOD-LIFE for the TRICARE For Life program, 1-800-903-4680 for the National Mail Order Pharmacy program and 1-800-538-9552 for DEERS updates.

(3) Evaluation of training. Army beneficiaries' level of satisfaction with interpersonal relations remains high (90%) for outpatient encounters (TMA monthly customer satisfaction survey , 4th Qtr FY01).

(4) GOSC review. The May 01 GOSC was informed of the various initiatives to improve customer service, reduce billing errors and conflicting information about TRICARE benefits.

(5) Resolution. The Mar 02 GOSC declared this issue completed based on TMA programs that enhanced staff training, beneficiary interface and assistance, and claims processing.

g. Lead agency. DASG-TRC

h. Support agency. TRICARE Management Activity (C&CS)

Issue 471: TRICARE Standard/Extra Deductible Categories

a. Status. Completed.

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XVII; May 01 (Updated: Jun 01)

d. Scope. There are only two deductible categories for active duty family members. The two categories are E-1 to E-4 and E-5 to 0-10. Increasing the number of deductible categories makes payment structure commensurate with service member's income.

e. AFAP recommendation. Create a minimum of four TRICARE standard/extra deductible categories based on service member's pay grade.

f. Progress.

(1) Additional deductible categories. Adding more deductibles for the few beneficiaries who choose other than TRICARE Prime will further complicate the program and is inconsistent with other AFAP recommendations to better educate beneficiaries on the benefits of TRICARE Prime. TRICARE Management Activity's (TMA's) analysis indicates the high cost of implementing multiple deductibles for those who choose other than TRICARE Prime is not cost effective.

(2) TRICARE Prime. TRICARE Prime provides enhanced preventive care programs at the least cost to the government and is the recommended health benefit program. The FY99 National Defense Authorization Act (NDAA) requires automatic enrollment of all E1-E4 ADFMs in TRICARE Prime. The rule was published 28 Jun 00.

(3) Resolution. The May 01 GOSC declared this issue completed since the legislative changes authorized by the FY01 NDAA, combined with the high rate of acceptance of TRICARE Prime and TPR, eliminate the need to create additional deductible categories.

g. Lead agency. TRICARE Policy Branch, OTSG

h. Support agency. TRICARE Management Activity

Issue 472: TRICARE Vision Plan

a. Status. Unattainable

b. Entered. AFAP XVI; Nov 99.

c. Final action. AFAP XVII, May 01

d. Scope. Glasses, contact lens exams, and contact lenses are not TRICARE benefits for all categories of beneficiaries. Contact lens services are available through the Medical Treatment Facility for medically indicated or mission required personnel. Other individuals must pay for contact lenses and glasses. This results in significant out-of-pocket expenses. Comprehensive vision care is a prime quality of life issue for the Total Army Family.

e. AFAP recommendation. Establish a TRICARE Vision plan to include coverage for the cost of glasses, contact lens exams, and contact lenses for all categories of beneficiaries.

f. Progress.

(1) Current benefit.

(a) Effective 1 Oct 00, the TRICARE Clinical Preventive Services Vision Care benefit authorized a biennial comprehensive eye exam for all TRICARE Prime enrollees with no co-pay. It does not include materials, contact lens fittings or follow-ups. The annual comprehensive eye exam benefit for diabetics is unchanged.

(b) According to 32 CFR 199.4, Basic Program Benefits, eyeglasses, spectacles, contact lenses or other optical devices are specifically excluded except under very limited and specific circumstances. These circumstances include times when an optical device functions in place of the crystalline lens (cataracts), post retinal detachment surgery and with certain corneal diseases or irregularities. Medically indicated contact lens and spectacles are currently available to all categories of beneficiaries. Mission required contact lens are available only to active duty personnel.

(c) The Frame of Choice spectacle program is available as a Quality of Life program for active duty only.

(d) Per AR 40-63, Ophthalmic Services, retired service members can receive one pair of standard military spectacles per year by presenting a current, valid spectacle prescription at any military optometry clinic.

(2) Commercial policies. Review of several commercial benefit packages indicated that:

(a) Annual comprehensive eye examinations are generally covered ,and a contact lens evaluation may be substituted for the annual comprehensive eye exam. Cosmetic contact lens examinations are authorized with and without co-payments, subject to fixed fee schedules or with an additional point-of-service fee.

(b) When spectacles and contact lens materials were offered as a covered benefit, they tended to be at an additional premium cost, as a discount on materials purchased, or according to a fixed fee schedule allowance. Some packages ($120-$180 per year) offered comprehensive eye examinations and materials (spectacles or contact lenses) but not cosmetic contact lens evaluations.

(d) The copayment, fixed fee schedule or point of service cost of cosmetic contact lens fitting in commercial benefit packages varied from $0-$300 depending on the type of contact lens required.

(3) Cost. The cost to provide materials (spectacles or contact lenses) ranged from $119M for an annual benefit (replacing frames every two years and spectacle lenses every year or contact lenses every year) to $89M for a biennial benefit (spectacles every two years or annual contact lenses replacement). Eye examinations (annual for contact lens wearers/biennial for spectacles) would increase costs another $13M.

(4) GOSC review. The May 00 GOSC requested OTSG look at this issue in subsets.

(5) Resolution. The May 01 GOSC declared this issue unattainable based on cost to expand TRICARE cover-

age to include spectacles, contact lenses, and contact lens examinations.
g. Lead agency. DASG-HS
h. Support agency. TMA

Issue 473: Untimely Finance Transactions
a. Status. Completed.
b. Entered. AFAP XVI; Nov 99
c. Final action. AFAP XXIV; Dec 07
d. Scope. Critical transactions (such as, Basic Allowance for Housing, Temporary Lodging Expense, promotions, marital status) are not being processed in a timely manner. Process delays are due to the lack of trained Personnel Actions Center personnel, Defense Finance Accounting Services inefficiencies, and slow identification of transaction errors. Delayed payments result in financial hardships for service members and their family members.
e. AFAP recommendations.
(1) Mandate training at all levels for personnel processing finance transactions.
(2) Develop and implement software that processes transactions twice a month.
(3) Establish bilateral performance standards requiring all parties to identify errors and deficiencies expeditiously.
f. Progress.
(1) Training.
(a) The Personnel Transformation concept (briefed to the CSA in Jan 01) returns company clerks to units, reengineers business processes, initiates the use of web-base technology for personnel transactions, and supports establishment of formal S1 training.
(b) AG School placed an S1 Tool Kit on their website (http://usassi.army.mil/toolkit/index.htm) for commands to use locally in conducting S1 sustainment training.
(2) Transactions. The Defense Joint Military Pay System (DJMS) issues payroll twice a month (and up to 8 times per month for the Reserve Component). Transaction updated to the system to support payroll cycles is 18 – 20 times per month. This capability will be resident in the Defense Integrated Military Human Resource System (DIMHRS).
(3) Performance Standards/Timeliness.
(a) A transaction is considered late if it is not processed within 30 days of the effective date of the transaction. The standard is three days to process a transaction from the time the transaction is received in the Finance Office.
(b) The OSD Personnel and Pay Council established timeliness goals for all military services in 2006. Metrics are established and briefed at the Army Personnel/Pay Council and the Office of the Secretary of Defense (OSD) Council for the overall timeliness of finance transactions. The performance standard for pay timeliness across the Department of the Army is 97%. Army timeliness improved from 83% in May 2006 to 91% in September 2007.
(c) In December 2006, DFAS implemented a change to its Defense Military Pay Office suite of software that allows the installation finance offices to track timeliness of pay transactions by source activity using the date received in finance. This automated report allows the installation finance to work directly with commands and activities which are habitually late in getting documentation into the finance offices.
(4) Implementation of Defense Integrated Military Human Resources System (DIMHRS)
(a) DIMHRS will replace the legacy personnel system and integrate personnel and pay into one business system. DIMHRS will help speed the timeliness of payroll transactions and will have the ability to better manage and track statistics from the payroll and personnel perspective. Target fielding is October 2008.
(b) The Marine Corps, which uses an integrated system, has experienced 96 to 97% timeliness.
(c) Overall proponency for military pay will transfer from ASA (FM&C) to ASA (M&RA) as part of the implementation of DIMHRS.
(5) GOSC review.
(a) Nov 00. The DCSPER explained that a system change will allow a single transaction to simultaneously post changes to pay and personnel systems.
(b) Mar 02. The Army is scheduled to be the first Service to receive the integrated personnel/pay module. DIMHRS is scheduled to be fielded to the Army in Feb 04.
(c) Nov 04. The Nov 04 GOSC stressed the importance of implementing this initiative, especially in light of the many pay problems experienced by mobilized service members.
(d) Dec 07. The Dec 07 GOSC declared this issue completed based on the ongoing improvements in current pay transaction timeliness and pending implementation of DIMHRS.
g. Lead agency. SFFM-FC-ZA
h. Support agency. HRC

Issue 474: Shortage of CONUS Professional Marriage and Family Therapists (M&FTs)
a. Status. Complete
b. Entered. AFAP XVII, Nov 00
c. Final action. AFAP XXIV; Jun 08
d. Scope. Military Families need assistance in coping with pressures associated with managing complex relationships within a military lifestyle. Currently, chaplains are the major counseling option unless there is identified Family violence (Family Advocacy option) or medical/mental health diagnosis of a Family member, and marital/Family therapy is the method selected to reduce conflict and facilitate medical management of the problem (TRICARE option). Not all chaplains are trained marital counselors, and local civilian counseling services are not available in adequate numbers near all installations.
e. AFAP recommendation. Increase the number of M&F counselors in underserved areas by expanding the use of contract resources.
f. Progress.
(1) Expansion of Issue. VCSA after discussion at the 4 Dec 07 GOSC, directed that Issue #474 be expanded to include the needs of OCONUS locations. Analysis of the changing needs in Korea indicate that 3 M&FTs would be sufficient to meet the needs of their Families. Plans are under way to determine the best vehicle to establish the 3 positions in Korea. Additional costs estimates for Korea are approximately $360K. Analysis of the shifting popula-

tions in Europe reveals that there are sufficient resources on the current M&FT contract used by ERMC to provide 11 M&FTs.

(2) Requirement. In-depth analysis (FY01) revealed shortages at nine (9) Army installations. Two of the initial installations with few M&F therapists (M&FTs) off the installation proved to have adequate support on the installation (Fort Hood and Fort Polk). Although Fort Bragg appeared to be adequately supported off the installation, events and analysis revealed that access was problematic and support on the installation was less than required. The 9 installations required a total of 10 Masters level licensed, M&F therapists.

(3) Contracts.

(a) To initiate required services, the MEDCOM Contracting Office extended an existing contract in 4th QTR FY02, to recruit 10 contract therapists who began in Sep 02. Using FY02 funds, MEDCOM continued FY03 contract operations at a cost of $750K in un-programmed funding. In FY04, the contract continued with $860K in un-programmed funding, an increase of $125K over FY03 costs.

(b) MEDCOM selected a new contractor (Zeitgeist Expressions of San Antonio, TX) following hiring difficulties under the original contract. The 10 contract M&F counselors were in place and working at the 9 installations as of Feb 04. This contract also covers services to activated RC personnel/Families. As of Jan 06, 14 contract M&F counselors are in place providing services at the 9 installations.

(c) Work load data for the 9 installations/M&FTs for FY06 totaled 14,120 ambulatory encounters with 3,332 unique patients. Installation breakdown is as follows: 1,272 at Fort Bragg (2 providers); 1,541 at Fort Leonard Wood; 739 at Fort Wainwright; 3,171 at Fort Campbell (3 providers); 1,211 at Fort Sill (3 providers); 1,101 at Fort Stewart; 1,730 at Fort Drum; 1,302 at Fort Rucker; 831 at Fort Huachuca; 1,001 at Fort Stewart.

(d) OTSG and MEDCOM have submitted the M&F therapy contract for renewal to run from 1 April 2008 for one base year and four option years. During the base year, OTSG/MEDCOM will continue to assess utilization of the M&F counseling services available under the contract. Based on utilization data, modifications to staffing locations will be made if needed. Assuming that changes are minimal, the Issue will be recommended for closure as completed at the end of FY08.

(4) Studies and initiatives.

(a) Media attention has focused on the number of divorcing Soldiers. USA Today (9 Jan 06) reports enlisted divorce rates at 3.6%, an increase from 1.7% in CY00. The Officer divorce rate is reported at 2.3% per year, down from 6% in CY04. The Center for Disease Control reports that the national divorce rate is 4.3% annually. An analysis of Army suicides reveals that approximately 70% involve failed relationships.

(b) MEDCOM purchased an Outcomes Questionnaire for use by all contract M&F therapists to measure a broad range of symptom distress, M&F difficulties, and difficulties with workplace duties. The instrument is sensitive enough to measure even a moderate amount of change between the first and last sessions. It has been in wide use since 1994. An analysis of 62 out of 319 initial questionnaires indicated that couples experienced a clinically significant decrease in overall distress after completion of marital therapy. Average total distress scores decreased by 15 points from the initial presentation, and represents change that reliably exceeds the measurement error of the instrument.

(c) In post-deployment reassessment data completed in Jul 05 by WRAIR (Land Combat Study of 30,000 Soldiers), researchers saw Soldiers with anger and aggression issues increase from 11% to 22% after deployment. In the WRAIR study, those planning to divorce their spouse rose from 9% pre-OIF to 15% post-OIF. The most recent MHAT V responses reported that 40% of currently deployed OIF Soldiers were planning to divorce their spouses upon return.

(d) In a preliminary analysis of post-OIF Soldier and spouse responses, researchers at Kansas State University extrapolated that 380 out of 1,440 Soldiers (26.4%) were in unstable marriages.

(e) Most Army behavioral health consultants support the concept of moving behavioral healthcare in the direction of an integrated, population-based mental healthcare model (staffing model based on a ratio of one provider per X number of beneficiaries). The Office of the Assistant Secretary of Defense (Health Affairs), Assistant Secretary of the Army (Manpower and Reserve Affairs), and OTSG continue to work to address this and similar issues.

(f) MEDCOM developed a pre-decision brief, presented to TSG on 9 Jan 06, to help map a future M&F counselor program course of action. Before a final brief could be scheduled, DoD Health Affairs solicited a request for additional pilot programs designed to address stress created by increased deployments. Initially, the MEDCOM response focused on Soldier needs; however the MEDCOM CofS requested that programs for Families be included. Based on continuous feedback from the installations that have benefited from the M&FT contract and an analysis of workload, it was determined that MEDCOM needs one M&FT per Brigade Combat Team (BCT). MEDCOM submitted a request for 46 M&FT's, to included the currently assigned counselors, at an estimated cost of $4.6M per year.

(5) Current sources of counseling/related services:

(a) Military One Source (MOS).

(1) MOS provides a 24-hour, 7 days-a-week, 365 days/year toll-free information/referral call center and internet/Web-based services to Active and Reserve Component Soldiers, deployed civilians, and Family members worldwide. Services include an array of information and referral services, including non-medical counseling (including M&F counseling) in the United States, Puerto Rico, and Guam. In OCONUS, face-to-face counseling is provided via existing MTF services. Up to six non-medical counseling sessions, per issue, are provided at no cost to eligible beneficiaries who must call the center to get authorizations and referrals for this counseling. The call center is staffed by Masters-level consultants with training and experience in working with the military population. Callers may remain anonymous, and are made aware of the limits of confidentiality at the begin-

ning of the call. If face-to-face non-medical counseling is needed, consultants refer callers to licensed civilian counselors in their local areas and ensure remote access to counselors, where needed.

(2) Of the $27M currently spent on MOS, about $18M was provided counseling services in FY04 - FY05. The cost of the program during FY06 and FY07 was assumed by DoD. There were 5,141 individuals (Army) referred for non-medical counseling. This resulted in 20,564 M&F therapist sessions delivered during FY06. In contrast, the 14 contracted M&FT therapists had a total of 14,120 patient encounter sessions during the same period.

(3) Not all individuals who are referred initiate MOS non-medical counseling. Actual utilization rates are calculated from invoice data that may lag referral data by several months. However, the most complete data available for FY06 is that out of 14,575 referrals, 10,141 initiated counseling (70%), an average of 845 per month. Referrals for emotional well-being of couples comprised 50.7% of all referrals for this period.

(b) The Army Community Service (ACS) Family Advocacy Program (FAP) and military treatment facilities (MTFs) provide various levels of assistance/services to military beneficiaries. Services are tiered: (1) primary: prevention and education services; (2) secondary: high risk population interventions (in the absence of a domestic, other incident); and (3) tertiary: direct intervention and treatment initiated after an incident has occurred.

(1) ACS/FAP provides primary and secondary levels of service, with a focus on prevention and psychoeducational classes for community and at-risk populations.

(2) MTFs provide secondary and tertiary levels of services, with a focus on direct services, e.g., safety plans, medical evaluations, domestic violence counseling, etc. after an incident has occurred.

(3) MEDCOM's contract M&FTs provide excellent support to the Family Advocacy Program (FAP). Installation comparisons reflect successful FAP treatment completion at a higher rate when M&FTs are available.

(c) Soldier and Family Life Consultants. OSD funded contract in support of Deployment Cycle Support designed to provide information and education about deployment stress and consult with leaders, Soldiers, and Families about referral to local resources. Although providers are licensed, they are precluded by the terms of the contract from providing clinical treatment services.

(d) Department of Veterans Affairs (DVA) provides a continuum of care to veterans, Families, and communities, to include professional readjustment counseling, community education, outreach services to special populations and brokering of services with community agencies. About 206 DVA centers in 54 states and or territories provide services to eligible persons.

(e) TRICARE: Routine counseling services are not covered by TRICARE. Eight unauthorized mental health visits are available under TRICARE, through which professional services are available for care associated with mental health/psychiatric diagnoses/disorders only.

(f) Chaplains. The Chaplain's "Building Strong and Ready Families" also provides couples' support from an educational perspective. This is a commander's program designed to be in partnership with the medical community. It is geared toward teaching Families how to live in relationships while anticipating/preparing for stressful events, e.g., deployments and re-deployments, etc. as they attend to their health needs in the short/long term. The targets are military members/Families at force projection installations with units down range, and also first term Families. This program is initiated by an installation commander's request/funding. Chaplains are not typically trained in counseling services as a part of their religious education. Those licensed to provide M&F counseling services usually work from Family Life Centers (FLCs), for which the Chief of Chaplains is the proponent. Services available include pastoral care and counseling, M&F life education, and M&F counseling. The FLCs are located on a few military installations.

(7) Resolution. The issue was declared complete noting the contribution of MOS and Strong Bonds. The GOSC realized that the Army and DoD needs to focus on the end product and what we want to achieve, and in an integrative fashion align resources and not build competitive or redundant systems.

g. Lead agency. MCHO-CL

h. Support agency. G-1; G-3

Issue 475: Active Duty Spouse Tuition/Education Assistance

a. Status. Unattainable

b. Entered. AFAP XVII, Nov 00

c. Final action. AFAP XX (Updated: Nov 03)

d. Scope. The Department of the Army does not provide spouse tuition assistance. Due to Army Operational Tempo/Personnel Tempo, frequent relocations, and remote assignments, Army spouses face significant challenges with employment and local educational requirements. The current definition of Total Family Income adversely impacts Army families' ability to qualify for financial assistance. Providing tuition assistance will increase educational and employment opportunities and promote family self-reliance.

e. AFAP recommendation. Establish and fund a program Army-wide for spousal tuition assistance.

f. Progress.

(1) Validation. Over the years, tuition assistance for spouses has been a much sought after opportunity. In 1997, at the request of the CSA, Army Emergency Relief (AER) began a pilot program offering educational grants to spouses residing with soldiers assigned OCONUS. (See Issue 416) The Voluntary Education Service Chiefs agree that Spouse Tuition Assistance would be well received, but not at the expense of the active duty program.

(2) Cost. The Education Division estimates initial spouse tuition and administrative costs at 50%, 75% and 100% rates at $36.7M, $57M and $80.3M, respectively. These estimates were coordinated with the Army Budget Office (ABO).

(3) Decision paper. The G-1 nonconcurred with a decision paper for a tuition assistance (TA) program for Army spouses, noting the unfinanced requirements for tuition assistance for active duty soldiers.

(4) GOSC review. At the Nov 02 GOSC, the Adjutant General (TAG) recommended the issue be declared "Unattainable". The Army Budget Office questioned the cost estimate and the VCSA directed a review of the cost.

(5) Resolution. The May 03 GOSC declared this issue unattainable based on the cost of a spouse TA program and the continuous demand for Soldier TA funding.

g. Lead agency. TAPC-PDE

h. Support agency. Army Budget Office

Issue 476: Adoption Reimbursement in Overseas Areas

a. Status. Completed

b. Entered. AFAP XVII, Nov 00

c. Final action. AFAP XX (Updated: Nov 03)

d. Scope. AR 608-12, Reimbursement of Adoption Expenses, is based on federal statute 10 U.S.C. Section 1052. The statute allows reimbursement of adoption expenses through a qualified adoption agency, i.e., a state or local government agency which has responsibility under state or local law for child placement through adoption or any other source authorized by state or local law to provide adoption placement if the adoption is supervised by a court under state or local law. Service members stationed in a foreign country or U.S. territory cannot be reimbursed for adoption expenses. Denying reimbursement of adoption expenses discourages adopting children OCONUS and is inequitable to current adoption reimbursement policy in CONUS.

e. AFAP recommendation. Authorize reimbursement of adoption expenses incurred by service members serving in a foreign country or U.S. Territory.

f. Progress.

(1) Issue history. In Jun 02, the VCSA concurred with a USARPAC request to reopen this issue to track legislation being advanced by OTJAG that would recognize certain agencies overseas as meeting the requirements for adoption and adoption reimbursement.

(2) Assessment. Service members stationed in a foreign country or U.S. territory <u>are</u> eligible for reimbursement (up to $2000) if the adoption is arranged by a U.S. qualifying adoption agency. Foreign adoption agencies are not viewed within the definition under Federal statute and DOD directive as a qualifying agency for authorized reimbursement of adoption expenses. AR 608-12, Reimbursement of Adoption Expenses, was rescinded in Jul 95. Department of Defense Instruction 1341.9 (Department of Defense Adoption Reimbursement Policy) and the Defense Finance and Accounting Service, Cleveland Center Instruction 1341.1 (Reimbursement of Adoption Expenses) provide guidance for authorization of reimbursement expenses to soldiers consistent with federal law.

(3) Legislative attempt. The ULB Summit approved a legislative proposal for the FY04 legislative cycle. However, the Office of Management and Budget disapproved this proposal in Feb 03 citing concerns that it might be subject to abuse.

(4) Assistance. Army legal assistance attorneys can steer potential adoptive parents to stateside agencies, which can work with a foreign adoption agency, thereby qualifying for the adoption reimbursement.

(5) GOSC review. The Mar 02 AFAP GOSC declared this issue completed based on guidance that was being sent to the field outlining overseas adoption procedures soldiers should follow. (see paragraph 1 above)

(6) Resolution. The Nov 03 GOSC declared this issue completed because Army legal assistance attorneys can guide potential adoptive parents to qualified stateside adoption agencies who can work with foreign adoption agencies and thereby meet requirements for adoption reimbursement.

g. Lead agency. DAJA-LA

h. Support agency. DAPE-PRC

Issue 477: Dissemination of Accurate TRICARE Information

a. Status. Completed

b. Entered. AFAP XVII, Nov 00

c. Final action. AFAP XIX, Nov 02

d. Scope. Current information on TRICARE services and benefits is not provided consistently to all eligible beneficiaries. TRICARE websites are a valuable resource, providing information about each region's TRICARE benefits. However, these sites often contain outdated information and are not updated in a timely manner. When arriving at a new duty station, soldiers are not receiving accurate regional TRICARE information. Furthermore, when soldiers are in transition, TRICARE procedures are unclear. These inaccuracies result in eligible beneficiaries not receiving valuable information on a consistent basis and the possibility of incurring non-reimbursable expenses.

e. AFAP recommendations.

(1) Require on-going updates of TRICARE websites with revision dates posted.

(2) Require a mandatory briefing on TRICARE services during in- and out-processing for all Permanent Change of Station moves.

f. Progress.

(1) Validation. A review of 38 websites belonging to Army Medical Department, TRICARE MCSCs, and TMA/Health Affairs validated inadequate TRICARE updates and posting of revision dates.

(2) MEDCOM policy change. A governing directive, OTSG/MEDCOM Regulation 25-1, <u>AMEDD Information Management</u>, was published and disseminated that establishes policy for keeping web sites current with periodic updates. The policy is applicable to all AMEDD organizations.

(3) TMA changes. OTSG personnel have worked with TMA and MCSC to effect changes to their web pages; the web sites now contain current information and dates of last update.

(4) TRICARE briefings. On 11 Jan 01, the U.S. Total Army Personnel Command issued a MILPER message requiring TRICARE education and enrollment information during in- and out-processing at all Army installations. MEDCOM forwarded a memorandum to Army Regional Medical Commands to direct use of the standard in- and out-processing briefing for all service members upon arrival at new duty installations.

(5) Marketing. OTSG/MEDCOM and the TRICARE Marketing Office continuously produce marketing items to

keep beneficiaries informed on TRICARE and to provide assistance with healthcare issues. The Army's TRICARE Help e-mail service; new Army wallet-sized TRICARE compact disk (CD) and information card; and the Army's Provider magazine are examples of new and on-going products that are accessible and available in distribution. Marketing materials have been developed and disseminated for newly activated reservists.

(6) Resolution. The Nov 02 GOSC determined this issue is completed because revision dates are posted on medical/TRICARE web sites, and TRICARE is now briefed during in- and out-processing for PCS moves.

g. Lead agency. DASG-TRC

h. Support agency. U.S. Army Personnel Command and TRICARE Management Activity

Issue 478: DoDDS Tuition for Family Members of DOD Contractors and NAF Employees

a. Status: Completed

b. Entered. AFAP XVII: Nov 00

c. Final action. AFAP XXIV, Dec 07

d. Scope. Family members of non-sponsored, full-time DOD non-appropriated fund (NAF) employees and DOD contractors do not receive space-available, tuition-free enrollment in Department of Defense Dependent Schools (DoDDS). Trends indicate an increase in NAF and contracted personnel to meet overseas mission requirements. Current enrollment categories for tuition-free, space-available education opportunities are a determining factor in recruiting and retaining quality employees in overseas areas. Expansion of the space-available, tuition-free enrollment categories will create greater equity among the different employment systems and maintain a quality workforce.

e. AFAP recommendation. Provide space-available, tuition-free education to family members of DOD non-sponsored, full-time NAF employees and DOD contractors.

f. Progress.

(1) Enrollment criteria. The number of space-available, tuition-free spaces fluctuates by school and grade each year, depending upon space-required/tuition-free and space-available/tuition-paying enrollments. There are no guarantees of tuition-free enrollment for space-available students from year-to-year. Non-Command sponsored military dependents have first priority for space-available, tuition-free enrollment, followed by APF and NAF full-time, local-hire employees. Spaces for dependents of APF and NAF full-time, local-hire employees are assigned based on the date the sponsor was hired in the current overseas location.

(2) Enrollment waiver for local-hire NAF to space-available. The Assistant Secretary of Defense for Force Management Policy granted a class waiver on 2 Aug 01, for school-age dependents of local-hire, full-time NAF employees in overseas areas to be eligible on a space-available, tuition-free basis for enrollment in DoDDS, effective School Year 2002-03. As a result, dependents of APF and NAF full-time, local-hire employees were granted equal enrollment priority. The waiver was published in the Federal Register and DoD Directive 1342.13, "Eligibility Requirements for Education of Minor Dependents in Overseas Areas."

(3) Local-hire APF and NAF dependents from space available to space-required status. The FY06 NDAA provided the Secretary of Defense authority to change the DODDS status of dependents of locally hired, full-time, appropriated and NAF employees (who are US citizens) from space-available to space-required enrollment status.

(4) U.S. Government contractor status. Space, but not the construction or other expansion of facilities, may be created for contractor dependents. Effective SY 07-08, contractor status is space-created, tuition-paying. DoDEA will offer enrollment to contactor students where DoDEA operates an overseas school through one of two contingencies: where there is space in a DoDEA school or there are no international school alternatives, DoDEA guarantees enrollment and where DoDEA schools have reached maximum capacity, then the sponsor must first apply to international schools (English speaking, within a reasonable commuting distance, and evaluated as adequate). If the student is unable to gain admittance in the local international schools, DoDEA guarantees enrollment.

(5) Implementation. Changes became effective on 11 Aug 06 with the cancellation of DoD Directive 1342.13 and implementation of DoDEA Regulation 1342.13.

(6) GOSC review.

(a) Mar 02. DoDEA is reviewing the issue of providing space-available, tuition-free education to DOD contractors.

(b) May 05. OSD continues to work enrollment eligibility of children of contractors (Federal and corporate) who are mobilized.

(c) Jun 06. The GOSC determined the issue would remain active awaiting publication of DODEA Regulation 1342.13.

(d) Nov 06. The GOSC requested the issue remain active.

(7) Resolution. The Dec 07 GOSC declared the issue completed because dependents of full-time, locally hired DOD APF and NAF employees in overseas areas are eligible for space-required, tuition-free DoDDS enrollment.

g. Lead agency. DoDEA-OCS

Issue 479: Equal Compensatory Time for Full-time NAF Employees

a. Status. Completed

b. Entered. AFAP XVII, Nov 00

c. Final action. AFAP XXIV, Dec 07

d. Scope. Not all NAF employees are authorized compensatory time off. Exempt employees can receive compensatory time off or overtime pay when approved by a supervisor; however, non-exempt employees cannot. All NAF employees should be given the option of accruing compensatory time or being paid overtime. This change will align the NAF with the APF employee policy.

e. AFAP recommendation. Authorize compensatory time for all full-time NAF employees.

f. Progress.

(1) Validation. At the time this issue entered AFAP, Army NAF pay band employees who were covered by the Fail Labor Standards Act were not allowed compensatory

time-off for overtime hours worked in excess of 40 in a week. The law requires overtime pay for hours worked in excess of 40 in a week. This was the only group of employees not authorized compensatory time-off in lieu of overtime pay. Wage employees were authorized compensatory time-off in Jan 97 (Pub. L. 104-201). Approximately 16,772 (all services) non-exempt pay band employees are affected. Compensatory-time off would not result in an additional cost.

(2) Legislation.

(a) A change in law was required to section 5543 of Title 5, United States Code, by adding at the end the following new subsection: "(d) The Secretary of Defense may, on request of a Department of Defense (DoD) employee paid from nonappropriated funds, grant such employee compensatory time off from duty instead of overtime pay for overtime work."

(b) Action plan was submitted to the OSD for consideration in FY05 and was resubmitted through the Office of the Chief of Legislative Liaison (OCLL) for FY06. The proposal was addressed in both the House and Senate versions of the FY06 National Defense Authorization Action (NDAA) and was signed into law (Public Law 109-163), section 5543(d) of Title 5, U.S.C) on 6 Jan 06.

(c) The Under Secretary of Defense for Personnel and Readiness signed a redelegation memorandum, dated 30 Mar 06, to the Component Secretaries for implementation of the law.

(d) In March 2006, the Under Secretary of Defense for Personnel and Readiness signed a redelegation memorandum to the Component Secretaries for implementation of the law.

(e) Army Transformation required further changes to the delegation process and on 17 September 2007 additional changes were incorporated in the staffing package and hand carried from AG-1 (CP) Nonappropriated Fund Policy and Programs Branch to the ASA (M&RA) office for signature.

(f) In October 2007, authority was delegated by the Secretary of the Army to the Assistant Secretary of the Army (Manpower and Reserve Affairs) who further redelegated the authority to Commanders of Army Commands, Army Service Component Commands and Direct Reporting Units for further delegation.

(g) On 14 Dec 07, the IMCOM Commander signed a memo delegating authority to supervisors of NAF employees to provide compensatory time off in lieu of overtime pay. On 17 Dec 07, the IMCOM Chief Staff forwarded (via email) the memorandum to region directors and garrison commanders. The email recommended each supervisor and NAF employee receive a copy of the memorandum. Additionally, the email recommended garrisons post the memorandum on employee bulletin boards and give it the highest possible visibility and distribution.

(h) The language was added to Army Regulation 215-3 authorizing compensatory time off as an option for all NAF employees.

(3) GOSC review. The Jun 04 GOSC was informed that OSD would submit a proposal in the FY06 ULB to authorize compensatory time for all full-time NAF employees.

(4) Resolution. The Dec 07 GOSC declared the issue completed because legislation now allows supervisors of NAF employees to provide compensatory time off in lieu of overtime pay.

g. Lead agency. DAPE-CZ

Issue 480: Family Sponsorship During Unaccompanied Tours

a. Status. Completed

b. Entered. AFAP XVII; Nov 00

c. Final action. AFAP XXIII; Jun 07

d. Scope. Some families face isolation and difficulty when their sponsor leaves on an unaccompanied tour of duty. When this occurs, neither the losing nor the gaining units are responsible for providing family support. When problems arise, the families are left with no one to be their advocate. This lack of sponsorship leaves families without a source of immediate and adequate information pertaining to financial, military, and community issues. Problems are compounded and are difficult to resolve without chain of command presence.

e. AFAP recommendations.

(1) Assign sponsorship of waiting families to the garrison chain of command.

(2) Require the Military Personnel Service Center to notify Army Community Service (ACS) and the Garrison Commander of waiting families in the area.

f. Progress.

(1) Garrison support. In Feb 01, the Assistant Chief of Staff for Installation Management (ACSIM) non concurred with request to appoint sponsors from garrison and determined ACS has waiting families mission

(2) Regulatory change. ACS revised AR 608-1, Paragraph 4-28, Services to Waiting Families, (20 Oct 03) to require support services for families residing on post or in surrounding communities, living separately from military and/or civilian sponsor due to mission requirements. Services include: needs assessment, community service information, crisis intervention services, support groups, and liaison with military/civilian agencies.

(3) Notification. AR 600-8-11 requires all soldiers scheduled for overseas assignment to attend an ACS overseas briefing. This includes remote and isolated soldiers. The military personnel division (MPD)/personnel service battalion (PSB) schedules each Soldier with an overseas assignment for the orientation with ACS. At these briefings, ACS requests addresses of waiting families. The contact information is provided to the nearest ACS Center, who initiates telephonic or mail contact with the Family to ensure support (as outlined in paragraph above) can be provided.

(4) Services available to waiting families include:

(a) Military One Source (MOS), a 24-7 toll-free telephone (1-800-464-8107) and web-based information and referral service (www.militaryonesource.com) for active duty Soldiers, demobilized National Guard and Reserve Soldiers, deployed civilians and family members worldwide. The MOS provides immediate information and makes referrals as needed to professional counselors. The MOS information includes: parenting, child care, education, work, health, wellness, legal, addiction, emotional well being, and everyday issues.

(b) The Army Information Line (1-800-833-6622 and http://www.WBLO.com) is part of an integrated service delivery system that provides information and issue resolution services and serves as a safety net for those who have exhausted other resources.

(c) Web-based services on the ACS website, www.myarmylifetoo.com, assist connections for waiting families. The Army Relocation Readiness Program launched new web pages to enhance services and to further assist connections between waiting families.

(5) Fort Carson Plan. Based on direction at the May 05 AFAP GOSC, FMWRC integrated materials and lessons learned from Fort Carson's care of Soldiers and families of the 2/2 Infantry Division into Op READY materials: individual contacts with families; collecting information on dispersed families at the Soldier Readiness Process; and marketing the Hearts Apart program as part of deployment support.

(6) GOSC review.

(a) May 01. ACS will include waiting families in their outreach initiatives.

(b) Nov 03. Issue will explore alternative services to waiting families who reside where military installations or offices are unavailable for assistance.

(c) May 05. The VCSA said "unaccompanied tours", is no longer Korea – it's also Afghanistan, Iraq and other locations. He directed a review (e.g., Fort Carson) to see what's working and what's not.

(7) Resolution. The Jun 07 GOSC declared this issue completed. Regulatory change authorizes ACS to request the addresses of waiting Family members from Soldiers and follow-on contact by ACS staff. Other assistance is available via Military OneSource and Army GI hotline, Internet, Virtual Family Readiness Groups, and Op READY materials.

g. Lead agency. IMWR-FP

h. Support agency. AHRC, ACSIM

Issue 481: Federal Employee Paid Parental Leave

a. Status. Unattainable

b. Entered. AFAP XVII; Nov 00

c. Final action. AFAP XVIII; Mar 02

d. Scope. Neither a paid maternity/paternity leave or a leave savings account exists for federal employees. Currently, federal employees use a combination of sick, annual, and leave without pay to care for either newborn or adopted children. The depletion of sick and annual leave forces an employee to go into a leave without pay status during times of sickness or emergency. An alternative may be to have those employees who want parental leave buy into a leave savings account.

e. AFAP recommendation. Create a leave savings account or Federal employee paid parental leave program.

f. Progress.

(1) Study.

(a) House Report 106-1033 for H.R. 5658 (Public Law 106-544), directed Office of Personnel Management (OPM) to conduct a study to develop alternative means for providing Federal employees with at least 6 weeks of paid parental leave associated with the birth or adoption of a child. OPM was required to report to the Senate and House Committees on Appropriations on the expected rates of utilization of parental leave and views on whether parental leave would help the government in its recruitment and retention efforts generally, reduce turnover and replacement costs, and contribute to parental involvement during a child's formative years.

(b) The study stated that the Federal Government's leave policies and programs compare favorably with benefits offered by most private sector companies. Human resources directors in Federal Executive departments and agencies overwhelmingly indicated that an additional paid parental leave benefit would not be a major factor in enhancing their recruitment and retention situations.

(c) To determine whether a new paid parental leave benefit would aid the Federal Government's recruitment and retention efforts, OPM researched existing leave benefits in the non-Federal sector. In the U.S. it was found that paid maternity leave is available for approximately half of the female workforce covered by existing surveys, but the time off is generally paid through temporary disability coverage. Only 7% of new fathers receive paid paternity leave.

(d) Agencies indicated that challenging work, opportunities for training and advancement, and flexible workplace arrangements rank above paid parental leave as factors important in recruiting and retaining a capable workforce. These responses are borne out by research in the private sector which indicates that the quality of the job and the support provided to employees in the workplace are crucial to employer success in recruiting and retaining a high-quality workforce.

(3) Resolution. The Mar 02 GOSC declared this issue unattainable. Federal employees may use work scheduling options, annual leave, sick leave, advance annual, sick leave, paid or unpaid leave under the Family and Medical Leave Act, and donated annual leave under the Federal leave transfer and leave bank programs following birth or adoption.

g. Lead agency. OASA(M&RA)

h. Support agency. OPM

Issue 482: Full Replacement Cost for Household Goods Shipments

a. Status. Combined

b. Entered. AFAP XVII, Nov 00

c. Final action. AFAP XX; Nov 03

d. Scope. Military personnel are compensated at a depreciated rate for lost-damaged household goods that are shipped or stored at government expense. The current depreciation compensation is not sufficient for actual replacement cost, resulting in increased out-of-pocket expenses with each move. Frequent moves and subsequent loss or damage creates a financial burden for the service member.

e. AFAP recommendation. Provide full replacement value (based on pilot programs) for lost or damaged household goods.

f. Progress.

(1) Validation. Full Replacement is one of several upgrades identified for improving the current personal property shipping system. These improvements are derived from the early results of personal property pilot tests being conducted within DoD; i.e., Full Service Moving Pro-

ject, Military Traffic Management Command's (MTMC) Reengineering, and Army Hunter Pilot. The total list of improvements includes enhancements such as: carrier risk analysis, toll free customer service numbers, customer satisfaction survey, direct claims settlement, and future business distribution based on quality and price. These initiatives are being managed by MTMC utilizing a Joint Service Task Force titled Task Force Fix (TFF). A Joint Service General Officer Steering Committee (GOSC) guides TFF. These initiatives, along with full replacement value, were briefed to the Joint Chiefs of Staff (JCS) 18 Jan 01, and it was agreed that although improvements were necessary, funding would be an issue. Preliminary figures developed by MTMC identify cost increases as follows: Cost is for all improvements as a package deal is $263M. (Includes $48M in off-sets from claims and storage in-transit reductions) Army: $99.94M; Air Force: $73.64M; Navy: $63.12M; Marine Corps: $21.04M; Coast Guard: $5.26M. See Issue #307, "Inferior Shipment of Household Goods" for additional information.

(2) GOSC review. The May 01 GOSC concurred with combining this issue with Issue 307.

g. Lead agency. DALO-FPT.

h. Support agency. MTMC.

Issue 483: Incentives for Reserve Component Military Technicians

a. Status. Unattainable

b. Entered. AFAP XVII, Nov 00

c. Final action. AFAP XXVII, Feb 11

d. Scope. All Reserve Component (RC) Soldiers, regardless of civilian employment status, should be entitled to the Selective Reserve Incentive Program (SRIP), to include non-prior service and prior service enlistment, reenlistment, affiliation bonuses, educational loan repayments, and the Montgomery GI Bill Kicker. Military Technicians (MT) support the RC in both a military and civilian capacity; yet, they are not eligible for incentives afforded to other members of the RC. Currently, incentives received as a Soldier prior to becoming a MT are terminated when they accept a MT position. Defense policy denies a benefit afforded to other Soldiers.

e. AFAP recommendation. Authorize Army Reserve MTs to receive and retain incentives contained in the Selected Reserve Incentive Program.

f. Progress.

(1) Memorandum dated 4 Apr 04 sent to DA G-1 to transfer incentive program management for Army Reserve Soldiers to the Chief, Army Reserve (CAR). Overall management authority not delegated and no further delegation of authority is expected.

(2) The NDAA FY 2005 repealed the eligibility prohibition for MTs to obtain or retain the affiliation bonus.

(3) In Apr 05, DA G-1 formally non-concurred with the pending revision to the Department of Defense Instruction 1205.21 because MTs were still precluded from SRIP eligibility. The FY06 Defense response permitted MTs to receive bonuses for reenlistments effected in theater.

(4) Defense granted authority to cancel recoupment actions for Soldiers who had received a bonus and are going into the Military Technician Program. Effective May 2008, Selected Reserve Soldiers who accept a MT position will have their enlistment/reenlistment/affiliation bonus terminated without recoupment regardless of the length of service in the losing SELRES status. The 6 month SELRES membership rule is eliminated for these Soldiers.

(5) Three initiatives highlight the impact of SRIP prohibition upon the Military Technician (MT) Program. RAND, funded by DA G-8, conducted an out brief in September 2009, on the factors impacting Full Time Support staffing requirements and experiences as they relate to readiness. The Center for Army Analysis conducted a cost benefit analysis of the MT Program as it relates to policies, incentives, career progression and conditions of employment. The Army Reserve conducted a survey of former MTs to identify trends and issues impacting employment decisions. Studies and survey statistically support rescinding Defense policy.

(6) Memorandum signed by CAR dated 14 December 2009 sent to DA G-1 requesting changes to DoDI 1205.21, AR 601-210, and AR 135-7 to allow MTs eligibility for SRIP benefits. At the Multi-Component Enlisted Incentives Review Board on 16 Mar 10, the DA G-1 (DMPM) requested an opinion from the board members and further justification from the Army Reserve. The CAR's memorandum contained statistics but additional details were provided. DA G-1 disapproved.

(7) Resolution. Issue is unattainable because Army does not support changing DOD policy and Army Regulations to allow MTs eligibility for SRIP benefits. The Chief, Army Reserve stated that this is one of many issues associated with MTs, and that the Army Reserve is working to decouple the military and civilian requirements in this type of program.

g. Lead agency. USARC

h. Support agency. DAPE-MP

Issue 484: OCONUS Medical and Dental Personnel Shortages

a. Status. Completed

b. Entered. AFAP XVII, Nov 00

c. Final action. AFAP XX; Nov 03

d. Scope. There is a shortage of military medical and dental personnel OCONUS. Many military beneficiaries (family members, retirees, contractors) experience delays receiving medical care. The treatment of these beneficiaries results in medical/dental staff servicing more patients than projected by staffing guidelines as established by troop strength. This shortage results in an adverse impact on the medical/dental service for those in their care. Medical and dental personnel shortages directly affect soldiers. Soldiers are not confident that families are being adequately care for, thereby impacting soldier and family well-being.

e. AFAP recommendation.

(1) Increase medical and dental personnel to support the entire OCONUS military community to include family members, civilians, contractors, and retirees.

(2) Require transitional clinic time between incoming and outgoing medical and dental personnel to preserve services and continuity.

f. Progress

(1) Europe

(a) The Europe Regional Dental Command is staffed to support space-required care for Active Duty personnel/family members. Dental readiness rates for soldiers in Europe ranged between 90-95% in 2003. Access to dental care standards for both soldiers and family members in Europe are generally met throughout the command. Retirees and contractors have space available access to dental facilities in Europe when a facility's dental readiness rate is at or above 95%. Also, dental health fairs are held annually in each community during which dentists are available to provide limited dental services, e.g., examinations, teeth cleanings and fillings.

(b) The European Regional Medical Command (ERMC) sent a representative to the USARC training workshop in Aug 02 to discuss backfill requirements for 2003 and obtain additional USAR clinical support. Reserve integration has greatly contributed to a reduction in the number of provider/support staff shortages.

(c) The "Open Access" program offers patients a same day appointment at participating military medical treatment facilities (MTFs) in Europe. As of Nov 03, 15 Army MTFs offer "Open Access". During 2003, the average wait for an appointment at "Open Access" sites has decreased from 3.2 days to 2.2 days, exceeding the TRICARE access standard for primary care.

(d) Cooperation with the Navy and Air Force to enhance medical support has been maximized. ERMC is working with the TRICARE Europe Office to determine areas where additional specialty care services are required and are using the specialty care optimization tool to pinpoint areas where large numbers of personnel are receiving specialty care in the civilian sector.

(e) Business Case Analyses (BCAs) and Venture Capital Initiatives (VCIs) have been initiated where there are direct benefits derived by improving patient access to care, reducing patient care costs, and/or increasing patient satisfaction. BCA/VCI funding was provided to ERMC for projects that increase in-house surgical capability; establish needed services; expand existing operations to meet increased demands (e.g. podiatry, ear, nose and throat (ENT), audiology, oncology, etc.); and add staffing to increase productivity (e.g. operating room, optometry). The overseas Military-Civilian Health Services Partnership Program is also used to supplement staffing at MTFs with in-house civilian providers.

(2) Korea.

(a) Korea reviewed and optimized templates for all clinics in the 121st General Hospital, resulting in a 34% increase in Primary Care appointments and 19% in overall appointments. Korea also implemented a central appointment service, voice mail, automated call distribution, intercom and other features to enhance staff productivity and telephonic patient consultations. The system offers a central portal for access to facilities and high quality decentralized management of appointments.

(b) Korea developed an Officer Distribution Plan for military physicians, physician assistants, and nurse practitioners throughout Eighth Army which resulted in a redistribution of providers around the peninsula to better cover all beneficiaries.

(c) Korea proactively scheduled RC personnel rotations during the summer under-lap months to mitigate the impact of specialty provider shortages. Korea requested 21 backfills and MEDCOM filled 16 of these requests in the summer of 2003. These personnel were used to cover the time lag between personnel that were selected for Graduate Medical Education departing country and their replacements arriving from CONUS. MEDCOM provided 15 backfills (mostly MDs, some nurses) in summer of 2002. Korea will follow Europe's lead in establishing a relationship with USARC and tapping into their assets for backfill.

(d) The impact of lost provider time because of provider under-lap, field training exercises, or lack of availability is a continuing challenge. One important method for mitigating lapses in personnel strength includes the hiring of additional civilians. Between Jan and Nov 03, the 18th MEDCOM hired 11 people into new positions at the 121st General Hospital. These positions include an anesthesiologist, emergency medicine physician, and 3 nurses (one certified registered nurse anesthetist).

(e) Korea has ten memoranda of understanding (MOUs) with Host Nation facilities throughout all four Areas of the peninsula. Two more will be added. Two of the hospitals with MOUs see patients from Area 1 (2nd Infantry Division (ID)), which has improved beneficiary access to specialty care in these areas.

(3) Transitional Clinic Time. Army Human Resource Command (HRC) said it is not able to support the overlap of medical personnel. However, HRC will continue to support the Army Surgeon General's priority of filling medical billets in Germany and Korea before filling those in MEDCOM's CONUS based units. Many medical officers going overseas are completing Graduate Medical Education (GME) programs and are not released until 30 Jun. Medical personnel returning from overseas frequently enter GME programs which all begin on 1 Jul. See information above regarding how under-laps have been addressed in Europe and Korea.

(4) Resolution. Issue was declared completed by the Nov 03 GOSC based on OCONUS availability of same day appointments, partnerships to supplement available medical services and collaboration with Navy and Air Force, high dental readiness rates, and summer RC personnel rotations to reduce underlaps when physicians rotate.

g. Lead agency. DASG-PAE, ERMC, 18th Medical Command, Eighth Army

h. Support agency. HQ, MEDCOM; TAPC-OPH-MC

Issue 485: Single Parent Accession

a. Status. Unattainable

b. Entered. AFAP XVII, Nov 00

c. Final action. AFAP XVII, May 01

d. Scope. Recruitment criteria do not allow the accession of single parents into the Army. The Army faces significant challenges meeting its recruitment mission. The effective use of the Family Care Plan ensures single parent and dual military soldiers fulfill family obligations and accomplish the mission. A diverse demographic pool of

male and female applicants varying in age, experience, and educational levels is going untapped.

e. AFAP recommendation. Allow the accession of single parents with a validated family care plan into the Army.

f. Progress.

(1) Validation. This recommendation has not received validation from the Army leadership. None of the Services accept single parents. The Army assumes a certain amount of risk when military single parents and dual military couples make commitments for childcare. The Army is unwilling to assume the same risk with individuals who do not understand nor have experienced the level of commitment required to support family members and simultaneously their commitment to the Army. The Army is meeting its accession goals without including this high-risk population. Cost for involuntary separation tripled between FY92 and FY00. When this issue was reported out at the Nov 00 AFAP Conference, it was not supported by the GOSC.

(2) Resolution. The May 01 GOSC concurred that this is an unattainable recommendation.

g. Lead agency. DAPE-HR

Issue 486: Tax Credit for Employers of Reserve Component Soldiers on Extended Active Duty

a. Status. Completed

b. Entered. AFAP XVII, Nov 00

c. Final action. AFAP XXV, Jan 09

d. Scope. The Army's reliance on the RC (Guard and Reserve) has changed how we utilize the RC with the total Army force. Increased use of the RC has created a financial burden and other conflicts with civilian employers. In addition to supporting contingency operations worldwide, reservists are frequently required to perform additional duty and training to maintain Military Occupational Specialty (MOS) qualification and career development. An employer tax credit has the potential to reduce the number of Soldiers leaving the RC due to employer conflict.

e. AFAP recommendation. Provide tax credits to employers of RC Soldiers serving on active duty as the result of a deployment in support of a contingency operation or pursuant to a Presidential Selected Reserve Call-up or mobilization.

f. Progress.

(1) Issue change. In Feb 01, the AFAP recommendation was amended to clarify the status of reservists to which this issue applies.

(2) Validation. While legislation for a tax credit to employers of RC Soldiers serving on active duty as the result of a deployment in support of a contingency operation or pursuant to a Presidential Selected Reserve Call-up or mobilization could be seen as a retention enabler and reduce the economic impact on employers of RC Soldiers, it is an issue that has not successfully left the House Ways and Means Committee for over eight years and has never come to a floor vote in the House or the Senate. For successful legislation to be enacted addressing employer tax credits the DOD and the Army must champion this issue at every level. Several associations have promoted the issue of employer tax credits and continue to include this in their legislative agenda.

(3) Legislative initiatives.

(a) Legislation was introduced in the 109th Congress to amend the Internal Revenue Code of 1986 to allow an employer tax credit (no cost to the DOD). These and similar bills have never passed through the House Ways and Means Committee and did not in the 109th Congress.

(b) H.R. 443, A bill to amend the Internal Revenue Code of 1986 to provide a tax credit to employers for the value of the service not performed during the period employees are performing service as a member of the Ready Reserve or National Guard.

(c) H.R. 446, a bill to amend the Internal Revenue Code of 1986 to provide to employers a tax credit for compensation paid during the period employees are performing service as a member of the Ready Reserve or National Guard.

(d) S. 240, Small Business Military Reservist Tax Credit Act. A bill that allows small business employers a credit against income tax for employees who participate in military reserve components and are called to active duty, replacement employees and self employed.

(e) H.R. 5765, a bill to amend the Internal Revenue Code of 1986 to allow employers a credit against income tax for employing members of the Ready Reserve or National Guard.

(f) H.R.843, a bill to amend the Internal Revenue Code of 1986 to provide to employers a tax credit for compensation paid during the period employees are performing service as members of the Ready Reserve or the National Guard. This bill was introduced at the 110th Congress.

(4) Resolution. The January 2009 HQDA AFAP GOSC declared the issue complete as the Heroes Earning Assistance and Relief Act of 2008 (HEART Act) amends the Internal Revenue Code of 1986 to provide a 20% tax credit to small businesses that pay a wage differential to employees who are active duty members of the uniformed services, after they are mobilized. The HEART Act was signed into law by the President on 17 Jun 08 and is one of the first pieces of legislation that recognizes the financial challenges small businesses face when employees are mobilized.

g. Lead agency. DAAR-ARC-SC

h. Support agency. Reserve Officers Association. Association of the United States Army, The Military Coalition, National Guard Association and the U.S. Chamber of Commerce

Issue 487: TRICARE Services in Remote OCONUS Locations

a. Status. Completed

b. Entered. AFAP XVII, Nov 00

c. Final action. AFAP XX, Nov 03

d. Scope. Command sponsored military families in remote OCONUS locations (i.e., Saudi Arabia, Bolivia, France) do not have access to the same level of care as their CONUS counterparts. When there is no accessible military medical treatment facility, entering into contractual obligations with host nation providers are difficult but

essential. In order for the family to receive care, too often the family is required to pay as services are provided. As a result, basic health care needs are not met in a timely manner. Ensuring that families and active duty members have access to healthcare without incurring initial expenses would reduce the challenges of these unique assignments.

e. AFAP recommendation.

(1) Expand personal service contracts within remote OCONUS locations to provide needed healthcare services.

(2) Expand personal service contracts within the host nation to provide needed healthcare personnel.

(3) Establish a system to ensure host nation providers receive payment for services in a timely manner.

f. Progress.

(1) Issue revision. In Feb 01, expanding host nation personal service contracts was moved from Issue 484 to this issue.

(2) Personal service contracts. The Federal Acquisition Regulation, 37.104, Personal Services Contracts, prescribes requirements to establish a personal service contract. A personal service contract is performed at a government site with tools and equipment furnished by the government. Thus, the definition of a remote site precludes the ability to use personal services contracts and negates this recommendation.

(3) Claims processing. A defined foreign claim processing system is in place that promptly pays providers in overseas areas. Since Jan 00, claims processing rates in Europe are among the highest in the TRICARE program, i.e., above the 95% standard for retained claims processed in 30 days. The new International SOS (ISOS) contract for OCONUS remote areas assures host nation providers a guaranteed payment within 30 days. ISOS pays the providers through a direct deposit system established between ISOS and the provider.

(4) Personal Services Contract in host nation. Army medical treatment facilities (MTFs) in Europe continue to maintain and establish new personal services contract. TRICARE Europe established a preferred provider network (TEPPN) in host nations consisting of both health care professionals and institutions that are available to beneficiaries. Health care clinics in US embassies provide some routine care and minor treatment to eligible beneficiaries assigned to the embassy. In Korea, Memoranda of Understanding have been established with 10 new hospitals.

(5) Project teams. An OCONUS Integrated Project Team (IPT) developed a single concept of operations for accessing medical/dental care overseas, with improved access to care as a primary objective. The IPT worked to improve healthcare access in overseas locations. Short term and long-term strategies were developed to address the immediate healthcare needs of CENTCOM and TRICARE Europe. The Claims WIPT addressed issues associated with OCONUS claims development, claims processing jurisdiction and Third Party Liability (TPL), and reviewed OCONUS authorization processes. The Dental WIPT addressed development and improvement of dental education and outreach for Active Duty family members overseas, retirees/family members' access to overseas dental treatment facilities, and improvements to the dental screening process for family members transferring overseas.

(6) ISOS. Active Duty (AD) service members and families using the ISOS network do not pay up-front, out-of-pocket expenses or file claims. The system is cashless and claimless. However, if AD members or family members use other than an ISOS network, they must pay up front and file the claim.

(a) In Feb 01, TRICARE Latin America and Canada (TLAC) contracted with ISOS to provide referral networks. The TLAC ISOS contract was subsequently extended to 18 CENTCOM countries. In Central/South America and in the Western Pacific, there is a partnership with ISOS to establish a network of quality healthcare providers and hospitals for TRICARE Overseas Prime enrollees.

(b) Expanding the ISOS network to Europe and other CENTCOM & EUCOM countries as a phase in approach expanded the coverage to 146 countries. The award for the TRICARE Global Remote Overseas Healthcare contract was made to ISOS on 06 Dec 02. The two-phased start-up began as scheduled on 01 Sept 03 with continuation of ISOS services in TRICARE Pacific and the expansion of services to remaining areas in TRICARE Europe and TLAC on 01 Oct 03.

(7) GOSC review. The May 01 GOSC was briefed on initiatives to address medical care in remote locations.

(8) Resolution. The Nov 03 GOSC declared this issue completed based on robust OCONUS preferred provider networks, high claims processing rates and contract with International SOS (ISOS) to provide cashless/claimless healthcare in remote overseas areas.

g. Lead agency. DASG-TRC

h. Support agency. TRICARE Management Activity

Issue 488: TRICARE Prime Remote for Active Duty Family Members Not Residing With Military Sponsors

a. Status. Unattainable

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XXVII, Aug 11

d. Scope. The FY01 National Defense Authorization Act (NDAA), Section 722, authorized TRICARE Prime Remote (TPR) for Active Duty family members (ADFMs) who reside with members of the Uniformed Services eligible for TPR within the 50 United States. Military Service members are eligible for TPR if they live and have a duty assignment more than 50 miles (or 1 hour's drive time) from a military medical treatment facility (MTF).

e. AFAP recommendation. Provide TPR access for all ADFMs who reside in TPR zip code areas.

f. Progress.

(1) The FY06 NDAA, Section 714, provides for exceptional eligibility for TRICARE Prime Remote. In accordance with this new law, DoD may (not required) provide for coverage of a remotely located dependent or spouse who does not reside with a military sponsor if the Secretary determines that exceptional circumstances warrant such coverage. MEDCOM/OTSG had thought this provision would increase the opportunity for those SMs who must support split households, per their family care plans, to receive the benefit of TPRADFM. MEDCOM/ OTSG

anticipated that OSD would issue a proposed rule to implement the change.

(2) MEDCOM/OTSG monitored the status of the ASD(HA)/TMA decision to implement the NDAA FY06 provision. The ASD(HA) disapproved a proposed option/Decision Paper for implementing the TPRADFM waiver authority on 17 Jan 07. The Services received this notice on 18 Jul 07.

(3) The Acting TSG forwarded to ASD(HA) a 13 Aug 07 Memorandum formally requesting that the new ASD(HA) review the 17 Jan 07 disapproval. MEDCOM/OTSG knew that situations of Soldiers having to send their immediate Families to live in areas other than their home stations during deployment or recuperation will only continue to increase. Providing TPRADFM to additional ADFMs would give them access to the best TRICARE program with the least personal cost for these Families. It would also lessen the healthcare worry/concern for parents/Service members while they are deployed.

(4) TMA officially requested MEDCOM/OTSG 'example' criteria to help support our 13 Aug 07 Memorandum for a re-look of the disapproved TPRADFM waiver authority.

a. The formal Deputy SG reply to TMA's tasker, which provides criteria identified by MEDCOM/OTSG, was drafted by the MEDCOM/OTSG TRICARE Division and OTSG/MEDCOM Staff Judge Advocate office.

b. The 2 criteria for TPRADFM approval are as follows:

(1) Activation of an official Family Care Plan that results in movement of the family, whole or part, to an area not classified as a Military Health System Prime Service Area.

(2) Official government authorized movement of a family under the Joint Federal Travel Regulation, Volume 1, Section U5222 (VARIOUS UNIQUE PCS ORDERS) in which the family is sent to a "designated place" that is not classified as a Military Health System Prime Service Area.

(5) TMA acknowledged receipt of the MEDCOM/OTSG supporting criteria. This occurred in the 2nd QTR FY08. This was followed by a 1 Apr 08 official TMA tasker to the Navy and USAF for their input to the MEDCOM/OTSG criteria. Both the Navy and Air Force concurred with MEDCOM/OTSG and our Family Care Plan criteria.

(6) On 10 Jul 08, TMA requested additional information from all the Services. The request was for the number of Service members that would be required to maintain an official Family Care Plan per Department of Defense Instruction, 1342.19, SUBJECT: Family Care Plans. MEDCOM/OTSG utilized the latest (FY06) official Army G1 demographics provided on their website: http://www.armyg1.army.mil/hr/demographics.asp. MEDCOM/OTSG provided numbers for both AC and RC populations as follows: Dual Military = 45,779; Single w/ Children = 38,478; Grand Total = 84,257.

(7) 21 Jan 09, TMA informed the Services that based on the criteria identified in section 4.b of this paper; a request for legislative change was submitted to the USD (P&R) office for signature. TMA added another subpopulation to the legislative change request; College Bound Children, and we support this addition. Unfortunately, TMA informed the Services that the document has been in the USD (P&R) office since Nov 08, and the document requesting legislative change currently remains at the USD (P&R).

(8) 7 Apr 09, HQDA AFAP IPR was briefed on the status of the ASD(HA)/TMA proposed legislative proposal. The HQDA AFAP IPR acknowledged request for HQDA involvement in seeking USD(P&R) review and approval. TMA informed MEDCOM/OTSG on 6 Aug 09, that the legislative proposal is still stalled in the USD(P&R) office. The document has been in the USD (PR) office since Nov 08.

(9) 14 Apr 10, Collaborative efforts between MEDCOM, ASA(M&RA), [Medical and Health Affairs], and HA/TMA [Chief, Policy & Benefits Branch], have resulted in the determination that the stalled USD(PR) legislative proposal was not acted on. A proposed COA has been accepted by MEDCOM, ASA(M&RA) and TMA. Using the authority of NDAA FY06 exceptional circumstances, HA/TMA will attempt to push through a Rule Change to change Title 32 CFR. If approved by TMA/HA General Council and TMA leadership, this COA could be accomplished without ULB actions. Timelines for necessary action TBD. Collaboration will continue between MEDCOM, ASA(M&RA), and TMA/HA.

(10) Attempts to support this population under existing Law, National Defense Authorization Act (NDAA) 2006, Section 714, was not supported by the Office of General Counsel (OGC) for the Assistant Secretary of Defense, Health Affairs. The OGC did not support the inclusion of relocating Active Duty Family Members based on an activated Family Care Plan as part of the "extenuating circumstances" definition described in Section 714 of NDAA 2006.

(11) Attempts for inclusion within Congressional markup process for NDAA 2011 were unsuccessful.

(12) Resolution. The Aug 11 GOSC declared the issue unattainable. The Office of General Counsel for the Assistant Secretary of Defense, Health Affairs did not support inclusion of relocating ADFMs with an activated Family Care Plan as part of the "extenuating circumstances" definition for TPR eligibility in Section 714 of FY06 NDAA. Inclusion within Congressional markup process for the FY11 NDAA was also unsuccessful.

g. Lead agency. MCHO-CL-M

h. Support agency. TMA

Issue 489: Allocation of Impact Aid to Individual Schools

a. Status. Unattainable

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XIX, Nov 02

d. Scope. Impact Aid funds go to the school district for distribution, but may not necessarily go to the school in which military children are enrolled. These students have academic and social concerns due to their frequent relocations. Families need an advocate to ensure a portion of Impact Aid is allocated appropriately to deal with these issues. Quality education is a fundamental right of every child.

e. AFAP recommendation.

(1) Assign a military command representative to influence distribution of Impact Aid at the school district.

(2) Direct a portion of Impact Aid funds to the specific programs that address the needs of military children.

f. Progress.

(1) Background. Impact Aid funds are an important source of federal income for school districts that educate federally connected children and help ensure military children are provided quality education. Managed by the Department of Education, Impact Aid funds are intended to offset the loss of local tax revenue and are deposited into the school district's general fund account, just as property taxes are. In effect, Impact Aid is the federal government's "tax payment" to the local school district for property taken off the local tax rolls; therefore, Impact Aid funds are intended by law to be treated as other local tax revenue. Military family members often misunderstand the intent and use of Impact Aid.

(2) Command involvement.

(a) The Army's installation School Liaison Program has greatly increased local command involvement with community school boards. Installation commanders or designated representatives are encouraged to regularly attend school board meetings as observers or non-voting members. In some instances, communities have a military voting member on the board.

(b) Attendees at the Jul 02 Army Education Summit supported and cited the importance of command involvement with local school boards.

(c) A memorandum from Chief of Staff, Army, 1st Qtr 03, reinforces the importance of command involvement with local school systems.

(3) Impact Aid.

(a) Impact Aid is an important source of funding for federally impacted schools; consequently, there is a strong coalition of organizations that lobby Congress for full funding each year. Army solicited advice in Jul 02 from the Department of Education (DoE) and the Office of the Secretary of Defense Educational Opportunities Directorate (responsible for the DoD Supplemental Impact Aid program).

(b) The National Association of Federally Impacted Schools (NAFIS), the Military Impacted Schools Association (MISA), and the National Military Family Association (NMFA) stated that they would oppose any Army effort to direct Impact Aid funds to specific programs, usurping the intent of the Impact Aid Statute and the decision-making process exercised by locally-elected school boards. Both MISA and NMFA felt the best approach to addressing this issue is to have an active duty military person as a non-voting member of the local school board. The DoE also supports the principle of local control of education and recommends that the military community continue to be actively involved at the local level.

(4) Resolution. The Nov 02 AFAP GOSC determined this issue is unattainable because it violates the principle of local control of education. Impact Aid advocacy organizations and government agencies recommend continued military community involvement at the local level.

g. Lead agency. SAMR-HR

h. Support agency. CFSC.

Issue 490: Annual Vision Readiness Screening

a. Status. Completed

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XXI, May 05

d. Scope. Current mission requirements mandate a standard of vision readiness that is not being met. Deployment delays occur when soldiers do not meet vision readiness requirements. Timely deployment and safety are compromised by the necessity of last minute vision testing and the delay in issuance of corrective eyewear.

e. AFAP recommendation.

(1) Require annual vision readiness screening for all soldiers (Active, Guard and Reserve). Fund required follow-up exams.

(2) Fund and issue military eyewear when necessary.

f. Progress.

(1) Validation.

(a) A Service member is visually ready when he/she has the visual acuity required for his/her mission, and is optically ready when he/she has the required military optical devices, per the Tri-Service Ophthalmic Regulation, AR 40-63. Multiple studies over the last 12 years reveal that a large number of service members are not visually or optically ready to deploy and must seek vision care at the deployment site.

(b) Before the current policy was developed and disseminated, there was no standard VR process within the Army. Vision was screened prior to deployment, but there was no annual requirement to ensure vision readiness. Lack of this requirement impacted units negatively, as Service members are not fully mission-capable if they are not visually ready with all required eyewear.

(c) One-time cost to include vision readiness classification within the Medical Protection System (MEDPROS) is about $105K. The cost to support vision readiness on installations with the largest SRP missions is estimated at $810K annually during FY05-11.

(2) Development of VR Classification. In FY03, CHPPM obtained G-1 approval on a VR deployment requirements checklist to document the VR status of each Service member during annual SRP screenings. A Tri-Service Vision Working Group consisting of Optometry and Ophthalmology consultants from the Army, Navy, and Air Force developed the classification system.

(3) Policy change and implementation.

(a) TSG staffed the policy for annual vision screenings for all Soldiers with the Army G-1, and subsequently disseminated the policy to all Army units in 1st QTR FY05. The VR Classification System was implemented in the same manner in Active, Guard and Reserve units. Unit Soldiers are visually screened in conjunction with SRP sessions. Soldiers will be screened individually in DoD eye clinics if their unit does not conduct SRPs. The Federal Strategic Health Alliance (FEDS_HEAL) covers required eye examinations for Reserve Soldiers not yet on AD who will soon deploy.

(b) OTSG will continue to oversee program implementation through MEDPROS documentation starting in Apr 05, covering use of both the VR checklist and the VR classification system. All Soldiers will have one year to be screened starting with the date the Classification System is incorporated into MEDPROS.

(4) Military eyewear. The Commander, US Army Medical Command (MEDCOM) provides funds for and issues military eyewear to Active Duty (AD) military members, including RC Soldiers serving on AD. Military eyewear for Reserve Soldiers is funded by the RC.

(5) Resolution. The May 05 declared this issue completed. Effective 1st Qtr FY05, annual vision screenings are required for all active and reserve component Soldiers.

g. Lead agency. DASG-HS

h. Support agency. ASD(HA), Optometry/Ophthalmology consultants from the Army, Navy, and Air Force

Issue 491: Army Community Service (ACS) Manpower Authorizations/Funding

a. Status. Completed

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XXIV; Jun 08

d. Scope. ACS is currently understaffed due to lack of authorizations. Over the last ten years, ACS has lost 53 percent of its manpower authorizations. Although the military strength has decreased, the percentage of Family members has increased. ACS Staff members are asked to perform multiple roles, adversely impacting the availability of services to Soldiers and their Families, especially in financial readiness, spouse employment, and Exceptional Family Member Program (EFMP).

e. AFAP recommendations.

(1) Provide authorizations and funding for all ACS positions according to the US Army Manpower Analysis Agency Staffing Guidelines.

(2) Fund the Well Being initiatives that support ACS.

f. Progress.

(1) Staffing standard.

(a) The ACS manpower staffing standard was included in the FY 04-09 POM as an emerging requirement and briefed to the Installation Program Evaluation Group (PEG) to be worked in QACS Planning, Programming, Budget, and Execution System (PPBES). II PEG validated the $12.8M requirement in the FY08-13 Program Objective Memorandum (POM). The shortfall for ACS includes authorizations for Family Advocacy (71), Financial Readiness (84), Relocation Assistance (15), Spouse Employment (33), Mobilization/Deployment (38) and Exceptional Family Member (44).

(b) Subsequent to the validation by the Installation PEG the Senior Resource Group (SRG) remanded the requirement. The SRG recommended the issue be addressed through the Total Army Analysis 2011 (FY05 -11) process. The new staffing guidance reflects the minimum manpower to achieve the most efficient organization and provides for a total of 1,188 requirements and 1,188 authorizations. The FY04-09 BASOPS TAADS reflects 1,003 requirements and 711 authorizations; leaving a delta of 292 authorizations to be recognized and funded. Upon review of the issue in TAA-11, any resultant manpower authorizations were incorporated into FY05–09 POM requirements.

(2) Manpower.

(a) A Concept Plan for 185 new ACS manpower requirements was sent to DAMO-FMP for review and approval on 13 Feb 03. The Concept Plan is FMWRC's detailed proposal requesting new 185 requirements. In accordance with DAMO-FMP guidance, the concept plan was submitted to the G3 for full HQDA staffing and submission for approval by senior leadership.

(b) Request for funding for the manpower requirements currently on the FY04 –09 BASOPS TAADS was included as an emerging requirement in the FY05-09 POM.

(3) FY06 Progress.

(a) 14 Feb 06. HQIMA Manpower Division coordinated with USA Force Management Support Agency during the FY07 TDA documentation cycle to approve and top load on IMA's MOB TDAs the 185 ACS positions.

(b) 14 Feb 06. FMWRC applied the USAMAA staffing standard using the restationing and BRAC numbers to determine the future requirements for ACS. The decrease from 292 to the end state to 285 is directly related to the Global Defense Posture Realignment and BRAC.

(c) Apr 06. ACSIM-RIO confirmed that Supplemental Funds can be used for the 185 `ACS MOB TDA positions.

(d) Since the FY05 TAADS, QACS has decreased manpower requirements from 1003 to 886.

(e) 15 Aug 06. FMWRC requested the G3 to revalidate the USAMAA ACS staffing standard for all components (Active, Reserve and National Guard).

(4) Staffing Compromise.

(a) The Concept Plan remained in the staffing process until all elements provided a response. At the conclusion of the staffing process, the Army G8 nonconcurred with the ACS Concept Plan. However, a compromise was reached between G8 and the DACSIM, with both agreeing to support the ACS Staffing shortfall (6 Oct 03).

(b) ACSIM/FMWRC requested increases to ACS staffing through the ASPB to be funded with Supplemental dollars. This would increase ACS staffing immediately and address the 185 new Requirements. The 185 spaces would be available to installations where units are deployed or will soon deploy to Iraq or Afghanistan, fixing the immediate wartime/deployment shortfalls.

(c) FMWRC and IMA worked with DAMO-FM/RQ and USAMAA to develop a Mob TDA to account for all increases in ACS workload during wartime/deployments to include Family Readiness Groups.

(d) On 4 Nov 06, the AFAP General Officer Steering Committee (GOSC) combined Issues #220, Exceptional Family Member Program (EFMP) and #380, Inadequate Support of Family Readiness Groups (Mob/Dep Positions in ACS) with this issue which addresses staffing in all ACS programs.

(e) On 14 Dec 06, the Deputy IMCOM Commander briefed the ACS staffing shortfall to the G-3.

(1) The G-3 agreed to follow the process to validate requirements in the IIPBG and on the TDAs in accordance with the FY09 Command Plan Guidance.

(2) IMCOM will submit Schedule 8s for FY09-13 during the FY09 Command Plan requesting the additional resources (the Resource Formulation Guidance (RFG) contains the details for requesting additional resources).

(3) IMCOM will coordinate with the IIPEG and Army Budget Office (ABO) for additional funding in

FY07/08, since these are year of execution and budget year issues.

(f) Task Force Year of Manpower (TF YOM) developed a new manpower model for ACS and identified 1414 requirements. The USAMAA approved the ACS staffing model 4th QTR FY07. The IMCOM provided authorizations and funding for all ACS positions according to the USAMAA Staffing Guidelines.

(g) On 16 Jan 07, the FMWRC received $12.8M in GWOT funds for the MOB TDA 185 ACS positions. A contract was awarded 16 Jul 07 to two companies (Strategic Resources, Inc. (SRI) and Serco) to supply the 185 contracted positions. Both SRI and Serco are giving hiring priority to individuals already at the garrison and then to military spouses interested in the positions.

(h) IMCOM Commander/ACSIM funded ACS staffing shortage for 477 positions, supported with GWOT in FY08 and included in the QACS Base for 09-15.

(5) Resolution. Issue was declared complete based on funding for increased ACS staff.

g. Lead agency. IMWR-FP

h. Support agency. DAIM-ZXA; IMWR-FM; IMAH-MWR, IMRM-M

Issue 492: Army Retirement Benefits Awareness

a. Status. Completed.

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XXII, Jan 06

d. Scope. Retirement benefits information programs are only offered at or near retirement. Many Active Duty and Reserve Component soldiers and spouses are not familiar with their benefits, entitlements, and compensations. Frequent benefit changes impact service members' retirement plans.

e. AFAP recommendation.

(1) Implement retirement benefits information programs at established intervals during a soldier's career, i.e. Professional Development Programs.

(2) Publish Army Retirement Services website address bi-annually on LES for both Active Duty and Reserve Components.

(3) Inform spouses of retirement benefits through family programs, i.e. Army Family Readiness Groups, AFTB.

f. Progress.

(1) Information outreach.

(a) On 1 Oct 02, the Army Retirement Service Office (ARSO) provided input to CFSC for an Army Family Team Building (AFTB) instruction module. The ARSO homepage, as well as a retired pay calculator, are links on the AFTB homepage.

(b) Other sites with links to the ARSO homepage include: Army (www.army.mil), HRC – Alexandria (www.perscomonline.army.mil/index2.asp), The Adjutant General (www.perscomonline.army.mil/tagd/index.htm), and Branch Newsletters.

(2) Retirement information for the Army National Guard (ARNG). In the ARNG, each state conducts a retirement education program – not uniformly, however. Several states have instituted programs that require the spouse to accompany the soldier to the unit for briefings at the 20-year career mark and at the age 58-59 milestone. Some count the retirement information sessions as weekend drill sessions, paying TDY costs for the soldier and spouse attendance. Some states, due to distance and sparse population, do not. Members of the RC received information on the G-1 RSO website on their Jul 04 End-of-Month Leave and Earnings Statements (LES).

(3) Retirement information for the Army Reserve. HRC-St. Louis reports that, in the USAR, retirement benefits should be briefed to unit members (and spouses) as part of professional development. However, HRC-STL cannot confirm that to be the case across the component. For non-unit members, retirement information is mailed to them at the 20-year career mark, and again at age 58-59 as part of the application for retired pay. Spouses are now more active participants, in light of the 1 Jan 01 law requiring their written concurrence with certain RC Survivor Benefit Plan (RCSBP) elections. HRC-St. Louis urges the US Army Reserve Command (USARC) to conduct briefings and counseling sessions and to send their unit technicians to school (Fort McCoy) to receive training in these areas. On 1 Feb 05, HRC-St. Louis confirmed that more and more states are coming on board with the above-mentioned program.

(4) Info for Active Component (AC). Members of the AC received information on the G-1 RSO website on their Jul 04 End-of-Month Leave and Earnings Statements (LES). Groundwork was laid for Army RSO to make recurring requests for the statement to appear 2x/year.

(5) Website info. The ARSO URL was added to "myPay" at https://mypay.dfas.mil/addlink.aspx.

(6) Professional education. The Army explored various options to include retirement awareness information in officer and enlisted schools. However, other pressing needs preclude addition of retirement topics in the Non-commissioned Officer Education system. Topics are covered in the Warrant Officer and Senior Service Schools' curricula.

(7) On-line information.

(a) On 15 Sep 03, the "Army Benefits Tool (ABT)" was posted on Army Knowledge Online (AKO) under "My Benefits". This tool is a web-based tool for Soldiers/ family members/retirees/survivors to easily link to a variety of government-source websites applicable at various stages of the Soldier Life Cycle. It offers 11 calculators useful in personalizing benefits data. Information on the availability of the ABT is included in every installation's pre-retirement briefing. The ABT has been added to the G-1 RSO homepage for ease of access by all.

(b) G-1 is working with a contractor to develop a "Soldiers' Benefits Service" (SBS) product -- the specific goal of which is ensure that deploying Soldiers and their families have complete benefits/entitlements information prior to departure.

(8) Resolution. The Jan 06 GOSC declared this issue completed as many websites provide Active and Reserve Component retirement information and provide automated tools to compute various benefits. In addition, the Army Retirement Services Office homepage link appears on the end of month LES twice a year for Active and RC.

g. Lead agency. DAPE-RSO

h. Support agencies. DCS, G-1 Professional Development Proponent; DFAS-IN; CFSC; OCAR; NGB; HRC-St Louis; Office of the SMA.

Issue 493: Basic Allowance for Housing (BAH) for Activated Reserve Component (RC)
a. Status. Completed
b. Entered. AFAP XVIII, Mar 02
c. Final action. AFAP XXIII: Nov 06
d. Scope. Activated RC soldiers frequently incur financial hardship due to current law governing BAH. During the first 140 days of active duty, RC soldiers receive BAH II, which is only 60% of full BAH. There is no provision for retroactive compensation for the first 140 days of activation. Aligning the RC housing allowance with that of the active component will reduce financial problems often caused by loss of civilian pay.
e. AFAP recommendations.
(1) Provide RC soldiers on active duty full BAH after 30 days.
(2) Pay RC soldiers on active duty in excess of 140 days the full BAH from the first day of activation.
f. Progress.
(1) Legislation.
(a) Office of the Secretary of Defense for Reserve Affairs submitted a Unified Legislation and Budgeting (ULB) Personnel initiative (RA-1) for FY04. Services and OSD Comptroller deferred ULB to FY05 due to fiscal constraints.
(b) The issue was dropped from FY05 legislative initiatives pending completion of the Reports to Congress on Reserve compensation and entitlements.
(c) An FY06 ULB initiative.
(d) An FY06 ULB initiative, entitled BAH Reform, sought to eliminate 140-day BAH II threshold outlined in Title 37, USC, Section 403(g)(3). Due to the prohibitive cost of this initiative it was split into two initiatives.
1. The first would result in payment of the same BAH rate for all Service Members regardless of tour length. The Army voted "no" to this ULB initiative because of the enormous cost associated with eliminating the BAH threshold entirely. The total Department of Defense resource requirement is $810 million and the Army's requirement is $516 million for FY06-10. The DOD Comptroller and Program Analysis & Evaluation (PA&E) also voted "no" citing excessive costs and no effect on retention.
2. The second initiative was supported by DOD, forwarded to Congress, and became law with the FY06 NDAA . It authorized full BAH for Service Members called to active duty greater than 30 days. The law affects all RC members called to active duty for longer than 30 days, regardless of the type of orders or reason used to bring them to active duty. Every time a Soldier is called to active duty on a new order, the clock starts over, regardless of the time between orders, or the location of duty.
(2) "One location" requirement. The Army's request to change the 140-day requirement at <u>one</u> location for RC to receive full BAH was forwarded to the Defense Finance and Accounting Center for staffing with all services to facilitate changing the regulatory guidelines prior to the approval of the ULB to reduce the requirement from 140 days to 30; it was not supported at the time, by DFAS or the other Services. Now that the law has changed and reduced the requirement from 140 days to 30, this requirement is no longer necessary.
(3) GOSC review.
(a) Nov 02. GOSC was updated on the legislative and OSD proposals.
(b) Jun 06. The GOSC requested the issue remain active to get a better estimate of the magnitude of the entitlement and potential cost.
(4) Resolution. The Nov 06 GOSC determined the issue to be completed based on authorization for full BAH for Soldiers on active duty longer than 30 days.
g. Lead agency. Reserve Affairs
h. Support agency. DCS G-1

Issue 494: Career Recognition Program
a. Status. Unattainable
b. Entered. AFAP XVIII, Mar 02
c. Final action. AFAP XX, Nov 03)
d. Scope. Soldiers with ten or more years of service are not recognized for longevity and their dedication to Army Values. The Army's lack of recognition of career soldiers causes a widespread morale issue within the ranks. Failure to recognize their years of loyalty, sacrifice and dedication to service is not in keeping with the Army's Vision.
e. AFAP recommendation. Implement a tiered recognition package for the Commander's use consisting of but not limited to the following:
(1) Ten-year mark: Issue a warm-up suit, in Army colors, styled after the Physical Fitness Uniform (PFU).
(2) Fifteen-year mark: Grant ten days non-chargeable leave.
(3) Retirement: Present a gold or silver commemorative timepiece recognizing years of service.
f. Progress.
(1) Current recognition.
(a) Soldier recognition is predominantly a commander's decision, with the exception of the retirement ceremony which includes a set of protocols to ensure that the appropriate standard of recognition is achieved in that ceremony.
(b) The Army typically recognizes longevity when soldiers reenlist by awarding the Good Conduct Medal. The Army also rewards longevity with a biannual pay raise in recognition of good performance, increased knowledge and responsibility.
(c) On retirement, a soldier's service to the nation may be formally recognized by a retirement parade/ceremony, sometimes involving a military band, soldiers in formation, spectators, medal presentations, and a reception. Current policy is also to present retirees with a U.S. flag.
(2) Resolution. The Nov 03 GOSC declared this issue unattainable because the Army's recognition/awards program satisfies the intent of this issue.
g. Lead agency. DAPE-PRC
h. Support agency. ASA (M&RA)

Issue 495: Concurrent Receipt of Retired and Veterans Affairs (VA) Disability Pay
a. Status. Completed
b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XIX, Nov 02
d. Scope. Retired soldiers receiving VA service-connected disability compensation do not receive their full retired pay. Military retired pay is reduced dollar for dollar by the amount of their VA disability compensation. This offset unfairly penalizes retired disabled soldiers. Recently enacted legislation authorizes concurrent receipt, but lacks funding for implementation. Additionally, this new legislation excludes medically retired soldiers with less than 20 years service (Chapter 61). All retired disabled soldiers deserve their full retired pay and full VA disability compensation.
e. AFAP recommendation.
(1) Fully fund the recently approved legislation for concurrent receipt of retired pay and VA Disability compensation while continuing to fully fund retired pay.
(2) Amend this legislation to include medically retired soldiers with less than 20 years of service (Chapter 61).
f. Progress.
(1) Legislation.
(a) The FY03 NDAA calls for the elimination of concurrent receipt for career soldiers with 20 or more years of service (including disability retirees), but only for the portion of their VA service-connected disability compensation that is based on combat disabilities. Disability retirees would have their combat disability compensation amount reduced by the amount (if any) their disability retired pay exceeds the retired pay they would have received had they been retired for length of service.
(b) The FY03 Appropriations Bill enacted in Oct 02 was silent on funding for the elimination of concurrent receipt. The FY03 NDAA calls for funding to be derived from Military Pay and Allowances and implementation to begin 180 days from the date of enactment. Implementation would not begin before 1 Jun 03.
(4) Resolution. The Nov 02 AFAP GOSC declared this issue completed because legislation authorizes concurrent receipt of soldiers who have served 20 years and were awarded a Purple Heart for a combat-related injury and to soldiers who retired with 60% disability based on armed conflict, hazardous service, or training.
g. Lead agency. DAPE-RSO
h. Support agency. DCS, G-1

Issue 496: DEERS Status Notification
a. Status. Completed
b. Entered. AFAP XVIII, Mar 02
c. Final action. AFAP XXI, May 05
d. Scope. Soldiers and/or family members are not notified by Defense Enrollment Eligibility Reporting System (DEERS) of changes to their status. Automation changes and administrative errors deny accessibility to vital entitlements (e.g., ID cards and denial of medical treatment). Depriving soldiers and family members of these critical services results in extreme financial hardship and is detrimental to the Total Army well-being.
e. AFAP recommendation.
(1) Provide Commanders the DEERS extract report monthly.
(2) Develop a web-based system linked to Army Knowledge On-line (AKO) where soldiers can check their DEERS status.
(3) Implement monthly reminders to check DEERS status on soldier's Leave and Earning Statement (LES), in order to identify any changes in current status.
f. Progress.
(1) DEERS extract report. US Army Community and Family Support Center (USACFSC) analysis determined that providing the quarterly report from the Defense Manpower Data Center (DMDC) (which contains personnel information on soldiers and their dependents as reflected in the DEERS database) was not feasible. To be usable, family members' records would have to be matched to their corresponding sponsor's record, privileges extracted, and the records sorted by unit and installation. The administrative burden on commanders to review the information and track down affected Soldiers would be prohibitive. It would be expensive to prepare and disseminate the report, and the data would not be timely (the report arrives 45 to 60 days after the end of each quarter). Further, in Jun 04, DMDC directed CFSC to modify its data use agreement (DUA) to receive only DEERS data elements to determine eligibility for MWR programs. The DUA prohibits CFSC from releasing raw data, i.e., individual names and social security numbers.
(2) LES notice. Effective Aug 02, DFAS began placing a quarterly reminder to check DEERS status in the remarks block of Soldiers' end of month LES.
(3) Access through AKO. Initially, representatives from the Army CIO/G6, and DMDC were unable to agree on the automation and security requirements necessary to complete the final phase of the DEERS Status Notification system. Army CIO/G6 presented a proposed initiative to the DoD Business Initiative Council's Information Technology Process Functional Board (DoD BIC IT P/FB) in April 2004 to allow the AKO to access DEERS information from DMDC. The DoD BIC IT P/FB supported the proposal and contacted DMDC and suggested this initiative would be beneficial not only for the Army but all Services. Per the suggestion from the DoD BIC IT P/FB, DMDC established an Integrated Process Team (IPT) and began an immediate interface with the AKO's Chief Technology Office to determine the policy and technical aspects to implement this proposal. Policy and technical advances were made for this issue. Implementation occurred Army-Wide for all active duty military on 7 Mar 05.
(4) GOSC review. The Nov 04 GOSC was informed that the Army has the screens necessary for Soldiers to check their DEERS status via AKO. The remaining action is delivery of server certificates.
(5) Resolution. The May 05 GOSC declared this issue completed based on quarterly LES reminders for Soldiers to check their DEERS status and the AKO-DEERS interface that allows active and reserve Soldiers and family members to check their DEERS data through AKO. Inquiries made through AKO to DEERS are at approximately 2,700 hits per day.
g. Lead Agency: CIO/G-6
h. Support Agencies: DMDC- West, CFSC-SP, HRC

Issue 497: Distribution of Montgomery GI Bill Benefits to Dependent(s)
a. Status. Completed
b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XXVI, Jan 10
d. Scope. The FY02 National Defense Authorization Act restricts distribution of the Montgomery GI Bill to dependents of Soldiers with designated critical skills who agree to reenlist for four additional years. Soldiers who enroll in this program and are not in a designated critical skill are not entitled to distribute their benefits to their dependents. All Soldiers should be able to distribute their educational benefits to their dependents, thus increasing the well being of the Total Army Family.
e. AFAP recommendation. Allow the distribution of basic educational benefits to dependents under the GI Bill to include all Soldiers with at least ten years of service without additional reenlistment requirements.
f. Progress.
(1) 2002 NDAA, Public Law 107-107, Sec 654 allows Soldiers in critical skills, as determined by their Service Secretary, the ability to transfer MGIB benefits to Dependents.
(2) USC, Title 38, Sec 3020 further authorizes MGIB Transferability. A pilot program was implemented. Soldier feedback indicated that the critical skills requirement prevented all Soldiers from participating. The Army submitted ULBs to remove the critical skills requirement in order to expand MGIB transferability to all enlisted Soldiers.
(3) On 30 June 2008, legislation creating the Post 9/11 GI Bill was signed into law. Soldiers will be required to commit to additional service in order to transfer Post 9/11 GI Bill benefits.
(4) In February 2009, DoD formally staffed their draft Post 9/11 GI Bill policy with all services. Adjustments were made based on service responses. DoD policy was published in June 2009 and Army policy was published in July 2009.
(5) Transferability of Post 9/11 GI Bill benefits was effective 1 August 2009.
(6) GOSC review.
(a) Nov 02. Members commented that it is difficult for Soldiers to save enough to send their children to college and that many Soldiers would be willing to give up their educational benefits if they could pass that on to their children. The VCSA noted the strong endorsement for this initiative and said he wanted it noted that Army supports transfer of MGIB benefits.
(b) Jan 06. The VCSA requested that G-1 develop a good strategic communication package to explain to Soldiers the criteria for transfer of MGIB to dependents. Requested G-1 not raise expectations that the transfer applies to all Soldiers and emphasize the dollar value of the educational benefit versus the reduction of the Selective Reenlistment Bonus (SRB).
(c) Nov 06. The GOSC requested the issue remain active.
(7) Resolution. The January 2010 GOSC declared the issue complete because the Post 9/11 GI Bill authorized transfer of benefits to dependents and included all ranks and all components.
g. Lead agency. DAPE-MPE
h. Support agency. OSD-P&R

Issue 498: Employment Status for OCONUS Family Members
a. Status. Combined.
b. Entered. AFAP XVIII, Mar 02
c. Final action. AFAP XVIII, Feb 03)
d. Scope. Family members hired overseas on an Excepted Appointment, to positions designated for U. S. citizens, do not have career-conditional status. In addition, time served in any Excepted Appointment overseas does not count toward the three-year requirement to attain career status. Permitting overseas employment to count toward career status would enhance morale, retention and recruitment of the family member work force.
e. AFAP recommendation. Allow family members hired on Excepted Appointments to attain career conditional/career status.
f. Progress.
(1) Validation.
(a) During FY 99-01, the Army hired 11,113 individuals in excepted positions in overseas areas and another 13,900 in excepted positions in the United States. Family members are among the excepted service appointees both overseas and in the United States. About 60% of excepted service appointments, both overseas and within the United States, were of a time-limited nature similar to temporary/term appointments in the competitive service. Closely related to the excepted service issue is crediting temporary and term employment towards career status.
(b) Army Civilian Personnel does not agree that the Army should pursue legislation that would benefit overseas employees while not benefiting like situated employees in the United States. The issue of equity for competitive service employees on temporary/term appointments would have to be addressed as well if group specific legislation were pursued.
(2) Combining issues. Civilian Personnel recommends that this issue be folded into Issue #38 because a simplified appointment system will be the ultimate answer to both issues, if such a system ever becomes politically attainable. Army's vision is a personnel system that would combine excepted and competitive systems into one service and provide just two types of appointment (temporary and permanent). OSD has prepared legislation for an alternative personnel system that would do this. Army expects the legislation will be introduced in 2003.
g. Lead agency. DAPE-CPP
h. Support agency. CFSC-FSA

Issue 499: Federal vs. Non-Federal Pay Comparability
a. Status. Unattainable
b. Entered. AFAP XVIII, Mar 02
c. Final action. AFAP XXI; Nov 04
d. Scope. The Federal Employees Pay Comparability Act (FEPCA) requires comparability to the private sector; however, it permits the President to offer to Congress an alternate adjustment lower than that required by FEPCA. As of FY 01, Federal pay lags an average of 21.7 percent behind non-Federal pay. This pay gap negatively impacts recruitment, hiring and retaining a quality civilian workforce.

e. AFAP recommendation. Amend FEPCA to establish a minimum 5% general increase annually until pay comparability is achieved.

f. Progress.

(1) Feasibility of closing pay gap. The pay disparity as of March 2003 was approximately 17.5 percent. The President does not support adherence to FEPCA formula to achieve pay comparability between the Federal and private sector.

(2) Alternatives. Because a mandatory pay increase is not attainable, the Army will continue to work other strategies with DoD to achieve pay comparability. FEPCA authorizes hiring above the minimum rates, the payment of recruitment and relocation bonuses, retention allowances, and establishing special salary rates to compete for essential skills in dynamic labor markets. In addition, under recent NSPS legislation, DoD will begin a move to a more flexible pay system, where pay is better aligned with mission requirements, market forces, and employee qualifications and performance.

(3) Resolution. The Nov 04 GOSC determined this issue is unattainable. Recent Administrations have not supported the FEPCA because it seeks across the board increases and does not take into consideration pay differences based on occupations and job performance. Other employment strategies being worked by DOD and the NSPS will strengthen the Army's ability to attract and retain a highly qualified workforce.

g. Lead agency. DAPE-CP-PPD

Issue 500: FERS Employee Sick Leave for Retirement Annuity Computation

a. Status. Unattainable

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XIX, Nov 02

d. Scope. FERS employees are not allowed to receive credit for their accrued sick leave in the calculation of their retirement annuity. Personnel hired since 1984 are affected by this policy. Allowing accrued sick leave to be calculated for retirement annuity would enhance morale, increase work force productivity, and encourage the effective use of sick leave.

e. AFAP recommendation. Allow FERS accrued sick leave to be calculated for retirement annuity.

f. Progress.

(1) Validation. This recommendation has been proposed previously in different formats and through different forums. The latest initiative was submitted by a DOD focus group in FY03, but was not supported by Army, Air Force or Navy due to high costs. Therefore, OSD declined sponsorship. It is recognizable that not allowing FERS covered employees credit for their accrued sick leave in the calculation of their annuity creates an inequity between FERS and CSRS, but it is important to note that FERS was designed with many "portable" features to allow employees who leave Federal employment to still qualify for benefits under this retirement system.

(2) Design of FERS. FERS is a 3-tiered plan consisting of a basic FERS annuity, Social Security and a Thrift Savings Plan. Congress designed the FERS legislation fully conscious of the effects of eliminating sick leave credit in the calculation of annuity. Accumulation of sick leave is viewed as an insurance policy that is available should an employee suffer catastrophic illness or off-the-job-injury.

(3) Resolution. The Nov 02 GOSC determined this issue is unattainable because it has never been supported by the Services or OSD and was not the intent of Congress when FERS was designed.

g. Lead agency. DAPE-CP-PPE

Issue 501: Funding for Exceptional Family Member Program (EFMP) Respite Care

a. Status. Complete

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XXIV; Jun 08

d. Scope. Currently there is no authorization to use appropriated funds to pay for or subsidize the cost of EFMP respite care, except for active Family advocacy cases which have restricted parameters. EFMP respite care is funded by limited and unpredictable donations. Caring for Exceptional Family Members can be stressful both financially and emotionally.

e. AFAP recommendations.

(1) Authorize the use of OMA funds to either pay or subsidize respite care for EFMP Families.

(2) Provide additional OMA funding to pay for EFMP respite care.

f. Progress.

(1) Related issue. AFAP Issue #401, "Funded Respite Care for Exceptional Families", entered Army Family Action Plan (AFAP) XIII in 1995 and recommended that the Army obtain authorization to extend the use of OMA funds to either pay or subsidize respite for exceptional Families. In 1997, the AFAP General Officer Steering Committee determined Issue #401 unattainable because of the absence of support for OMA funds to pay or subsidize respite care for exceptional Families.

(2) Use of appropriated funds. The Office of the FMWRC Command Judge Advocate has no legal objection to the use of appropriated funds for respite care in other than Family advocacy cases per DoDD 1342.17, Subject: Family Policy and AR 608-75 (EFMP).

(3) Validation. DoDD 1342.17 states that the total commitment demanded by military service requires that DOD personnel and their Families be provided a comprehensive Family support system, based on, among other things, special needs support. Special Needs Support Program, as defined, includes respite care. Finally, DODD 1342.17 states that it is DOD policy that Family support systems be allocated resources to accomplish their missions, as prescribed in DoDD 1342.17. AR 608-75 implements DoDD 1342.17 and specifically provides for respite care to eligible Family members outside the Family Advocacy Program.

(4) Eligibility requirements. The requirement requested funding for respite care for two percent of the 65,000 active duty EFMP enrollees (1,300 EFMs). Categories that would be covered under this proposal are EFMs having one or more of the following manifestations: (a) little or no self-help skills; (b) severe continuous seizure activity; (c) ambulation with neurological impairment; (d) tube feeding, (e) tracheotomy with frequent suctioning; (f) apnea monitoring during hours of sleep; and (g) inability to control behavior with safety issues. The installation will

determine rate paid for respite care, not to exceed $35 an hour. The rate structure should reflect the skill level required to provide the service and the prevailing respite care rate in the civilian community.

(5) Funding. In Sep 04, as a result of the AFAP In Process Review, FMWRC submitted the "Exceptional Family Respite Care" requirement to OACSIM for FY05 GWOT funding. The OACSIM approved the requirement, but GWOT funding was not received (FY05 and FY06). In Jun 06, FMWRC submitted requirement for FY07 supplemental funding. The IMCOM commander funded respite care. In Jan 07, FMWRC received $8.2M FY07 GWOT funds for respite care to cover deployment needs. IMCOM disseminated funding guidance to the field on 4 Jun 07. FMWRC requested FY08 supplemental funding for respite care. In FY09, respite care funding is in QACS base.

(6) TRICARE. TRICARE Extended Care Health Option (ECHO) implemented an additional source of respite care assistance in Sep 05. The ECHO program is a replacement for the old TRICARE Program for Persons with Disabilities. ECHO includes a respite care benefit based on medical needs. ECHO does not assist Families who need limited respite care. In order to qualify for this respite care, the individual must be receiving other ECHO benefits. There are 1,629 participants (FY06) in the TRICARE ECHO program; Service specific data is not available. Reservists who are TRICARE eligible can take advantage of ECHO. Currently, ECHO does not provide respite care benefits overseas.

(7) Resolution. Issue was declared complete based on funding provided for EFMP respite care.

g. Lead agency. IMWR-FP

h. Support agency. U.S. Army Medical Command.

Issue 502: Funding for Installation and Regional Youth Leadership Forums

a. Status. Completed

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XXIII; Jun 06

d. Scope. Currently, Army Youth Programs do not provide Youth Leadership Forums at installation and MACOM levels consistently throughout The Army. Additionally, Youth Services programs are not adequately funded to cover these Youth Leadership Forums. Youth are the voice of our future; they need guidance and training to prepare to be leaders for tomorrow.

e. AFAP recommendation.

(1) Fund current Youth Services budget to provide Youth Leadership Forums and instructor/student training.

(2) Establish Youth Leadership Forums as a baseline program in the Army Youth Services and link to Army well-being.

f. Progress.

(1) Resources. Army Youth Services is funded through Management Decision Package (MDEP) QYDP. MDEP QYDP contains adequate funding for installations to conduct local Youth Leadership Forums. Funding for FY 05 forums uncertain due to severe budget constraints, pending Supplemental Funding.

(2) Procedural guidance.

(a) Requirement to conduct Garrison Youth Leadership Forums as a baseline program is included in the annual Installation Child and Youth Assessments for DOD certification. At the forums, staff and youth receive training on character education, leadership, communication skills, and community service and receive AFAP youth issue updates.

(b) Staff protocols and a programming template are being developed to ensure Youth Leadership Forums are conducted in a consistent manner throughout the Army. The requirement for reviewing the results of local youth forums will be included in the annual CYS Program assessments beginning in FY 06. Youth Leadership Forums are included in Common Levels of Support.

(c) Regions conducted leadership forums in FY05. FY06 Region forums were postponed due to funding constraints. Army Teen Panel (ATP) members served as Junior Advisors at the Region Forums and report to Army leadership that the YLFs are crucial for developing teen leaders to serve on the ATP. Army Youth Services is funded through Management Decision Package (MDEP) QYDP. MDEP QYDP contains adequate funding for installations to conduct local and regional Youth Leadership Forums. The requirement to conduct installation Youth Leadership Forums is included in the annual CYS Program assessments.

(3) Resolution. The Jun 06 GOSC declared the issue completed.

g. Lead agency. CFSC-CYS

h. Support agency. G1, IMA.

Issue 503: Physical Education in DODEA Schools

a. Status. Completed

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XX, Jun 04

d. Scope. Currently, there is no standardized Physical Education (PE) program within Department of Defense Education Activity (DODEA). Lack of daily PE in DODEA primary and secondary schools fails to prepare students for maintaining lifelong fitness and health. Studies have shown the absence of daily exercise contributes to health problems such as obesity, diabetes, hypertension and negatively impacts students' overall well-being. Adequate physical fitness among young people is a national priority.

e. AFAP recommendation

(1) Provide five periods of vigorous exercise per week for students in DODEA schools.

(2) Fund PE programs without impacting existing budgets for DODEA schools.

(3) Implement standardized PE programs throughout DODEA schools.

f. Progress.

(1) Five periods of PE.

(a) DoDEA's PE program is commensurate with US school systems. PE is offered in elementary school once a week for 50 minutes or two 25 minute sessions. In middle schools, it is offered as part of the curriculum wheel. DoDEA increased the high school PE requirement to 1.5 credits to allow for focus on healthy living. Daily recess in elementary school and varsity and intramural sport programs in high school provide students an additional opportunity for physical exercise.

(b) Providing five periods of vigorous exercise per week, would require hiring and training additional PE staff, new equipment and MILCON construction for additional gymnasiums. The cost for Europe would be approximately$60M.

(2) Physical education standards. In 2000-2001, DoDEA adopted comprehensive K-12 physical education content and performance standards based on the Council of Chief State School Officers for Physical Education. Standards were posted on the DoDEA website. In 2001, DoDEA purchased K-12 PE materials, equipment and technology aligned to the adopted standards. DoDEA provided funding to support a system-wide PE program commensurate with stateside school systems. In 2002-2003, DoDEA provided professional development for all PE teachers that included training on the standards, instructional and assessment practices, and use of the adopted materials, equipment and technology.

(3) GOSC review. The Nov 03 GOSC recognized that DoDEA's PE standards meet the requirements established by the Council of Chief State School Officers for PE. Based on concern expressed regarding the importance of physical fitness, USAREUR will review the issue for further local action.

(4) Resolution. The Jun 04 GOSC declared this issue completed based on funding that supports a PE program commensurate with US school systems and the implementation of standardized PE content and performance standards. USAREUR will continue to work this initiative through the Healthy Kids Workgroup of the European Schools Council.

g. Lead agency. DoDEA

Issue 504: Recalculation of Dislocation Allowance (DLA)

a. Status. Completed

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XIX, Nov 02

d. Scope. Dislocation Allowance does not meet the needs of soldiers during Permanent Change of Station moves. Currently DLA is paid at the rate of 2.5 times Basic Allowance for Housing (BAH) Type II. Out of pocket relocation expenses vary by location. Relocation to high cost areas creates additional expenses in the form of initial rents, various deposits, household supplies, and other costs.

e. AFAP recommendation. Change the calculation of DLA from 2.5 times BAH II to 2.0 times BAH.

f. Progress.

(1) DLA computation. DLA has not been computed on 2.5 times the Basic Allowance for Housing (BAH) Type II since December 1997. The final DLA rate for each rank on Dec 97 was used as the starting baseline for future DLA increases. Since Jan 98, DLA has increased annually by the annual percentage rate increase for basic pay. Additionally, DLA increases with each promotion.

(2) Increase for junior enlisted. DLA at the "with dependent" rate for E-1 through E-4 was increased and tied to the E-5 rate on 20 Oct 00.

(3) Resolution. The Nov 02 GOSC declared this issue completed because DLA is calculated on the baseline for each rank (set in Dec 97) increased by the annual percentage increase for basic pay.

g. Lead agency. DAPE-PRC

Issue 505: Regional Portability of TRICARE Boundaries

a. Status. Completed

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XXI, May 05

d. Scope. TRICARE regional boundaries are too restrictive. There are currently 13 TRICARE regions. Beneficiaries experience difficulties when requiring medical care from a region other than their own. These regional boundaries cause complications for beneficiaries by limiting choices, complicating claims, delaying medical care and creating administrative authorization problems.

e. AFAP recommendation.

(1) Reduce the number of TRICARE regions.

(2) Allow beneficiaries to access routine and specialized medical care in other regions.

f. Progress.

(1) Reduced number of regions. Contract award was made for three regional contracts on 21 Aug 03. The three new regional contracts replaced the current 11 TRICARE CONUS regional contracts. Start-up of healthcare services under the new contracts was phased in by region between Jun and Nov 04. The new TRICARE regional contractors are: TRICARE North: Health Net Federal Services, Rancho Cordova, CA; TRICARE South: Humana Military Healthcare Services, Louisville, KY; and, TRICARE West: TriWest Healthcare Alliance Corporation, Phoenix, AZ.

(2) Access to care in other regions. With the award of the three new contracts, problems associated with healthcare access across multiple regional borders improved.

(a) Portability. In the past, enrollment portability across regions was more problematic due to change in contractors, claims processors and documentation of paid enrollment fees. Under the new TRICARE contracts, if continued TRICARE enrollment is desired, the enrollee must complete a TRICARE Prime enrollment application and PCM change form when moving in/between a Prime Service Area or TRICARE Prime Remote area.

(b) Access to routine/specialty care in other regions

1. It is not feasible to implement Recommendation 2 for beneficiaries enrolled in TRICARE Prime, the TRICARE managed care option. Those persons enrolled in TRICARE Prime who are traveling will continue to be required to obtain an authorization for all routine and specialty care obtained while away from the enrollment region. Notifications are also required for urgent and emergency care obtained while away from the enrollment region. These requirements help ensure proper claims payment, lack of inadvertent point-of-service charges (50% co-payments), and continuity of care. Under the revised financing business rules implemented in FY04, MTF commanders are accountable for all the care used by their enrollees, even care obtained while traveling and provided out of the MTF prime service area. This rein-

forces the need for PCM authorization for out- of- the-area care.

2. Beneficiaries who want greater freedom or flexibility have the option of using TRICARE Standard and TRICARE Extra, instead of Prime, where available, or may pay the TRICARE Prime point-of-service fee to preclude having to obtain pre-authorizations for non-emergency care. It is not feasible to provide beneficiaries the cost savings associated with TRICARE Prime and the freedom of choice associated with TRICARE Standard at the same time.

(3) GOSC review. The May 04 GOSC was updated on the award of the three regional contracts and the pre-authorization requirement for TRICARE Prime enrollees who receive care in other Regions.

(4) Resolution. The May 05 GOSC declared this issue completed. The TRICARE Management Activity replaced the previous 11 CONUS contracts with 3 contracts in Aug 03. The "by-Region" transition to the new contracts was completed on schedule on 01 Nov 04. The second recommendation was not supported. The enrollment option, TRICARE Prime, requires managed care notifications/authorizations for care outside the region for care continuity, claims and cost accounting reasons.

g. Lead agency. MCHO-CL-M

h. Support agency. TRICARE Management Activity, ASD (HA)

Issue 506: Reserve Component Retired Pay

a. Status. Complete

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XXIV; Jun 08

d. Scope. RC retired Soldiers do not receive retirement pay until age 60. Active duty retired pay is received immediately upon retirement. Current OPTEMPO greatly increases the demand for RC Soldiers. In today's "One Army," offering retired pay options to RC Soldiers would reduce this inequity.

e. AFAP recommendation. Authorize retired RC Soldiers the option to receive a reduced rate of retired pay at age 50 or wait until age 60 to receive full retired pay.

f. Progress.

(1) History.

(a) The Reserve retirement system was established in the Army and Air Force Vitalization and Retirement Equalization Act of 1948. The primary purpose of establishing a Reserve retirement system, as stated in the Senate Report 1543 that accompanied H.R.2744, was to provide an inducement to members of the Reserve component to remain active in the Reserves over a longer period of time, thereby providing a better trained and more ready Reserve to meet the national defense structure.

(b) The House subcommittee hearings stated that retirement is intended to partially compensate an individual in his later years for the great sacrifices made during his or her earning capacity and 60 seemed a reasonable age. Further, it was suggested that if the minimum age at which Federal civil service employees become eligible for an immediate annuity is reduced, consideration should be given to also reducing the age at which RC members could start receiving retired pay. However, when eligibility for full civil service employment retirement benefits was lowered to age 55 by Public Law 89-554 in 1966, the eligibility age for Reserve retirement was not considered.

(2) Legislative proposals. National Defense Authorization Act (NDAA) 2008 allows earlier retired pay benefits for Reserve Component Soldiers that have mobilized in support of a contingency operation. Section 647 describes the new Reserve Soldier Retirement Benefit Program and eligibility. The program is titled "Commencement of receipt of non-regular service retired pay by members of the Ready Reserve on active Federal status or active duty for significant periods." This law allows Reserve Component Soldiers to earn a reduction in their retirement age by three months for every 90 days they spend mobilized in support of a contingency operation. Prior to the enhancement of new legislation, Reserve Component Soldiers received retired pay and health care benefits once they reached the age of 60.

(3) Reports.

(a) The Senate Committee Report, PL 107-151, required the Secretary of Defense to study Reserve personnel compensation to include retired pay. The Department of Defense (DoD) Report to Congress on Reserve Personnel Compensation Program Review was completed 15 Mar 04. The Departments recommendation on the reserve retirement system was to complete a two-year study conducted by RAND, a Federally Funded Research and Development Center, on the reserve component retirement system, which will provide a model to help predict the effects of any changes to the reserve retirement system on force management. RAND briefed OSD on their preliminary results Feb 05. The report was cleared for public release in Jun 06.

(b) The United States General Accounting Office (GAO) addressed the reserve retirement system. This was in response to a mandate from House Report 107-436 that accompanied the National Defense Authorization Act for 2003, which asked GAO to assess the effectiveness and adequacy of reserve compensation. GAO completed its report Aug 04.

(c) The DOD response to the GAO report stated that DOD needs more data before it can determine if costly changes to the reserve retirement system are warranted. DoD does not support legislation which would lower the age at which Reserve Component members would be eligible to receive retired pay before age 60.

(d) In Jun 06, the Defense Advisory Committee on Military Compensation (DACMC) appointed by the Secretary of Defense to assist and provide advice on matters pertaining to military compensation completed its final report. The report recommended reforming the Active Component Non-disability Retirement System, changing the defined benefit pension to begin at age 60. DOD forwarded the DACMC recommendation to the 10th Quadrennial Review of Military Compensation Study (QRMC) for further analysis and implementation as warranted.

(e) The 10th QRMC is finalizing its work and will offer some recommendations concerning overall retirement reform in its final report.

(f) Since then, the congressionally chartered Commission on the National Guard and Reserve has assumed responsibility over the review of alternatives concerning Reserve retirement. Although the 10th QRMC will

consider overall retirement reform alternatives during its sessions, the Commission has responsibility for the Reserve retirement reform. This Commission will provide Congress a final report in Jan 08.

(4) Resolution. The FY08 NDAA allows earlier retired pay benefits for RC Soldiers that have mobilized in support of a contingency operation. Section 647 describes the new Reserve Soldier Retirement Benefit Program and eligibility. It also allows RC Soldiers to earn a reduction in their retirement age by three months for every 90 days they spend mobilized in support of a contingency operation.

g. Lead agency. DAPE-PRC

h. Support agency. OSD

Issue 507: Running Shoe Allowance

a. Status. Unattainable

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XXIV; Jun 08

d. Scope. The formula currently used by the Army to determine the Clothing Replacement Allowance does not take into consideration the need to replace running shoes. To maintain physical fitness, Soldiers are required to participate in physical training, which includes running 3-5 times per week. Worn running shoes increase the potential for injury.

e. AFAP recommendation. Increase Clothing Replacement Allowance to allow for semi-annual replacement of running shoes.

f. Progress.

(1) Validation. It is suspected that a running shoe should match the foot pattern of the wearer. Additionally, it is well established that the wearer's foot pattern changes and should dictate the shoe style and the frequency of purchase. By providing a cash allowance of $60 to initial entry training Soldiers to offset the cost of running shoes, the Army has recognized the need to support running shoes as a physical fitness clothing item.

(2) Cash allowance for IET Soldiers. On 10 May 01, the Chief of Staff of the Army (CSA) gave verbal approval to implement a running shoe cash allowance starting 1 Oct 01. Because of MPA funding constrains, one Cold Weather Field Jacket was taken out of the clothing bag and a $60 running shoe cash allowance was added to the clothing bag on 1 Oct 01 for Initial Entry Training Soldiers. There was no increase to the Clothing Replacement Allowance because the allowance was approved for IET Soldiers only.

(3) Injury based on inappropriate running shoes.

(a) At the 16 Jun 04 GOSC, the DAS, directed: Assess this issue from the perspective of safety and injury. Identify the magnitude of the problem and see if there's something we can do that gets us a solution to set forth. We don't have to fund two shoes, but we could begin to approach and mitigate costs in some way.

(b) There is one study in the literature that includes an assessment of the age of footwear in the occurrence of foot injuries in over 3000 Marine recruits. This study demonstrated that stress fractures of the lower extremity doubled when a shoe was over 6 months old. (Gardner LI, Dziados JE, Jones BH, Brunage JF, Harris, JM, Sullivan R and Gill P. Prevention of lower extremity stress fractures: a controlled trial of a shock absorbent insole. Am J Pub Health 78, pp. 1563-1567, 1988.

(c) Update as of 28 Feb 08: The Defense Safety Oversight Council funded a Quad-Service study to investigate the feasibility of reducing lower extremity injuries by standardizing and integrating requirements for improved footwear across Services, thru use of anatomically-specific footwear prescriptions, and policy for replacement of worn footwear. One of the purposes of the study is to determine whether worn footwear increases the likelihood of lower extremity injury. The Army portion of the study has demonstrated that prescribing shoes on the basis of foot arch height (which is a function of shoe wear and tear) does not reduce injuries, so there will be no lower extremity injury cost avoidance by replacing worn footwear.

(4) Resolution. The Defense Safety Oversight Council funded a Quad-Service study to investigate the feasibility of reducing lower extremity injuries by standardizing and integrating requirements for improved footwear through the use of anatomically-specific footwear prescriptions and replacement of worn footwear. The Army portion of the study demonstrated that prescribing shoes on the basis of foot arch height (which is a function of shoe wear and tear) does not reduce injuries. Since there is no lower extremity injury cost avoidance by replacing worn footwear, there are no additional funds to add to the current cash allowance for running shoes making the issue unattainable.

g. Lead agency. G-4, DALO-SUT

h. Support agency. HQ, TRADOC

Issue 508: TRICARE Coverage for Prescribed Nutritional Supplements

a. Status. Completed

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XX (Updated: Nov 03)

d. Scope. TRICARE beneficiaries, on outpatient status, with terminal illness or acute/chronic conditions are not being covered for medically necessary nutritional supplements required to sustain life. Currently, many nutritional supplements (such as, but not limited to, Ensure, Boost, Sustacal, Nutramagen) are classified as food and are not covered by TRICARE regardless of beneficiaries' medical condition. This causes undue financial hardship on beneficiaries due to the high cost of medically necessary supplements.

e. AFAP recommendation. Provide TRICARE coverage for all medically necessary nutritional substances or therapeutic dietary supplements prescribed by a health care provider.

f. Progress.

(1) Background. Medicare Part B covers a nutritional therapy benefit when ordered by a medical doctor for patients requiring supplements for tube feedings and for those with gastrointestinal tract impairments. However, there is no Medicare Part B payment for oral intake of nutritional supplements. The Department of Veterans Affairs and many civilian HMOs, such as Kaiser Permanente, also provide a similar nutrition therapy benefit for tube feedings, without coverage for oral nutritional supplements.

(2) Eligibility for other programs. Service members with children who require specialized infant formulas, such as Nutramagen, may be eligible to participate in the Women, Infants and Children's (WIC) program. WIC is available until a child is 5 years old if they meet nutritional screening and income eligibility criteria. The WIC benefit is available throughout CONUS and is now provided at 42 OCONUS locations.

(3) TRICARE policy change.

(a) Effective 17 Apr 03, when used as the primary source of nutrition, TRICARE will cover medically necessary supplies and nutrition products for enteral, parenteral and oral nutrition therapy. This new policy was published in the TRICARE Manual, which is on the web and is accessible to all beneficiaries. It is also marketed to TRICARE contractors and to MTF commanders/senior staff for dissemination to others.

(b) Nutrition products eligible for TRICARE coverage must be deemed medically necessary and prescribed by a medical doctor. TRICARE nutritional therapy may be provided on an inpatient or outpatient basis. Examples of nutritional substances covered under the new TRICARE policy are Boost, Nutramagen, Balanced Total Nutritional Products, Egg/ProPowder, Enfamil, Ensure, Nestle Caloric Additions, Similac, etc.

(c) To support reimbursements, beneficiaries will present to a TRICARE Service Center the prescription for the dietary supplement(s) for approval. TRICARE contractors will refund the cost of the supplement after a beneficiary files a claim for reimbursement.

(4) Resolution. The Nov 03 AFAP GOSC declared this issue completed based on TRICARE policy change which allows TRICARE coverage of nutrition supplements that are the primary source of nutrition and are deemed medically necessary.

g. Lead agency. MCHL-CL-R

h. Support agency. TRICARE Management Activity

Issue 509: TRICARE Dental Benefit Enhancement

a. Status. Unattainable

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XXIV; Jun 08

d. Scope. Current coverage for TRICARE Retiree Dental Program (TRDP) and TRICARE Dental Program (TDP) beneficiaries result in excessive out-of-pocket expenses. Beneficiary cost share percentages are too high, and annual individual limits are reached too quickly. Despite recent dental plan improvements, Soldiers and their Families often have to choose between essential dental care and other necessities of life. These choices cause Families to neglect needed dental care resulting in deterioration of oral health and decreased quality of life, which will eventually impact retention.

e. AFAP recommendations.

(1) Reduce member cost share to 20% for dental services not already covered at 100% in the TRICARE Dental Program (TDP) and TRICARE Retiree Dental Program (TRDP).

(2) Increase maximum annual benefit for TDP and TRDP to $1500.

f. Progress.

(1) Assessment. The dental benefits packages provided under the TDP and TRDP are consistent with nationwide commercial insurance plans offered by other large corporations to their employees and beneficiaries (e.g. Federal Employee Health Benefit Plan). Reasonable cost share levels for certain higher cost procedures are vital for controlling the overall premium costs to all eligible beneficiaries. If the sponsor's cost share is reduced, and/or the annual maximum benefit is increased, the cost to the insurance company increases. The insurance carrier will respond to this risk with increased premiums for all beneficiaries to cover costs. Retirees would bear the full burden of any increases in premiums as a result of these recommendations since they their premiums are not offset by the government. There is no support from the other Services for the significant changes recommended in this issue.

(2) Reduction of member cost share.

(a) United Concordia Incorporated (UCCI) is the contractor for the TRICARE Dental Program (TDP). The government pays 60% of the premium for TDP enrollees, but the government does not pay any part of the cost share for dental services. The government does not pay to the provider the cost share for dental services. In Feb 01, a 10% reduction in some cost shares was implemented for junior enlisted members (E1-E4). The insurance carrier is responsible for the cost share that the sponsor does not pay. To determine precisely the impact on premium rates of offering a reduced dental cost share would require a thorough actuarial analysis. TMA is only funded to request full actuarial analyses during a contract re-competition process. However, any reduction in cost shares would be matched by an increase in premiums.

(b) The maximum annual benefit under TDP is $1,200 and the orthodontic lifetime maximum benefit for TDP is $1,500 effective 1 Feb 01. According to United Concordia Companies, Inc. (UCCI), less than 3% of enrollees reach their annual maximum each year. The maximum annual benefit under TRDP increased from $1,000 to $1,200 under the current contract effective 1 May 03. Increased government costs for its share of the premiums to cover the TDP increase was estimated at roughly $4M annually. An additional increase to the maximum annual benefit, per this recommendation, would result in even greater government costs (as well as increased premium fees for the sponsor), and would impact less then 3% of TDP beneficiaries. As has been pointed out previously, it should be noted the TDP already offers lower co-pay percentages to pay grades E-1 to E-4.

(c) Delta Dental of California is the contractor for the TRICARE Retiree Dental Program (TRDP). The maximum annual benefit under TRDP increased from $1,000 to $1,200 with the current contract effective 1 May 03. The orthodontic benefit for the TRDP will be $1,500 when the new contract is initiated on 1 Oct 08. This is equitable to the TDP benefit.

(3) "Option" plan. TMA does not support an additional, secondary dental plan. The effect of even attempting to offer an optional supplemental coverage would be an introduction of adverse selection risk to both current and proposed programs. The current TDP contract would be affected because the contractor could/would require

higher premium adjustments because it will assume the insurance "risk" for a smaller group of premium payers. Per TMA, the small group of individuals who would opt for this plan would have to pay such significantly higher premiums that they would likely not participate.

(4) The current TDP and TRDP provide basic diagnostic and preventive services twice a year with 0% co-pays, basic restorative services for only a 20% co-pay, and other more advanced dental services (Crowns, Oral Surgery, Orthodontics) ranging from 50-40% co-pays. The current levels of co-pays are very consistent with other large third party dental plans. In addition, for the enhanced TRDP, retirees who enroll within 120 days of their retirement from active duty may be eligible to skip the 12-month waiting period for additional services such as cast crowns, bridges, partial/full dentures and orthodontics.

(5) TMA review.

(a) TMA indicates changes of the magnitude proposed can only be considered during contract re-competition of the TDP or TRDP. During the re-compete process, an analysis of the types of dental services typically accessed nationally is normally compared to what is presently seen under TDP and TRDP. This includes an analysis of the benefit in current year dollars in order to get the maximum benefit against dental inflation. We have provided all of the AFAP recommendations to TMA, which were addressed during the recent TDP re-compete.

(b) The current TDP contract (FY2006-2011) was re-awarded to UCCI in Apr 05. The Recommendations in this Paper were considered during the 2005 TDP re-compete, but none of the recommended enhancements were adopted (decrease in members cost share to 20% for dental services not already covered at 100% in the TDP (and TRDP) and increase in the maximum annual benefit from $1,200 to $1,500). However, several enhancements were made to the TDP contract to include the following: fluoride varnishes in addition to tray applications; radiography services provided by a laboratory; removal of the "once per 24 months" restriction on comprehensive periodontal exams; frenectomies; an alternate benefit allowance for implants (up to the cost of a 3-unit bridge); and periodontal debridement (removal of plaque and calculus).

(c) The TRDP contract was re-awarded to Delta Dental on 21 September 2007 for an additional 5 years commencing on 1 Oct 08. Though the TRDP is not subsidized, the government continues to work to improve the benefit for retirees. The new TRDP is enhanced by covering: (1) dental implants, (2) posterior resin restorations (white fillings), and (3) increasing the life-time orthodontic benefit from $1200 to $1500. Another enhancement was that retirees living outside the Continental United States will be eligible for the program.

(6) The other Services do not support the significant changes that would be required by any of these efforts. Since the TDP and TRDP are DOD programs that cover all beneficiaries, all Services must agree to any changes. These recommendations would significantly increase premium rates and require additional funding from the Services.

(7) Resolution. Issue was declared unattainable because reducing co-pays was not supported by TMA and less than 1% reach the annual maximum dental cap.

g. Lead agency. DASG-DC

h. Support agency. TMA

Issue 510: TRICARE Information for Reserve Components

a. Status. Completed

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XXV, Jul 09

d. Scope. The TRICARE program is complicated in many different ways, especially for the Reserve Component (RC). Current information does not provide a clear picture of benefits and eligibility. For example, some RC Family members believe they are not eligible for TRICARE until the 31st day of the Soldier's activation. In fact, they are eligible from day one for TRICARE, if their orders are for more than 30 days. They are not eligible for TRICARE Prime Remote unless they reside with the Soldier. The unavailability of concise information and the "resides with" requirement for activated Guard and Reserve Soldiers enrolled in TRICARE Prime Remote creates an undue financial hardship for Families due to lack of coverage.

e. AFAP recommendations.

(1) Remove the "resides with" requirement of TRICARE Prime Remote. (Transferred to Issue 488)

(2) Clarify and simplify written RC medical information (such as the DOD Reserve Health Care Benefits pamphlet) and translate these publications into other languages.

(3) Develop multilingual education video tapes that provide TRICARE information for RC.

f. Progress

(1) "Resides with" clause. AFAP Issue #488 addresses the recommendation to remove the "resides with" requirement of TRICARE Prime Remote.

(2) TRICARE Management Activity (TMA) simplified and enhanced its marketing materials for RC members. Among the revised items are the TRICARE Prime Remote Handbook, TRICARE RC brochure, Fact Sheet on RC benefits, and Spanish RC TRICARE pamphlet.

(3) A bilingual Spanish language version of the TRICARE DVD for members of the RC/Families was completed and distributed in 2007. Other translated materials are on the TRICARE website, www.tricare.mil/tricaresmart.

(4) MEDCOM Marketing, TMA and OCONUS Family Support joined to create material specific to OCONUS Remote RC members. TMA developed TRICARE materials for overseas components, such as, TRICARE overseas contact poster, OCONUS cost flyer, and NGR overseas passport. MEDCOM coordinated with the National Guard and Reserve Component in execution of plan to ensure material is distributed to all CONUS/OCONUS sites.

(5) Legislation.

(a) TRICARE Reserve Select, NDAA FY05. Authorizes TRICARE Standard coverage for Members of the Selected Reserve's (SELRES) Family members who have been activated for more than 30 days since 9/11/01

in support of a contingency operation and commit to continued service in the SELRES for one year or more. The TRS Web address is as follows: http://tricare.osd.mil/reserve/reserveselect/index.cfm.

(b) Earlier Eligibility Date for TRICARE Benefits for RC Members, NDAA FY05. With Active Duty (AD) orders of more than 30 days, eligible RC Members and their Families may enroll in TRICARE up to 90 days prior to activation.

(c) Permanent Transitional Assistance Management Program (TAMP) Extension, NDAA FY05. Upon demobilization, eligible RC Members and their Families may receive TAMP benefits for TRICARE Prime, TRICARE Standard, or Extra for 180 days.

(d) TRICARE Beneficiary Counseling/Assistance Coordinators (BCACs) for RC, NDAA FY05. Each TRICARE Region has one person to serve full-time as a BCAC solely for RC Members/Families.

(e) Waiver of the TRICARE Deductible for Members on AD for over 30 days, NDAA FY05, Section 704. Allows the waiver of the TRICARE deductible for RC Family members with sponsors ordered to AD for more than 30 days. (This is fully implemented and makes permanent one of the three components of the TRICARE Reserve Family Member Demonstration Project.)

(f) Authority for Payment of Additional Amounts Billed by Healthcare Providers to Activated Reserves, NDAA FY05, Section 705. Allows DoD to pay excess of the TRICARE maximum allowable charge incurred by RC Family members of sponsors ordered to AD for over 30 days. (This is implemented and makes permanent one of the three components of the TRICARE Reserve Family Member Demonstration Project.)

(g) Physical Examination Requirement, NDAA FY05, Section 706. Requires each Member of the Armed Forces scheduled to be separated from AD described in section 1145 (a) (2 (Transitional Healthcare) to undergo a physical examination immediately before the separation.

(h) Enhancement of TRS, NDAA FY06, Section 701. Adds an additional 90 days after demobilization for members to sign up for TRS; provides for resumption of TRS at point interrupted by call to AD and increases coverage to make same current; allows one year for IRR member to find a SELRES position; and allows Family members to continue coverage for 6 months if member dies during TRS coverage period.

(i) Expansion of TRS, NDAA FY07, Section 706. Expanded eligibility and enhancement of the TRICARE Reserve Select (TRS) Program authorizes TRICARE Standard coverage for all members of the Selected Reserve (SELRES) and their Family members. Current law authorizes eligible members of the SELRES to purchase TRS by paying premiums based on a three tiered system associated with a members duty status. On 1 Oct 07, NDAA FY07, Section 706 expands TRS to allow all members of the SELRES to purchase their healthcare through the military healthcare system, regardless of the member's duty status. All participating RC Soldiers will be required to pay a single monthly premium equal to 28 percent of the cost of healthcare for the TRS plan and be subject to the same deductibles, co-payments and other non-premium payments applicable to dependents of Active Duty members.

(7) GOSC review.

(a) Nov 04. GOSC received an update on RC TRICARE information and translations. Issue remains active to track additional translations.

(b) Jun 06. GOSC requested the issue remain active.

(c) Dec 07. During discussions, the Army Reserve expressed concern the TRICARE system in remote OCONUS locations.

(8) Resolution. The July 09 GOSC declared the issue completed based on development and dissemination of information (in English and other languages) to educate RC Soldiers and Families about their TRICARE benefits.

g. Lead agency. MCHO-CL, DAG-HSZ

h. Support agency. TRICARE Management Activity

Issue 511: TRICARE Prime Enrollment Fees for Retirees Under Age 65

a. Status. Unattainable

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XIX, Nov 02

d. Scope. The annual TRICARE Prime enrollment fee for retirees under age 65 is $230 per service member and $460 per family annually, regardless of pay grade at retirement. This results in some retirees paying a disproportionate percent of their retirement pay for TRICARE Prime. For example, at 20 years of service an E-7 makes approximately $16,548 annually, a CW-2 $19,680 and an O-5 $34,740, yet each pays the same enrollment fee.

e. AFAP recommendation. Implement a fee schedule for TRICARE Prime enrollment that is based on pay grade at retirement.

f. Progress.

(1) Congressional intent. TRICARE Prime enrollment fees for retirees and their family members replace the TRICARE Standard deductibles. When Congress established a standard deductible for retirees in 1966, they did not distinguish between retirees based on income or any other factor. 32, Code of Federal Regulations, Part 199.18(c) directs that the enrollment fee be uniform for all retiree/dependents. Congress has consistently treated all retirees as equals in terms of medical benefits.

(2) Comparability. TRICARE Prime retiree enrollment fees are lower than similar civilian plans and beneficiary premium payments under Medicare Part B. TRICARE enrollment fees have not increased since implemented, while civilian insurance plans and Medicare Part B have increased their premiums regularly over the last five years. Civilian plans and the Medicare program do not benchmark fees, premiums, or cost shares based on income. All beneficiaries pay similar amounts based on plan options and health risks of the covered group.

(3)Cost analysis. There are approximately 3 million military retirees under the age of 65 (2002 statistics). Approximately 522,000 of these retirees are enrolled in TRICARE Prime and pay the $460 enrollment fee for themselves and their dependents. 62% of these retirees retired in the pay grade of E7 or below. The enrollment cost is approximately 1.6% of the average retiree's annual retirement pay. Creating a sliding scale where no retir-

ee pays more than 1.6% of their retirement pay would cost DoD approximately $61M in lost enrollment fees each year. This would increase the government's cost to implement TRICARE Prime, as enrollment fees help offset costs to the program.

(5) Analysis. DOD's position is that Congress treats all retirees equally with regard to health benefits, including implementation of enrollment fees, deductibles and cost shares. DOD agrees with the apparent intent of Congress to have a standardized enrollment fee for retirees in Prime and standardized deductibles, cost shares, and catastrophic cap on out-of-pocket expenses for retirees, regardless of pay grade at retirement.

(6) Resolution. The Nov 02 GOSC agreed that this issue is unattainable. DOD does not support basing health benefits on rank at retirement and since 1966, Congress has consistently treated all military retirees the same for health benefits (including enrollment fees, deductibles and cost shares).

g. Lead agency. DASG-TRC

h. Support agency. MCHO-CL, TMA

Issue 512: Unique Relocation Expenses Outside the Continental United States (OCONUS)

a. Status. Unattainable

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XXVI, Jan 10

d. Scope. Soldiers assigned OCONUS are immediately confronted with unique expenses. Examples of such expenses include winterizing vehicles in Alaska and purchasing transformers in Europe. While the cost of these items is included in the calculation and payment of Cost of Living Allowance (COLA) over the course of the tour, the Soldier's expense is up front and normally in a lump sum. This places significant financial burden on the Soldier, especially our junior enlisted Soldiers and their Families.

e. AFAP recommendation. Authorize payment of the first six months' cost of living allowance (COLA) entitlement in a lump sum upon arrival at the OCONUS duty station and begin monthly COLA payments in the seventh month.

f. Progress.

(1) In June 2006, the DCS, G-1 Compensation and Entitlements Division, Military Advisory Panel (MAP) member forwarded a request to OSD, PDTATAC, requesting a review of OCONUS COLA rules in the Joint Federal Travel Regulation to determine whether the payment of six months upfront COLA is feasible and permitted. It was not supported by the OSD, PDTATAC as feasible or necessary and this office concurs with that position.

(2) The Army/Services already have the ability to give Soldiers/Service members additional funds when conducting a permanent change of station (PCS) moves. Soldiers can request 3 months advance pay, as well as advance travel allowances. Soldiers also receive a dislocation allowance (DLA) when they PCS. Regardless of whether Soldiers are granted upfront COLA or advance pay/travel allowance, Soldiers still have to pay it back to DFAS. However, the ability to make these payments and automatic collections already exists in the pay system. To provide 6 months upfront COLA would require finance offices to establish new procedures, with no discernible benefits to the Army or to the Soldier.

(3) In Oct 2009, the Alaska Defense Military Pay Office (DMPO) at Fort Richardson was re-contacted about this issue and the DMPO Chief, confirmed that there are no issues or problems with existing financial procedures to provide additional money to Soldiers during a PCS.

(4) GOSC review.

(a) Jun 06. GOSC determined the issue would remain active.

(b) Jul 09. GOSC determined the issue would remain active. After much discussion on the advantages and disadvantages of receiving and paying back "lump sum" COLA and casual or advance pays, the question arose as to whether the problem was not "how" to get money to the Soldier, but whether the money provided to the Soldier is sufficient to cover OCONUS relocation expenses. Dislocation Allowance rates are constant, regardless of the Soldier's duty station. Since the intent of DLA is to offset relocation costs, the suggestion was made that this issue address the feasibility of a DLA rate based on OCONUS relocation expenses.

(5) Resolution. Issue was declared unattainable because the recommendation was not achieved. To cover unique OCONUS relocation expenses, however, Soldiers can take up to three months advance pay and pay it back interest free over 24 months. Additionally, Soldiers receive Dislocation Allowance (DLA) to mitigate relocation costs.

g. Lead agency. DAPE-PRC

Issue 513: Lack of Available Child Care for Geographically Isolated Active Duty Soldiers (Recruiters, Guard, Reserve and Cadets)

a. Status. Completed

b. Entered. AFAP XVIII, Mar 02

c. Final action. AFAP XXVI, Jun 10

d. Scope. Geographically isolated active duty soldiers currently bear the full cost of child care and the financial inequities of being assigned to remote duty locations. Soldiers do not have access to the same child care fee equity as those who reside on or near a military installation.

e. AFAP recommendation. Locate and subsidize child care spaces in local community child care programs for use by geographically isolated active duty soldiers who do not have access to military child care systems on installations.

f. Progress.

(1) Combined issue. The June 06 GOSC directed that Issue #569, "Expansion of Army Child Care in Your Neighborhood" be combined with this issue because keeping them separte results in two issues going into the II Peg and diminishes the importance of the funding requirement.

(2) Options to access child care.

(a) Services established "Military Child Care in Your Neighborhood" (MCCYN) pilot to locate and subsidize the cost of child care for 2000 geographically dispersed Soldiers who do not have access to child care on a military

installation. The initiative involves over 700 private sector and GSA child care programs.

(b) DoD/USACFSC funded a Business Initiative Council (BIC) Pilot (Military Child Care in Your Neighborhood) for 2,000 geographically dispersed active duty Soldiers. This initiative reduces the Soldier's price for off-post child care. Child & Youth Outreach Specialists (USACFSC assets) have been placed in Accessions Command, ARNG, and USAR headquarters to facilitate Soldier access to quality affordable child care.

(c) Six pilot sites are established at Boys and Girls Clubs in the civilian communities that have the potential to serve military youth who do not live on the installation. Each site has committed to serve an additional 100 military children not currently served on a military installation.

(d) In Jan 06, the Secretary of the Army directed the Army develop a strategy for expanding family support programs in the RC. The integrated multi-component family support network includes MCCYN.

(3) Funding.

(a) Submitted POM 06-11 UFR to serve Active Component geographically dispersed families. Requirement was validated by Installation Program Evaluation Group (II PEG), but unfunded.

(b) Received DoD funding for FY05 pilot to establish 2000 community based child care spaces.

(c) Submitted FY07 Program Budget Review UFR to continue pilot and expand care to 7,000 Active Duty geographically dispersed families.

(d) Submitted POM 06-11 UFR to provide child care support for Weekend Battle Assembly and Annual Training for Guard and Reserve families. Requirement was not validated by II PEG.

(e) Received DoD funding for FY05 pilot to establish 2000 community based child care spaces.

(f) Submitted UFR ($30.6M) in FY07-11 Program Budget Review to expand to 7000 child care spaces through Military Child Care in Your Neighborhood for children of Active Duty geographically dispersed families.

(g) Funding for this initiative is available for FY05 and 06. The POM 08-13 unfinanced requirements were validated by the II PEG, but not as critical requirements.

(4) Communication Strategies. Information is available through Military One Source and print materials provided to ARNG and USAR for distribution to Family Readiness Groups.

(5) Army Well-Being Plan. Issue included as #3.6.3 in Army Well-Being Plan.

(6) Mobilization.

(a) Army CYS Mobilization & Contingency Plan (MAC) Manual was updated to identify child care needs of geographically dispersed families. Manual was distributed to all Regions and Installations. Information was placed on the CYS website and ArmyCYSConnections.com.

(b) USAR and ARNG Child and Youth staff trained on available services Feb and March 05.

(7) GOSC review. The May 05 GOSC was informed that the POM 06-11 includes validated (but unfunded) requirements for 7,000 Army Sponsored Community Based Child Care spaces (includes continuation of BIC Pilot spaces). This requirement does not take into account increased spaces that may be needed with the repositioning of Soldiers and families back to CONUS.

g. Lead agency. CFSC-CYS

Issue 514: Active vs. Reserve Parachute Jump Pay

a. Status. Unattainable

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XX; Jun 04

d. Scope. Parachute Jump Pay is computed on a daily rate while on jump status. Therefore, RC service members generally receive a vast difference in this hazard pay because they are paid only when they are in a duty status. Reserve Component service members are required to maintain the same level of proficiency and incur the same risks of injury or death associated with jumping as their Active Component counterparts.

e. AFAP recommendation. Change Parachute Jump Pay for service members to a monthly rate.

f. Progress.

(1) Cost. Multiplying the number of monthly participants by the increase estimates indicate initiative would cost the Army Reserve an additional $150K and the National Guard an additional $250K.

(2) Review. The working group studying the differences in Active and Reserve Component pays has completed its study. The report, submitted to Congress on 15 Mar 04, does not recommend the 1/30th rule be eliminated and does not recommend the pay structure for RC be restructured to account for the differences between the Active and Reserve force.

(3) Resolution. The Jun 04 GOSC declared this issue unattainable. The study required by the Senate Committee Report, PL 107-151 did not support elimination of the 1/30th rule.

g. Lead agency. DAPE-PRC

Issue 515: Application Process for Citizenship/Residency for Soldiers and Families

a. Status. Complete

b. Entered. AFAP XIX, Nov 02

c. Final action. 20 Jun 13 AFAP GOSC

d. Scope. Soldiers and Family members encounter problems with the citizenship and residency application process. Under most circumstances, the Immigration and Naturalization Service (INS) will not accept Department of Defense (DOD) physical exams and fingerprinting. The Family member application process is further complicated by language barriers and inaccessibility to INS services and facilities. Lack of effective assistance to Soldiers and their Families causes emotional hardship, additional costs, distraction from mission, and possible deportation of Family members.

e. AFAP recommendations.

(1) Designate and train a liaison at the installation level to assist Family members with the INS process, including review of documentation for accuracy and completeness.

(2) Coordinate with INS for approval of DOD administered fingerprinting and physical examinations.

f. Progress.

(1) Liaison to assist Family members with USCIS process.

(a) In 3rd Qtr FY03, FMWRC Family Programs (FP) met with USAHRC to develop plan to accomplish recommendation. USAHRC establishes guidance for citizenship issues within the Army.

(b) In 4th Qtr FY06, FMWRC FP submitted an update to AR 608-1 requiring the addition of USCIS liaison function within the ACS Relocation Readiness Program. The revision was published on 6 Dec 06.

(c) ACS Relocation Readiness staff are the primary liaisons to USCIS at installations and are trained annually at the DoD Joint Services/Agency Relocation Training Conference. Area USCIS employees serve as guest speakers at these training events.

(2) Fingerprinting and physical examinations.

(a) A physical examination and electronic fingerprinting at a USCIS approved site is required to obtain an adjustment of status for permanent residency, allowing individuals to receive a USCIS permanent resident card (aka green card).

(b) In Apr 06, the Under Secretary of Defense (Personnel and Readiness) sent a letter to the Director, USCIS, requesting acceptance of physical examinations and electronic fingerprints from military installations. In May 06, the Director, USCIS, approved and outlined the process for acceptance of physical examinations and fingerprints for military personnel, but did not agree to all biometric data collection by the military. The USCIS did not approve this request for Family members.

(3) As a result of the 12 Jun 06 AFAP GOSC meeting, the Army G-6 was tasked to coordinate the military services' biometric capabilities with USCIS requirements. The Army G-6 Biometrics Task Force (BTF) reported an established process with USCIS, DoD, and the Federal Bureau of Investigation (FBI) whereby the Soldier/applicant applying for citizenship provides a signed Privacy Act statement to USCIS to allow for use of previously obtained fingerprints. This does not exist for Family Members.

(4) In Jun 06, USAHRC communication with OUSD(P&R) indicated USCIS was willing to implement the OUSD(P&R) request for acceptance of military examinations, provided that USCIS is provided with the names of military physicians who will perform the physical examinations and the specific locations where it will be performed.

(5) In Jun 08, the Department of Homeland Security, USCIS Chief, Field Operations, issued an executive memorandum instructing FODs to initiate contact with military installations in their jurisdictions to assess the immigration needs, including biometric collection, of Soldiers and their Family members and provide services.

(6) In May 09, FMWRC FP coordinated with the FMWRC PAO to publish the USCIS plan, advising installations to work collaboratively with the USCIS Field Offices, who will provide USCIS services on the installations, including biometric collection.

(7) In Jul 10, USCIS began developing policy regarding Civil Surgeon designation to include a fee structure for such designation. USCIS determined that physicians employed by the US Armed Forces would be fee exempt. This change took effect on 23 Nov 10.

(8) In Dec 10, USCIS indicated they would be willing to accept, as a courtesy, DoD fingerprint cards prepared at domestic military installations, should DoD determine that a service or Family member is not able to obtain fingerprints at a USCIS Application Support Center (ASC) or by a mobile fingerprint unit. Previously, USCIS only accepted fingerprint cards for overseas applicants.

(9) In Jan 11, the Office of the Assistant Chief of Staff for Installation Management, Soldier and Family Readiness Division (OACSIM-ISS) coordinated with OTSG to complete an updated cost analysis, based on the results of the "Installation Management Command (IMCOM) Operations Order 11-077: Army Community Service Relocation Readiness Data Call – Immigration Services," for Army physicians to conduct physical examinations required for Family members. A strategic marketing campaign regarding the availability of USCIS services, to include fingerprinting services, was released in Mar 11.

(10) On 10 Mar 11, this issue transferred to OTSG/MEDCOM to determine the distribution of Military Treatment Facilities and physicians to perform physical examinations for Family members. MEDCOM staffed a draft OPORD recommending at least one physician with civil surgeon designation for sites with 600 or less applicants and at least two physicians for sites with over 600 applicants. USCIS must designate the physician as a civil surgeon in order to perform immigration physical examinations.

To register, physicians would submit a letter to the local District Director requesting consideration, a copy of a current medical license, a current resume that shows four years of professional experience not including a residency program, proof of US citizenship or lawful status in the US, and two signature cards showing name typed with signature below. To transfer civil surgeon status to a new district, physicians notify the new office of the transfer and submit new signature cards.

(11) In Feb 12, DoD received verbal notice from USCIS that it will issue a blanket approval for all DoD physicians (uniform, civilian and contract) to function as Civil Surgeons. Upon this notification, MEDCOM issued a Warning Order to the affected Regional Medical Commands (RMCs), directing them to plan for the implementation of the USCIS Physical Program in their medical facilities. Upon receipt of written confirmation of the blanket authorization from USCIS, MEDCOM will issue an execution order to implement the USCIS Physical Exam Program in MEDCOM facilities located in the US. MEDCOM will track the effectiveness of the program to ensure the CIS exams are completed promptly and to the standards of the CIS.

(12) In May 12, the MEDCOM Warning Order (WARNO) was been issued to the RMCs who are preparing to execute the CIS mission once blanket authority is issued. MEDCOM Staff worked closely with staff in the office of the Assistant Secretary of the Army (Manpower & Reserve Affairs) [ASA(M&RA)] regarding the issuance of the blanket authority. ASA(M&RA) Staff has socialized this program with the other services in an attempt to minimize the impact to the Army of performing these exams for Family members of the other services.

(13) In 1st QTR FY13, MEDCOM received USCIS Policy Memorandum 602- 0074, Designation of Military Physicians as Civil Surgeons for Members and Veterans of the Armed Forces and Eligible Dependents authorizing DoD physicians to perform USCIS physicals for beneficiaries of military healthcare. Upon receipt of this document, MEDCOM issued an Execution Order to implement this program in MEDCOM MTFs in the United States.

(14) In 2nd QTR FY 13, all RMCs have developed implementation campaigns for the Civil Surgeon Examination Program. Initial demand for these services has been low; however, with completion of community notification programs that inform beneficiaries of the availability of these services, the demand for Civil Surgeon Examinations is expected to significantly increase.

g. Resolution. MEDCOM received CIS Policy Memorandum 602-0074, "Designation of Military Physicians as Civil Surgeons for Members and Veterans of the Armed Forces and Eligible Dependents" authorizing DoD physicians to perform CIS physicals for beneficiaries of military healthcare.

h. Lead agency. OTSG/MEDCOM

i. Support agency. USAHRC, DAIM-ISS, and OUSD (P&R)

Issue 516: Application Process for Dependency Determination

a. Status. Completed

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XXIII; Jun 06

d. Scope. The application process for dependency determination, whether for adoption or for extended family members, is cumbersome and unresponsive to the needs of soldiers. Due to the multiple forms and supporting documentation required, it can be a frustrating and confusing endeavor. There is a lack of guidance on submission procedures and no visible tracking of the application process. As a result soldiers are often left in limbo, reducing their ability to devote full attention to the job of soldiering.

e. AFAP recommendation.

(1) Streamline dependency determination application process.

(2) Provide clear guidance and instructions with checklist on submission procedures via Employee Member Self Service (EMSS).

(3) Notify soldier electronically of receipt of documents and provide timely feedback on application deficiencies and final disposition.

f. Progress.

(1) Validation. Soldiers are reporting problems in attempting to obtain guidance on dependency determination for parents or other family members. This determination is even more critical when a soldier is mobilized. Currently, soldiers are given a Defense Finance and Accounting System (DFAS) fax number to submit requests, with no information on point of contact (POC) for follow-up. Dependency determination submissions procedures require clarification and feedback from DFAS. There are no current provisions to verify submission or feedback from DFAS.

(2) Action. This issue was submitted to the Army Business Initiative Council (ABIC) in Jan 03. After staffing with MACOMS and HQDA staff, the issue was approved as an Army initiative. Because DoD manages DFAS and DEERS, DoD BIC approval is required to streamline and modify these systems. The action was forwarded to the DoD BIC in August 03.

(3) Sep 05, DFAS published the Secondary Dependency Determination Procedures via the DFAS website (http://www.dod.mil/dfas/). The procedure guide provides comprehensive guidance for the total process of determining secondary dependency and standardizes the policy for all components serviced by DFAS-IN. This link provides a user friendly means for easy movement to a specific area of interest from the table of contents. The direct link to the procedures guide is http://www.dod.mil/dfas/militarypay/usefullink/armysecondarydependencydetermination.html

(4) The Secondary Dependency Determination Procedures published in Sep 05 provide a full explanation of the determination process. The guide outlines the responsibilities by activity (i.e. local finance office, DFAS, JAG, etc.) or the soldier that are necessary and required by law to be met. The guide also includes all forms necessary for the different categories of secondary dependency and outlines, by type, which forms must accompany the claim for completion of the determination process. This information was made available through the myPay website.

(5) Soldier notification. DFAS has a 24 hour notification process back to the servicing finance office of forms received and actions taken. The servicing finance office notifies the service member.

(6) GOSC review. The Jun 06 GOSC declared the issue completed because the dependency determination process was streamlined, guidance is available online, and DFAS notifies the members servicing finance office of actions taken, and they notify the member.

g. Lead agency. SFFM-FC-OD

h. Support agency. DFAS

Issue 517: Availability of TRICARE-Authorized and Network Providers in Remote Areas

a. Status. Completed

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XXVI, Jun 10

d. Scope. There is an inadequate number of TRICARE-authorized and network health providers in remote areas. Providers choose not to participate or leave the TRICARE program because reimbursements are lower than usual and customary rates for medical services. As a result, military families incur out-of-pocket expenses or non-availability of services.

e. AFAP recommendation. Increase TRICARE reimbursements to competitive rates as an incentive to recruit and retain medical care providers in remote areas.

f. Progress.

(1) Combined issue. In Mar 07, Issue #517 (Availability of TRICARE Authorized and Network Providers in Remote Areas) and Issue #537 (Availability of Authorized TRICARE Providers) were combined because of the similarity in Scope and Recommendations.

(2) TRICARE Maximum Allowable Charge (TMAC) Waivers. The FY00 NDAA and locality-based reimbursement Rules in 32 CFR 199.14, allow TMA to provide higher provider payments to ensure adequate Prime networks or if there are severe access to care issues for certain healthcare services in an area. This permits contractors to negotiate payments over 15% above the TMAC to attract providers into the network. Evaluations have shown the waivers are cost effective and improve both beneficiary continuity of care and quality of life. TRICARE providers are aware of locality-based waivers, and are working with TRICARE regional offices and contractors to identify requirements and implement the program.

(3) Bonus payments to providers in health provider shortage areas (HPSAs). Since Jul 03, TMA provides increased payment rates through bonus payments to physicians who provide TRICARE-approved services in federally designated HPSAs. The quarterly payments include an incentive payment of 10% of the amount actually paid by TRICARE, over and above the HPSA quarterly bonus paid to them by Medicare, and over and above any waiver dollars. TMA/contractors advertise the bonuses in provider news bulletins and through other provider contacts.

(4) Additional Bonus Payments. Starting in 2005, TRICARE follows the Medicare policy to allow a 10% incentive payment to psychiatrists providing services in mental health HPSAs and an additional 5% bonus that Medicare makes to primary care/specialty providers who provide services to beneficiaries in the HPSA areas with the lowest 20% of physician to beneficiary ratios. The 5% bonus program will run through 2007.

(5) Provider acceptance under TRICARE/Medicare. As of 01 Sep 04, TRICARE accepts, as TRICARE authorized providers, all health care providers that accept Medicare, to help reduce some of the credentialing burdens on providers who might not otherwise become TRICARE authorized providers.

(6) OTSG/MEDCOM/TROs Monitoring of TRICARE Network Adequacy. OTSG and MEDCOM continue to work with the three TROs to oversee the adequacy of TRICARE networks in concert with on-going Army readiness initiatives. OTSG/MEDCOM have network adequacy interests associated with most Army medical treatment facilities (MTFs)/installations; however, this partnership focuses on provider and network adequacy across the three TRICARE contract regions. Specifically, measures of adequacy focus on numbers of TRICARE providers in various areas and on the ability to meet access to care standards as measured against the booking of non-network appointments. Currently, the three TROs have not indicated network inadequacies in any region, as a function of a broad assessment for the region.

(7) Legislation.

(a) Section 723 of the FY04 NDAA directed surveys in the CONUS TRICARE market on the numbers of healthcare providers accepting new patients under TRICARE Standard; and that providers be educated on Standard to help maintain provider participation to ensure users can easily locate providers. A key legislative feature is that adjustments can be made to TRICARE Standard payment rates to ensure TRICARE Standard provider adequacy.

(b) The second, Section 724, directs that each eligible household be given key information on TRICARE coverage, costs, sources of information for locating TRICARE providers that agree to accept new patients in the household's area, ways to locate TRICARE providers, etc. TMA is to establish ways to help each person asking for help in finding a TRICARE provider; have a plan to cover information, recruitment, materials, and programs to attract providers to ensure healthcare access for all eligibles; and to periodically identify the number/locality of persons who intend to rely on TRICARE providers for healthcare services. TMA is putting in place mechanisms to ensure DoD meets these congressionally directed requirements.

(c) The FY06 NDAA, Section 716, directs each TRICARE Region Office to monitor, exercise oversight and improve the TRICARE Standard option in the Region. It also permits additional questions for the Standard Survey regarding providers' TRICARE awareness, the percent of providers' current patients using TRICARE, and provider acceptance of Medicare patients. The FY06 NDAA also requires an annual report to Congress on the Surveys.

(8) GOSC review. The May 05 GOSC was informed that TMA is surveying providers to identify reasons for lack of participation in TRICARE. TRICARE accepts as TRICARE providers all that accept Medicare. However, providers limit the percentage of TRICARE/Medicare patients because of the low reimbursement rate.

g. Lead agency. DASG-HPS

h. Support agency. TMA

Issue 518: Effects of Commercial Activities Contracts (A76) on Military Spouse Preference (MSP)

a. Status. Unattainable

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XX, Nov 03

d. Scope. Employment opportunities for military spouses have diminished due to A76 Commercial Activities (CA) contracts. Federal Acquisition Regulation (FAR) 52.207-3 contains a standard clause directing hiring practices that do not address Military Spouse Preference (MSP). Government failure to require contractors to utilize MSP diminishes employment opportunities, which negatively impacts family finances and ultimately soldier retention.

e. AFAP recommendation. Amend the FAR 52.207-3 to include MSP.

f. Progress.

(1) Explanation. The Right of First Refusal of Employment described in FAR 52.207-3, is a clause included in A-76 cost competition study solicitations. It applies to DoD permanent civilian employees affected by either a cost comparison or a direct conversion decision that results in a contract with the private sector. Federal employees adversely affected by a decision to convert to contract or Intergovernmental Support performance have the Right of First Refusal for jobs for which they are qualified. Contractors often hire new personnel to perform a function, and the pool of available workers often consists largely of displaced government employees.

(2) Coordination. The Assistant Director for Competitive Sourcing & Privatization, Office of the Deputy Under Secretary of Defense (Installations & Environment) non-concurred with this initiative and stated:

(a) The right of first refusal is neither a negotiation for, nor an arrangement concerning, prospective employment and because the right of first refusal is speculative, it does not constitute a disqualifying financial interest under section 208 of Title 18, United States Code. An employee participating in the A-76 process would not be considered to have made or received an employment contact under section 423 of Title 41 (the Procurement Integrity Act), or to seek employment under 5 C.F.R. 2635.603, simply because a contracting officer incorporated the right of first refusal in a solicitation.

(b) OSD-I&E stated that they will not support Right of First Refusal to other federal employees who participate as a reimbursable source in DoD A-76 competition, will not support extending the right to non-federal employees, and will not forward the issue to the Office of Management and Budget (OMB).

(c) The Military Spouse Preference Program (MSPP) applies only to DoD and only to military spouses who relocate to accompany their sponsor on a permanent change of station move.

(3) Resolution. The Nov 03 GOSC declared this issue unattainable because the Office of the Deputy Under Secretary of Defense (Installations & Environment) does not support extending the Right of First Refusal to individuals who are not federal career employees.

g. Lead agency. DAIM-CSO

h. Support agency. OSD-ATL

Issue 519: Family Care Plan Provider Access to Military Installations

a. Status. Completed.

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XXII, Jan 06

d. Scope. In the post 9/11 security environment, some care providers are denied installation access. Installations have unique access procedures, which are often unfamiliar to unit commanders. Family care providers without ID cards require access to installations/facilities, regardless of geographical location or branch of service, to properly carry out their responsibilities. This denied access causes breakdowns in Family Care Plan effectiveness, depriving family members of critical needs.

e. AFAP recommendation.

(1) Streamline local access procedures for caregivers.

(2) Educate unit commanders, soldiers, DoD civilians, and family members of respective area installation access process.

f. Progress.

(1) Access procedures.

(a) The Provost Marshal General – Operations Division published a DA message 10 Oct 03, subject : DA Installation Access Control to standardize Access Control Point Procedures across the total Army. Also included in the message was a directive to Installation Commanders to develop and maintain a “Visitor’s Control Program” which further details procedures for allowing access to installations by individuals other than those that have military identification cards. The message remained in effect until the publication of further guidance for allowing individuals access to the installation.

(b) In Sep 05, OPMG released ALARACT message directing temporary registration of privately-owned vehicles and temporary issuance of ID cards (DA1602) to Family Care Providers. They should now be able to access Army installations with the same efficiency afforded to Soldiers since they now possess the two ID tokens generally keyed upon by Access Control Point personnel. The message includes civilian volunteers to Army activities based on the G-1 concern that these persons, who provide direct benefit to Soldiers, face the same installation access challenges as Family Care Providers.

(2) Multi-service and multi-component access issues. Multi-service access falls into the realm of the local commander area of responsibility to work on a case-by-case basis. Raising the level of awareness with commanders works to focus commanders to solve access problems for their personnel.

(3) Resolution. The Jan 06 GOSC declared the issue completed as the Office of the Provost Marshal General released a message to the field in Sep 05 stating that commanders have authority to issue temporary car decals and identification cards to caregivers. With the decal and identification card, caregivers should be able to access Army installations. Subsequent data calls indicate significantly fewer access issues than in the past. Continual education will take place at pre-command courses of these new procedures.

g. Lead agency. OPMG

h. Support agency. G-1

Issue 520: Funding for Reserve Component Family Member Training

a. Status. Unattainable

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XXI, Nov 04

d. Scope. Remotely located RC Army spouses experience difficulty attending the annual unit commander’s briefing and orientation. Federal law prohibits funding for a spouse’s expenses associated with traveling to and attending such training. A spouse’s inability to attend training as a result of prohibitive costs adversely affects the soldier, the family, and the unit’s ability to complete the mission.

e. AFAP recommendation. Authorize and fund invitational travel orders for spouses to attend annual unit commander’s briefing and orientation.

f. Progress.

(1) Analysis. Federal law prohibits use of appropriated funds to pay spouses and family member expenses (per diem). Invitational Travel Orders (ITO) are issued for active participants that perform a direct service to the Department. Since it is not mandatory that all spouses and family members attend this training, the initiative does not meet the test to authorize per diem or transportation.

(2) Alternatives.

(a) Organizations may develop distant learning modules, provide traveling training teams to go the locations to inform spouses, or video events and make these available either on the web or by mail to assist in inform-

ing the spouses and family members that can not attend these meetings. Additionally, some of these issues may be addressed by the implementation of the Multi-Component Family Support Network that is currently being developed.

(b) The National Guard Family Program Online Community added Family Readiness Training modules at www.guardfamily.org. Development was begun on additional modules for GFTB and reintegration training.

(3) GOSC review. At the Jun 04 GOSC, the DAS recommended using traveling training teams or distance learning modules/information videos on websites or by mail to assist spouses and family members who cannot attend meetings. The issue was transferred to the ARNG and the USAR to provide information on how the RC will promote the standard of family readiness.

(4) Resolution. The Nov 04 GOSC declared this issue unattainable because the authorization to fund ITOs for spouses to attend unit commanders' briefings and orientations is not achievable at this time. As an alternative, counselors, chaplains and other staff travel to assist Family Readiness Groups and brief family members.

g. Lead agency. NGB-FP, AFRC-PRF

h. Support agency. NGB-ARM, CFSC-FP

Issue 521: In-State College Tuition

a. Status. Complete

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XXVI, Jan 10

d. Scope. Mobility of the military community, coupled with the State-specific criteria for determining the eligibility for in-state tuition often prevents military Family members from continuing their higher education. The Army is committed to ensuring Soldiers and Family members are afforded educational opportunity equal to the general citizenry. Denying in-state tuition or the continuation of in-state tuition causes financial hardships, often preventing continuation of education. The Army supports state implementation of favorable in-state policies for tuition rates for Soldiers and Families. A project was initiated at the Jul 02 Army Education Summit to research present policies, identify Army's objective, and prepare an Action Plan for implementing the policy in each state.

e. AFAP recommendations.

(1) Waive out-of-state tuition for military Family members who are residing in that state on military orders for the last and current duty station.

(2) Retain in-state status once established.

f. Progress.

(1) Army's initiative to expand in-state college tuition started in 2003 with five states with the largest Army populations (GA, KY, NC, TX, and VA). As a result, 14 states changed in-state tuition policies. By 2008, all states except VT provided in-state tuition rates for military families in states where they were assigned, but 15 states did not allow continuity of eligibility once the service member was reassigned.

(2) The Higher Education Opportunity Act (Public Law 110-315), enacted 14 August 2008 and implemented 1 July 2009, prohibits public institutions from charging more than the in-state tuition rate to armed force members and their dependents whose domicile or permanent duty station is in the same state. The law also requires continuity of in-state tuition after the service member is reassigned to another duty station outside the state.

(3) GOSC Review.

(a) Nov 03. At the GOSC meeting, the VCSA requested the proponent explore potential for personnel stationed overseas to get in-state tuition benefits in other than state of residence. To date, nine states have been polled with nine negative responses. The consensus among the states contacted is that people with no tie to the state should not be granted this benefit.

(b) Nov 06. The DAS asked OCLL to see if there is more we can do about states that do not meet the goals of this initiative and requested the issue remain active.

(4) Resolution. The January 2010 GOSC declared the issue complete based on passage of the Higher Education Opportunity Act (Public Law 110-315) which prohibits public institutions from charging out of state tuition to armed force members and their dependents whose domicile or permanent duty station is in that state and retains in-state tuition if the service member is reassigned outside the state.

g. Lead agency. AHRC-PDE

Issue 522: Marriage and Family Counseling Services in Remote Areas

a. Status. Completed

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XXIV, Dec 07

d. Scope. Military families need assistance in coping with pressure associated with managing complex relationships within a military lifestyle. Licensed marriage and family counselors are not always available to soldiers and family members in remote areas. Marital/family therapy reduces conflict and facilitates medical management of the problems. Counseling services are not available unless there is identified family violence (Family Advocacy option), or medical/mental health diagnosis of a family member. Soldiers and family members are reluctant to seek services due to the stigma associated with marital/family therapy and the possibility of harming a military or civilian career.

e. AFAP recommendation. Provide and fund licensed marriage and family counseling services in remote areas.

f. Progress.

(1) Coverage under TRICARE.

(a) Marriage and family counseling/therapy services (in the absence of a mental health diagnosis) are not a TRICARE benefit. The TRICARE Policy Manual (15 Mar 02) states, "Family therapy can be cost shared when rendered in conjunction with otherwise covered treatment of a beneficiary suffering a diagnosed mental disorder." When a TRICARE beneficiary chooses to receive family therapy (in conjunction with other covered treatment under a diagnosed mental disorder but separate from the Family Advocacy Program), the beneficiary may have a deductible and a cost share according to the category of TRICARE the beneficiary holds.

(b) In 2000, TMA considered TRICARE coverage for counseling/therapy services for conditions currently excluded from coverage because they are not diagnosable

as a mental illness. The added coverage would apply to marital and family counseling and occupational and sexual dysfunction counseling/therapy. TMA's estimated the cost for the expanded benefits to be $8M based on MTF experience.

(2) Military One Source (MOS)/Army One Source.

(a) The Army One Source (AOS), initiated in Aug 03, is a component of the CSA directed Deployment Cycle Support (DCS) CONPLAN for Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). The CONPLAN is a multi-agency response to mitigate post deployment difficulties and covers the entire spectrum of the deployment cycle (pre-deployment, deployment, redeployment, and post deployment-near term and post deployment-long term). Army One Source is part of the overall umbrella program of Military One Source.

(b) AOS provides information for the Total Force to address every day concerns and deployment/reintegration issues. It supplements existing family programs by providing a 24 hour, seven days a week toll-free information and referral telephone line and internet/Web based service available to Active Duty Soldiers, Army National Guard and Army Reserve Soldiers, deployed civilians and their families worldwide. Masters level consultants answer the toll free telephone number. Callers may remain anonymous and the limits of confidentiality are given to each caller. AOS includes a array of information and referral services, including M&F counseling. Six 6 counseling sessions per issue are provided at no cost to the Soldier/family member. For face-to-face counseling, AOS provides referrals to professional civilian counselors in CONUS, Alaska, Hawaii, Puerto Rico and Guam, including remote areas. Face-to-face counseling in OCONUS (Germany) is provided via existing M&FT contract services established under the recently closed AFAP Issue on OCONUS M&F Counseling Services. OSD is centrally funding the program for all the Services to include the Army through FY08.

(c) The contract has a network of providers that includes licensed clinical social workers, psychologists, and marital and family counselors. An appointment is scheduled within 48 hours after an individual contacts a network provider. Network providers are required to offer services within a 30-mile radius of individuals. In remote areas, the network provider is required to travel to provide in-home counseling to meet this requirement.

(d) MEDCOM posted links to MOS on all Behavioral Health pages in Army On-line (AKO) as a potential referral source for all behavioral health (BH) providers.

(e) MEDCOM data analysis reveals that MOS services in support of M&FT needs in remote areas was 1,195 couples for a total of 4,182 sessions during FY05. This represents 23% of the 5,175 USA Recruiting Command's (USAREC's) married Soldier couples, a percentage consistent with the need for services that have been identified in a variety of military studies. Based on this finding, OTSG believes all Soldiers who desire and request M&FT services in remote locations have been able to obtain these services through MOS.

(f) Although FMWRC has concerns that having MOS serve as the only solution would leave a treatment vacuum if funding for MOS were to be discontinued, this issue could be reintroduced if that were to happen. The fact that recruiters are heavily screened for this duty ensures that the vast majority is functioning under the normal range of family stress and diminishes the demand for long term counseling. FMWRC has indicated the 3 visits is the average number of counseling visits per couple. Thus, the 6 sessions offered by MOS seem adequate to meet the needs of this unique population at this time.

(3) Department of Veterans Affairs initiative. A Department of Veterans Affairs (DVA) readjustment counseling program is available to military eligible and their families in 54 states/territories at 206 DVA centers. However, M&FT skills are frequently not part of the training of the Veteran Centers' counselors and many must be referred to civilian providers. Also, while marriage counseling can legitimately be addressed under eligibility rules, the professional competencies to do M&FT at a specific Veteran Center can vary. The Veteran Centers are also authorized to offer bereavement counseling to family members without limit.

mental health concerns during all phases of deployment.

(4) GOSC review.

(a) Nov 04. GOSC received an update of how Military One Source will be the primary approach to providing counseling services in remote areas.

(b) May 07. Issue remains active. Counseling services for Soldiers and Families in remote areas will be included in the review of counseling services tasked in Issue 474 (Shortage of CONUS Professional M&FCs).

(c) Dec 07. USAREUR stated there is a parallel problem in Europe that is not addressed in current AFAP counseling issues and asked that OCONUS counseling (to include Korea) be rolled into an active AFAP issue. Issue 474, "Shortage of CONUS Professional Marriage and Family Therapists (M&FTs))" will be expanded to address OCONUS counseling. The VCSA stressed the importance of continued coordination between the Installation Management Command, Medical Command and the Chaplains to ensure that counseling services match the footprint of the Army in 09-11.

g. Lead agency. MCHO-CL-H

h. Support agency. OTSG, ACSIM, G-3, FMWRC

Issue 523: Medical Coverage for Activated Reserve Component Families

a. Status. Completed

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XXIII; Jun 06

d. Scope. Many activated Reserve Component soldiers are unable to maintain their existing civilian healthcare as a result of the Uniformed Service Employment Reemployment Act (USERA) provision allowing employers to charge soldiers up to 102% of the pre-deployment premium. Medical coverage becomes cost prohibitive and transferring to TRICARE frequently causes interruption of specialized medical care. The choice between added expense and interruption in care causes undue hardship for the family and soldier.

e. AFAP recommendation.

(1) Establish a civilian healthcare allowance for activated Reserve Component soldiers to offset increased premiums to their existing civilian medical coverage.

(2) Mandate civilian health insurance providers to reinstate pre-activation medical benefits if the soldier elects the TRICARE option.

f. Progress.

(1) Stipend.

(a) The FY02 NDAA required GAO to conduct a study concerning whether or not members of the Selected Reserve of the Ready Reserve of the Armed Forces are covered under health benefits plans. In the final report, published in Sep 02, GAO concluded there is no significant disruption in healthcare for RC component family members because the member continued his/her civilian healthcare insurance when mobilized. However, at the time of this survey, RC mobilizations were for less than 6 months. Recent changes have extended this period for up to 2 years. This may be cost prohibitive for the RC member in the future with extended mobilizations of up to two years.

(b) A GAO study compared the estimated DOD cost for providing health care for dependents of activated RC members under a stipend program and under TRICARE. Using CBO's cost estimate of a 75 percent participation level by eligible members, and including DOD's estimate of administrative costs, it could cost DOD $230 million (45.5 percent) more to provide health care stipends to dependents of activated RC members over a 5-year period than to provide TRICARE to these individuals.

(c) While there is no empirical evidence that describes employer reactions, the Office of the Assistant Secretary of Defense for Reserve Affairs believes that employers who pay some portion or all of the premium payments for RC members who continue their private health insurance while activated are unlikely to continue making such payments if the federal government covers the expense.

(d) DOD officials are unaware of any evidence to support that a stipend would have any impact on several other issues affecting the RC, including medical readiness, recruitment, or retention of RC members.

(2) Reinstatement of pre-activation medical benefits. The Uniformed Services Employment Reemployment Act (USERA) requires employers to offer RC members the option to continue their employer-sponsored healthcare plan for up to 18 months while on active duty. Under USERA, employers must reinstate RC members' health coverage upon reemployment.

(3) Legislation. The National Defense Authorization Act for FY05 included several provisions that enhanced health care benefits for RC members and their dependents.

(a) Eligibility for RC members to purchase TRICARE health care insurance for themselves and their dependents through the TRICARE Reserve Select Program (late Apr 05).

(b) Permanent authority to provide transitional health care benefits to certain service members and their dependents for up to 180 days following separation from active duty.

(c) Permanent authority for RC members and their dependents to use TRICARE benefits up to 90 days prior to mobilization.

(d) Authority to waive TRICARE deductibles and pay higher rates to physicians who do not accept the TRICARE payment rates. DOD implemented the TRICARE Reserve Family Demonstration Project that captured these components and will test approaches of the Military Health System to ensure timely access of health care for family members of activated reservist and maintain clinically appropriate continuity of health care. To be eligible for this program, activated RC members must have current dependent information in the Defense Enrollment Eligibility Reporting System database.

(4) GOSC review. The Jun 06 GOSC declared the issue completed because the second recommendation was resolved.

g. Lead agency. DAPE-PRC

h. Support agency. OSD

Issue 524: Military Spouse Unemployment Compensation

a. Status. Completed

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XXVII, Aug 11

d. Scope. Military spouses are not entitled to receive unemployment compensation in all states when accompanying service members on a permanent change of station (PCS) move. Many states consider leaving a job due to military sponsor relocation as a voluntary departure, not involuntary; therefore, spouses do not qualify for unemployment compensation. The loss of income creates a financial hardship on the Family until the spouse is re-employed.

e. AFAP recommendation. Enact legislation directing all 50 states, the District of Columbia and the US Territories to establish relocation during PCS moves as an involuntary separation, thereby granting unemployment compensation to all qualified recipients.

f. Progress.

(1) Information on UC and other military spouse initiatives is available at: http://www.usa4militaryfamilies.org. Current information is based upon the status information on the USA 4 Military Families website as of 30 June 2011.

(a) 37 states provide eligibility: AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, IA, IL, IN, KS, KY, ME, MA, MI, MN, MS, MT, NE, NV, NH, NJ, NM, NY, NC, OK, OR, PA, RI, SC, TX, WA, WI, and WY.

(b) One state and the District of Columbia evaluate eligibility on case-by-case basis: MD and DC.

(c) Two states are pursuing legislation and have filed legislative bills. As of 30 Jun 11, WV and MO are now pursuing expansion of coverage.

(d) Ten states deny spouses eligibility based on relocation: AL, ID, LA, ND, OH, SD, TN, UT, VA, and VT as of 30 Jun 11.

(e) Two states, OH and TN, that filed for favorable policy as of Mar 10 were not favorably passed and not currently considering favorable adjustments as of 27 Jan 11.

(2) Information on the UC Costs by Components is available at http://www.cpms.osd.mil/icuc/icuc_home_uc.aspx.

(3) The web links above have been added to the Army website at http://cpol.army.mil/library/permiss/ (listed under Unemployment Compensation for Federal Employees (UCFE)).

(4) During 2002, the Policy and Program Development Division of the AG-1 for Civilian Personnel submitted this issue to the Civilian Personnel Management Service (CPMS) Benefits Legislative Work Group. In 2003, CPMS indicated that the issue had previously been submitted by Air Force in November 1997, but was disapproved citing a 1992 Supreme Court Decision. CPMS further indicated that they would not support further attempts to initiate this type of legislation.

(5) During the 2005 AFAP GOSC, it was recommended that Dr. Chu speak to the Governors' association. On February 27, 2006, the Secretary of Defense addressed the governors at a "Governors-only" session of the National Governors Association's winter conference.

(6) As an additional effort, it was decided during the March 2007 AFAP GOSC that support from the CASAs should be initiated. This initiative asked the CASAs to contact their state labor and employment offices to help reduce the financial hardships that our military Families experience and to ensure military spouses and BRAC affected spouses are granted UC when relocating with their sponsors. Letters were mailed to the CASAs in May 2009.

(7) To cover spouses affected by BRAC, letters to CASAs were changed to add BRAC affected spouses. This required sending letters to CASA representatives of 21 states to address only BRAC affected spouses: AL, AK, AZ, AR, FL, GA, HI, IL KY, LA, MD, MA, MI, MO, NJ, NC, OK, OR, PA, SC, and WA.

(8) In response to the CASA support letters mailed May 2009, Hawaii and DC CASA representatives contacted AG-1 CP with willingness to help with this initiative. Continue to monitor via email for progress. Since May 2009, Hawaii provides UC eligibility.

(9) As of March 2010, IA provides UC eligibility. OH and TN were seeking state legislation to provide UC eligibility, however, as of 27 January 2011 the bills were not favorably passed and are not currently considering favorable adjustments.

(10) In response to the January 2010 GOSC, coordination with the Office of Secretary of Defense, Personnel & Readiness (OSD P&R) has been established, and current state discussion on UC eligibility information is being updated on a constant basis.

(11) In response to the June 2010 GOSC, ACSIM with the assistance of AMC will convene a taskforce to focus on the remaining nine states. The taskforce was not convened, but AG-1 CP and AMC collaborated on the way ahead.

(12) In response to the 1 November 2010 AFAP Issue Review Session with LTG Lynch, recommended AG-1 CP provide a Strategic Communication Message for the CASA Luncheon on 15 December 2010 and an Action Plan to engage the three states with the largest concentration of military personnel (AL, LA, and VA) to provide UC for military spouses. The Action Plan included: ACSIM Commander communicate key messages during CASA luncheon presentation on 15 December 2010; IMCOM Commander provide Installation Commanders with STRATCOM messages to encourage State Governors to provide UC for Military Spouses; if further engagement is needed, HQDA Senior Leadership (ACSIM/IMCOM Cdr, ASA (M&RA); & AG-1 CP) visits with State Governors to solicit support for granting UC to Military Spouses; and G-1 engagement during visits with CASA Reps.

(13) The Strategic Communication Message and Action Plan was approved and sent to ACSIM 13 December 2010.

(14) April 2011, AG-1 CP transmitted STRATCOM Messages for ACSIM's forwarding to Senior Mission Commanders in the following states: Alabama, Louisiana, and Virginia.

(15) April 2011, AG-1 CP transmitted STRATCOM Messages for OAA forwarding to CASA Representatives in the following states: Alabama, Louisiana, and Virginia.

(16) In response to the 30 April AG-1 CP memo, AL, LA, and VA CASA Representatives advise that their states cannot support this initiative due to current state budgetary constraints.

(17) The number of states offering unemployment compensation to military spouses has increased from 8 in 2002 to 38 states offering unemployment compensation, with one offering the benefit on a case by case basis. The remaining states were either unsuccessful in obtaining legislation to offer this benefit or were unable to support due to the constrained fiscal climate.

(18) Resolution. The Aug 11 GOSC declared the issue completed. Since this issue entered AFAP in 2002, the number of states offering UC to military spouses increased from 8 to 38. Twelve states (AL, ID, LA, MO, ND, OH, SD, TN UT, VA, WV and VT) deny military spouses UC based on relocation; WV and MO are pursuing expansion of UC coverage; MD and DC evaluate eligibility on a case by case basis. Civilian Aides to the Secretary of the Army (CASAs) from AL, LA and VA advised that their states cannot support this initiative due to current state budgetary constraints. The Department of Defense-State Liaison Office is pursuing ten priority initiatives that have strong impact on military families at the state level; UC for military spouses is one of the ten priorities. Information on UC and other military spouse initiatives is available at: http://www.usa4militaryfamilies.org.

g. Lead agency. DAPE-CPZ

h. Support agency. DUSD (MCFP) & OSD (P&R)

Issue 525: Montgomery GI Bill (MGIB) Expiration Date

a. Status. Complete

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XXV, Jan 09

d. Scope. The MGIB entitlement terminates ten years after Expiration Term of Service (ETS) or retirement. During transition, some veterans incur Family and work obligations that hinder full use of their investment. Elimination of the time restriction would allow those veterans to benefit from this entitlement.

e. AFAP recommendation. Eliminate the expiration date for MGIB educational benefits.

f. Progress.

(1) Validation. Title 38, Chapter 30, Section 3031 places a time limitation for eligibility and entitlement to MGIB education assistance. Entitlement expires at the end of the 10-year period beginning on the date of an individual's last discharge or release from active duty. Changes to Title 38 must go through the Veterans Affairs and legislative process.

(2) Action.

(a) MGB Working Group Conference. At the MGIB Working Group Conference in Feb 03, the Army representative briefed this initiative. The other Service representatives present supported eliminating the MGIB expiration. However, the official VA cost assessment was not available during the conference.

(b) VA cost estimate and staffing. The VA provided an official cost estimate of between $2.1B and $4.7B will be required to cover this additional expense projected out through the first ten years, with the low end of the estimate for non-grandfathered participants and the high end to account for those grandfathered. Feed back received from other Services' Action Officers indicates they will not support due to the projected costs.

(c) Alternatives. Extend the delimiting date to 20 yrs vice current 10 yrs; a buy-in after 10 yrs; and reduced benefit after 10 yrs. These options will still be dependent on VA, OSD, and other Services' support.

(3) MGIB as short term readjustment benefit. The VA believes the MGIB program was designed to be an adjustment benefit for the short term, not a lifelong learning benefit. As a readjustment benefit, MGIB provides an instrument to assist veterans in adjusting to civilian life, giving a tool to assist them in improving earnings capabilities and achieving educational goals. Most within the policy community believe ten years is sufficient time to utilize this readjustment benefit. Data indicates most use their benefits within the first four years following separation or retirement.

(4) Legislation

(a) On 6 Jun 05, legislation, S.1162, was introduced to the Committee for Veteran's Affairs, which would repeal the delimiting date requirements for both the MGIB for Active and Selected Reserve members.

(b) The proposed legislation (S.1162) that went before the 109th Congress was not approved. The Army submitted an FY09 Unified Legislation and Budgeting (ULB) action in SEP 06, but OSD (P&R) advised that this action should be withdrawn and submitted through VA channels. Coordination between DAPE-MPA and the VA (Education Division) resulted in little support within VA and it was not submitted.

(c) Legislative change through VA was attempted during the FY09 ULB cycle. VA did not support the issue based on cost and it was rejected by OSD during the FY09 ULB cycle as well.

(d) As part of the legislation signed by the President (Post 9/11 new GI Bill), the delineation date for the GI Bill will be extended to 15 years from the date of last discharge or release from active duty of at least 90 continuous days.

(5) Resolution. The January 2009 HQDA AFAP GOSC declared the issue complete. It is included in the new GI Bill that will be effective on 1 August 2009. The Veteran's Administration will issue full guidance concerning this program prior to the implementation date. Upon final receipt of VA guidelines and any OSD related guidance, Army Public Affairs will put out information to educate Soldiers on this change. The Army G-1 will work with Army Education Services Division (HRC) to insure that information is placed on Army home pages and disseminated to installation education centers and information outlets.

g. Lead agency. DAPE-MPA

h. Support agency. TAPC-EICB

Issue 526: OCONUS Shipment of Second Privately Owned Vehicle (POV) for Accompanied Tours

a. Status. Unattainable

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XXVI, Jan 10

d. Scope. The Army does not pay for the shipment of a second POV to OCONUS locations. Increased security requirements, logistical demands of the Family, and spousal employment/volunteerism are critical factors faced by military Families. A second POV would improve Family involvement in force protection measures (private vs. public transportation), reduce financial hardship, and enhance morale.

e. AFAP recommendation. Fund the shipment of a second POV for OCONUS tours.

f. Progress.

(1) The shipment of two POVs OCONUS will be limited to countries that do not limit the POV importation to one POV.

(2) The shipment of two POVs OCONUS will require a change to the law that must be supported by all of the Services through the unified legislative budget (ULB) process.

(3) Several Services advised that even though they concur with the proposal, it has an extremely high cost; ranging from $70M to $150M based on projected shipment rates and if storage is included.

(4) The U.S. Army transports 51 percent of the POVs OCONUS.

(5) Three of the four Services' top enlisted leaders, to include the Sergeant Major of the Army, briefed the House Appropriations Committee's Military Quality of Life Subcommittee in 2005. This subcommittee focuses exclusively on quality of life (QOL) issues. The top enlisted leaders cited shipment of a second POV as one of the top QOL issues.

(6) In FY 03 and FY 04, ULB proposals submitted by the Navy were deferred by the other Services to allow Navy to provide data to support the ULB (high cost and data analysis). Data to support the ULB was not available since this is a QOL issue. The Naval Supply Systems Command initiated a ULB in November 2005 for the shipment of two POVs to and from Hawaii. Due to budget constraints, the ULB did not go forward through Navy channels.

(7) The United States Transportation Command (USTRANSCOM) submitted a ULB in March 2007. This proposal requested discretionary authority for the Secretary concerned to authorize on a case-by-case basis two motor vehicles for military members accompanied by de-

pendents if the new duty station is located in a nonforeign area outside of the United States. The final determination was the proponent must overcome arguments against the initiative, or withdraw it. The proposal was deferred until FY 10.

(8) The Office of the Secretary of Defense, Personnel and Readiness (OSD(P&R), Defense Travel Management Office, submitted the following ULB proposals for the FY 10B ULB process in May 2008: (1) Shipment of a second POV as HHG and (2) Government-arranged POV transportation from the permanent duty station to the vehicle processing center/port. The proposals were not accepted due to the lack of justification to show it will aid in recruiting and retaining personnel in positions in nonforeign OCONUS locations and because the existing authority to ship one POV is consistent with the authority for other OCONUS locations.

(9) The House of Representatives' version of the FY 10 NDAA proposed transportation of an additional POV for members on permanent change of station orders to or from nonforeign areas OCONUS (Alaska, Hawaii, and U.S. territories and possessions). This mirrors the ULB proposal deferred by OSD until FY 10. The proposal was not included in the approved FY 10 NDAA.

(10) A proposed bill, S3150, Service Members PCS Relief Act, to increase the mileage reimbursement rate for members of the armed services during permanent change of station and to authorize the transportation of additional motor vehicles of members on change of permanent station to or from nonforeign areas OCONUS was submitted to the Senate Armed Service Committee (SASC) on 22 March 2010.

(11) In May 2010, the Services reviewed a draft letter from the DUSD Personnel and Readiness through the Department of Defense (DOD) General Counsel to the SASC advising that DOD opposes the proposed bill S3150. The bill is opposed because it will create inequities between members stationed overseas (e.g., Europe) with those serving in nonforeign areas OCONUS (e.g., Alaska) and create an inequity between service members, their dependents and defense civilians on how mileage is calculated for relocations.

(12) GOSC review.

(a) May 07. The GOSC, the issue was declared active.

(13) Resolution. Issue was determined unattainable. The VCSA said that keeping the issue open gives false hope that we will get the necessary legislation. The other services and OSD do not support it and there is no funding for the expanded benefit.

g. Lead agency. DALO-FPT

Issue 527: Army Reserve Component Mobilization Preparation and Support

a. Status. Completed

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XXV, Jul 09

d. Scope. Immediately upon being notified of mobilization, reserve Soldiers and their Families can experience high levels of stress. The impact of leaving your Family, employment, and personal lifestyle often creates the need for financial and psychological services. Financial assistance, chaplain support, social work service, Family readiness and psychological counseling are needed to prepare for a successful mobilization. The well being of the Soldiers and Families has a direct impact on their performance.

e. AFAP recommendation. Create a mobilization preparation program for RC Soldiers and Families to provide assistance in the transition from reserve status to mobilization.

f. Progress.

(1) Army Reserve Family and Soldier Support.

(a) Social services are provided by local community, county, state, and federal social services agencies. The Family can also utilize Army Community Services on installations in the event they are within commuting distance. Family readiness program is in place and functioning with staff representation at each Regional Support Command and Direct Reporting Commands. Each individual Reserve unit is required to have a Family Readiness Group in place and operational in accordance with AR 600-20, FORSCOM Reg 500-3-3, and USARC Reg 608-1. Mobilization briefings are being conducted for each unit mobilized.

(b) Deployment information. In Apr 02, a Soldier and Family Guide for Deployment Preparation was published and distributed USARC-wide providing information on what needed to be briefed and who to invite to briefings. It is broken into sections for the RRC Family Program Director/Coordinator, the Unit Commander, the Family Readiness Liaison, the Family Readiness Group (FRG) Leader, the Soldier, and the Family and lists resources available and recommended handouts and videos.

(c) Survey. The Army Reserve conducted a written survey Aug-Oct 03 throughout each Regional Readiness Command (RRC) Family Program Director, Division Family Program Coordinator, and IRR/IMA Family Program Specialist to determine if existing programs were meeting the needs of the Soldiers or if adjustments or additional programs were required. Survey results indicated one-third of Family Members participated in Family Readiness Groups (FRG), two-thirds attend mobilization briefings. Outreach and information needs to be provided at higher levels. Our plan to accomplish this goal is to augment our program using Rear Detachment Commanders (RDC) and procure additional staff throughout FY05 and FY06.

(d) Rear detachment. The Army Reserve has implemented the appointment of a Rear Detachment Commander (RDC) to those units who are deployed to assist with Family issues, concerns and questions. Training has been provided to two groups of RDCs (each training session consisted of approximately 100 attendees). The RDCs assist in the deployment, sustainment and reunion phases of mobilization. Reporting requirements are in place for tracking purposes.

(e) Reunion. A pilot Post-Deployment Workshop was held in the 3rd Qtr FY03 to assist in the understanding of reunion and homecoming, the processes involved, and benefits and entitlements through the transition phase. Additional workshops in the form of Deployment Cycle Support will be implemented in FY04 based on the initial

pilot project. Deployment Cycle Support Training is scheduled at 23 locations Army Reserve wide.

(f) Training. The training priorities for Regional Readiness Command (RRC) level Family Programs for FY04 have shifted to Deployment Cycle Support, Chain of Command training, Operation READY (Resources for Educating About Deployment and You) training and Family Program Academies. USAR will continue to provide training to Family Program Staff, RDCs and volunteers.

(g) Marketing. Marketing of Army Family Team Building (AFTB), Army Family Action Plan (AFAP), and Operation READY materials and websites is being done with the additional contract staff at the RRC levels through education and training. CDs were sent to the homes of every Army Reserve Soldier in Nov 03 with a letter and video message from the Chief, Army Reserve, a Guide to Army Reserve Benefits, and USAR History Timelines. The CD also included a Multimedia Center that included the following: a 6-minute video about Today's Army Reserve; a selection of AR television commercials; wallpaper images; a section "Just for Kids," and a game for teens and above ("America's Army).

(h) The Army Reserve is heavily involved in the Army Integrated Family Support Network (AIFSN). Staff east of the Mississippi attended training 10-14 Sep 07, and those West of the Mississippi attended training 25-29 Feb 08. The AIFSN, working in concert with other military and civilian agencies, is a comprehensive multi-agency approach to community support and services to meet the diverse needs of Active Army, Army National Guard Reserve Soldiers, Families, and Employers.

(2) Army National Guard Family and Soldier Support.

(a) During the 1st Qtr FY08, the NGB will implement the Yellow Ribbon Program. The National Guard Yellow Ribbon is a voluntary military cooperative partnership organized to provide multi-service networking for training and assistance to ensure Family Readiness. Yellow Ribbon will be held nation-wide with membership that will includes all military services within the state, all major veteran service organizations within the state, all relevant state government departments and agencies, civilian organizations established to assist military Families, relevant community service organizations, organizations with a role in disaster response, e.g., police, fire, hospitals, etc.

(b) In 1st Qtr FY05, NGB was able to contract for FRSAs to support all 54 states and territories with funding provided by IMCOM GWOT resources. These FRSA have had a tremendous impact on training, managing and recruiting FRG Leaders and Volunteers. This initiative will strengthen our Family Readiness at the grass roots unit level where it has the greatest impact. Army National Guard received funding for FRSAs in support of mobilized battalions.

(c) Family Programs focuses on providing, monitor and modified existing programs that encourage continued well-being and an increased quality of life. These programs include: State Advocacy Program, Exceptional Family Member Program (EFMP), Emergency Placement Care, Family Member Employee Assistance Program, Relocation Assistance Program, Emergency Financial Assistance, Food Locker, Family Referral, Outreach, Consumer Affairs and Financial Assistance.

(d) State Family Program Directors (SFPD) training priorities shifted to Deployment Cycle Support briefing emphasis and marketing Guard Family Action Plan, Guard Family Team Building, Guard Family Youth Programs, Military OneSource, Military Severely Injured Center, Military Family Life Consultant, Troops and Family Life Counseling and Operation READY through education and training.

(e) NGB Family Programs established lines of communication and working relation Memorandum of Understanding (MOU) with the National Headquarters of American Veterans (AMVETS) and Veterans of Foreign Wars (VFW) that will serve as the conduit for the State Joint Force Headquarters to enhance our capabilities to provide additional quality of life services and support for all members of the National Guard and their Families.

(f) Extended deployments have increased the need for 100 percent outreach, with personal contact to all deployed Guard member Families. Our State Family Program Directors (SFPD) and Wing Family Program Coordinators (WFPCs) and volunteers have been asked to go beyond the call of duty and have met the ongoing challenges of continuous deployments with skill, dedication and pride. They are the primary resource in providing Family readiness and assistance to support the commanders, Soldiers, Airmen, and Families. Volunteers and the Family Readiness Network are the heart of this program, and the unit level Family Readiness Group volunteers provide the vitality of the program.

(g) The NGB Family Programs website www.guardFamily.org has been updated and developed with an integrated tracking system that will facilitate the capture and monitor of our website users. These will allow NGB to improve and monitor the outreach programs and our end users. The Family Program Office established their public website which provides locations and telephone numbers for State and Wing Family Program Offices as well as FACs. The site also has the web polling capability, links to many DoD and Army sites, e-mail feedback capability to allow for comments and questions which are answered immediately which are geared to keep the most up to date information at the fingertips of our personnel in the field.

(h) The Army National Guard has operated 430+ FAC's since the 1st Qtr FY05 as the primary entry point for all services and assistance that any military Family member, regardless of service or component, may need during the deployment cycle. This cycle includes the preparation (pre-deployment), sustainment (actual deployment), and reunion phases (reintegration). The primary service provided by the FACs is information, referral, outreach and follow-up to ensure a satisfactory encounter with all Soldiers and Family members.

(i) On Nov 04, National Guard Bureau Family Program's Guard Family Action Plan (GFAP) launched their new Web site, www.gfap.org. The site is user friendly and provides a wealth of information. The GFAP Web site makes it easier for Guardsmen and other stakeholders to submit quality of life issues to the GFAP team. Prior to gaining access to the issues section of the portal, users

will be required to create a profile. After completing their profile, the user may begin the submission process. Once the issue has been submitted, the GFAP team determines actions necessary to resolve issues and assigns responsibility for actions to the proper staff agency. The proper staff agency begins at the unit level within the chain of command and can include the Departments of the Army and Air Force and the Congress of the United States. In addition to submitting issues, users can also track the process of ones they have previously submitted.

(j) In the 4th Qtr FY04, ten new Guard Family Team Building (GFTB) courses were unveiled at the National Guard Family Program Workshop and Youth Symposium. Many of the courses were developed to help prepare our Families to be self-reliant during the mobilization of their spouse or Family member. The topics are Conflict Management and Resolution, Deployment and Reunion, Effective Leadership Skills, Family Finances, Family Action Plan, Introduction to the National Guard, Resources Around You and Stress Management and Well Being. This tool had proven very successful.

(k) In the 2nd Qtr FY04, the Army National Guard stood up a Pay Ombudsman Program which provides a toll-free phone number, 1-877-ARNGPAY and an e-mail address to afford Soldiers and their dependents a means to communicate pay problems for quick resolution. As part of the program, The Soldier's Guide to Military Pay was developed and distributed to our FACs. In the 3rd Qtr FY04, a Distance Learning Course on the same subject was developed and offered Nationwide to out Soldiers and their Families.

(l) The Family Program Office conducts training on a national level for State Family Program Directors and Wing Family Program Coordinators twice a year to review and share new initiatives on best practices on the delivery of services and training to Family Program Staff, Family members and volunteers.

(n) During the 1st Qtr FY08, the Army National Guard signed the Army Family Covenant. The covenant represents a $1.4 billion commitment to improve the quality of life for Army Families. The program formally recognizes and standardizes funding for existing Family programs and services, increase the accessibility and quality of health care, improve Soldier and Family housing, ensure excellence in schools, youth services and childcare, and expand education and employment opportunities for Family members.

(o) ARNG teamed up with the Army Integrated Family Support Network (AIFSN) Program to establish a comprehensive and integrated Family Readiness Program that enables Soldiers and Family members of the Army National Guard through the deployment cycles and life cycles. AIFSN is intended to establish a comprehensive multi-agency approach for community support and services to meet the diverse needs of Active, Guard and Reserve Army Families.

(3) GOSC review.

(a) Nov 03. GOSC directed a change in the title of the issue and asked the Army to look both from the Guard and Reserve perspectives at what we can do for all Army Reserve Component Families in a period of extended and prolonged mobilization.

(b) Jan 06. Issue remains active. The ARNG stated that they need to come up with a plan of how they are going to continue to provide services to Families. Sustainment levels need to be identified, considering changes brought on by BRAC. The USAR restated the importance of the Mobilization Assistants identified in Issue 543.

(4) Resolution. The July 09 GOSC declared the issue complete based on the establishment of the Yellow Ribbon program and hiring of FRSAs to support Family Readiness Groups.

g. Lead agency. ARNG G-1; ARRC-PRF

h. Support agency. IMWR-FP, NGB-FP

Issue 528: Retirement Dislocation Allowance

a. Status. Unattainable

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XXI, May 05

d. Scope. The law does not allow retiring service members Dislocation Allowance (DLA). Service members incur the same relocation expenses whether retiring or making a permanent change of station (PCS) move. DLA for retiring service members would offset the burden of overlapping expenses and relieve this financial inequity.

e. AFAP recommendation. Authorize and fund DLA for retiring service members.

f. Progress.

(1) Legislative attempts. USPACOM submitted this initiative for the FY05 ULB. None of the other Services, Joint Staff, or OSD Comptroller supported this initiative. Navy, Air Force, and the Joint Staff all stated that there was significant cost with no return on the investment. The initiative was not supported by the Department of Defense (DOD). This proposed initiative was again discussed in the Per Diem Travel and Transportation Allowance Committee (PDTATC) meeting on 14 Dec 04. There is no support by our sister services or PDTATAC professionals for this initiative.

(2) Cost. DLA for retirees would cost the Army approximately $20M annually -- based on retirement of 9,200 Soldiers annually and average DLA of $2,195.

(3) GOSC review. The Nov 04 GOSC did not support an unattainable status recommendation. G-1 will relook this issue from the perspective that more Soldiers are being medically retired.

(4) Resolution. The May 05 GOSC declared this issue unattainable. The VCSA concurred that, given the cost of other initiatives, the time is not right for this issue.

g. Lead agency. DAPE-PRC

Issue 529: Retirement Service Officer (RSO) Positions at Regional Support Commands

a. Status. Complete

b. Entered. AFAP XIX, Nov 02

c. Final action. 19 Feb 14 AFAP GOSC

d. Scope. The United States Army Reserve does not have regional Retirement Service Officers to assist individual Soldiers and Families. Two Army Reserve Personnel Command (AR PERSCOM) representatives provide retirement counseling services as an additional duty. Soldiers may not receive crucial retirement counseling which adversely affects their ability to make timely and

accurate decisions regarding their entitlements and benefits.

e. AFAP recommendation. Authorize and fund a Retirement Service Officer at each Regional Support Command.

f. Progress.

(1) 2 Dec 10, USARC initiated its RSO Pilot Program to gather information and determine requirements for permanent RSO positions at each RSC.

(2) 13 May 11, Deputy Chief of Army Reserve (DCAR) approved eight DMO Soldiers to provide retirement services (two per RSC – a senior CPT/MAJ & MSG) as a "bridging strategy" until a permanent solution is obtained.

(3) Jul 11, the Army National Guard, in partnership with the USAR, developed a distance learning module to provide Soldiers comprehensive retirement information.

(4) 27 Sep 11, the DCAR requested HRC to begin filling the DMO RSOs. Eight DMOs were assigned. All RSOs are Department of the Army (DA) certified Reserve Component Survivor Benefit Plan (RCSBP)/Survivor Benefit Plan (SBP) Counselors.

(5) In concert with the new Army Transition Initiative, USAR Soldiers retiring with a non-regular retirement from active duty receive transitional services. Soldiers retiring who do not meet the 180 days or more active duty mandate receive services, on a space- and resource-availability basis, through transitional services that are offered on active duty installations.

(6) USAR has conducted over 55 group pre-retirement training briefings. A total of 41 pre-retirement briefings are scheduled for FY14. Since the initiation of the program, over 31,000 Soldiers and Family members have received retirement services assistance.

(7) From 2010 to present, 233 USAR Soldiers and Civilians have completed the RSO Certification Course. Attendees are trained in Benefits/Entitlements and RCSBP/SBP. There are four certification courses slated for FY14: 16-20 Dec 13, 3-7 Mar 14, 5-9 May 14, and 18-22 Aug 14. Classes are comprised of 30 students, both military and civilian.

g. Resolution. The Army Reserve will sustain the DMO bridging strategy to afford requisite retirement services across the enterprise. USAR will continue to aggressively work a permanent solution through the RSC Manning Model construct in validating RSO workload to harvest valid requirements.

h. Lead agency. DAPE-HRR

i. Support Agency. USARC, OCAR and HRC

Issue 530: Selective Use of Military Spouse Preference

a. Status. Completed

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XXI, May 05

d. Scope. The military spouse does not have the right to choose when to utilize his/her Military Spouse Preference (MSP). MSP is automatically invoked when applying for most non-appropriated fund (NAF) and appropriated fund (APF) continuing positions on a DoD installation regardless of pay grade or series. Failure to grant spouses the choice of when to use MSP results in financial hardship on families and is detrimental to spouse career progression.

e. AFAP recommendation.

(1) Allow military spouses to apply for any NAF or APF position without invoking MSP.

(2) Authorize military spouses to select the specific grade levels and jobs series for which they want to invoke their MSP.

f. Progress.

(1) Reserving MSP for permanent positions.

(a) From 2001 to 2003, Army participated in the successful MSP Choice pilot program in the European theater (EUCOM) that tested a temporary change to DODI 1404.12. The change allowed military spouses to accept temporary, term, time limited, intermittent, or flexible employment with U.S. Forces and retain their MSP eligibility for permanent positions. EUCOM, United States Army, Europe, and other participating Components, evaluated the test to be very successful and recommended implementation on a permanent basis in overseas areas. Army supported a modified implementation within the United States. In Mar 04, OSD staffed the proposal to permanently implement MSP Choice DOD-wide with all Components.

(b) On 7 Oct 04, OSD authorized immediate implementation of the provisions of the MSP Choice, as modified, on a permanent basis DOD-wide. The policy change allows military spouses greater latitude to accept temporary, term, time limited, intermittent, or flexible employment with U.S. Forces and retain their MSP eligibility for permanent positions of primary personal interest to them. Military spouses have now gained an increased sense of control over their job placements and career advancement.

(2) Selection of specific grade levels and jobs series for which to invoke MSP. After preference eligibility is determined, MSP is used only if the spouse is selected for a position defined as "continuing" (permanent) in accordance with to DODI 1404.12. Military spouses are already able to select the specific grade levels and job series for which they want to invoke MSP. Under the PPP, eligible military spouses may register for a grade no higher than previously held on a permanent basis and down to any grade for which qualified and available. Military spouses with no prior Federal employment exercise preference at the grade they are certified for on the employment register.

(3) Resolution. The May 05 GOSC determined this issue completed based on DoD policy change that allows military spouses to accept temporary, term, time limited, intermittent, or flexible Federal employment without utilizing their MSP.

g. Lead agency. G-1, DAPE-CP-PPE

h. Support agency. OSD, CPMS, CARE Division

Issue 531: Spouse Professional Weight Allowance

a. Status. Completed

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XXV, Jan 09

d. Scope. Spouses are not authorized their own professional weight allowance. The Army supports spouse employment as evidenced by DA-sponsored employment

(i.e. Family Child Care Providers) and volunteer programs (i.e. Army Family Team Building). Counting "professional" items of spouses in the household goods weight allowance causes household goods to be overweight and creates financial hardship.

e. AFAP recommendations.

(1) Authorize 500 pounds of professional weight for all spouses.

(2) Change the Joint Federal Travel Regulation (JFTR) definition of professional items to include those required for employment and volunteering.

f. Progress.

(1) Background information. By law, the JFTR authorizes the shipment and/or storage of professional, books, papers, and equipment (PBP&E). PBP&E are articles of HHG in a Soldier's profession needed for the performance official duties at the next or a later destination. The weight of PBP&E does not count against the authorized weight allowance. It is in addition to the authorized weight allowance, which equates to an increased weight allowance and additional costs to the Services for the transportation and/or storage of HHG.

(2) Coordination. The other Services nonconcurred with this recommendation. (Agreement by all of the Services is required in order to change the law). The other Services cited the increased cost to Military Personnel Accounts that would be incurred if this recommendation were adopted and argued that, by law, the entitlement for the transportation of household goods, which includes PBP&E, is to the member.

(3) Related AFAP Issue finding. AFAP Issue #457 Modification of Weight Allowance Table was not supported by the other Services. Since PBP&E does not count against the weight allowance, it equates to an increased weight allowance. An increase to the PCS weight allowance is being pursued under Issue #457 Modification of Weight Allowance Table.

(4) Issue was submitted for inclusion in the CSA Initiatives in Aug 07.

(5) A request was submitted to the SMA for support from the other SEAs in Sep 07.

(6) Monitor the weight allowance increase ULB proposals for FY10.

(7) In the 2008 State of the Union Address, the President of the United States stated that we have a responsibility to provide for our military Families who also sacrifice for America by "…creating new hiring preferences for military spouses across the federal government... ." On 10 Apr 08, the other Services were requested to support a professional weight allowance for spouses to indirectly support the initiatives for new hiring preferences for military spouses.

(8) In-progress review, 4 Apr 08, results and requirements: the Commander, Family and Morale, Welfare and Recreation Command, will alert the SMA and Army G-1 about the importance of this issue

(9) Resolution. The January 2009 HQDA AFAP GOSC declared the issue complete as the FY09 NDAA authorized an additional weight allowance up to 500 pounds for professional books, papers and equipment that belong to the member's spouse when on a permanent change of station. The change to the JFTR was effective 12 Jan 09.

g. Lead agency. DALO-FPT

Issue 532: Standardized Army-wide Pregnancy Program for Soldiers

a. Status. Completed

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XXVI, Jan 10

d. Scope. A limited number of installations offer educational and physical fitness training programs for pregnant and postpartum Soldiers, and participation is not mandatory. Approximately nine percent of female Soldiers are pregnant at any one time. These Soldiers are not receiving necessary education and physical training. The unavailability and lack of participation in these programs results in unsatisfactory Army Physical Fitness Test (APFT) scores and weight standards, impacting readiness and the well being of the service member.

e. AFAP recommendation. Develop and implement a standardized, mandatory, Army-wide physical training program that encompasses both the period of pregnancy and postpartum period with command emphasis on: educational information and physical fitness training and an effective return to individual readiness, physical fitness and weight standards.

f. Progress.

(1) The PPPT Program is ready for use as a mandatory, standardized Army-wide program. It was developed and evaluated by the CHPPM.

(2) The PPPT Program received written endorsement from OTSG with an updated memorandum of endorsement on 2 Mar 06.

(3) On 29 Feb 08, the Deputy Commanding General, IMCOM chaired a meeting with G-3/5/7 and MEDCOM action officers where it was decided that senior mission commanders would execute the PPPT Program with MEDCOM and IMCOM in support. However, the issue of MEDCOM's exact role in this plan was not clarified to OTSG's satisfaction.

(4) On 10 Mar 08, CHPPM agreed that MEDCOM's role as a specified proponent was acceptable.

(5) AR 350-1, Education and Training (13 January 2006), states that pregnancy and postpartum physical training is a responsibility of CG, TRADOC; AR 40-501, Standards of Medical Fitness (18 Jan 07), requires pregnant and postpartum Soldiers to enroll and participate in a PPPT Program once medically cleared to do so.

(6) Senior commanders will ensure adequate and appropriate facilities and equipment to support standardized local PPPT programs.

(7) OTSG said the PPPT program should be tracked within SICE because, although CHPPM provides the standards, it is implemented by units with IMCOM assistance. The US Army Forces Command (FORSCOM) G-1 said funding is now coming from IMCOM and senior commanders need to enforce the program at installations.

(8) The PPPT Program supports the Chief of Staff, Army's Initiative #2, "Enhance the quality of support to Soldiers, Civilians, and Families" and was submitted for the strategy map by CHPPM in Aug 07.

(9) ALARACT 168/2008, The Army Pregnancy Postpartum Physical Training (PPPT) Program, 10 Jul 08, directs execution IAW USACHPPM Technical Guide Series 255 A-E.AR 40-501. AR 40-501 and AR 600-63 require PPPT programs on installations and participation by eligible pregnant and postpartum Soldiers; AR 350-1, AR 600-9, and FM 3-22.2 are being updated to coincide with the ALARACT.

(10) Marketing strategies and outreach efforts are in effect and ongoing, however preliminary reports reflect low compliance rates for enrollment in the PPPT program.

(11) GOSC review. The Nov 06 GOSC requested the issue remain active.

(12) Resolution. The January 2010 GOSC declared the issue completed based on the development and fielding of the Army PPPT Program for pregnant and postpartum female Soldiers. The Deputy G-1 recommended that the issue move to SICE for further action.

g. Lead agency. DAPE-HR

h. Support agency. DASG-HSZ, DAMO-TRI, IMCOM-IMMW, MCHB-TS-H

Issue 533: Timeliness of Dental Pre-Authorizations

a. Status. Completed

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XXI, May 05

d. Scope. The processing time for service members' dental pre-authorizations for civilian dental care is excessive. The Military Medical Support Office (MMSO) averages three or four weeks to respond to pre-authorization requests. Requests for additional information are sent through the US Postal Service, which further delays response time. Lack of a timely response impacts dental readiness, delays treatment, and is detrimental to the mission.

e. AFAP recommendation.

(1) Require MMSO to authorize treatment, deny treatment or request additional information within 7 days of receipt. Send the response to the provider, soldier and Beneficiary Counseling Assistance Coordinator (BCAC) via phone/fax/e-mail.

(2) Increase MMSO staffing for internal quality control to improve efficiency in processing claims and pre-authorizations.

f. Progress.

(1) Processing times.

(a) MMSO meets/exceeds both the 21-day pre-authorization and 30-day claims processing standards. The MMSO Dental Department reviews/processes 95% of pre-authorization requests within 3-5 days of arrival to the department.

(b) The most significant cause of delay for authorization or denial of care is not delays in processing the initial request, but with civilian dental providers or unit commanders not providing the necessary information to make the appropriate decision. MMSO reports that 40% of all initial pre-authorization requests lack required items, such as appropriate diagnostic-quality x-rays, x-ray evidence or dentist's narrative of why treatment is required, memorandum from the Soldier's unit commander indicating duty status or time remaining on station for Soldier, etc.

(c) In 4th QTR FY03, MMSO developed an information package that included a benefits guide, guidance on administrative requirements for pre-authorizations, and claims payment procedures. OTSG reiterated the need for broad distribution of the information, with emphasis on those personnel who assist Soldiers with health care issues and commands with large numbers of remotely located Soldiers. The distribution list included USA MEDCOM; USA Regional Medical Commands; USA Recruiting Command; USA Materiel Command; Chief, USA Reserves; USA National Guard Bureau; and USA Corps of Engineers.

(d) The MMSO computer system is now compliant with all current HIPAA standards. Since Aug 04, MMSO has the capability to receive and process dental pre-authorizations and claims via its telephone/fax/e-fax systems.

(2) Staff increase. MMSO added an additional dentist staff member in 3rd QTR FY02. It also added two activated Reservist (E-4 and E-5) dental technicians. The dental section now includes two military dentists, two enlisted dental technicians, and three GS-7 employees.

(3) Resolution. The May 05 GOSC determined this issue is completed. MMSO reduced processing times for dental pre-authorizations and claims processing, added a new automation system, and expanded the dental staff.

g. Lead agency. DASG-HS-DC

h. Support agency. TMA

Issue 534: TRICARE Coverage of Autologous Blood Collection and Processing

a. Status. Completed

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XX, Nov 03

d. Scope. There is no TRICARE coverage for the drawing, collecting, processing or storage of one's own blood for surgery. Only soldiers and family members with access to a Military Treatment Facility (MTF) having an autologous blood program receive this service at no cost. Where these services are not available, beneficiaries may incur the cost of the service or be forced to choose on-hand, banked blood, which may not be as safe as autologous blood. Not only is this inequitable, but it increases the risk of transfusion-transmitted diseases.

e. AFAP recommendation. Extend TRICARE covered benefits to include autologous blood collection and processing costs.

f. Progress.

(1) TRICARE coverage.

(a) Initially, this recommendation appeared to have merit and to be justified. However, after further research, TMA determined that the current TRICARE managed care support contract (Chapter 5, Section 6.2) and the next generation of TRICARE contracts (Chapter 6, Section 2.1) cover the collection, processing, and storage of autologous blood when the autologous blood is actually transfused to the patient and when it is used for a scheduled surgical procedure where the use of blood is considered medically necessary. This coverage was confirmed by the Medical Benefits Section of TMA, which further ad-

vised that an eligible beneficiary should not be denied coverage under these circumstances.

(b) Autologous blood collection, processing, and storage are covered when ordered by TRICARE authorized providers. It is important to note that these costs will not be covered by TRICARE if a beneficiary chooses to have his/her blood collected and processed just in case it may be needed later and in the absence of a scheduled medically necessary procedure. Transfusion Services for autologous blood and blood components in the absence of a scheduled covered surgical procedure are not considered medically necessary under TRICARE and are not eligible for coverage.

(2) Publication. TMA added information on coverage of autologous blood collection, processing, and storage in the electronic version of the TRICARE Handbook on the TRICARE website and the hard copy version (Dec 03) of the TRICARE Handbook.

(3) Resolution. The Nov 03 GOSC declared this issue completed based on TRICARE coverage and publication of coverage of collection, processing, and storage of a patient's own blood for transfusion to the patient for a scheduled surgical procedure requiring use of blood as medically indicated.

g. Lead agency. DASG-HP&S

h. Support agency. TMA.

Issue 535: TRICARE Pre/Postnatal Benefits Information

a. Status. Completed.

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XXII, Jan 06

d. Scope. There is no source currently available to patients and providers that gives clear and concise information regarding specific pre/postnatal benefits covered by TRICARE. Consequently, it is difficult to understand whether a particular pre/postnatal test or procedure is covered under TRICARE. Beneficiaries incur excessive out-of-pocket expenses when they agree to have non-covered procedures performed.

e. AFAP recommendation.

(1) Create a concise and understandable brochure that explains the prenatal, delivery, and postpartum tests and procedures routinely covered by TRICARE.

(2) Widely disseminate this brochure to patients and providers to include posting on TRICARE website and placement in military healthcare facilities.

f. Progress.

(1) Product development.

(a) TMA's TRICARE Marketing Office conducted focus group testing of obstetrics marketing information in late Jan 03. Data from those groups was used to develop much-needed marketing materials.

(b) TMA developed/enhanced several information products including a TRICARE Maternity Care Options fact sheet/pamphlet (Apr 05) which includes a comprehensive lay down of maternity care choices/options and services available under TRICARE. The updated TRICARE Handbook includes detailed information on maternity care options and services, e.g., inpatient services (including hospital services/hospital outpatient birthing rooms); outpatient services (including home deliveries); freestanding birthing centers, etc.; and, newborn care, including a variety of tests, screenings and newborn developmental assessments.

(c) Under the aegis of the DoD and VA Clinical Practice Guidelines Committee, with Army as the Executive Agent, a detailed booklet and binder, both titled "Pregnancy and Childbirth, A Goal Oriented Guide to Prenatal Care", Feb 04, are available/disseminated families early in a pregnancy. These detailed materials guide the mother through each step of the pregnancy and cover fetal development, visit expectations, laboratory tests and procedures associated with uncomplicated pregnancies, labor and delivery, including birth plans and post-partum events and activities.

(2) Access to information.

(a) The TRICARE Maternity Care Options Fact Sheet/Pamphlet is available on the TMA and other Web sites. The TRICARE Handbook, with a wealth of information on maternity care, is available on the TMA Web site: www.tricare.osd.mil/factsheets and the TRICARE Smart Web Page, which supports the downloading of individual information.

(b) Beneficiaries and providers can also obtain maternity benefit information, i.e., leaflets, brochures, pamphlets, flyers, etc. from TRICARE Service Centers and from health benefits advisors, BCACs and marketing staffs in local military health facilities.

(3) Resolution. The Jan 06 GOSC declared the issue complete. TMA and military Services distribute marketing information through the TRICARE Service Centers, the MTF staff, news items and website (www.tricare.osd.mil).

g. Lead agency. DASG-HPS, OTSG

h. Support agency. TMA

Issue 536: TRICARE Referrals and Authorization Process

a. Status. Completed

b. Entered. AFAP XIX, Nov 02

c. Final action. AFAP XXII, Jan 06

d. Scope. TRICARE Prime referrals require multiple authorizations for the same and/or continued services. Patients must obtain additional referrals and authorizations every 30-90 days to receive continued treatment for specialty care, diagnostic testing and/or management by a specialist for chronic health conditions. Delaying patient care increases hassle and risk to the patient and leads to inefficient use of valuable medical resources.

e. AFAP recommendation.

(1) Allow referral authorization up to one year for specialty and chronic care patients as determined by the Primary Care Manager (PCM) in coordination with the specialist.

(2) Authorize the specialist to order necessary diagnostic testing without additional referrals from the PCM.

f. Progress.

(1) TRICARE options. TRICARE is a comprehensive health care program with three healthcare options: TRICARE Prime: a health maintenance organization (HMO), managed care option, featuring enrollment to a primary care manager; TRICARE Extra: a preferred provider option, available to military eligibles on a non-enrollee basis in areas where TRICARE contractors have

developed provider networks; and TRICARE Standard: a fee-for-service option based on the original CHAMPUS program. TRICARE Extra and Standard do not require pre-authorizations for most care, but require greater out-of-pocket contributions. Beneficiaries can use these options for greater freedom of choice.

(2) Specialty visits policy.

(a) Beneficiaries enrolled in TRICARE Prime are required to have their care managed by a PCM. Authorization for specialty care is commonly used throughout the civilian HMO industry. TRICARE contractors are authorized to approve a certain number of specialty visits under an approved authorization. If additional visits are necessary, the contractors must authorize the additional visits, also. The number of visits and the length of time the visits must occur can be specified by the PCM or the Health Care Finder. A visit to the PCM is not always required. Although there is regional variation, authorizations tend to be granted for a period of 30-90 days for patients with ongoing medical conditions.

(b) When warranted, authorizations may be, and are granted for longer periods of time, up to one year. Specialists already may order diagnostic tests and evaluations without additional referrals from the PCM as long as the diagnostics are related to the reason for the referral. For individuals with long-term chronic conditions, the specialist may become the PCM, which may help to mitigate perceived problems with referral authorizations.

(c) A blanket authorization for unlimited use of services for an extended period is contrary to the fundamental principles of utilization management and PCM management. TRICARE Prime may not be suitable for all patients with all medical conditions. Patients desiring more freedom of choice may elect to use TRICARE Standard or Extra.

(d) Patients with complex illnesses needing special therapy (like chemotherapy, high risk pregnancy, extended treatment for burns, etc.) should be brought to the attention of the military treatment facility (MTF) or contractor case manager who can assist with arranging for the their special treatment and diagnostic needs.

(3) Resolution. The Nov 03 GOSC declared this issue completed based on TRICARE policy which allows specialty care authorizations up to one year, diagnostic testing related to the referred condition, and MTF/contractor assistance for patients with complex illnesses.

g. Lead agency. MCHO-CL-M

h. Support agency. TRICARE Operations Division

Issue 537: Availability of Authorized TRICARE Providers

a. Status. Completed

b. Entered. AFAP XX, Nov 03

c. Final action. AFAP XXVI, Jan 10

d. Scope. An increasing number of established TRICARE providers have either stopped offering services or are not accepting new patients. Additionally, some TRICARE providers are imposing specialty restriction and lists of authorized TRICARE network providers are outdated. As a result, TRICARE beneficiaries have limited access to high quality routine specialty care.

e. AFAP recommendations.

(1) Increase compensation tools to recruit new providers (i.e. monetary, guaranteed minimum number of patients, productivity compensation and recruiter incentives, etc.)

(2) Require TRICARE to validate its Provider Network List by updating website daily with access, upon request, to a printed version.

(3) Require TRICARE contractors to aggressively recruit providers to render services agreed upon by contract. Disenroll inadequate providers.

f. Progress.

(1) In Mar 07, Issue #517 (Availability of TRICARE Authorized and Network Providers in Remote Areas) and Issue #537 (Availability of Authorized TRICARE Providers) were combined because of the similarity in Scope and Recommendations.

(2) Title 10 USC 1079(h)(1) aligns TRICARE reimbursement rates with Medicare rates. The law requires the TRICARE program to follow the reimbursement rates of Medicare to the extent practicable, unless DoD can justify a deviation. At the Army's request, TMA commissioned a study for comparing TRICARE rates to civilian medical insurance reimbursement rates and provided OTSG a White Paper on the results during 3rd QTR FY09. For Commercial Rate comparisons, in all but one of the 15 TRICARE markets analyzed, the amounts paid by commercial insurers exceeded the TRICARE CMACs. There was a great deal of variation between markets and by specialty.

(3) Authority to increase TRICARE reimbursement rates. TMA can use the authority in all TRICARE Regions, and has approved reimbursement waivers under its authority by issuing locality waivers (NDAA FY00) that increase rates above the TRICARE reimbursement rate for specific procedures in specific localities. Eighteen were submitted and TMA implemented seventeen between Jan 03 and December 09: (localities in AK, AZ, CN, FL, MN, NV, OR, SC, WA, WV, WY, Puerto Rico). TMA also can issue network-based waivers that increase some network civilian provider reimbursements up to 15% above the maximum TRICARE reimbursement rate to ensure adequate numbers/mix of civilian network providers. Between Jan 02 and Feb 10, TMA approved 8 of 13 applications: networks in AK, HI, ID, MO, SD, VA, WY.

(4) Results of non-enrolled military beneficiaries are surveyed annually. The latest results indicate, in 2009, more than 83% had no problem obtaining necessary care and more than 85% were able to "get care quickly". The benchmark is 82% and 84% respectively. Most of the questions in the survey are based on questions from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey. Because many health plans that serve the civilian population use that survey to assess the experience of their enrollees, their CAHPS results can be used as benchmarks for comparison with TRICARE.

(5) The FY04 NDAA directed surveys in the CONUS TRICARE market on the numbers of healthcare providers accepting new patients under TRICARE Standard; and that providers be educated on Standard to help maintain participation to help ensure users can easily locate

providers. TMA's FY 05-07 surveys have covered non-network providers in various geographic areas nationally, including remote areas. Together, the three year findings across all states and health service areas reveal that approximately 87% of all physicians surveyed are aware of the TRICARE program and about 81% of physicians accepting new patients would also accept new TRICARE Standard patients. The same survey showed the most prevalent reasons civilian healthcare providers choose not to participate in TRICARE Standard: For physicians who do not accept new TRICARE Standard patients, the most commonly single cited reason is due to "reimbursement", accounting for approximately 25% of all comments received. Reimbursement concerns include low and insufficient fees, fee schedules that do not cover overhead costs, or reimbursements that take too long to receive. The remaining reasons (75%) received for not accepting TRICARE Standard include a variety of other non-reimbursement factors such as providers accepting no new patients, inconvenience, only accepting certain insurance reimbursements, and other miscellaneous reasons. Congress through the FY 2008 NDAA has directed DoD to continue the survey process through 2011. TMA is developing a strategy to survey physician and mental health providers.

(6) TMA will continue to monitor the status of TRICARE contractor-required website and network provider list updates to ensure currency. Contractors update their web sites at least weekly with information/provider list changes to help ensure updates are accomplished.

(7) TRICARE contractors are required to aggressively recruit providers who render services as agreed to in their contracts. Also, inadequate providers are now identified, followed and sanctioned under contractors' program integrity responsibilities, with the ongoing oversight of TMA and the TROs. TRICARE contracts have definitive access standards with required corrective plans for identified network inadequacies. TMA/the three TROs exercise on-going monitoring/oversight of TRICARE contractors' recruitment management plans.

(8) After extensive coordination with TMA, we consider this AFAP issue to be completed. TMA has not seen evidence that reimbursement policies are causing wholesale access problems. It is TMA's position that the current waiver procedures work to ensure targeted access in rural areas lacking sufficient remote healthcare providers. TMA will not support any de-linking of TRICARE and Medicare reimbursement. TMA regularly monitors non-enrolled TRICARE beneficiaries' access to care, believes it is generally sufficient and has tools to address specific access concerns. GAO frequently reports on TMA's efforts recognizing that although access is impaired in some rural areas, reimbursement rates are appropriately set and does not support across the board reimbursement rate increases. We recommend this issue be approved as completed.

(9) GOSC review.

(a) May 07. The issue was declared active. OTSG will continue to monitor the status of the various ongoing initiatives to impact this Issue, including findings of the FY07 TRICARE Standard Survey and the required reports to Congress.

(10) Resolution. TRICARE reimbursements are at the rate authorized by law. It is the TRICARE Management Agency's (TMA) position that current waiver procedures work to ensure targeted access in rural areas lacking sufficient remote healthcare providers. TMA will not support de-linking TRICARE and Medicare reimbursement. TRICARE contractors update their web sites at least weekly with information and provider list changes.

g. Lead agency. DASG-HSZ

h. Support agency. TMA

Issue 538: Death Benefits for Stillborn Infants

a. Status. Unattainable

b. Entered. AFAP XX, Nov 03

c. Final action. AFAP XXIII; (Updated: Jun 06)

d. Scope. Stillborn infants are not covered under Family Supplemental Group Life Insurance (FSGLI). Insurance industry standards state that a death certificate must be issued for an infant to be covered. Birth and death certificates are not issued for a stillborn infant. The death of a stillborn infant causes financial hardship as well as emotional trauma for the service member and the family.

e. AFAP recommendation. Change the FSGLI to include a death benefit for stillborn infant(s).

f. Progress.

(1) Background. Currently, no insurance company will grant payment without a death certificate. Physicians do not sign birth or death certificates for stillbirths.

(2) Memorandum. Memorandum from DASA(HR) M&RA to PDUSD/P&R (16 Jun 04) requested AFAP concerns be forwarded to Department of Veterans Affairs. OSD (16 Dec 04) would not forward memo to VA unless Army could provide rationale and justification for expanding a DOD program beyond private sector medical/insurance practices.

(3) The Veterans Benefits Improvement Act of 2005 (S. 1235), sponsored by the chairman of the U.S. Senate Committee on Veterans' Affairs, would have provided financial assistance for active duty personnel who struggle with the loss of a stillborn by providing $10,000 in insurance for the stillborn births of personnel insured under the SGLI program. However, the bill never came out of the Committee to be included with the VA Authorization Act.

(4) GOSC review.

(a) Jun 04. Industry standards state that a death certificate must be issued for an infant to be covered. In stillbirths, birth and death certificates are not issued.

(b) May 05. The Army Surgeon General requested further research on the issuance of death certificates for stillbirths over 20 weeks.

(c) Jun 06. The GOSC declared the issue unattainable as the majority of states do not issue birth or death certificates for stillborn children. A death certificate is needed to qualify for life insurance payment.

g. Lead agency. DAPE-PRC

Issue 539: Dental and Vision Insurance Coverage for Federal Employees

a. Status. Completed
b. Entered. AFAP XX, Nov 03
c. Final action. AFAP XXIII: Nov 06
d. Scope. Dental and vision insurance coverage is not a part of the Federal Employees Health Benefit Program (FEHBP). The Office of Personnel Management (OPM) is restricted by statue, Title 5, United States Code Subsection 8904 from contracting these benefits. Prohibiting these benefits reduces employee recruitment and satisfaction leading to the loss of potential career employees.
e. AFAP recommendation. Add dental and vision coverage benefit options to FEHBP.
f. Progress.
(1) In 2004, S-2657 was approved by the Senate to provide a stand-alone dental and vision benefits program for federal employees. HR-4844 was approved in the House, mirroring S-2657. Bill was signed by the President on 23 Dec 04 and became Public Law No. 108-496. Plan was cited as the "Federal Employee Dental and Vision Benefits Enhancement Act of 2004".
(2) OPM implemented seven supplemental dental plans and three vision benefit plans for Federal employees, retirees, and their dependents. Open Season was held from 13 Nov 06 thru 11 Dec 06.
(6) GOSC review. The Nov 06 GOSC declared the issue completed based on implementation of dental and vision plans for Federal employees, retirees and their dependents.
g. Lead agency. DAPE-CP-PPE
h. Support agency. Office of Personnel Management

Issue 540: Duration of Transitional Compensation for Abused Dependents
a. Status. Completed
b. Entered. AFAP XX, Nov 03
c. Final action. AFAP XXVI, Jan 10
d. Scope. An inequity in the duration of the Transitional Compensation exists between enlisted members and officers. The Transitional Compensation Program has been mandated by law to provide assistance for abused Family members when the Soldier is separated as a result of a dependent abuse offense. In FY02, eligible Family members of officers typically received benefits for 36 months while enlisted Family members received benefits for an average of 20 months. The inequality exists because of the duration of payments is based on remaining obligated active duty service. For enlisted members, the "obligated active duty service" is the time remaining on their term of enlistment. For officers, the "obligated active duty service" is indefinite unless an officer has a date of separation established. The inequity of duration in compensation and benefits creates financial hardship and emotional stress for abuse victims.
e. AFAP recommendation. Authorize 36 months of Transitional Compensation for all eligible beneficiaries.
f. Progress.
(1) AR 608-1 establishes the duration of payments on the basis of the service member's obligated service in accordance with Department of Defense (DoD) Instruction 1342.24 and the authorizing statute, 10 United States Code § 1059. Although the provisions for the duration of payments apply to both enlisted and officer members, officers infrequently have established periods of obligated service. Officer Families receive benefits for the maximum period of 36 months. Since enlisted members have terms of enlistment, their Families receive benefits for a minimum of 12 months, or the end of obligated service, whichever is greater.
(2) The FY04 National Defense Authorization Act (NDAA) [Public Law (PL) 108-136] deleted the language in the statute that required the use of the end of obligated service to determine the duration of benefits. The statute also required that OUSD(P&R) issue policy pertaining to the duration of payments within six months of the law's enactment.
(3) In the 2nd Qtr FY04, Headquarters Department of Army (HQDA) AFAP Conference recommendation to authorize 36 months of benefits for all recipients was submitted through FMWRC CJA to the OUSD(P&R) for inclusion in the revision of DoD Instruction 1342.24.
(4) In Jun 04, OUSD(P&R) issued a policy to retain the use of the end of obligated service to determine the duration of benefits based on a review of all TC cases by OUSD(P&R). The review indicated that the average length of obligated service was 18 months and that the majority of TC recipients are dependents of enlisted Soldiers. The Acting Deputy Under Secretary of Defense (Military Personnel Policy) determined that an increase to 36 months for all dependents would be cost prohibitive.
(5) In Nov 06, FMWRC CJA conducted a phone conference with Navy, Marine Corps, and Air Force representatives in support of a fair and equitable solution. The possibility of having OUSD(P&R) lower the duration period to 20 or 24 months across the board for dependents of both enlisted and officers was highly supported. The Service representatives also supported an Army-sponsored legislative change to lower duration of TC benefits between 20 to 24 months for all eligible dependents.
(6) In Oct 07, OUSD(P&R) advised that the 14 Jun 04 policy memorandum allows Services discretion to establish the duration of benefits, as long as the payment is no less than the unserved portion of the period of enlistment. Therefore, OUSD(P&R) would not seek legislative change.
(7) FMWRC CJA confirmed that the Department of Army could standardize duration of benefits at 36 months as a matter of policy. That office opined that it is within the Army's discretion to establish a standard duration of benefits payment as long as no benefit period is less than the time remaining on the obligated service commitment. Thus, the Army has the authority to amend AR 608-1 to standardize TC payments for both officer and enlisted Family members at 36 months. Standardizing payments at less than 36 months would be contrary to statute, which requires that the Service Secretary's discretion not result in the potential benefit period being reduced.
(8) The Assistant Chief of Staff for Installation Management (ACSIM) is the proponent for AR 608-1. A revision to AR 608-1 is required to increase the TC benefit to 36 months for all eligible Family members, regardless of the rank of the service member. At the AFAP IPR in Apr 08, Commanding General, FMWRC, approved the rec-

ommendation and directed a Rapid Action Revision (RAR) to AR 608-1. The requirement will be funded using FAPC dollars.

(9) In Apr 08, FMWRC Family Programs submitted a RAR to AR 608-1 to standardize the duration of payment to 36 months for eligible Family members, regardless of the rank of the service member.

(10) The revised TC sections of the RAR of AR 608-1 have been sent to Army Publishing. An anticipated publication date for this RAR is 4th Qtr FY10.

(11) Prior to the publication of this RAR, a marketing campaign will be conducted to announce the standardization of TC payments at 36 months effective upon the effective date of the publication of the RAR to AR 608-1.

(12) GOSC review. Jun 06. GOSC requested the issue remain active so the VCSA could learn more about the issue.

(13) Resolution. Issue recommendation will be achieved upon the effective date of the publication of revision to AR 608-1 (Army Community Service Center) which will authorize 36 months of TC for all eligible beneficiaries.

g. Lead agency. IMWR-FP

h. Support agency. IMWR-JA

Issue 541: Employment Protection for Spouses of Mobilized or Deployed Service Members

a. Status. Completed

b. Entered. AFAP XX, Nov 03

c. Final action. AFAP XX; Jun 04

d. Scope. There is no employment protection for spouses who are adversely impacted by the mobilization or deployment of their service member. Spouses are compelled to reduce work hours or resign their position due to family issues related to mobilization or deployment. Employment rights for service members are protected under the United States Employment and Reemployment Rights Act (USERRA). The lack of spouse employment protection results in hardship and morale issues to the military family unit.

e. AFAP recommendation. Legislate employment protection for military spouses parallel to those granted to service members.

f. Progress.

(1) Issue refocused. Because the Federal Government cannot legislate employment protection for military spouses employed outside the Federal Government, the issue was refocused to look at initiatives within the Federal Government.

(2) Federal employment options. Managers may use the following flexibilities and options to accommodate employed military spouses' additional family responsibilities: leave without pay, telecommuting, flexible and compressed work schedules, and intermittent appointments. Employees who resign may be entitled to reinstatement rights for three years or an indefinite period, based on the type of appointment previously held and length of service.

(3) Resolution. The Jun 04 GOSC declared this issue completed because options exist in the APF and NAF systems that give management and employees flexibility to manage changes and work schedules.

g. Lead agency. DAPE-CP

Issue 542: Extension of Educational Benefits for Surviving Spouses

a. Status. Completed.

b. Entered. AFAP XX, Nov 03

c. Final action. AFAP XXII, Jan 06

d. Scope. Current Veteran's Administration educational benefits only extend ten years after the death of the service member. Date extensions can only be given in cases of verified physical or mental "disability." The responsibilities of coping with emotional, financial, and family changes may restrict or delay the pursuit of higher education. Extending the benefit will allow surviving spouses to focus on raising and supporting their families without sacrificing educational goals, which will lead to greater self sufficiency.

e. AFAP recommendation.

(1) Extend the entitlement period for VA educational benefits from ten years to 20 years.

(2) Fully fund the extended entitlement.

(3) OSD response received.

f. Progress.

(1) Effective 1 Jul 05, the surviving spouse of a SM killed on AD has an extended eligibility for education benefits of up to 20 years after the date of the member's death (Public Law 108-454, Veterans Benefits Improvements Act of 2004). Surviving spouses of military retirees or veterans who die of service-connected causes have 10 years after the SM's death to use their education benefits.

(2) Resolution. The Jan 06 GOSC declared the issue complete based on legislation that extended education benefits.

g. Lead agency. DAPE-PRC

Issue 543: Family Readiness Support Assistant

a. Status. Completed

b. Entered. AFAP XX, Nov 03

c. Final action. AFAP XXIV, Dec 07 (Updated: 9 Oct 07)

d. Scope. The Army's current deployment posture has overwhelmed the resources of Rear Detachments and Family Readiness Group (FRG) leaders. Operating a FRG properly can be daunting for volunteers and unit leadership and requires full-time planning and support. Providing assistance to the FRG leader and Rear Detachment in operating the FRG will decrease volunteer stress and ensure the effective interface between family assistance and family support. The significance of a properly operated FRG allows deployed Soldiers to remain mission focused while sustaining their families' well-being.

e. AFAP recommendation. Authorize and fund a unit Family Readiness Support Assistant (FRSA).

f. Progress.

(1) Issue history. This issue includes the OCONUS direct submit issue to the Nov 06 GOSC titled Permanent FRSAs. The Army recognizes that FRSAs are vital to Army commands. FMWRC agreed with the recommendation and requested the inclusion with this issue.

(2) Validation. In Apr 03, the Secretary of the Army visited Forts Bragg, Stewart and Campbell to speak with FRG leaders and Rear Detachment (RD) Commanders.

The consensus of the FRG leaders and RDs was that the Army was asking a great deal from its volunteer FRG leaders and they needed some help with administrative and logistical requirements to maintain contact with the families while the unit was deployed.

(3) Implementation. Each MACOM used directed overhires or centralized contracts to provide FRG Deployment/Support Assistants at Corps, Division and Brigade levels. The FRG Support/Deployment Assistants do not replace volunteer FRG leaders, but provide administrative/logistical assistance to the volunteer leaders which allow them to concentrate their efforts in assisting families. These assistants were hired during 4th Qtr FY04 for fifteen months. Commanders redirected mission funds to sustain FRSAs pending receipt of supplemental funds.

(4) FMWRC memorandum, dated 28 Oct 05, stated that FRSAs are mission funded requirements.

(5) During the Jan 06 GOSC, the Vice Chief of Staff, Army directed FMWRC to restaff the issue with Director of the Army Staff (DAS) oversight to determine whether FRSA positions should be funded and managed by IMA or the commands. The commands were asked to identify their FRSArequirements/source of funding and their position on whether FRSAs should be managed and funded by IMA or the commands. On 12 Apr 06, the VCSA approved current FRSA model of command funded/ managed FRSAs.

(6) A VCSA blue note (1 Nov 06) tasked FMWRC to determine FRSA requirements and to work with G-3/7 (DAMO-FM) to develop a concept plan to standardize FRSAs across the Army down to deployable battalion level. The VCSA also directed that the status of the concept plan be briefed at the quarterly Army Campaign Plan meetings.

(7) The FMWRC submitted the concept plan in Feb 07. The ACSIM signed it on 20 Feb 07 and forwarded it to G-3/7 DAMO-FMP for processing and staffing.

(a) The Army plan proposes a standard FRSA support model of one Department of the Army Civilian (DAC) to support the Army's Active Operational Forces at battalion level. Standard FRSA support will be aligned with each Corps Headquarters (Hqs), Division Hqs, Brigade Combat Team Hqs, Multi-functional Support Brigade Hqs and Battalion Hq. The FRSA support for INSCOM's tactical battalions is included within the FORSCOM annex. Army TDA commands, Training and Doctrine Command (TRADOC), Medical Command (MEDCOM) and Army Materiel Command (AMC), requirements will be managed by exception. Any exceptions to the Army standard FRSA model must be approved by the G-3/7/FM.

(b) The standard FRSA support model for the Army National Guard (ARNG) is area based and will be one DAC at all Army National Guard Joint Force Hqs except for California, Texas, and New York which will have two FRSA assigned. This FRSA structure is currently in place and meets the ARNG's needs. The standard FRSA support model for the USAR is area based at USAR functional and operational commands.

(8) In Jul 07, the Director of Force Management approved the concept plan to place 1011 FRSAs in deployable Active, Guard and Reserve battalions. Subsequently, the Secretary of the Army and the Chief of Staff of the Army approved authorizations and funding for the positions.

(9) Funding for the FRSAs was through GWOT for FY08-09. The FY08 GWOT funding was distributed to the Army Commands, and FRSAs will compete for authorizations in the FY10-15 POM. As of 27 November 2007, 669 FRSAs have been hired by Army Commands, and personnel actions are on-going for 342 vacancies.

(10) GOSC review.

(a) Jun 04. GOSC was updated on the hiring of FRG Deployment Assistants at forward deployed MACOMS.

(b) Jan 06. The issue remains active. VCSA restaffed the issue with DAS oversight to determine whether FRSA positions should be funded and managed by IMA or the commands.

(c) Nov 06. The DAS stated that, based on the VCSA's direction on this issue, all funding streams would be reviewed. The DAS also reiterated the importance of clearly defining the roles of the ACS mobilization/deployment program manager and the FRSAs. The GOSC agreed to include OCONUS direct submit issue in this issue. The issue will remain active.

(11) Resolution. The Dec 07 GOSC declared the issue complete. Funding for FRSAs has been distributed to the Army Commands through GWOT funding. During discussion, TRADOC requested 17 FRSAs and SMDC requested one FRSA. The VCSA approved those requests.

g. Lead agency. IMWR-FP

h. Support agency. FORSCOM, USAREUR, USASOC, USARPAC, USARC, ARNG

Issue 544: Family Readiness Group Training

a. Status. Completed

b. Entered. AFAP XX, Nov 03

c. Final action. AFAP XXVI, Jan 10

d. Scope. Standardized Family Readiness Group training is not included in the curriculum of the Soldiers' education system. Due to this, many Soldiers are unaware of the benefits of an effective Family Readiness Group and its impact on their mission. A standardized training regimen for Soldiers will greatly increase the effectiveness of all Family Readiness Groups.

e. AFAP recommendation. Mandate standardized, developmental Family Readiness Group training throughout a Soldier's career beginning with Basic Training, and continuing through Non-Commissioned Officers' Education System, Officers' Education System, and other leadership courses.

f. Progress.

(1) In 2006, FMWRC coordinated with TRADOC to review TSPs in the Soldier's Educational System. TRADOC TSPs for the Officer Basic Course (OBC), Warrant Officer Basic Course (WOBC) and Advanced Noncommissioned Officers' Course (ANCOC) included 60 minutes of the Army Family Team Building (AFTB) program; the Captain Career Course (CCC) and Warrant Officer Advanced Course (WOAC) included 80 minutes for AFTB. These lesson plans were revised to include FRG instruction.

(2) FMWRC also developed TSPs for Basic Combat Training (BCT), Warrior Leadership Course (WLC), Advanced Individual Training (AIT), Sergeants Major (SGM)

Academy, Intermediate Level Education (ILE), Pre-Command Course (PCC), and Army War College (AWC). FMWRC provided the TSPs to the TRADOC proponent to replace existing AFTB TSPs.

(3) In Jan 06, FMWRC memorandum to DCS, G-3 requested FRG TSPs be included in the total Soldier Education System NCOES, OES and other leadership training. The G-3, DAMO-TR requested TRADOC Operations and Training review FMWRC recommendations on how to incorporate FRG training into the PCC, ILE, AWC, and SGM Academy school systems. In 1st Qtr FY07, TRADOC approved the FMWRC recommendation to incorporate the newly developed BCT FRG TSP and use a briefing format for the ILE, AWC and SGM Academy school systems. Garrison and Command PCC students currently receive an FRG awareness briefing by FMWRC Family Program staff.

(4) FMWRC worked with the Leadership, Education and Training Division, Combined Arms Center to develop the TRADOC Common Core online training storyboard for the CCC, "Implement the Family Readiness Group". This storyboard was completed 31 Aug 06.

(5) In Mar 07, FMWRC discussed status of action with G-3 point of contact. The SGM Academy has incorporated a FRG briefing into their curricula.

(6) In the Dec 07 AFAP GOSC, TRADOC clarified that FRG training is not fully integrated into initial military training and PME courses because of other competitors for the common core curriculum. TRADOC recommended FRG training be delivered through distance learning. FMWRC agreed to fund development of distance learning courses for FRG training for all NCOES and OES levels. Requirements were identified to develop Computer Based Training (CBT) to be delivered within the e-learning center of Army OneSource.

(7) As of March 2010, eight of twelve originally planned CBT courses have been developed. These CBTs underwent User Acceptance Testing (UAT) by TRADOC representatives in Sep 09 and still require voice-over narration to be Section 508 compliant. The CBT modules contain information on establishing FRGs; roles and responsibilities at all levels; regulatory guidance; and awareness of the Family Readiness system and its supporting programs and services. When completed in 2010, CBTs may be accessed through the Online Training/eLearning Center at the Army OneSource portal.

(8) At a 19 May 2010 IPR, ACSIM/CG IMCOM directed that the CBTs be completed quickly, to include voice narration and course completion tests. The FMWRC plans to complete all directed CBT updates by 17 June and has prepared an ACSIM/CG IMCOM memorandum to TRADOC DCG to request final approval of CBTs and formal adoption into appropriate NCOES/OES courses.

(9) Course of action: recommend closing issue. All planned CBTs should be complete by 17 June and available for TRADOC review/approval. The OACSIM/IMCOM Strategic Communications Office has also developed key messages to announce completion of this and other AFAP issues and the benefit to key stakeholders (leaders, Soldiers, and their Families).

(10) GOSC review.

(a) Jan 06. The GOSC declared this issue active while FMWRC revises the AFTB TSPs to address FRGs and to develop FRG TSPs for the other TRADOC levels of education. The VCSA instructed the G-3 and TRADOC to work this in coordination with FMWRC to establish continual, standardized FRG training in NCOES and OES.

(b) Dec 07. Pending TRADOC's incorporation of FRG TSPs into NCOES/OES, the issue remains active.

(11) Resolution. Eight computer based training (CBT) modules focus on Family Readiness Group (FRG) roles, responsibilities, regulatory guidance, and supporting programs and services. Modules have voice narration and end-of-course test.

g. Lead agency. DAIM-ISS

h. Support agency. IMWR-FP

Issue 545: Federal Retiree Pre-Tax Health Insurance Premiums

a. Status. Unattainable

b. Entered. AFAP XX, Nov 03

c. Final action. AFAP XXVII, Feb 11

d. Scope. By law, federal retirees are not allowed to pay their health insurance premium with pre-tax dollars as federal employees are authorized. Federal employees pay their health insurance premiums with pre-tax dollars through a program call Health Benefit Premium Conversion. To not allow Federal civilian and military retirees to pay health insurance premiums on a pre-tax basis inflicts a financial burden on retirees' income.

e. AFAP recommendation. Authorize federal retirees to pay health insurance premiums on a pre-tax basis.

f. Progress.

(1) Legislation introduced in 111th Congress:

a. H.R.1203 was reintroduced during the 111th Congress by Representative Chris Van Hollen of Maryland on 25 February 2009. This was referred to several house committees and there are 218 cosponsors as of 30 September 2010; an increase of 6 co-sponsors since 6 May 2010.

b. S.491 was reintroduced into Congress by Senator Jim Webb of Virginia. It was referred to the Committee on Finance. There are currently 48 cosponsors as of 30 September 2010; an increase of one co-sponsor since 6 May 2010.

(2) Information paper was included in the Army Posture Statement in May 2009.

(3) On 17 September 2010, AG-1 CP received status on the H.R.1203 and S.491 from OCLL POC. Legislative proposals requesting pre-tax dollars for health insurance have been unsuccessful in gaining Congress and OSD support.

(4) Resolution. Issue was declared unattainable because legislative proposals were not supported. Bills (H.R. 1203 & S.491) reintroduced in the 111th Congress to amend the Internal Revenue Code of 1986 to allow Federal civilian and military retirees to pay health insurance premiums on a pretax basis were unsuccessful in gaining OSD and Congressional support. The CSA Retiree Council and National Military Family Association representatives commented on the inequitable tax

treatment addressed in this issue and said the CSA Retiree Council and Military Coalition will continue to advocate for this issue.
g. Lead agency. G-1, DAPE-CPZ

Issue 546: Funding for Army-Wide Arts and Crafts Programs
a. Status. Unattainable
b. Entered. AFAP XX, Nov 03
c. Final action. AFAP XXIV, Dec 07
d. Scope. Sixteen arts and crafts facilities have closed since FY93 due to loss of funding. At the 65 remaining facilities, 15 arts and crafts programs have been eliminated and numerous others are projected for further reduction. The benefits of these programs are unique to military communities because they provide an installation-based, centralized location for the programs. The elimination of these programs erodes the opportunity to develop skills as an outlet to express and resolve stressful situations and deal with the realities of deployment and frequent PCS moves.
e. AFAP recommendation. Allocate funds specifically to re-establish and sustain Army-wide arts and crafts programs such as, but not limited to, framing, woodworking, ceramics, photography, stained glass, engraving and basket weaving.
f. Progress.
(1) Validation. As a DOD Category B, community support activity, arts and crafts facilities are intended to operate with significant appropriated fund support. The AR 215-1, 4-1, b states that in no case may Category B activities be sustained without substantial APF support. Arts and crafts programs survive only at installations that have dedicated significant appropriated fund dollars to manpower and operating expenses. Demand for arts and crafts programming exists, but funding shortfalls continue to widen the gap between community needs and satisfaction.
(2) Return on Investment. Arts and Crafts provides Soldiers and family members which foster creative thinking, problem-solving, skill development, teamwork and communication; relieve deployment stress; and promote cultural awareness. The arts develop talent and creativity, skills needed for the 21st century work and military environment. One of the 10 ways the American Psychological Association recommends achieving resilience and adapting to war time stress is to “express yourself ... in a journal or to create art”. MWR recreation programs are an indicator of the military’s support for its Soldiers and families. Arts and Crafts programs, which provide activities for the whole family (Soldier, spouse and children) are one of the elements in a well balanced recreation program.
(3) Data Collection. In 2004, IMWR-CR conducted a data call to identify project requirements, and a financial model was developed to calculate project cost.
(4) No progress was made on this issue in FY06 and 1st Qtr FY07 due to a constrained resource environment. There are two parts to the issue: Sustain existing program and re-establish program at seven sites.
(5) Project Funding.
(a) The Installation Management Command (IMCOM) Senior Executive Leadership (SEL) voted in Aug 06 that CONUS Arts and Crafts would receive no appropriated funding under Common Levels of Support (CLS). Only remote site and OCONUS Arts and Crafts programs would be funded with appropriated funds.
(b) In Jan 07 the Installation Management Board of Directors (IMBOD) requested a business case study be done on the impact of not funding CONUS Arts and Crafts programs.
(c) Business case study and info paper was staffed and briefed through IMCOM in Mar 07. Business case and Info paper have been through 3 IMCOM working groups/SEL reviews. The SEL stated (Aug 07) that there would be no exceptions to CLS. Final documentation was included as an info paper at the 13 Sep EXCOM. Final recommendation at that time was to proceed with the recommended divestiture of Arts and Crafts.
(6) Resolution. The Dec 07 GOSC declared this issue unattainable do to the shortfall of funding required to re-establish programs.
g. Lead agency. IMWR-CR

Issue 547: HEROES Act Awareness for Reserve Component
a. Status. Completed.
b. Entered. AFAP XX, Nov 03
c. Final action. AFAP XXII, Jan 06
d. Scope. There is no standardized method of ensuring that all Reserve Component Soldiers are aware of and using the provisions of the Higher Education Relief Opportunities for Students (HEROES) Act. The HEROES Act provides the authority to waive or modify statutory provisions applicable to student financial assistance programs, protecting the financial and educational situations of the Reservists. The Office of the Secretary of Defense designated Servicemembers Opportunity Colleges to assist mobilized service members and intercede on their behalf if they are experiencing problems (primarily communication between student and institution). Many Reserve Component Soldiers are unaware of the protections for their education benefits due to inconsistent dissemination of information. Because of this lack of knowledge, Soldiers are losing college status and money.
e. AFAP recommendation.
(1) Provide an education station during Soldier Readiness Processing.
(2) Mandate that U.S. Army Reserve and Army National Guard units brief the educational provisions of the HEROES Act to all Soldiers during initial in-processing and on an annual basis.
f. Progress.
(1) ARNG.
(a) HEROES Act information has been posted to the Servicemembers Opportunity Colleges (SOC) website at http://www.soc.aascu.org/socguard/PolicyLetters.html.
(b) HEROES Act became effective Dec 03. SOC staff briefed over 100 Army Guard education office members/counselors during their annual conferences. Semi-annual training for new State education office staff is being conducted by NGB. SOC staff will continue to disseminate and incorporate the details in future education func-

tions. SOC will continue to be the focal point to liaison with schools and answer specific questions relating to the Act per DOD directive.

(c) States have developed "education stations" during SRPs, in which information about the HEROES Act is available and disseminated to troops preparing for mobilization. SOC is directed by new Statement of Work in their contract to act as help desk for member inquiries about HEROES Act.

(d) States and/or ARNG units in-process new troops and conduct annual briefings to members. As part of in-processing, new members are briefed by recruiters about education benefits and given access to the ARNG's virtual armory intranet where HEROES Act information is available. ARNG fulltime unit administrator further in-process new unit troops and act as an immediate Point of Contact for education-related inquires.

(e) The 54 State/Territory ARNG Education Offices are tasked to conduct annual education briefing to troops, unit visitations, and in-process all ARNG troops for education programs for their respective State. HEROES Act information has been included in these briefings.

(2) USAR.

(a) The Secretary of Education may waive or modify any statutory or regulatory provision applicable to the student financial assistance program under Title IV, as the Secretary deems necessary in connection with a war or other military operation or national emergency. Education Services Specialists and Counselors of military services should inform all military personnel of the provisions of this act. This will ensure that those with financial aid will be aware.

(b) As of 8 Nov 05, over 40,000 Army Reserve Soldiers are registered users in HRC-St. Louis Education Web site accessing educational information.

(3) Resolution. The Jan 06 GOSC declared this issue completed based as both ARNG and USAR Soldiers are briefed on all elements associated with the HEROES Act during Soldier Readiness Processing and provided packages of information. Additionally, RC Soldiers are briefed annually and during in-processing on the education provisions in the HEROES Act.

g. Lead agency. AHRC-PA and NGB-ARM-PR (Education)

h. Support agency. OSD-RA, SOCGuard, ARNG Education Support Center (ESC)

Issue 548: Housing for Active Duty Pregnant Single Soldiers

a. Status. Completed

b. Entered. AFAP XX, Nov 03

c. Final action. AFAP XXI, May 05

d. Scope. DoD Directive 4165.63-M, Jun 88, states, "Unmarried pregnant service members without dependents may apply for family housing but shall not be assigned to the quarters until the birth of the child." As a result, Army policy prohibits pregnant single soldiers from obtaining on-post housing until after the baby is delivered. This does not provide an adequate amount of transition time for new mothers and creates undue financial hardship, emotional stress, and may negatively impact the well-being of the Soldier.

e. AFAP recommendation. Allow unmarried pregnant service members to move into on-post housing in the third trimester of pregnancy.

f. Progress.

(1) Policies.

(a) In Sep 97, G-1 revised AR 210-50 to grant Installation Commanders authority to approve exceptions to waiting list policies under special circumstances such as extreme hardship, compassionate, or medical reasons. Additionally, approval to authorize single Soldiers in the grade of Staff Sergeant (E-6) and below to reside off-post when the soldier is pregnant was granted.

(b) Family housing may be diverted to Unaccompanied Personnel Housing (UPH) temporarily with approval of the Director, Facilities and Housing, Office of the Assistant Chief of Staff for Installation Management (ACSIM) , through the appropriate IMA agency region office and HQ's IMA. This policy will be reflected in the next update of AR 210-50.

(2) Coordination.

(a) The DCS, G-1, ACSIM, and HQs IMA conducted a comprehensive review of permanent files and telephonic inquiries for the timeframe of Nov 02 thru Dec 04. The assessment revealed no complaints or inquiries from the field regarding unfair treatment or inconsistent policy regarding subject issue.

(b) The G-1 coordinated the conference recommendation. All Services and staff agencies strongly oppose a "blanket policy" as the current policy gives commander's the flexibility to accommodate unmarried pregnant Soldiers on a case-by case-basis.

(c) The G-1, Individual Policy Readiness Policy Division non-concurs with the recommendation as written. The current policy ensures an appropriate and fair allocation of housing assets and provides equitable access to Army family housing for single, pregnant soldiers upon the birth of the child. Current policy also gives Commanders the flexibility to manage unusual or hardship cases, therefore, a blanket policy is not needed.

(3) Policy memo. In Feb 05, HQs IMA disseminated a policy guidance memo to reinforce policy guidance concerning single pregnant Soldiers and reiterate Installation Commander authority and flexibility.

(4) GOSC review. The Nov 04 GOSC did not support an unattainable recommendation. G-1 will query installation commanders on the magnitude of the problem and their ability to handle it. IMA will review the need for policy reiterations.

(5) Resolution. The May 05 GOSC determined this issue is completed. Headquarters Installation Management Agency sent a memo to the field to reinforce policy guidance and reiterate the installation commander's authority and flexibility to approve exceptions to waiting list policies. The other Services and Army staff elements non-concurred with providing "blanket authorization" for housing.

g. Lead agency. DAPE-HRP

h. Support agency. OSD-ATL, ASA-MRA, AF/ILEHO, OASN (I&E), HQMC, DAIM-FDH, SFIM-OP, DAPE-PRR-C, DAPE-HRP-FLO, & DAPE-HR-WB

Issue 549: Lodging and Subsistence for Family Members of Hospitalized Service Members
a. Status. Completed
b. Entered. AFAP XX, Nov 03
c. Final action. AFAP XXI, May 05
d. Scope. When a Soldier is hospitalized, current policy authorizes invitational travel orders to cover transportation costs for two family members. Congress recently authorized per diem for families of Solders injured in Operations Noble Eagle, Enduring Freedom, and Iraqi Freedom. When a Soldier is seriously ill, injured, or in an accident in circumstances other than war, family members incur the cost of lodging and food expenses. This creates an inequity for Soldiers and their families.
e. AFAP recommendation. Provide travel and transportation allowance (per diem) to families of all Soldiers hospitalized with serious illness or injury and allow extensions on a case by case basis.
f. Progress.
(1) Background.
(a) Title 37, United States Code, section 411h and the Joint Federal Travel Regulation, paragraph U5246-A1 or U5246-A2 allows family travel, but not per diem, for two family members of a seriously ill or injured Soldier or in a situation of imminent death.
(b) The Emergency Wartime Supplemental Appropriations, Public Law (PL) 108-11 (16 Apr 03) expanded 37 USC 411h to allow payment of per diem for the 2 family members allowed to travel to the hospital. Only family members of Soldiers injured, ill, or wounded in Operations Noble Eagle, Enduring Freedom or Iraqi Freedom were authorized to receive both travel and per diem allowances when visiting them in the CONUS or OCONUS medical treatment facility (MTF). Family members are currently authorized travel and 8 days per diem to visit Soldiers in an OCONUS MTF and travel and 7 days per diem to visit Soldiers in a CONUS MTF.
(c) The FY04 Emergency Wartime Supplemental Appropriations, PL. 108-337, (Feb 04) continued authority for transportation and travel allowances for two family members; this authority was valid until 30 Sep 04.
(4) New legislation. The FY05 NDAA changed Title 37, section 411h to allow payment of travel and transportation allowances (lodging and subsistence per diem) to family members of VSI/SI hospitalized service members not injured as a result of duty in a contingency operation. The change was incorporated into the Joint Federal Travel Regulation, paragraph U5246 to authorize transportation allowances to family members of VSI/SI hospitalized service members.
(5) GOSC review. The Jun 04 GOSC was informed that there are a number of proposals in the House and the FY05 NDAA to expand per diem to families of all injured service members.
(6) Resolution. The May 05 determined this issue completed because legislation allows travel and transportation allowances (lodging and subsistence per diem) for family members of very seriously injured (VSI)/SI hospitalized Soldiers not injured as a result of duty in a contingency operation.
g. Lead agency. DAPE-PRC

Issue 550: Mandatory Review of Weight Allowance for Permanent Change of Station Moves
a. Status. Completed
b. Entered. AFAP XX, Nov 03
c. Final action. AFAP XX, Jun 04
d. Scope. DoD weight allowances are out of date as they fail to take into account the modern day household. Failure to review and adjust weight allowances has resulted in the application of weight tables that have not increased since the 1980s. As a result, Soldiers must either pay out of pocket to cover moving expenses or throw items away.
e. AFAP recommendation. Review and adjust weight allowances every seven years based on modern day households.
f. Progress.
(1) Weight review. Under current practices and procedures, the Services review HHG weight allowances more frequently than every seven years.
(a) All Services use the Personal Property automated system and the paid bill of lading data to review shipment weights and costs.
(b) Defense and Accounting Service – Indianapolis, Household Goods Statistics Report provides quarterly data for HHG shipments incurring excess costs. Report data elements include the number and percent of moves with excess weight, total and average weight, average and total cost by grade, type of move (PCS or TDY); number of moves by grade for weight breaks of 500 lbs from 0-500 through over 25,000 lbs.
(c) Other Services receive reports as requested from the applicable Finance and Accounting Office.
(d) Review of weight allowances and personal property shipping costs is required whenever a regulatory change or new law will impact the Service's Military Personnel Accounts.
(e) Rates for the transportation and storage of personal property change twice a year. All Services review the new rates and their impact on the PCS budget, a member's weight allowance, and excess costs.
(2) Office of the Secretary of Defense (OSD) review. In a OSD-sponsored PCS weight allowance study (2002) group, the Services stated that less than one percent of Service members incur additional cost for the HHG shipment in excess of their authorized weight allowance. OSD sponsored Unified Legislative and Budgeting proposals (FY04 and FY05) that were rejected by the Services (AFAP Issue 457).
(3) Regulatory change. The Services did not concur with a regulatory requirement to mandate a review of the weight allowances every seven years because a review of weight allowances is required and more frequently.
(4) Resolution. The Jun 04 GOSC declared this issue completed because the Services review PCS weight allowances more frequently than every seven years.
g. Lead agency. DALO-SMT

Issue 551: Mortgage Relief for Mobilized Reserve Component Service Members
a. Status. Unattainable
b. Entered. AFAP XX, Nov 03
c. Final action. AFAP XXIV; Jun 08

d. Scope. The Soldiers and Sailors Civil Relief Act does not address the disparity between mortgage payments and the Basic Allowance for Housing provided to the Reserve Component service member. Approximately one-third of mobilized RC service members suffer a significant decrease in compensation when they are mobilized. The loss of income impacts the service member's ability to meet monthly mortgage payment obligations.

e. AFAP recommendation. Amend the Soldiers' and Sailors' Civil Relief Act to allow RC service members to defer the existing mortgage payment on the Family's primary residence in excess of the Basic Allowance for Housing for the duration of mobilization and/or deployment.

f. Progress.

(1) Background. On 19 Dec 03, President Bush signed the new Servicemembers Civil Relief Act (SCRA), a total revision of the old SSCRA. SCRA section 207 allows mobilized Reserve Component Service members to lower the interest rate on existing mortgages to 6%. If such relief is not sufficient, a court may order anticipatory relief under SCRA section 701. This may include restructuring mortgage payments when the Service member's ability to pay the mortgage has been materially affected by his/her military service. If a lender was to move to foreclosure of a mobilized Reserve Component Servicemember, Section 303 requires court approval. The section specifically gives the court authority to "adjust the obligation to preserve the interests of all parties."

(2) The recommendation in this issue would allow RC service members to defer, for the duration of a mobilization, that portion of an existing mortgage payment on the Family's primary residence that exceeds the BAH. Service members who exercise such an option may experience unanticipated difficulties following demobilization when the deferment ends and the deferred amounts are added to the mortgage principal, resulting in adjusted payments that are likely to be higher than the original mortgage payments.

(3) A recent DoD study indicates that following mobilization income increases for approximately 72% of RC Servicemembers. This figure does not include the impact of the tax advantage of military earning which further reduces the number of activated RC Servicemembers who see a loss in pay after mobilization. There is no data available concerning the monthly mortgage payments of reservists, thus it is not possible to determine how many mobilized reservists would have mortgage payments in excess of their BAH.

(4) DoD has been reluctant to propose or support changes to the SSCRA/SCRA. They are particularly sensitive to any proposal that would open the window for the lending industry to seek a modification to the 6% interest cap.

(5) Legislative initiative.

(a) The House and Senate Veterans' Affairs Committees have jurisdiction over the SCRA and related legislative proposals. Accordingly, the recommended mortgage relief legislation must be worked through these Committees rather than the usual Unified Legislation and Budgeting process. Currently, the Veterans' Affairs Committees do not want to consider additional SCRA protections until they have had the opportunity to review the effects of the new SCRA.

(b) A draft of the legislative proposal was forwarded to DoD Legal Policy in Aug 05. No action was taken on the proposal.

(c) The Legal Assistance Policy Division drafted another SCRA amendment to allow a Servicemember to terminate a cell phone contract upon mobilization or PCS. It is anticipated that this will be favorably received. Linking these two proposals may lead to success in moving the mortgage proposal.

(6) Resolution. Issue was declared unattainable because DoD does not support this initiative. Additionally, following a question from the VCSA about Soldiers' usage of the 6% percent cap on interest rates, the OTJAG briefer clarified that education on rights under the Servicemembers Civil Relief Act are built into the Soldier Readiness Process (SRP) and that Soldiers are taking advantage of the interest rate cap.

g. Lead agency. DAJA-LA

Issue 552: Reserve Component Dental Readiness

a. Status. Complete

b. Entered. AFAP XX; Nov 03

c. Final action. AFAP XXIII; Jun 07

d. Scope. Up to one-third of mobilized RC Soldiers are non-deployable due to dental readiness. There is no Army policy to address the factors (i.e. insurance status, individual economic factors, patient behavior, and lack of compliance) that contribute to dental non-deployability. As a result, this increases required dental treatment at the mobilization site, overburdening already limited dental resources, and adversely affecting readiness.

e. AFAP recommendations.

(1) Develop an Army policy that addresses the factors that contribute to dental non-deployability.

(2) Give RC Commanders adequate resources (i.e. funding, education, and manpower) to ensure compliance for dental deployability of RC Soldiers.

f. Progress.

(1) Policy.

(a) OSD policy directs that all Soldiers have an annual dental exam and x-rays. Both ARNG and USAR have received authorization and adequate funding to conduct both dental examinations and appropriate Class 3 dental treatment prior to movement to the mobilization site.

(b) The new Army policy permitting 12-month alert periods provides greater opportunity for cross leveling and provision of appropriate treatment. Dental examinations of the non-alerted force do not improve dental readiness because there is no authorization or funding to treat non-alerted Soldiers.

(2) Dental readiness statistics. It had previously been thought that up to 25 percent of mobilized RC Soldiers are non-deployable due to dental readiness. Since 2004, 99.8 percent of all mobilized RC Soldiers have deployed in Class 2 or better status. Commanders at all levels must emphasize the importance of pre-mobilization medical and dental readiness.

(3) The Army, ARNG and USAR utilize the Medical Protection System (MEDPROS) to track medical and dental

readiness. The Army is beta testing the dental module in AHLTA, a database that tracks not only dental readiness but also individual Soldier treatment needs. The ARNG and the USAR utilize digital data repositories to document dental readiness.

(4) GOSC review. The Jun 06 GOSC requested the issue remain open. VCSA wants dental readiness to be the first task of the new OTSG dental officer. Accurate data is critical to making informed judgment calls.

(5) Resolution. The Jun 07 GOSC declared this issue completed. Since first recognized as an AFAP issue, dental examinations and care have changed and improved significantly.

g. Lead agency. NGB-ARS and AFRC-MD

h. Support agency. OTSG, OSD-RA

Issue 553: Survivor Benefit Plan (SBP) and Dependency Indemnity Compensation (DIC) Offset

a. Status. Unattainable

b. Entered. AFAP XX, Nov 03

c. Final action. AFAP XXVII, Aug 11

d. Scope. Spouses or children of active duty Soldiers are provided Survivor Benefit Plan (SBP) annuity (55% of retired pay entitlement) upon a service-connected death. Dependency and Indemnity Compensation (DIC) (current rate of $948/month) is payable in all service-connected deaths. SBP to the surviving spouse is offset dollar for dollar by receipt of DIC. Survivors of a deceased Soldier deserve full survivor benefits from the military service and the VA.

e. AFAP recommendation. Eliminate the SBP/DIC offset and award full SBP and DIC for service-connected deaths.

f. Progress.

(1) Army Regulation 600-8-7, Retirement Services Program, dated 6 Jun 10 for the first time contains separate chapters for ARNG and USAR retirement services. This was the first step in establishing a holistic cross component standard for delivery of retirement services.

(2) USARC initiated its Pilot RSO Program on 2 December 2010 to gather metrics and develop procedures while supporting the 19 states of the 88th Regional Support Command (RSC) under a “holistic approach”. The lessons learned and metrics gathered during this pilot program will be used to develop permanent RSO positions at each RSC to provide services equivalent with those received by the Active Duty. The USARC Pilot RSO program will be used to determine an accurate cost for the total number of RSOs required supporting each RSC.

(3) On 14 April 2011, the Army Reserve G1 requested eight Directed Military Overstrength (DMO) positions with placement of two per each RSC as a “bridging strategy” until a permanent solution is obtained. On 13 May 2011, BG Purser, DCAR, approved the eight DMO personnel to support the Army Reserve RSO Pilot initiative. These Soldiers will provide pre/post retirement services. Each RSC will receive two personnel (MAJ & MSG) to fill these DMO positions.

(4) There is an agreement between Army Retirement Services, HRPD, G-1; and G-1, USARC that RSOs must be strategically dispersed to provide support for Army Reserve Soldiers and Families. Efforts are ongoing to document POM requirements and justify added billets at each RSC.

(5) The Active component provided training slots to the Reserves with all three components attending the same certification training. Army G-1 RSO developed and implemented Survivor Benefit Plan (SBP) certification training designed to ensure retirement personnel are trained to counsel all retiring Soldiers on retirement and SBP without regard to component.

(6) In 2010 and 2011, 176 ARNG, 82 Active Duty, and 34 USAR personnel completed this holistic training at six combined training conferences. The Reserve Component Retirement personnel are attending training and receiving access to the Soldier Management System (SMS) and DFAS's Defense Retired Annuitant Pay System (DRAS) to allow quick resolution of problems with Reserve Soldier’s/Retiree's records. The Reserve components are actively working to improve the transfer of retirement data between the Reserve components, HRC, and DFAS.

(7) The ARNG in partnership with the USAR developed a distance learning module that is designed to provide the individual Soldier comprehensive information to prepare Reserve Soldiers for retirement. The module provides points of contact for clarification on individual concerns and or questions. The test pilot was completed May 2011. The release of the module is scheduled for July 2011.

(8) Army G-1 RSO developed Reserve pre-retirement guides, briefings, and other retirement information designed to provide retiring or retired Reserve Soldiers up to date retirement information and counseling similar to what is available to retiring active duty Soldiers. This information has been posted in a Reserve Retirement section on the Army G-1 RSO homepage accessible to all retiring or retired Soldiers, their Families and survivors, without regard to component.

(9) ARNG and USAR retirement and survivor websites contain links to the retirement and survivor information available on the Army G-1 RSO homepage. ARNG and USAR Soldiers near Army installations attend the installation retirement briefings and/or contact the installation RSO for information or assistance.

(10) The Office of the Secretary of Defense and the US Army developed a Reserve Component Transition Guide, and pre-separation counseling form (DD Form 2648-1) to provide transitional services to Reserve Soldiers as they transition from Active Duty to Troop Program Unit status, or retirement. Although there are still processes to be developed for the full delivery of services, this is a giant step forward in a holistic endeavor to significantly upgrade the entire range of service to our RC Soldiers, and Families.

(11) Resolution. The Office of the Secretary of Defense (OSD) opposes elimination of the SBP and DIC offset. Every year since this AFAP issue was introduced, Congress proposed but did not enact legislation that would have eliminated DIC offset of SBP. Total unfunded liability cost to the US Treasury to eliminate the offset is $16B. Provision of the FY08 NDAA granted partial relief by establishing a Special Survivor Indemnity Allowance

(SSIA) for spouses affected by the DIC offset of the SBP annuity. Public Law 111-31 increased SSIA starting in FY 2014 and extended the program.
g. Lead agency. DAPE-HRP-RSO

Issue 554: Survivor Benefit Plan (SBP) and Social Security Offset
a. Status. Completed
b. Entered. AFAP XX, Nov 03
c. Final action. AFAP XXI, May 05
d. Scope. SBP is a voluntary, annuity-type plan paid monthly by retired military members for the benefit of surviving spouses. SBP provides a 55 percent of retirement pay benefit when Social Security is not yet payable and a 35 percent benefit when it is (at age 62). Recently, the age of receipt for maximum Social Security benefits has increased. However, the SBP offset remains at age 62. The retiree and their survivors are valued members of the Army Family. Constant vigilance of entitlements affecting their financial well being is essential. Those who have served our nation must be allowed maximum benefits to maintain their quality of life after serving.
e. AFAP recommendations.
(1) Delay the start of the second tier level of SBP benefits from age 62 to 72 at no additional cost the participants.
(2) Increase the second tier level of benefits from 35 percent to 40 percent of the military member's retirement pay at no additional cost to the participants.
f. Progress.
(1) Legislation. The FY05 NDAA (P.L. 108-375, dated 28 Oct 04) eliminates SBP's lower second tier annuity of 35%, effective 1 Apr 08. The phased-in increase of benefits will occur as follows: 1 Oct 05: 35% to 40%; 1 Apr 06: 40% to 45%; 1 Apr 07: 45% to 50%; 1 Apr 08; 50% to 55%.
(2) Implementation. A one-year Open Enrollment season will be conducted 1 Oct 05 to 30 Sep 06.
(3) GOSC review. Per the Jun 04 GOSC, this issue remains active to monitor FY05 legislation addressing the Social Security offset to SBP.
(4) Resolution. The May 05 GOSC declared this issue completed because the FY05 NDAA makes SBP a level-tiered, 55% benefit plan over a 3.5 year period. This legislation provides improvements that exceed the AFAP recommendation.
g. Lead agency. DAPE-RSO

Issue 555: TRICARE as Secondary Payer for Retirees
a. Status. Unattainable
b. Entered. AFAP XX, Nov 03
c. Final action. AFAP XX, Jun 04
d. Scope. TRICARE, by law, automatically reverts as the secondary payer to other health insurance for retirees. Commercial insurers that are secondary payers pay up to the total amount of the bill after the primary insurance pays. However, if the primary insurer pays the allowable TRICARE amount or more, TRICARE will not pay anything, even if there is an outstanding balance. Retirees must pay out-of-pocket to cover the remaining balance.
e. AFAP recommendation.
(1) Allow retirees the option to use TRICARE as the primary insurance regardless of other insurance they have.
(2) If Recommendation 1 is unattainable, allow TRICARE reimbursements and other insurance payments to be applied for the same episode of care, not to exceed the total cost.
f. Progress.
(1) TRICARE requirement to be second payer. Congress clearly intended and mandated in Title 10 U.S.C. 1079(j)(1) that TRICARE be the secondary payer to all health benefit insurance and third-party payer plans, except for Medicaid and TRICARE supplemental policies. Therefore, for any claim that involves a double coverage plan, e.g. Medicare, employee health insurance, FEHBP, etc., TRICARE reimbursement may not be extended until all other double coverage plans have first adjudicated the claim. TRICARE payment rules are prescribed in statute to ensure that TRICARE payments combined with OHI payments do not exceed TRICARE allowable amounts.
(a) Providers who "participate" in TRICARE Standard agree to accept the TRICARE "allowable charge" as full fee for a healthcare service.
(b) Providers who do not participate in TRICARE ("non-participating" providers) may, by law, bill a beneficiary up to 15% above the TRICARE maximum allowable charge (TMAC). The beneficiary is responsible for no more than that unless he/she requests and receives a waiver from TRICARE to accept a higher bill/fee from a provider
(2) TRICARE and other insurance applied to same episode of care. TRICARE reimbursements, when combined with other health insurance (OHI) payments can be applied for the same episode of care, not to exceed the TMAC. In addition to preventing waste of Federal resources, the underlying intent is to ensure that TRICARE beneficiaries receive the maximum healthcare benefit and that TRICARE payments, when combined with OHI payments, do not exceed the total cost of a specific episode of care. The total cost is the TRICARE allowable charge (TMAC) as reflected in the TRICARE physician payment schedule.
(3) Cost estimate. Per TMA, about 156,000 retirees under age 65 received health care (under TRICARE Prime, Extra and Standard) involving OHI/double coverage in 2003. The total amount paid by the OHI, with TRICARE as second payer, was approximately $500M (excluding pharmacy services). If TRICARE were first payer, this amount would be passed to it as first payer, resulting in increased annual costs to TRICARE of at least $500M.
(4) Resolution. The Jun 04 GOSC determined this issue is unattainable because legislation requires TRICARE to be second payer to other health insurers and ensures that combined payments do not exceed TRICARE allowable charges. If TRICARE were first payer, the insurance bill would be passed to TRICARE as first payer, resulting in increased annual costs to TRICARE of at least $500M.
g. Lead agency. OTSG
h. Support agency. TMA

Issue 556: TRICARE Coverage for School Required Enrollment Physicals

a. Status. Unattainable
b. Entered. AFAP XX, Nov 03
c. Final action. AFAP XXIV; Jun 08
d. Scope. TRICARE covers required school physicals for ages 5 thru 11, but does not cover physicals for preschool children and Family members 12 and over. Required school enrollment physicals for Family members may be available in the military treatment facility (MTF). Families choosing to use civilian providers or who live in remote areas incur a fee for this service. These Families incur the cost of the physicals for school age children, creating a financial disadvantage.
e. AFAP recommendation. Provide TRICARE coverage for all school enrollment physicals from preschool through 12th grade.
f. Progress.
(1) Validation.
(a) Most MTF based PCMs provide required school physicals for enrolled patients, regardless of age. TRICARE Prime for Active Duty Family Members (TPRADFM) enrolled beneficiaries over the age of eleven do not receive a benefit comparable to their MTF Prime enrolled peers.
(b) TRICARE policy specifically provides for school physicals for beneficiaries age 5 through 11, but does not provide the same for students age 12 or above. Sports physicals are also not included as a covered benefit.
(2) Benefit Expansion.
(a) Since much of the medical care required to meet registration requirements for public schools is now covered through existing claims billing/ payment procedures, the cost of expanding the school physical benefit should be less than that associated with an entirely new benefit. By using already available healthcare benefits, beneficiaries in remote areas can provide the documentation to satisfy enrollment requirements in public schools.
(b) TRICARE Prime Remote is now available for Family members of AD sponsors who live with their sponsors in a remote location.
(c) The Army's Deputy Surgeon General forwarded to TMA on 14 Jun 04 a signed memorandum requesting a change in policy to support the recommended expansion of the TRICARE school physical examination coverage.
(d) In Sep 04, TMA announced consideration was being given to the expansion of school physical coverage per Army's request. The next step in the benefit change approval process requires submission of the change to the TMA Requirements Review Board. Although initially scheduled on the Requirements Review Board Agenda for the March, September and October, 2005, Board meetings, intervening interim decisions resulted in the agenda item being deferred until a later time.
(f) In Jun 05, the TMA reported that the TMA reassessment of the Government cost estimate for the benefit change was for all of the MHS eligible population. TMA recommended limiting the scope of the benefit expansion to TRICARE Prime/TPR enrollees.
(g) TMA also initiated a second cost-estimate to target the TRICARE Prime/TPR enrolled populations. At this time, TMA was unwilling to share their estimate and/or methodology. The requirement for the second cost estimate delayed consideration of the proposal until the Fall 05. Subsequent to completion of this second estimate, a decision was made that additional TMA review was needed. On 27 Jan 06, TMA's Clinical Services Division indicated that the TRICARE benefit is limited to those services that are medically or psychologically necessary. A school physical exam is not medically necessary, nor is it a service recognized as having any utility in prevention or screening as recognized by the US Preventive Services Task Force (USPSTF). In the case of the select preventive medicine services covered, they either prevent disease or permit the early detection of disease. TMA relies primarily on the recommendations of the USPSTF to support its determination of what preventive services should be covered under the TRICARE Prime preventive services benefit. Also, the code for school physicals is the same as used for sports physicals. Neither TMA nor the AMEDD endorses inclusion of sports physicals as a TRICARE benefit. The school physical requirement can be accommodated to some extent within the standard TRICARE Health Promotion benefit but the administrative detail to ensure payment for these services is tedious.
(h) In the 3rd Qtr FY06, a TMA Decision Paper for the Deputy Director, TRICARE Management Activity, dated 18 Oct 05, was acquired. It housed the IGCE results. TMA's impact statement concluded that the additional healthcare costs associated with expanding school physical age parameters, to include beneficiaries in the 12 – 17 year old age group, are significant. The IGCE reported financial impact ranges from $4M in FY06 to $4.4M in FY08 for global implementation to eligible TRICARE beneficiaries. Based on above stated financial findings and the current sustain the benefit (STB) movement, this issue was deemed unattainable.
(i) OTSG accomplished research to see if this issue could be addressed from other angles, such as unified Federal standards for school enrollment physicals, or under Federal physical fitness programs. Investigation into Title 20, U.S. Code, and the President's Council on Physical Fitness and Sports to evaluate Federal initiatives for potential unified Federal standards for preventative or participative sports/fitness requirements did not provide any positive results. Activities that affect school activities and curriculum are primarily a state and local responsibility. In creating the Department of Education, Congress made clear its intention that the Secretary of Education and other Department officials are prohibited from exercising "any direction, supervision, or control over the curriculum program of instruction, administration, or personnel of any educational institution, school, or school system." Specified by Title 20 USC, Sec 3403, the establishment of schools and colleges, the development of curricula, and the setting of requirements for enrollment and graduation are responsibilities handled by states and communities, as well as by public and private organizations, not by the U.S. Department of Education.
(j) Resolution. The Surgeon General said that we are not going to get a specific benefit written into TRICARE because expansion of the benefit to other ages would require a statutory change. Expanded benefits that impact the Defense Health Program are closely scrutinized, per the TRICARE "sustain the benefit" initiative. The VCSA

said that based on TMA's position, that the AFAP issue is unattainable. Noting the number of children affected by this issue (to include Reservists using TRICARE), the VCSA said to go back to block zero and see if there's another way to approach this issue.
g. Lead agency. MCHO-CL-M
h. Support agency. TMA

Issue 557: TRICARE Coverage to DEERS Enrolled Parents and Parents-in-Law
a. Status. Unattainable
b. Entered. AFAP XX, Nov 03
c. Final action. AFAP XX, Jun 04
d. Scope. Dependent parents/parents-in-law are not entitled to TRICARE benefits, including TRICARE Prime, Standard, Extra and TRICARE for Life, but may receive care and pharmaceuticals at military treatment facilities on a space available basis. This is true even if parents or parents-in-law are enrolled in DEERS. The lack of TRICARE coverage for these family members creates increased financial hardships for Soldiers, thereby causing low morale and decreased unit readiness.
e. AFAP recommendation.
(1) Provide TRICARE coverage for civilian care to DEERS-enrolled dependent parents and parents-in-law.
(2) Establish a program for DEERS-enrolled dependent parents and parents-in-law that offers competitive health care benefits at a reasonable cost if TRICARE coverage is unattainable.
f. Progress.
(1) Authorized coverage. Dependent parents/ parents-in-law are eligible for space-available care at MTFs and can receive medications at military pharmacies. Space-available care is not a benefit under TRICARE. There are five priority groups for healthcare access at MTFs; dependent parents are in priority group four. Dependent parents are also eligible to enroll in TRICARE Plus at MTFs that have sufficient healthcare capacity to implement the program. Many dependent parents/parents-in-law are eligible for Medicare, Medicaid, or/and other local community-based health programs/services. Several of them use these alternative options in concert with their access to space available care in military medical facilities.
(2) Industry standard. Healthcare coverage for dependent parents/parents-in-law is not a healthcare industry standard. Other Federal health insurance/employee programs do not provide health insurance coverage to parents/parents-in-law of sponsors, e.g., the Federal Employee Health Benefits Program (FEHBP). The American Society of Health Care and Human Resources Administration responded that typically companies do not offer healthcare benefits to dependent parents/parents-in-law. Contact with three large corporations (Southwestern Bell Corporation; Uniform Services' Automobile Association Insurance (USAA); and City Public Service in San Antonio, TX) indicate they do not offer healthcare benefits to this category of beneficiaries.
(3) Resolution. The Jun 04 GOSC declared this issue unattainable. Healthcare benefits for parents and parents-in-law are not a standard benefit offered Federal employees or companies. The cost to implement such a benefit is unaffordable.
g. Lead agency. OTSG
h. Support agency. TMA.

Issue 558: TRICARE Prime Travel Cost Reimbursement for Specialty Referrals
a. Status. Unattainable
b. Entered. AFAP XX, Nov 03
c. Final action. AFAP XXVII, Aug 11
d. Scope. The TRICARE Prime travel reimbursement benefit is distance based and not cost based. Reimbursement is available for non-Active Duty TRICARE Prime enrollees and TRICARE Prime Remote beneficiaries when they are referred for specialty care more than 100 miles from the primary care manager location. The current benefit does not take into account the impact of multiple trips of shorter distance. Beneficiary travel costs for care provided by specialty providers' results in significant costs to beneficiaries. This is especially true when care requires multiple trips to the provider.
e. AFAP recommendation. Reimburse TRICARE Prime and TRICARE Prime Remote enrollees actual cumulative travel costs for specialty provider care.
f. Progress.
(1) OTSG, in conjunction with TMA, has explored several options for meeting this recommendation, per the Required Actions/Milestone section. These options were rejected due to significant increases to the Defense Health Program and increased administrative burden on the TRICARE Regional Offices (TROs) and the MTFs. The following are a few key points related to the previously developed recommendations.
a. OTSG proposed a legislative change (Title 10, United States Code, 1074i) to the benefit allowing travel cost reimbursement for cumulative distances of more than 100 miles.
b. TMA formed a temporary workgroup to analyze and discuss the OTSG proposal. The workgroup recommended non-concurrence for a 100-mile cumulative change due to significant costs and increased administrative overhead, but did recommend changing the current benefit to 60 miles. This second proposal would allow for reimbursement of travel expenses when a beneficiary travels more than 60 miles (one-way) for specialty care.
c. The Principal Deputy, Assistant Secretary of Defense (Health Affairs) (PD ASD (HA)) was opposed to both a 100 cumulative mile change and the workgroup recommended 60-mile proposal. TMA estimated a 100 cumulative mile benefit would cost an additional $23.1M/year over the $8M/year for the current benefit. In addition to the increased cost, a 100-mile cumulative benefit would create an increased administrative burden on the TROs and MTFs responsible for executing the current benefit.
d. Since TMA opposed both recommendations, OTSG has re-examined the benefit proposal in order to develop an alternative approach to meeting the AFAP recommendation.
(2) OTSG's then proposed an alternative proposal (based on 100 miles or less) that would have minimized

the overall cost of a cumulative travel benefit by focusing on two areas.

a. First, the proposal would eliminate the need for the patient to file a claim. Patients will receive automatic reimbursement based on analysis and calculation of data found on TRICARE claims. This would eliminate the current processing fee of $32.50 per claim.

b. Second, the new proposal would only reimburse for mileage expenses. Since the covered trips will be 100 miles or less, there is a reduced need to cover all reimbursable expenses. Most patients making trips 100 miles or less are incurring only mileage expenses. There will be no reimbursement for other expenses such as per diem, tolls, and hotels.

(3) A detailed cost estimate on this new alternative proposal had revealed significantly higher than expected costs. A sample of beneficiaries shows that approximately 5% of family members will qualify for this new travel benefit. This is within the 5-10% range of the original estimate. However, family members are traveling more cumulative miles than originally expected. Family member are traveling an average of 239 one-way miles per quarter. Original estimates were 150 miles. The JFTR would reimburse family members for round trip miles. Under this new estimate, the JFTR would reimburse for an average 478 miles per eligible family member per quarter. If 5% of all active duty family members are reimbursed for this benefit, it would cost $25M/quarter or $100M/year.

(4) This proposal will still require legislative (Title 10, United States Code, 1074i) and regulatory (Joint Federal Travel Regulations) changes.

(5) This proposal did not change any aspect of the current travel benefit. Prime enrollees traveling more than 100 miles for specialty care will experience no change in benefits.

(6) Cost methodology was then re-validated to determine accuracy. The Methodology is sound and the proposal costs were deemed valid, based on historical data from the MHS Management and Analyst Reporting Tool (M2) data warehouse.

(7) TSG briefed topic at General Officer Steering Committee (GOSC) on 27 Jan 2009. This potential benefit was seen as an important part of caring for our Soldiers and their Families.

(8) In August 2009 we received memorandums from the Surgeons General of the US Navy and US Air Force offering guarded, support for the proposal, while opining that added DHP cost may be a factor. In a 25 September 2009 email communication from the USAF, they indicated a neutral position based on the counter-intuitive logic that many USAF beneficiaries would be eligible for this benefit and the associated cost for the government.

(9) In early September we received TMA's formal response to our proposal. In the memo, TMA's Deputy Director, expressed concerns about the cost of the proposal and indicating the current travel benefit was adequate. The memo cited Section 713 language that NDAA 2010 that would have reduced the mileage limitation to 50 miles. This language for Section 713 does not appear in post-committee versions of NDAA 2010. In December 2009 a memo was then sent to the Deputy Director, TMA requesting an update on the TMA position.

(10) In January 2010 we received an email from TMA indicating that NDAA 2010 provides the latitude for reimbursement under exceptional circumstances. The TMA action officer has indicated that TMA is proposing a rule under which exceptional circumstances would be defined as travel less than 100 miles but with over an hour drive time. OTSG has been advised that TMA does not support any additional enhancement beyond this proposed rule. We are waiting for TMA guidance on this NDAA language. Currently, the proposed rule is still being reviewed at the Office of Management and Budget awaiting publication in the Federal Register for a 60 day public comment period. Once the final rule is published the Joint Federal Travel Regulation will be changed to reflect the new medical travel benefit.

(11) In April 2011 we were advised that the Assistant Secretary of Defense for Health Affairs would not act on the authority granted in the NDAA 2010 to change the Prime Travel Benefit. It was determined that a change to enhance the Prime Travel Benefit could not be supported due to budgetary constraints.

(12) Resolution. The Aug 11 GOSC declared the issue unattainable. On 15 Apr 11, the Assistant Secretary of Defense for Health Affairs (ASD(HA)) disapproved an OTSG request for cumulative travel cost reimbursement. The FY10 NDAA authorizes travel reimbursement in exceptional circumstances. TMA worked on a proposed rule that would define "exceptional circumstances" as travel time in excess of one hour but less than 100 miles. Due to budgetary constraints, the ASD(HA) did not act on the NDAA authority.

g. Lead agency. DASG-HSZ

h. Support agency. TMA

Issue 559: Unit Ministry Team Force Structure

a. Status. Completed

b. Entered. AFAP XX, Nov 03

c. Final action. AFAP XXVI, Jan 10

d. Scope. The shortage of Chaplain force structure negatively impacts Soldiers and Families. In the past decade, reductions in force structure have caused several units (Battalion and higher) to lose authorizations for Chaplains and Chaplain Assistants. Other units, i.e., USAREC and some Initial Entry Training (IET) Battalions, have never had requirements recognized. The Army Research Institute (ARI), in 1999, indicated Army Chaplains are preferred caregivers in supporting Soldiers and Family members in relational issues. The current lack of pastoral care, intervention and counseling adversely affects the well-being of Soldiers and Families.

e. AFAP recommendation. Mandate budgeted end strength increase for Chaplains and Chaplain Assistants to assign a Unit Ministry Team (UMT) at each Battalion level unit and higher throughout the Army.

f. Progress.

(1) On 28 Sep 07, VCSA approved the addition of 445 inherently governmental-military Chaplain and Chaplain Assistant positions, across 3 components over 4 years (FY08 – FY11), to be resourced at Army level, not individual commands. End state will provide critical support

to units without UMT force structure, and build specialized religious support capabilities across the force -- to include Family Life UMTs in certain deploying units and in the ARNG and USAR footprints. On 13 Jan 08 the G3 Director, Force Management, approved a comprehensive implementation plan by fiscal year. Detailed implementation by unit was approved 6 Feb 08 (MTOE) and 27 Jul 08 (TDA). The AC TDA portion was delayed for TAA 10-15 (and then TAA 12-17) resolution and implementation. Forty six AC TDA positions were resourced in TAA 12-17, with 27 positions submitted for competition in FMR 13-17. Special Operations Command (SOCOM) gained approval for a Memorandum of Agreement (MOA) for 14 positions requiring an MOA. ARNG and USAR have not been able to reprioritize existing AGR positions or find resourcing for new directed positions.

(2) The USAR and ARNG decline to build their positions due to AGR constraints and other priorities. This reduced the 445 to 413. A total of 370 positions out of 413 are documented, are in the process of being documented, or are otherwise accounted for through unit conversion, reorganization. There are 43 positions remaining to complete the AFAP 559 Chaplain build.

(3) Two UMTs (4 positions) require identification of new resources for documentation; they are part of a National Intelligence Program recently transferred to the Operating Force.

(4) The remaining 21 AC Generating Force CH and CH ASST positions to be documented are competing in FMR 13-17. These critical positions include adding UMTs in FORSCOM, TRADOC, a Pentagon Family Life Chaplain Assistant and three West Point Chaplain Assistants.

(5) The MOA that reflects decisions in the Army Mod Note 89 is complete since last IPR. 11 of 18 positions are now captured in the MOA and are in the process of being documented by HQDA.

(6) Of the 22 Family Life CH and CH ASST AGR positions to be built, none are resourced. ARNG is capped in the resourcing of AGR positions and must decline to build these Family Life UMT AGRs until increased resourcing is provided to the ARNG.

(7) Of the 20 Family Life CH and CH ASST AGR positions to be built, all are documented on existing TDA; however, none are resourced for AGR fill. USAR has not reprioritized existing AGR authorizations, and declines to build the remaining Family Life UMT AGRs at this time.

(8) GOSC review.

(a) May 07. The VCSA supported this issue and asked the Chief of Chaplains to work with G-3 to determine cost to the Army.

(b) Jun 10. The Army added 406 new UMT (Chaplain and Chaplain Assistant) positions in the Active, Guard and Reserve Components. Key positions in Special Operations units were identified, Family Life Chaplains were placed for the first time into deploying Division Headquarters Staffs and World Religion Chaplains were added to Corps Headquarters staffs.

g. Lead agency. DACH-3/5/7

h. Support agency. Army G-37 FM

Issue 560: Veterans Group Life Insurance Premiums

a. Status. Unattainable.

b. Entered. AFAP XX, Nov 03

c. Final action. AFAP XXII, Jan 06

d. Scope. A large number of honorably discharged veterans cannot afford Veterans Group Life Insurance (VGLI) premiums. VGLI premiums are 3 to 69 times more expensive for the same coverage than under Soldiers Group Life Insurance (SGLI). This exorbitant increase in premiums causes VGLI to be financially out of reach for many veterans.

e. AFAP recommendation. Combine SGLI and VGLI under one policy with a minimal increase in current SGLI premiums and a significant decrease in current VGLI premiums.

f. Progress.

(1) Validation. Although VGLI rates for ages 0-39 and 60-75+ have remained relatively consistent the DVA has reduced premiums for the ages 40-59 significantly for the last few years. Also when the VGLI fund suffers a shortage, DVA requests permission to transfer funds from the SGLI account.

(2) Memorandum. Memorandum signed by DASA(HR) M&RA to PDUSD/P&R (16 Sep 04) requested AFAP concerns be forwarded to VA. OSD lost memorandum. Resent copy of memorandum 9 Sep 04. OSD response dated 16 Dec 04 indicated that they would not forward our request to the VA, due to insufficient data/justification to substantiate the fact that “a large number of honorably discharged veterans cannot afford VGLI premiums.”

(3) The VGLI program is not subsidized like SGLI. Members wanting to take VGLI may have been turned down by other companies due to health status. If these programs were combined it is very probable that all premiums would be higher.

(4) Resolution. The Jan 06 GOSC declared this issue unattainable. Combining SGLI and VGLI under one policy would result in a significant increase to SGLI premiums for all active duty Soldiers. For that reason, OSD does not support sending this issue to the Department of Veterans Affairs.

g. Lead agency. DAPE-PRC

Issue 561: Funding for eArmyU

a. Status. Completed.

b. Entered. AFAP XX, Nov 03

c. Final action. AFAP XXII, Jan 06

d. Scope. Current funding for eArmyU does not support expansion of the program Army–wide other than with the no laptop option. Interest in the program as measured by Soldiers attending eArmyU briefings and numerous inquiries received on the program consistently exceeds the number of enrollment allocations and sites available. Since the program’s inception, Education Division, Human Resources Command has received several general officer requests for eArmyU expansion. In addition, two major Army commands submitted issue papers requesting program expansion to the Nov 03 AFAP Planning Conference. All Soldiers should have an equal opportunity to apply for enrollment, since eArmyU eliminates many of the barriers to continuing postsecondary education that Soldiers traditionally face.

e. AFAP recommendation. Expand funding for eArmyU to provide Soldiers equal access to the program.

f. Progress.

(1) Validation. Research findings from the eArmyU Program study conducted by the RAND-Arroyo Center recommend expansion of the program with the laptop and no laptop options. Program expansion increases the enlisted forces access to education enabling them to fit their continuing education around their duties, family time, field training and other obligations. Currently 27 percent of eArmyU students are new to Army education and 21 percent of Soldiers have reenlisted or extended to participate in the program.

(2) No laptop option.

(a) On 1 Oct 04, Education Division expanded the laptop option Army-wide for eligible E4-E6 regular Army Soldiers who reenlisted for combat support/operation units. As of 1 Feb 05, laptop option eligibility was expanded to eligible E4-E6 regular Army Soldiers who reenlist. The new reenlistment eligibility criteria no longer ties reenlistment to specific units. The laptop allocations continue to remain adjustable, supporting a scalable program.

(c) Program costs and resources are analyzed on an ongoing basis to plan continued financial support for eArmyU. eArmyU program requirements are funded for FY06 and FY07. FY06 funding permitted expansion of the program by allowing Officers to enroll, effective 1 Oct 05.

(4) Resolution. The Jan 06 GOSC determined the issue to be completed with the FY06 implementation that widened the laptop option to E4-E7 with less than 10 years of service and to E6-E9 with greater than 10 years service in an indefinite status. Effective 1 Oct 05, officers also can enroll in the eCourse version of eArmyU. eArmyU has even been able to be utilized by troops deployed.

g. Lead agency. AHRC-PDE

Issue 562: Army One Source (AOS)

a. Status. Completed

b. Entered. AFAP XX, Nov 03

c. Final action. AFAP XXVI, Jan 10

d. Scope. Inter-component cooperation (Active, Guard and Reserve) and current organizational structures are not optimized for efficient delivery of Family programs and services, creating overlapping lines of authority, inconsistent messages about priorities and standards. Each component currently functions entirely independent of one another in the delivery of Family programs. Services are available, but are not designed to meet the needs of geographically dispersed Families. Service gaps exist in Mobilization and Deployment services, Exceptional Family Member Program, Financial Readiness, Spouse Employment, and Army sponsored affordable child care, Youth Outreach Services, and School Transition Support. This plan supports the Family readiness needs of an expeditionary force and provides consistent Family services during extended deployments to Active, Guard and Reserve Families regardless of their component or location.

e. AFAP recommendation. Develop a multi-component, seamless delivery of Family support services, easily accessed by the Soldier and Family (Active and Reserve) regardless of geographic location.

f. Progress.

(1) At the 18 Nov 03 AFAP General Officer Steering Committee (GOSC) meeting, the Vice Chief of Staff of the Army (VCSA) directed the Commanding General, Family and Morale, Welfare and Recreation Command (FMWRC); Director, Army National Guard (ARNG); and Chief, United States Army Reserve (USAR) to form a Tiger Team to develop a concept for MCFSN to best serve the Active, Guard and Reserve Force. Tiger Team met in Dec 03 to discuss recommendation and develop concept.

(2) FMWRC, ARNG, and USAR staffs jointly developed a concept brief. FMWRC briefed the VCSA on 23 Dec 03. The VCSA tasked FMWRC to conduct field visits to determine the need and to assess affordability. FMWRC conducted field visits with Reserve Component Families to determine their needs during Mar–May 04.

(3) In Jun 04, the Director of Army Staff (DAS) told FMWRC to move forward with the concept as a pilot. In Aug 04, the Office of the Secretary of Defense (OSD) Military Community and Family Policy (MC&FP) provided funding of $2.2M for pilots to serve as working models to determine feasibility of concept for use in a joint environment. FMWRC conducted MCFSN pilots (Jun–Sep 05) to develop organizational and procedural approaches in four Installation Management Agency (IMA) regions (Northwest, Southwest, Southeast, and Pacific Area). FMWRC analyzed lessons learned and data from the pilot program.

(4) In Jan 06, the MCFSN (now Army OneSource) concept was briefed to the AFAP GOSC, and the VCSA gave approval to continue to Phase II implementation of the MCFSN. Additionally, in Jan 06, the MCFSN concept was briefed to the Army Reserve Force Policy Committee (ARFPC) and briefed out to the VCSA, Army and Secretary of the Army (SA). As a result of this briefing, the Assistant Chief Staff for Installation Management (ACSIM) and FMWRC were tasked with developing a strategy, commensurate with SA's vision, for expanding Family Support Programs in the Reserve Component and focusing on providing geographic/regional support rather than support by unit or component.

(5) On 3 May 06, the Commander, FMWRC provided a MCFSN (now Army OneSource) briefing to the RCCC. The ARFPC recommended the program be endorsed, funded to validated requirements, and the National Guard and Army Reserve each provide a liaison officer to MC&FP to develop their Concept Plan (CONPLAN). A Taskforce was established at the direction of the Deputy Assistant Secretary, Human Resources on 18 Jul 06. The Taskforce developed an action plan to ensure execution.

(6) Briefed the DAS in Jul 07, who directed name change to Army Integrated Family Support Network (AIFSN) and briefed the Chief of Staff, Army (CSA) during the Army Initiatives #2 IPR (Jul 07).

(7) In Jul 08, Soldier Family Action Plan (SFAP) Senior Review Group (SRG) approved renaming AIFSN to Army

OneSource, a strategic partner to Military OneSource. At that time, the SRG identified enduring Family Assistance Centers, enhancement of technology applications, AIFSN (now Army OneSource) Community Support Coordinators hiring at 80%, limited promotional items distributed, and requirements included in POM 10-15.

(8) Army OneSource was unveiled at the Association of United States Army (AUSA) Annual Meeting and Exposition, 6-8 Oct 08.

(9) All key Family Programs staff in CONUS is trained in the same baseline services and increasing community connections.

(10) Full operational capability (FOC) for the technology enhancements completed in Jun 09. System developments included a content management system, online training system, basic feedback mechanism, and site translation services.

(11) Sixty one Community Support Coordinators (CSCs) have been hired since January 2009. One hundred four (104) locations for CSC placement have been identified to support Accessions Command, Corp of Engineers, Joint Service Family Support Network, National Guard and Reserve populations. Community Support Coordinators continue to market AOS and focus on building partnerships with National Guard and Reserve Family programs and community organizations such as Non-profit, Legal, Financial, Faith based, and Behavioral Health to identify potential gaps and enhance accessibility of services for Soldiers and Families. In Jul and Aug 09, Army OneSource held professional skill development training for Community Support Coordinators.

(12) In Jul 09, initial distribution of the "Resource Box" to Accessions Command, National Guard and Reserve Family Programs took place. The "Resource Box" provides current, essential information for Families regarding the Army, deployment readiness, and available resources. The "Resource Box" is durable and benefits Families by providing a place to store resource information for easy access.

(13) Plans for FY10 include enhancement of the marketing strategy to target Reserve Component Soldiers and Families. In Jul 09, identification of areas with large numbers of geographically dispersed Reserve Component Families took place. Locations were determined for Community Support Coordinator placement in order to maximize contact with Reserve Families.

(14) A strategic communication plan and marketing strategy for Army OneSource was introduced during the 2009 Association of the United States Army annual meeting and exposition as well as through various media outlets.

(15) In Jan 10, AOS expanded its feedback mechanism to include: instant messaging via "Live Chat" with a technical support representative; extension of its hours of operation from 0800-2000 hours, Monday through Friday, Eastern Standard Time; introduction of the Help Center featuring 1-minute video tutorials; the shortening of the timeframe for responses to feedback submission from each Line of Operation. Further, as of Feb 10, a toll-free technical support phone number is also available.

(16) Development efforts continue to enhance the overall functionality, speed and support to end-users. The site utilizes Web 2.0 technologies (Really Simple Syndication feeds, site personalization, blogs, forums, ARMYbook and a virtual environment) to heighten the awareness of the existing programs and services; expand the Army's ability to reach and interact with them; provide information in a more efficient and timely manner. New focus is being placed on the development of mobile support applications to maximize support to the geographically dispersed.

(17) GOSC review.

(a) Jan 06. The GOSC declared the issue active. Four pilot models, each structured differently, were tested between Jun and Sep 05. The best practices are being evaluated, but preliminary data suggests MCFSN is doable and has the potential to exponentially expand Family Programs and Child & Youth Services capability to reach Families where they live. Army will continue to work this with the funding received in the 06 supplemental from OSD.

(b) Dec 07. The VCSA stated that the Army Reserve Forces Policy Committee (ARFPC) supports AIFSN. Noting that AIFSN is an enduring program, the VCSA emphasized the need to include it in base funding at some time. The issue remains active pending the full operational capacity of the program.

(18) Resolution. A multi-component Family support network was achieved by the institution of Army OneSource (AOS). Technology is at full operational capability. AOS is incorporated into National Guard and Reserve Family Program staff training.

g. Lead agency. IMWR-FP

h. Support agency. IMCOM, ARNG, USAR

Issue 563: Availability of Refractive Eye Surgery

a. Status. Completed

b. Entered. AFAP XX, Nov 03

c. Final action. AFAP XXIII: Jun 06

d. Scope. Availability of refractive eye surgery is insufficient to support all military personnel. The surgery is performed at only five locations. All service members are authorized refractive eye surgery based on priority. Increasing availability improves Soldier readiness and quality of life.

e. AFAP recommendation.

(1) Increase the number of surgeries performed at the Warfighter Refractive Eye Surgery Program (WRESP) centers.

(2) Increase the number of WRESP centers.

f. Progress.

(1) Background. Refractive eye surgery was implemented in the Army under the WRESP for combat arms Soldiers as a readiness initiative. Guidance from the Chief of Staff of the Army and The Surgeon General states that special operations and combat arms Soldiers (numbers about 70,000) should be given first priority for refractive surgery. Both the numbers of surgeries performed and the number of WRESP Centers in operation within Army are increasing.

(2) Increase in surgeries.

(a) The Army is increasing the number of refractive surgeries performed to support readiness, and there is a course of action in place to accomplish that outcome.

Approximately 180,000 Soldiers fall in the first priority for refractive surgery, and about 70,000 of those Soldiers wear glasses.

(b) The capacity for surgeries at all Army Centers continues to increase. Deploying Soldiers are given absolute first priority for refractive surgery. Numbers of surgeries at Army WRESP Centers from 2,000 at start-up to 8400 in 2004 and 12,000 projected for 2006. An increase of 600 percent.

(2) Increase in WRESP centers.

(a) In Jun 06, there are eight Army refractive surgery centers in operation, a 60% increase in the number of centers since this AFAP issue was raised. Almost all Army Medical Centers (AMCs) have refractive surgery centers in operation. Brooke AMC shares the WRESP Center at Wilford Hall Air Force Medical Center in San Antonio, TX. The other existing centers are located at Womack AMC, Fort Bragg, NC; Walter Reed AMC, Washington, DC; Madigan AMC, Tacoma, WA; Tripler AMC, HI; Darnall Army Community Hospital (ACH), Fort Hood, TX; Blanchfield ACH, Fort Campbell, KY; and Landstuhl Regional Medical Center, Germany.

(b)The AMEDD will open more centers in areas of major troop concentrations, such as Fort Benning, GA, and future troop concentrations, such as Fort Bliss, TX. Additional WRESP Centers are planned and POM proposals have been submitted for this additional expansion. With the full funding of these planned additional WRESP Centers, the number of treated Soldiers would increase by an additional 65%.

(3) GOSC review. The Jun 06 GOSC declared the issue complete.

g. Lead agency. DASG-HS-O

h. Support agency. MCHL-BBDA

Issue 564: Calculation of Family Subsistence Supplemental Allowance (FSSA)

a. Status. Unattainable

b. Entered. AFAP XXI, Nov 04

c. Final action. AFAP XXV; Jan 09

d. Scope. The federally mandated requirements to include Basic Allowance for Housing (BAH) or Overseas Housing Allowance (OHA) in the calculation of total income negatively impacts Soldiers. The current calculation shows BAH and OHA as additional income without showing related Family expenses. Potentially eligible Families suffer financial hardship due to loss of FSSA.

e. AFAP recommendation. Eliminate housing and utility allowances from income calculations for FSSA.

f. Progress.

(1) Issue history. In Mar 05, Issue 564, “Calculation of CONUS Family Subsistence Supplemental Allowance (FSSA)” was combined with this issue to create an issue that addressed FSSA calculation regardless of location.

(2) Eligibility for FSSA is based on household size and income. If a member's gross income, together with the gross income of their entire household, is within the U. S. Department of Agriculture Gross Monthly Income Eligibility Standards for food stamps the member qualifies for FSSA. The member qualifies for the amount of money it takes to remove their household from food stamp eligibility up to $500 per month. If a member is eligible for food stamps in an amount greater than $500 per month, the member may receive FSSA and food stamps. Congress requires the value of on-post housing to count as income for FSSA eligibility. OSD and the sister services have again been queried and they do not support changing this legislation.

(3) FSSA eligibility.

(a) The sole purpose of Family Supplemental Subsistence Allowance (FSSA) is to remove a Soldier from food stamp eligibility. The allowance is not to exceed $500 per month.

(b) As for removing BAH, 37 USC 402a requires including BAH (or what BAH would be if the member was not residing in base housing) in the computation. It correctly reflects the fact that BAH (or housing) is part of total military compensation. There are no plans or proposals to change that requirement in the law.

(4) Alternate approach.

(a) Army has had approximately 590 recipients of FSSA from 03 to the present. Approximately 80 of these recipients are overseas. There are 755 recipients throughout the Department of Defense. Eighty percent of the FSSA recipients are Army. Within the Army, 86% of FSSA recipients in CONUS are in grades E1 through E4 and 75% of the recipients in OCONUS are in grades E1 through E4.

(b) Since 01, this Administration has raised military pay by 28%. The FY08 budget request increases military pay by 3%, the full employment cost index announced in FY07. Basic Allowance for Housing (BAH) has increased 72% from 99-06, eliminating the 20% out-of-pocket expense.

(c) The BAH rate for junior Soldiers is equal to 25-50% of their total regular military compensation. Neither Congress nor DOD support eliminating this portion of salary as income for social welfare programs. The issue is essentially asking Congress to make base pay competitive and then saying our Soldiers still need welfare benefits.

(7) Resolution. The January 2009 HQDA AFAP GOSC declared the issue unattainable based on OSD's reluctance to eliminate BAH from income calculations for FSSA.

g. Lead agency. DAPE-PRC

Issue 565: Calculation of Family Subsistence Supplemental Allowance (FSSA) OCONUS

a. Status. Unattainable

b. Entered. AFAP XXI, Nov 04

c. Final action. AFAP XXV; Jan 09

d. Scope. Families stationed OCONUS generally do not qualify for FSSA because of the calculation methodology. The federally mandated requirement to include Overseas Housing Allowance (OHA) and utilities in the calculation of total income negatively impacts soldiers living in Government housing OCONUS. The current calculation shows OHA/utilities as additional income without showing related expense. Potentially eligible families suffer financial hardship due to loss of Family Subsistence Supplemental Allowance.

e. AFAP recommendation. Eliminate the housing and utility allowances from FSSA calculations.

f. Progress. This issue was combined with Issue 564, "Calculation of CONUS Family Subsistence Supplemental Allowance (FSSA)" to create an issue that addressed FSSA calculation regardless of location.
g. Lead agency. DAPE-PRC

Issue 566: Childcare Fee Categories
a. Status. Completed
b. Entered. AFAP XXI, Nov 04
c. Final action. AFAP XXVII, Feb 11
d. Scope. There are 6 total Family income categories and 6 fee ranges. Families with significant income differences are paying the same fee within each category. The limited number of categories results in a $6,000 to $15,000 variance within categories of the fee schedule. This variance is inequitable and causes a financial burden.
e. AFAP recommendations.
(1) Increase the number of categories to reduce the financial variance.
(2) Increase the number of fee ranges with new fee categories while maintaining the existing fee range parameters.
f. Progress.
(1) The DoD Child Care Fee Policy for SY 2010-2011 (August 2010 - July 2011) effective 1 Oct 2010 increases the number of TFI Categories and expands the Fee Ranges as requested in this AFAP issue. ALARACT 298/2010 - EXORD 323-10 SCHOOL YEAR 2010-2011 DEPARTMENT OF DEFENSE (DOD) CHILD CARE FEE RANGES EXORD contains comprehensive policy guidance, including a STRATCOM, for implementation.
(2) As issued by DoD, the policy would require a significant increase in fees for many Army Families. To mitigate this financial impact Army requested and received a DoD exception to policy to add a transitional fee structure and to execute these new fees over a three year period.
(3) Each installation has an individualized Fee Plan tailored to their geographic location and current fee status. Local commanders have the authority to grant financial hardship waivers to individual Families.
(4) End state goal in SY 12-13 is to reach an Army wide single fee within each TFI Category. This will result in more consistency and predictability for Families as they move from post to post. Comprehensive STRATCOM used to inform Families.
(5) Resolution. Issue recommendation was achieved. The DoD Child Care Fee Policy for SY 2010-2011, effective 1 Oct 10, added 3 new Total Family Income (TFI) categories, increasing top TFI from $85K to $125K, and expanded the fee ranges within each Category. To reduce impact, Army has DoD exception for a 3 year implementation plan resulting in a single Army Fee in each TFI Category by FY13. ALARACT 298/2010 – EXORD 323-10 School Year 2010-1011 DoD Child Care fee Ranges outlines comprehensive implementation policy guidance including STRATCOM.
g. Lead agency. DAIM-ISS
h. Support agency. IMWR-CY**,** OSD-P&R

Issue 567: Completion of the Deployment Cycle Support (DCS) Process by Individual Returnees
a. Status. Completed
b. Entered. AFAP XXI, Nov 04
c. Final action. AFAP XXVI, Jun 10
d. Scope. Individual Soldiers and DA civilians returning from an operational deployment and their family members are not consistently completing DCS requirements. The current DCS process captures whole units, but does not always capture individual returnees (e.g., IRR soldiers and civilians) and/or Family members. Lessons learned with respect to domestic violence, suicide awareness, and marital issues indicate non-completion of DCS tasks jeopardizes the safety and Well-Being of the "Total Army Family."
e. AFAP recommendations.
(1) Modify the DCS Directive (formerly DCS CONPLAN) requiring commanders to be responsible and accountable for individual Soldier and DA civilian returnees completing all DCS tasks.
(2) Modify the DCS Directive to require commanders to be responsible and accountable for making DCS support available to family members of individual Soldier and DA civilian returnees.
f. Progress.
(1) The Secretary of the Army signed the DCS Directive on 26 March 2007. With the approval of the DCS Directive, the DCS process is conducted throughout the deployment cycle. Commanders are held accountable to ensure that Soldiers and DA Civilians complete the DCS processes, DCS tasks, and ensure that services are available to Family members (military and civilian).
(2) The DCS Checklist, DA Form 7631, has been published and both the Directive and Checklist are posted on the DCS website (http://www.armyg1.army.mil/dcs/default.asp) as well as the Army Publishing Directorate's (APD) website http://www.army.mil/usapa). All available proponent briefings have been posted on the DCS website and are checked periodically to ensure they are current.
(3) With regard to the Department of the Army Civilians' post-deployment health assessments and reassessments, the current DCS Directive and Checklist are consistent with OTJAG's legal interpretation that DA Civilians could not be required to provide more than demographic information (i.e. name, rank, SSN, and organizational identification).
(4) Recently, OTJAG modified this legal interpretation to say that DA Civilians are required to complete the health portions of these assessments and meet with a healthcare provider. This revision of the DCS Directive was submitted on 5 January 2010. The revised DCS Directive is in the staffing process with Army Publishing Directorate for signature and final publication during 3rd Qtr FY10. It will be published as SA Directive AD 2010-04
(5) GOSC review. Jun 08 GOSC, the G-1 briefer acknowledged that this issue should remain active because the Army is not providing sufficient support to DA Civilians. The Chief of Engineers responded that the Army needs to have longer term contact with DA civilians when they come back from deployment. The Army

Materiel Command (AMC) CSM said the forms and process need to be "civilianized" because they are geared to the military. The issue will remain open to reevaluate how the Army can better address the needs of deployed DA civilians.

(6) Resolution. The Deployment Cycle Support Directive and Checklist (approved in 2007) required Soldier compliance. The revised Deployment Cycle Support Directive and Checklist will require DA Civilians complete the health portions of the post-deployment assessments and meet with a healthcare provider.

g. Lead agency. DAPE-CP

h. Support agency. DAPE-HR, OTSG, OCCH, IMCOM, FMWRC, NGB, OCAR

Issue 568: Dental Services for Retirees Overseas

a. Status. Complete

b. Entered. AFAP XXI, Nov 04

c. Final action. AFAP XXIV; Jun 08

d. Scope. Retirees are unable to receive routine dental services at overseas military installations. Federally sponsored dental insurance is not available outside of U.S. and its territories and possessions. Retirees and Families, therefore, must absorb 100% of the dental cost.

e. AFAP recommendation. Expand TRICARE Retiree Dental Plan (TRDP) to overseas locations.

f. Progress.

(1) Validation. Retiree dental care oversees is currently not available OCONUS.

(2) Issue History. This was an OCONUS direct submit issue to the 04 GOSC. OCONUS MACOMs stated that this is an equity issue for retirees overseas, with estimates of about 870 retirees in Korea and 15,000 retirees in USAREUR.

(3) Current OCONUS Retiree Dental Plan. Dental insurance is offered through Delta Dental for CONUS retirees, with beneficiaries paying 100% of premiums. No equivalent dental insurance exists for retirees overseas.

(a) The Assistant Secretary of Defense (Health Affairs) (ASD (HA))/TMA administer the TRDP. Per United States Code, Title 10, Chapter 55, Section 1076c, TRDP premiums are paid by enrolled beneficiaries, without a government subsidy. Coverage is limited to CONUS, Puerto Rico, Guam, the US Virgin Islands, American Samoa, Canada and the Northern Mariana Islands. If the TRDP were extended OCONUS, premium costs would probably increase for all TRDP enrollees.

(b) Retirees/Families are authorized (not entitled) to dental care subject to the availability of space/facilities. The ASD (HA) policy #97-045 defines space-available (Space-A) care. Retirees have access to Space-A dental care when the AD dental readiness rate is at/over 95%.

(c) DENCOM has a mechanism in place to provide Space-A care in military medical facilities to OCONUS Family members, retirees, and civilians based on a priority of care system.

(1) In many places this includes maintenance of a list of patients who can report to a dental clinic on very short notice and allows non-AD patients to be on stand-by in the clinic to receive care if open treatment times occur.

(2) Local initiatives may be carried out by dental clinics depending upon the location. For example, in Korea, due to a lack of resources, only emergency dental care is available for retirees/Family members. The local Dental Command has taken the initiative to have health fairs over the past few years, at which oral hygiene information is distributed and oral cancer screenings are provided for retirees. In addition, the local Dental Command in Korea provides a hygiene course twice a year, at which Soldiers are trained. Recently, under this program, retirees were both permitted to have their teeth cleaned and given a dental screening exam.

(4) The TRDP contract was re-awarded to Delta Dental on 21 Sep 07 for an additional 5 years. The new contract will be effective 1 Oct 08.

(5) Though the TRDP is not subsidized, the government continues to work to improve the benefit for retirees. The new TRDP is enhanced by covering: dental implants, posterior resin restorations (white fillings), and increasing the life-time orthodontic benefit from $1200 to $1500.

(6) At the Jun 08 GOSC, the U.S. Army Europe (USAREUR) representative said this is a good news story, but said that finding providers continues to be a challenge. The Surgeon General noted that the standard for host nation dentists and physicians is payment up front, and that presents a challenge.

(7) Resolution. The TRDP contract was re-awarded to Delta Dental on 21 September 2007 for an additional five years. Under the terms of the new contract, retirees living outside the Continental United States will be eligible for TRDP. The new contract will be effective on 1 Oct 08.

g. Lead agency. DASG-DC

h. Support agency. TMA

Issue 569: Army-Sponsored Community-Based Child Care to Support Army OneSource and Garrisons Impacted by Transformation

a. Status. Completed

b. Entered. AFAP XXI, Nov 04

c. Final action. AFAP XXVI, Jun 10

d. Scope. Active duty service members and Department of Defense (DoD) civilians lack affordable and available child care options while assigned to installations with insufficient on-post child care. Geographically dispersed Active Component Soldiers and eligible Reserve Component Soldiers currently bear the full cost of child care and the financial inequities of being assigned to remote duty locations.

e. AFAP recommendations.

1. Locate and subsidize child care spaces in local community child care programs for use by geographically dispersed active duty Soldiers who do not have access to military child care systems on installations
2. Increase the number of subsidized Army-sponsored community-based child care spaces as part of the Army Standard to meet 80% of the child care demand

f. Progress.

(1) Combined issue. Issue reflects consolidation of Issue #513 "Lack of Available Child Care for Geographically Dispersed Active Duty Soldiers (Recruiters, Guard, Reserve, ROTC Cadre)" and AFAP Issue #569 "Expansion of Army Sponsored Community Based Child Care" per Vice Chief of Staff, Army direction during the Jun 06 AFAP General Officer Steering

Committee. Issue #569 now encompasses Operation: Military Child Care for Families of deployed Reserve Component personnel, Military Child Care In Your Neighborhood for geographically dispersed active duty Army Families, and Army Child Care in Your Neighborhood and Army School Age Programs in Your Neighborhood for active duty personnel in targeted garrison catchment areas to augment, not replace, on post care.

(2) Army has agreement with General Services Administration (GSA) to allow geographically dispersed active duty Soldiers to use GSA Centers at Army rates.

(3) Army has a contract with a national non-profit organization (National Association of Child Care Resource & Referral Agencies) to locate and subsidize:

(a) Army-sponsored off-post child care spaces for geographically dispersed Active Component Soldiers through Military Child Care in Your Neighborhood. Care is provided where Families reside. Priority is given to Accessions Command and Independent Duty Assignment Families.

(b) Army-sponsored off-post child care spaces for deployed geographically dispersed active duty (AC and RC) Soldiers through Operation: Military Child Care. Care is provided where Families reside.

(c) Army-sponsored off-post child care spaces in garrison catchment areas through Army Child Care in Your Neighborhood and Army School Age Care in Your Neighborhood.

(4) Information available through Military OneSource, ARNG, and USAR program web sites and print materials. Working with ACSIM STRATCOM and FMWRC Marketing Division to address effectiveness, identify gaps and extend outreach.

(5) Incorporate in Army Strategic Planning documents – Complete. Issue included in Solider Family Action Plan #2.4.2.2. & 2.4.5.1&2 and IMCOM Campaign Plan LOE 2 SW2-2, 3,4.

(6) Submit and obtain funding to expand Army-sponsored community based child care spaces: 12,500 child spaces funded in POM 10-15 and supported with Supplemental Funding

(7) GOSC review.

(a) May 05. The GOSC was informed that the POM 06-11 includes validated (but unfunded) requirements for 7,000 Army Sponsored Community Based Child Care spaces (includes continuation of BIC Pilot spaces). This requirement does not take into account increased spaces that may be needed with the repositioning of Soldiers and Families back to CONUS.

(b) Dec 07. The GOSC requested the issue remain active.

(8) Resolution. Funding was obtained to expand Army sponsored community-based child care spaces. The Army subsidizes off-post child care for geographically dispersed Active Component Families (*Military Child Care in Your Neighborhood*), deployed geographically dispersed Active and RC Soldiers (*Operation Military Child Care*), and Families in garrison catchment areas that have limited military child care space (*Army Child Care in Your Neighborhood/ Army School Age Programs in Your Neighborhood).* These child care spaces also help meet the Army's standard to meet 80% of the child care demand.

g. Lead agency. DAIM-ISS

h. Support agency. IMWR-CY

Issue 570: Expiration of TRICARE Referral Authorizations

a. Status. Completed

b. Entered. AFAP XXI, Nov 04

c. Final action. AFAP XXIII: Jun 06 (Updated: Jun 06)

d. Scope. TRICARE automatically cancels the initial referral authorization when the beneficiary is unable to obtain an appointment with a specialty clinic or provider within the twenty-eight day standard. Automatic expiration requires service members and their families to completely restart the lengthy referral process, which includes obtaining another primary care appointment, another referral, another TRICARE authorization, and scheduling with the actual provider. Repeated consultations with a primary care provider are an inefficient use of limited primary care appointments slots. Inconvenient and unnecessary delays prove detrimental to beneficiary health.

e. AFAP recommendation. Eliminate the automatic expiration of the initial TRICARE referral authorization.

f. Progress.

(1) Appointment standards. Congressionally mandated standards for access to acute and routine health care services are found in 32, Code of Federal Regulations (CFR), Part 199. Appointment time for specialty referrals is within 4 weeks/28 days. The beneficiary may choose to waive the appointing time standard. The standard ensures that the beneficiary will be appointed either to the Network or a military treatment facility (MTF) within a standard timeframe. Clinical and/or personal decisions may alter the timeline, but the assurance is that the requested care will be available within 28 days or within a timeline acceptable to the prescribing provider.

(2) Tracking system. TMA has implemented the use of a unique identifier as a tracking number for each referral, 1st Qtr FY06. The number is assigned at the time a provider initiates a consult on the system and is linked to the managed care support contractors' (MCSCs) processes and information systems. The identifier is designed to provide a common marker for all MHS stakeholders to track a referral from its initiation to appointing. This policy facilitates administrative follow-up of un-appointed referrals after 28 days. Referrals that would normally administratively close due to exceeding the access to care standard of 28 days are now identified and the status can be verified and acted on before the referral is closed.

(3) Marketing. The US Army Medical Command (MEDCOM) included guidance in the MEDCOM Primer and on the Army Knowledge On-line Web site.

(4) Episodes-of-care (EOC). EOC definitions will result in groupings of medically necessary activities and will require one authorization rather than having a beneficiary return for multiple referrals when additional visits are required with a referral.

(5) GOSC review

(a) May 05. GOSC was informed that TMA is standardizing use of a unique identifier for every referral within the MHS. This, coupled with a standard MHS defi-

nition of episodes of care will ensure visibility of MTF referrals on the system until closed through receipt of prescribed care or physician direction.

(6) Resolution. The Jun 06 GOSC declared the issue completed because a unique identifier for every referral within the MHS, coupled with a standard MHS definition of episodes of care and improved CHCS booking business rules, ensures visibility of MTF referrals on the system until closed through receipt of prescribed care or physician direction.

g. Lead agency. MCHO-CL-M

h. Support agency. TMA.

Issue 571: Family Member Access to Army Electronic Learning Programs

a. Status. Completed

b. Entered. AFAP XXI, Nov 04

c. Final action. AFAP XXIV, Dec 07

d. Scope. The military life style of frequent moves, long separations, and deployments is not conductive to family members acquiring marketable skills for developing/sustaining a career. Existing Employment Readiness Programs (ERP) are not funded to provide the required skills, training, or re-certification courses. Active duty Soldiers, Army National Guard, US Army Reserve, and Department of the Army (DA) civilians are authorized access to 1,500 courses in the Army electronic-learning (e-learning) programs at no cost to the individual. Providing family members' access to Army e-learning increases their marketability, career mobility, and employment goals, enhancing the family's financial security.

e. AFAP recommendation. Expand access to the Army electronic –learning (e-learning) programs through the Army Knowledge Online (AKO) system to include family members.

f. Progress.

(1) Validation. Support of military family members' access to e-Learning opportunities will enhance the well-being of the Army family by increasing individual career skills for employability as they transfer from post to post. This action will facilitate family member learning and will reduce the financial and emotional stress created by military moves.

(2) Use of appropriated funds (APF). The use of APF to support Army e-Learning and e-ArmyU access for family members is prohibited by law. Expansion of the programs to family members would require new legislation. Additionally, modification of the eArmyU contract to pay the license fee for family members is not possible. The current eLearning contract for Active Duty Soldiers, Army National Guard, U.S. Army Reserve, and Department of the Army (DA) civilians is over $2M per year; adding Family Members would triple the cost of the contract.

(3) Options.

(a) The most viable option at this time is for family members to purchase licenses directly from SkillSoft on AKO. SkillSoft has a special offer for Government Contractors, Military Retirees, Veterans, Spouses, and Dependents for $550 per year that provides access to the SkillPort e-Learning site that includes over 2,000 courses and over 80 certification exams with full mentoring and practice exams. Courses can be taken live over the web or downloaded for offline use. Information about courses and enrollment is posted on the Army e-Learning portal on AKO (https://www.us.army.mil/suite/portal.do?$p=77).

(b) The Office of the General Council and Office, Chief of Legislative Liaison was contacted to assess the feasibility of submitting a legislative proposal to change the current law on using appropriated funds for military family members. Changing the current law would impact not only the Army, but also DoD and other federal departments and agencies. Therefore, a proposal must substantiate that the legislative initiative is consistent with the President's agenda, the Secretary of Defense's legislative priorities, Army legislative objectives, and also address the funding impact, including implementation, management, and sustainment costs. Based on the cost analysis and competition with other DoD priorities, a change in legislation to permit family members free access to Army e-Learning would mandate a tremendous increase in funding. It is estimated that the cost for family member access would more than triple the current Army e-Learning contract.

(4) Resolution. The Dec 07 GOSC declared the issue completed because the option to purchase rights to the SkillPort e-Learning site for $550 per year.

g. Lead agency. SAIS-EIH

h. Support agency. PEO EIS, DLS

Issue 572: Family Member Eyeglass Coverage

a. Status. Unattainable

b. Entered. AFAP XXI, Nov 04

c. Final action. AFAP XXVII, Feb 11

d. Scope. There is currently no eyeglass coverage under TRICARE for Family members of active duty service members and military retirees. The Frame of Choice Program is not available to Family members. One pair of eyeglasses costs approximately $100-$400. There are Families with several members who require eyeglasses, thus multiplying the expense. Eyeglasses are a necessity and this expense adversely impacts the Family budget.

e. AFAP recommendations.

(1) Fund a portion of the cost of eyeglasses under TRICARE.

(2) Outsource eyeglass fabrication through contracted vendors at a reduced price.

(3) Provide Frame of Choice Program at cost from the Military Lab.

f. Progress.

(1) Retirees may receive prescription military eyeglasses at no-cost, by placing an optical order at any military eye care clinic. Retirees need only provide a valid eyeglass prescription from a military or private sector appointment. Another available option for some retirees exists through the Department of Veterans Administration (DVA). Retirees that are assessed as having a 10% disability may seek eye examinations through the DVA and gain a pair of civilian-style glasses at no cost.

(2) AAFES has a very affordable selection of eyeglasses. Considering the many advantages offered by AAFES worldwide operations, it would not be prudent to pursue an independent system for outsourcing prescriptive eyewear for military beneficiaries.

Outsourcing optical fabrication was extensively studied by the DoD Optical Fabrication Enterprise with an independent DoD contractor, Grant-Thornton, in 2003-2004. It was determined that additional outsourcing of optical fabrication is not cost effective.

(3) All things considered, AAFES provides the best source for eyewear for family members considering AAFES reasonable costs, enforced standards, and the worldwide availability of 133 Optical Shops that are now complemented by online optical services.

(4) AAFES currently has a very affordable selection of eyeglasses. The average price paid for glasses at AAFES is $116, which is 33% less than the US reported average. A pair of single vision glasses can be obtained for $40, and frugal shoppers can purchase single vision glasses for as low as $30 during promotions. Bifocals are available for $75 or less during sales at all AAFES optical shops.

(5) Savings may be particularly remarkable for children. Unlike private sector stores, AAFES Optical Shops provide safety lenses at no additional charge to all children under age 18. Promotionals usually feature low cost glasses for children.

(6) The alternative of establishing a separate military outsourced program would result in costs similar to AAFES' most affordable packages. However, such a program would burden our clinics, reduce access to care, provide little choice, and undermine AAFES and the morale & welfare funds it generates.

(7) To serve Soldiers and military beneficiaries worldwide, AAFES in 2008 provided a new and novel means to gain low cost glasses. AAFES has "FramesDirect for the US Military", a virtual optical shop on its online Exchange Mall. FramesDirect extends AAFES capacity to serve all remotely located beneficiaries. The contracted online optical company offers an exceptional selection of frames. Complete single vision prescription eyeglasses (including shipping) starts at $39. If the purchaser is not satisfied with the glasses, AAFES ensures purchases made via their Online Mall are backed by a 100% money back guarantee.

(8) The DoD Optical Fabrication Enterprise (OFE) produces 1.4 million pairs of eyeglasses per year for both AD and retired military members. Requiring military labs to serve family members would more than double the current workload. The OFE is more cost effective than outsourcing, but our military optical laboratories are currently at full production to meet the readiness and optical needs of a military at war. An added mission to serve all family members and retirees would undermine the laboratories' critical mission.

(9) The Deputy Surgeon General sent a memorandum to TMA on 13 September 2010 requesting an assessment regarding the feasibility of implementing an eyeglass insurance program. A memorandum produced by TMA was forwarded to OTSG stating they were not in support of implementing this initiative. TMA based the rejection on the cost of the premiums to our beneficiaries and the associated administrative and overhead fees. In addition, all retirees may receive one pair of standard issue glasses each year and many companies, such as Armed Forces Eyewear, provide discounts for active duty and retired family members. TMA considers these to be fair alternatives to a premium based TRICARE eyeglass insurance program.

(10) Resolution. Issue was closed as unattainable based on lack of support for any of the issue recommendations, with the exception of the availability of low cost glasses through AAFES. OTSG placed a ULB proposal for an eyeglass benefit, but without an increase in user premiums or funding offset, the recommendation is unattainable. AAFES provides low cost options for prescriptive eyewear through 133 optical stores worldwide and FramesDirect, an online optical service. DoD Optical Fabrication Enterprise is dedicated to the military readiness mission and does not have the ability to provide a Frame of Choice for Families or retirees. A TMA-sponsored Eyeglass Insurance Program is unattainable due to premium costs and administrative and overhead fees. Retirees may receive prescription military eyeglasses at military eye care clinics. Retirees with a 10 percent disability may obtain prescription eyewear from VA. The CSA Retiree Council representative stated that they will continue to work this issue if it closes from AFAP. Their research indicates that non-subsidized vision insurance is not cost prohibitive.

g. Lead agency. DASG-HS-O

h. Support agency. TRICARE Management Agency, Optical Fabrication Enterprise, AAFES

Issue 573: Funding for Department of Defense Dependent School (DoDDS) Summer School for Kindergarten through Twelfth Grade (K-12)

a. Status. Complete

b. Entered. AFAP XXI, Nov 04

c. Final action. AFAP XXIII; Jun 06

d. Scope. House Resolution (H.R.) 4546 states the Secretary of Defense shall provide any summer school program on the same financial basis as programs offered during the regular school year, except that the Secretary may charge reasonable fees for all or portions of such summer programs. This gave Department of Defense Education Activity the authority to provide summer school for students K-12, however, funding was not provided. US Army Europe requests that DoDDS students receive educational opportunities comparable to those available through school systems in the United States; we need summer school opportunities provided for our students each year. Summer school should be provided at no costs to the families.

e. AFAP recommendation. DoDDS students should have the opportunity to attend summer school tuition free. Funding should come at the willingness on the part of the services to assist in securing or providing resources needed to make summer school a permanent part of DoDDS.

f. Progress.

(1) Summer school for grades K-8. In 2005, DODEA offered a 4 week, ½ day, K-8 Enrichment Program at 70 sites world-wide with 7,483 students enrolled. Average attendance was 85 percent. DODEA indicates that the K-8 summer program may move into a remedial type program.

(2) Summer school for grades 9-12. In 2005, DODEA funded 280 spaces for online remedial courses for grades 9-12 students in English, Math, Social Studies, and Science; they will fund 320 slots in 2006. Statistics indicate there were seven percent withdrawals in 2005 (compared to 47 percent in 2004); zero no-shows; and 81 percent received a passing grade.

(3) DoDEA will continue to fund the on-line courses.

(4) GOSC review.

(a) May 05. GOSC was informed that approximately 71 sites will have 4-week programs this summer. The VCSA did not support a completed status at this time and asked that this issue remain active as the Army begins to restation Soldiers and families.

(b) Jun 06. The GOSC declared the issue completed as the high school online courses can be completed in any location. The K-8 enrichment program, however, will only be offered in Puerto Rico and DODDS in 06.

g. Lead agency. DoDEA

Issue 574: Funding for Reserve Component (RC) Reunion and Marriage Enrichment Classes

a. Status. Completed

b. Entered. AFAP XXI, Nov 04

c. Final action. AFAP XXVII, Aug 11

d. Scope. Funding is not available to provide the Prevention and Relationship Enhancement Program (PREP) training required by the Deployment Cycle Support Plan (DCSP) for RC Soldiers and their Families in contrast to the Active Component. Soldier's pay and allowances, spouse travel, child care, supplies, materials, and facilities are not funded to support PREP training. Funding this program, will enhance relationships, reduce the risk for abuse and divorce, increase readiness and retention and bring the RC into full compliance with this phase of the DCSP.

e. AFAP recommendation. Fund PREP for the Army National Guard and the US Army Reserve.

f. Progress.

(1) USAR actions.

(a) The CAR in the Warrior Citizen Message, dated 13 January 2005, authorized and directed the implementation of DCS Task 3.4.7(One day Marriage Workshop Training). Army Reserve submitted an Unresourced Requirement (URR) for $12 million; however, it was not approved in the FY05 supplemental.

(b) The program is referred to as "Strong Bonds" is the Army Chaplain program providing training to couples, singles and Families. This program evolved from the Building Strong and Ready Families program.

(c) USARC Command Chaplain's office allocates the funding for each command per their request.

(d) Marriage workshops are being planned in areas that have the highest concentration of Family members within the region of the RSC to make it as easy as possible for Soldiers and spouses to attend. Since 2004, the Army Reserve has conducted almost 1,000 events.

(e) VCSA direction GOSC 4 May 2005: The VCSA said that that in the near term we cannot forget that we've got a far-term issue in terms of the health of the force. He asked the Director of the Army Budget to find out why this initiative (Funding of Marriage Retreats) fell off the $57B supplemental spreadsheet. He concluded by saying, "We'll get this resolved."

(f) On 9 August 2005, contacted OCAR Human Resources to get assistance obtaining information from Director of the Army Budget Office reference VCSA comments at the 4 May 05 GOSC. In December 2005, OSD validated the $7.6 million OMAR that was submitted in 2nd quarter FY05 for FY06.

(2) ARNG actions.

(a) Each Strong Bonds program event is designed to train 60-80 people (30 couples and/or 30 families). There are cost constraints per event which do not $29,500 dollars for lodging and all other expenses. Soldier pay and allowances are the responsibility of the State. The JFHQ Chaplain receives guidance on all requirements to conduct Strong Bonds Events with funding limitations from ARNG Office of the Staff Chaplain.

(b) The office of the JFHQ Chaplain continues to be responsible for logistical support in the execution of Strong Bonds events. These responsibilities include coordinating with the contracting office and budget officers for hotel procurement, materials and supplies, Invitational Travel Orders for spouses, and budget management.

(c) Launched on 15 May 2006, the Active Duty, USAR and ARNG Chaplains maintain the strongbonds.org website for registration, collection of metrics/AARs, submission of funding request and financial management oversight. Also available on strongbonds.org are materials, brochures, FAQ and articles about the Strong Bonds program for Soldiers and their families.

(d) The JFHQ chaplain coordinates and schedules Strong Bonds program events. For quality control and tracking, the ARNG Office of the Chaplain ensures that the event is within the States' budget allocation and that the event is facilitated by a trained chaplain instructor.

(e) After Action Reports (AARs) following every training event are submitted to the ARNG Resource Manager from each State and Territory to account for attendance and total funds expended. The ARNG maintains a 100% submission rate for AARs. AARs are monitored closely for program standard compliance by the ARNG Resource Manager and Program Manager.

(f) NGPA was validated in POM 13-17 for the ARNG Strong Bonds program for $957K per annum. This $957K validated requirement provides funding for ARNG chaplains to facilitate at Strong Bonds events in a paid status. Providing NGPA for chaplains allows CDRs to equally prioritize IDT weekends and support of the ARNG Strong Bonds program.

(3) Resolution. The Aug 11 declared the issue completed. Without RPA/NGPA, USAR and ARNG Soldiers attend Strong Bonds in lieu of drill or Battle Assembly or use training days, split training, or other work arounds. The POM 13-17 validated requirements for NGPA and RPA for Strong Bonds. The NGPA will provide funding for ARNG chaplains to facilitate Strong Bonds events in a paid status. The RPA will provide pay and travel for Army Reserve Soldiers and Unit Ministry Team event leaders to attend Strong Bonds events.

g. Lead agency. ARNG-CSO-CH

h. Support agency. ARNG-SFSS

Issue 575: Leave Accrual
a. Status. Complete
b. Entered. AFAP XXI, Nov 04
c. Final action. AFAP XXIV; Jun 08
d. Scope. Increased mission requirements leave little opportunity for Soldiers to use accrued leave. U.S. Code 10 limits accrued leave to 60 days at the end of the fiscal year. Leave and short periods of rest from duty enhance morale and motivation, which are essential to maintaining maximum Soldier effectiveness. When Soldiers are unable to use earned leave, the loss of entitlement is perceived as an injustice.
e. AFAP recommendation. Allow Soldiers to accumulate 90 days leave until termination of service.
f. Progress.
(1) Stats. FY03 and FY04 statistics indicate that the average median lost leave was around 4.5 days; in FY04 and FY05 it climbed to 5.5 days.
(2) Leslislation. National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2008 contains language regarding changes to the law regarding leave accumulation, retention and sell-back. Changes to Title 10, USC amended section 701 to increase annual leave carryover from "60 days" to "75 days."
(a) The effective date of the changes is October 1, 2008 and runs through December 31, 2010, at which time it will revert back to 60 days leave carryover, unless extended or made permanent.
(b) The FY 08 NDAA also amended the rules for special leave accrual (SLA) carryover for Soldiers deployed to a hostile fire/imminent danger area.
(c) Soldiers will be to retain leave earned in a hostile fire/imminent danger area for "four FY's" after the FY earned instead of only three FY's after the FY earned.
(d) Soldiers serving "in support of a contingency is also amended to allow Soldier to retain earned leave until the end of the "second" fiscal year, instead of just one fiscal year after the fiscal year in which such service is terminated.
(e) Section 501(b) of Title 37, USC, is also amended to allow "an enlisted member of the armed forces who would lose accumulated leave in excess of 120 days of leave under section 701(f)(1) of Title 10 may elect to be paid in cash or by a check on the Treasurer of the United States for any leave in excess so accumulated for up to 30 days of such leave.
(1) A member may make an election under this paragraph only once." This leave sell back provision goes against the Soldiers career leave sellback cap of 60 days.
(2) This provision does not apply to officers, only enlisted.
(3) Resolution. The FY08 NDAA increased annual leave carryover from 60 to 75 days, effective 1 October 2008 through 31 December 2010. On 1 January 2011, leave carryover reverts back to 60 days leave unless changes are extended or made permanent.
g. Lead agency. DAPE-PRC

Issue 577: Non-Chargeable Leave for Deployed Soldiers
a. Status. Completed
b. Entered. AFAP XXI, Nov 04
c. Final action. AFAP XXIV, Dec 07
d. Scope. Commanders do not have the option to authorize non-chargeable leave as a reward to deployed Soldiers. Commanders are able to grant a pass, accrued, advanced or excess leave. Deployed Soldiers are not provided sufficient non-chargeable leave due to increased mission requirements. Increased Command prerogative to authorize non-chargeable leave further enhances the ability of the commander to manage his/her leave program.
e. AFAP recommendation. Authorize the Commander to award 7-15 days of non-chargeable leave to Soldiers deployed for a minimum of 6 consecutive months to be used during Rest and Relaxation or within 120 days post-deployment.
f. Progress.
(1) Validation. This proposal requires a change in the way that we define leave. The Army leave program is designed to allow soldiers to use their authorized leave to the maximum extent possible. Experience has shown the vacations and short periods of rest from duty provide benefits to morale and motivation that are essential to maintaining maximum Soldier effectiveness. The leave program is also designed to encourage the use of leave as it accrues, rather than to accumulate a large leave balance.
(2) Authorization. Soldiers on active duty earn 30 days of leave a year with pay and allowances at the rate of 2 ½ days per month. Leave is only lost after the Soldier has accumulated over the maximum 60 days of accrued leave at the end of a particular fiscal year and did not use all of the current year's 30 days of accrued leave. Additionally, current Army policy authorizes Special Leave Accrual (SLA) to deployed Soldiers, which allows them to retain annual leave days in excess of 60 days that normally would be lost at the end of a fiscal year.
(3) Change to DoDI.
(a) G-1 submitted a request (Apr 05) to OSD to change the DoDI 1327.6, Leave and Liberty Procedures, to make the R&R leave period non-chargeable to the Soldiers leave account or to provide a period of non-chargeable post deployment leave to those Soldiers unable to utilize the R&R program during their deployment. The Principle Deputy OSD P&R) denied the request on 27 Jun 05.
(b) The Army, DCS, G-1 submitted a new request (Jan 07) to OSD to change the Department of Defense Instruction (DoDI) 1327.6, Leave and Liberty Procedures, to make the Rest and Recuperation (R&R) leave period non-chargeable to the Soldiers leave account who are serving second or subsequent deployments to Iraq or Afghanistan.
(c) OSD implemented on 18 Apr 07 a Post-Deployment/Mobilization Respite Absence program to provide days of non-chargeable administrative absence to Soldiers required to mobilize or deploy with a frequency beyond established rotation policy goals.
(d) R&R leave was increased from 15 to 18 days for Soldiers on 15 month deployments. No other OSD action

is pending to provide other forms of non-chargeable leave.

(e) GOSC review. The Dec 07 GOSC declared the issue closed as a completed action.

g. Lead agency. DAPE-PRC

Issue 576: Legality of the Family Care Plan (FCP)

a. Status. Completed

b. Entered. AFAP XXI, Nov 04

c. Final action. AFAP XXVI, Jan 10

d. Scope. Many Soldiers and commanders are unaware that the FCP is not a legal document but simply a recommendation for the Soldier's desire for guardianship. The current FCP checklist and annual review do not identify "At-Risk" Soldiers. Some deployed Soldiers are discovering that the other natural parent of the child(ren) is/are challenging the terms of the FCP and are gaining custody of the child(ren). These challenges cause distraction from the mission, decreased mental stability, financial hardship, and retention problems, before, during, and after deployment.

e. AFAP recommendations.

(1) Educate Soldiers and Senior Leadership that the FCP is not a legal document.

(2) Identify "At-Risk" Soldiers by implementing a modified checklist as well as requiring a semi annual review of documents.

(3) Require Soldiers identified with unresolved FCP issues to obtain legal assistance.

f. Progress.

(1) Some deployed Soldiers are discovering that their child's other natural parent is challenging the terms of the FCP. In many of these situations, the other natural parent is gaining custody of the child over the custodian named in the FCP. Many Soldiers and commanders believe that the FCP is a binding legal custody determination. The FCP cannot negate a natural parent's superior legal right to the custody of their child.

(2) The Legal Assistance Policy Division has been working with the other services and the Family Law Section of the American Bar Association to address the problems raised by this issue.

(3) AR 600-20, Chapter 5-5 FCP, (revised November 2009) modifies FCP procedures to:

a. Alert Soldiers that the FCP itself cannot and does not negate or otherwise diminish a parent's right to assert a claim to custody of a child.

b. Provide information to improve identification of Soldiers whose family situation creates the potential for FCP problems.

c. Require commanders review any court order impacting a FCP.

d. Establish a waiver form by which a natural parent could consent to a third party exercising custody under the terms of the FCP.

e. Encourage Soldiers identified as having potential FCP problems to contact an attorney.

(4) Information concerning this issue has been disseminated through Legal Assistance channels. Family Care Plans are regularly reviewed as a part of the DCS checklist. Legal personnel have been urged to cover potential Family Care Plan problems during these reviews.

(5) GOSC review. The Jan 06 GOSC declared this issue active pending the revision to AR 600-20, Army Command Policy. The AR will incorporate better education processes into FCP preparation procedures and will require a better screening process to identify those with potential FCP problems.

(6) Resolution. The January 2010 GOSC declared the issue complete based on a revision of AR 600-20 (Army Command Policy), which modified FCP procedures to alert Soldiers that the FCP does not negate or diminish a parent's right to assert a child custody claim and encourages Soldiers with potential child custody issues to contact an attorney.

g. Lead agency. DAJA-LA

Issue 578: Paternity Permissive Temporary Duty (TDY)

a. Status. Completed

b. Entered. AFAP XXI, Nov 04

c. Final action. AFAP XXV, Jul 09

d. Scope. There is no Army policy allowing the use of permissive TDY for fathers upon the birth of a child. The Marine Corps policy 5000.12D, paragraph 7 authorizes the use up to 10 days for this purpose. Army Commanders do not have the same authority. If accrued leave is not available, unnecessary stress is created when a Soldier goes into negative leave balance.

e. AFAP recommendation. Amend AR 600-8-10 to authorize the use of permissive TDY for fathers upon the birth of a child.

f. Progress.

(1) Validation. Fathers are an integral component of a child's development. The time immediately after birth is an important time for the child and father to bond. Permissive TDY would allow fathers time to do this without taking ordinary leave.

(2) The FY06 NDAA, SEC. 593. provides adoption leave for members of the armed forces adopting children by amending Section 701 of Title 10, United States Code, by adding at the end the following new subsection: "Under regulations prescribed by the Secretary of Defense, a member of the armed forces adopting a child in a qualifying child adoption is allowed up to 21 days of leave in a calendar year to be used in connection with the adoption." The 21 days allowed will be PTDY.

(3) The National Defense Authorization Act (NDAA) FY09 included authority to provide ten days paternity leave to a married Soldier in connection with the birth of a child. ALARACT 062/2009 provided Army guidance on paternity leave. Paternity leave is not a Permissive TDY leave category.

(4) GOSC review. The Dec 07 GOSC declared the issue active pending the legislative proposal from the Navy.

(5) Resolution. The July 09 GOSC declared the issue completed based on legislation that allows ten days of paternity leave for married Soldiers in connection with the birth of a child. In response to a question from the Secretary of the Army, clarification was provided that a father has 60 days after returning from deployment to use pa-

ternity leave if his child was born while the father was deployed.
g. Lead agency. DAPE-PRC

Issue 579: Pregnancy Termination Option for Lethal Congenital Anomalies (LCA)
a. Status. Unattainable
b. Entered. AFAP XXI, Nov 04
c. Final action. AFAP XXI, Nov 05
d. Scope. TRICARE covers pregnancy termination only when the mother's life is threatened by the pregnancy. Federal law prohibits spending DoD funds for pregnancy termination except when carrying the fetus to full-term endangers the mother's life. No TRICARE coverage exists for termination when LCA is diagnosed (e.g., anencephaly, bilateral renal agenesis, lethal skeletal dysplasias). Restricting the mother's options significantly and adversely impacts the physical, emotional, psychological, and financial well-being of the service members' family.
e. AFAP recommendation. Provide TRICARE coverage for pregnancy termination when lethal congenital anomalies exist.
f. Progress.
(1) Legislative constraints. Title 10, United States Code, Section 1093, codifies the prohibition found in the FY96 DOD Appropriations and Authorization Acts against spending DOD funds for abortions, except when the life of the mother would be endangered if the fetus were carried to full term. Pregnancies may be terminated at any gestational age if the life of the mother is at risk. TRICARE does not provide coverage for, nor do MTFs perform, elective abortions, even where there is evidence of congenital and/or chromosomal abnormalities.
(2) Definition. There is no single, universally accepted definition of "lethal congenital anomaly." One definition, advanced by the Army's OB/GYN Consultant to The Surgeon General, is a condition with a fetal survival rate of less than 10% within the first week of extrauterine life. The great majority of detectable congenital or chromosomal anomalies would not be considered "lethal" under this definition. Under any definition, there will be a degree of uncertainty in diagnosing some conditions and uncertainty in many cases as to how long an infant might survive. Different physicians might reach different conclusions from the evidence, which would lead to concerns that the policy is being applied too liberally or too conservatively. Further, while some conditions, such as anencephaly, can be diagnosed with a high degree of accuracy, the detection of other LCAs is highly variable and more difficult to confirm.
(3) Alternative assistance. An alternative service that may be provided to beneficiary families faced with an LCA pregnancy is perinatal hospice services. Though most MTFs do not have a structured program to provide comfort and support to parents who expect that their infant will die soon after birth (or be stillborn), Madigan Army Medical Center (MAMC) and some other MTFs offer this benefit. In a study at MAMC, after women bearing fetuses with LCAs were told of availability of perinatal hospice services, 85% chose to continue their pregnancies rather than to have an abortion.
(4) Resolution. The May 05 AFAP GOSC determined this issue is unattainable. The concept of terminating pregnancies, for whatever reason, is an extremely emotional and political issue. Use of DoD funds for abortions, except to save the mother's life, is forbidden by U.S. law.
g. Lead agency. DASG-HPS
h. Support agency. TMA.

Issue 580: Reimbursement of Rental Car for OCONUS Permanent Change of Station (PCS) Moves
a. Status. Unattainable.
b. Entered. AFAP XXI, Nov 04
c. Final action. AFAP XXII, Jan 06
d. Scope. Service members PCSing to and from OCONUS locations are without transportation due to the shipment of their privately owned vehicle. Service members are utilizing rental vehicles for transportation at their own expense. This expense creates undue hardship on Soldiers and their families during transition.
e. AFAP recommendation. Provide reimbursement for a rental car for up to 30 days when combined for both departure and arrival with each PCS move to and from an OCONUS location.
f. Progress.
(1) Background. Members are only authorized to ship one POV from CONUS to OCONUS. Average transit time per vehicle is 52 days. A provision in Title 10, USC para 2634 and JFTR para U5410/U5461 relates to having the shipping company reimburse the member for expenses incurred for rental vehicles up to $210 if the motor vehicle that is transported at the expense of the Army does not arrive by the required delivery date.
(2) Legislative attempts. Issue was not supported as an FY06 ULB item. This issue has come up several times before, and has never been supported by the other Services. It is perceived by them as a "nice-to-do" quality of life issue vice a requirement. Additionally, they see no return on the investment regarding retention with this issue.
(3) Resolution. The Jan 06 GOSC declared the issue unattainable. Legislative proposals addressing reimbursement for rental cars during an OCONUS PCS have not been supported by the other Services or the Per Diem Committee.
g. Lead agency. DAPE-PRC

Issue 581: Stabilization from Major Training Exercises After Deployment
a. Status. Completed
b. Entered. AFAP XXI, Nov 04
c. Final action. AFAP XXIII; Jun 06
d. Scope. Commanders are requiring soldiers to participate in major training exercises with 90 days of returning from operational deployment. The deployment stabilization policy does not apply to Soldiers who are selected to participate in major training exercises at combined training centers or off-post locations. When the Soldier is away from home station during those 90 days, not enough time exists for the Soldier and extended family reintegration.
e. AFAP recommendation. Implement a home station stabilization period of 90 days for Soldiers and/or units re-

turning from an operational deployment to prevent their participation in major training exercises.

f. Progress.

(1) HQDA G-3/5/7 (DAMO-TR) included language in final draft of AR 350-1 that, for units returning and recovering from an extended operational deployment, requires commanders to limit training activities which cause Soldiers to be away from their immediate families.

(2) GOSC review. The Jun 06 GOSC declared the issue completed following the revision of AR 350-1. The VCSA stressed, however, that the policy should not tie the commanders' hands.

g. Lead agency. DAMO-TR

h. Support agency. HQDA, G-1

Issue 582: Windfall Elimination Provision (WEP)

a. Status. Unattainable

b. Entered. AFAP XXI, Nov 04

c. Final action. AFAP XXVI, Jun 10

d. Scope. The WEP prevents Civil Service Retirement System (CSRS) and CSRS Offset annuity recipients from receiving their full retirement annuity benefits. The WEP decreases annuities by a formula tied to Social Security benefits that result in diminished annuities/retirement income for over 500,000 civil servants retirees, and future CSRS and CSRS Offset retirees. This provision deprives the retirees of their rightful annuities.

e. AFAP recommendation. Abolish the WEP.

f. Progress.

(1) Bill has been reintroduced in the House of Representatives (H.R.) to amend Title II of the Social Security Act to repeal the windfall elimination provision.

(2) H.R. 235 was introduced by Representative Howard Berman of California on 7 Jan 2009. On the same day, the bill was referred to the House Committee on Ways Means. As of May 20, 2010, there are 325 co-sponsors in agreement to repeal WEP.

(3) S. 484 - was introduced by Senator Dianne Feinstein of California on 25 February 2009. On the same day it was referred to the Committee on Finance. As of May 20, 2010, there are 31 co-sponsors.

(4) As of June 2008, OSD has not established a position on either side of the issue.

(5) Based on Congressional feedback, the budgetary implications of this proposal cannot be attained due to lack of Congressional support.

(6) Resolution. The Jun 10 GOSC declared the issue unattainable. Elimination of the Windfall Elimination Provision (WEP) was unattainable. Legislative proposals requesting repeal of WEP have been unsuccessful in several Congressional sessions. The ten year cost of WEP repeal is $29.7B.

g. Lead agency. DAPE-CPZ

Issue 583: Advanced Life Support Services on CONUS Army Installations

a. Status. Completed

b. Entered. AFAP XXII, Jan 06

c. Final action. AFAP XXVII, Aug 11

d. Scope. The Department of the Army does not require Advanced Life Support (ALS) services on CONUS Army installations. The Army provides Basic Life Support (BLS) services; however, timely ALS services are not provided on all CONUS Army installations. In accordance with the applicable National Fire Protection Association (NFPA) guideline for ALS services, an 8-minute response time to 90% of the incidents is the accepted standard. Lack of ALS services increases response time which jeopardizes the health and safety of the CONUS Army Family.

e. AFAP recommendation. Mandate that all CONUS Army installations to include Alaska and Hawaii provide Advanced Life Support services on or near the installation in accordance with the National Fire Protection Association standard.

f. Progress.

(1) Emergency Medical Services (EMS) are available at all Army installations in the United States, but are provided in a variety of ways. EMS may be provided through the MTF, through the garrison fire department, and/or through an off-post provider. There is no single Army entity or office having overall responsibility for regulating or resourcing EMS operations. There is no Army-wide standard for ALS response time. The NFPA "8 minute" standard represents the opinion of many subject matter experts, and is accepted on a wide basis. The difference between the recently published standard in the DoDI 6055.6's Table E3.T1 and the NFPA standard revolves around definitions of response times and how it is measured. The DoDI uses an aggregate time of 12 minutes for ALS or 10 minutes for Basic Life Support (BLS) as the time from "when the call is received to an EMS team's arrival on the scene". The NFPA definition of 8 minutes measures the response time between "the EMS team leaving the station and arriving on scene".

(2) While most Army installations currently meet the proposed "8-minute response" standard, this standard may not be feasible on some installations because of their size, mission, and geographical location. This variation in response times also exists within civilian EMS systems.

(3) On 6 Oct 05, MEDCOM published standards for EMS programs operated by Army MTF's but did not include response time mandates due to differences in EMS requirements, missions, and geographical locations. The standards require that the programs, at a minimum, meet the state and local standards of the surrounding community. Commanders may request exceptions or variances due to local circumstances or conditions.

(4) On 9 Mar 06, IMCOM and MEDCOM first met in a work group to discuss standards for all Army EMS operations and to determine a way ahead. A data call of garrisons and MTF's was initiated to determine the current baseline for EMS operations and the resources that would be needed to meet an Army-wide standard. IMCOM agreed to analyze the data call responses to determine cost estimates to conduct ALS at the installations that currently did not provide that service IAW the 8 Min/90% standard.

(5) On 22 Aug 06, the IMCOM and MEDCOM met in a Work Group (WG) to discuss the analysis of costs associated with providing ALS care to installations within the 8 minute NFPA standard. IMCOM's analysis of the availa-

ble data indicates it would cost about $25.1M more to provide ALS at the installations that lack this service. The analysis also estimated that it could cost up to $88 million to conduct ALS at the 83 installations pertinent to AFAP Issue 583. However, only $35.7M was reported in the data call responses.

(6) MEDCOM recommended that IMCOM and MEDCOM Resources Management (RM) Directorate conduct a mutual, open book analysis of EMS costs at Army installations to obtain a more accurate estimate of required costs to conduct ALS. MEDCOM EMS data was revalidated by MEDCOM's RM Directorate. Following this process, MEDCOM RM continued to recommend further study with input from each installation's RM to obtain a more accurate estimate of costs. In a Memorandum dated 1 Feb 07 to TSG from Commander, IMCOM, it was stated that they saw no need for a comprehensive open book analysis of MEDCOM pre-hospital EMS costs.

(7) On 1 Dec 06, TSG recommended by memo to CG, IMCOM that MEDCOM and IMCOM mutually adopt the EMS response standards found in DoDI 6055.6, DoD Fire and Emergency Services. CG, IMCOM subsequently indicated full agreement by memo dated 1 Feb 07. DoDI 6055.6, later published on 21 Dec 06, establishes response time standards in various functional areas.

(8) On 13 Jul 07, the MEDCOM/IMCOM WG conducted a WG meeting chaired by the MEDCOM CoS and the IMCOM Chief of Operations. The Commands agreed to the EMS response standards as outlined in DODI 6055.06, DoD Fire and Emergency Services Program, dated 21 Dec 06, and to determine the resources needed to ensure all installations meet the standard.

(9) MEDCOM/IMCOM met in San Antonio from 17-21 Sep 07 to draft the plan for implementing the recommendation and develop a memorandum of agreement (MOA) between the two Commands which will document pre-hospital EMS responsibilities addressing BLS and ALS on each IMCOM/MEDCOM installation.

(10) On 11 Oct 07, the draft MOA was briefed to the IMCOM SEL. The document was then slightly modified and re-staffed to the IMCOM regions for feedback by 17 Dec 07.

(11) On 6 Feb 08, the MEDCOM/ IMCOM WG met in San Antonio to evaluate the regional feedback and discuss unresolved funding issues prior to developing an OPORD instructing Installations and medical tenets to develop local MOAs and transition plans prior to moving the Command level MOA forward for approval.

(12) On 16 May 2008, a joint tasking from both MEDCOM and IMCOM was sent to their respective subordinate commands instructing them to develop local MOAs (based on the draft Command MOA) and transition plans to identify required resources and costs associated the provision of EMS within each installation as provided by the draft MOA.

(13) IAW the above joint tasking, local draft MOAs and transition plans were developed as required.

(14) This topic was briefed to the DP91/.59 CoC on 28 August 2009 due to TRADOC concerns regarding EMS range support and impact of MOA on current range support arrangements. TRADOC concurred with MOA after it was agreed to add sentence in the MOA stating. "This MOA does not affect any existing EMS range support agreements in place".

(15) The MOA was signed by the TSG on 22 Sept 2009 and forwarded to IMCOM. MOA was signed by IMCOM on 6 March 2010. MEDCOM and IMCOM jointly prepared implementing instructions for completion of local MOAs.

(16) HQDA validated IMCOM's EMS UFR requirements during the POM 12-16 review but they were not approved as "critical," and therefore remain unfunded. Installations and MTFs have been advised to maintain status quo until UFR funding is secured. Requirements have been resubmitted for POM 13-17, including an updated Concept Plan and Cost-Benefit Analysis. Feedback by Requirements Validation Team is pending.

(17) Resolution. The Aug 11 GOSC declared the issue completed. MEDCOM and IMCOM agreed to adopt DoDI 6055.6 which establishes response time standards. An MOA signed 6 Mar 10 calls for MEDCOM to transfer $7.7M to IMCOM effective in POM 12-16. In concert, IMCOM sought $11.5M in the POM to fund emergency medical services (EMS) UFRs for its existing sites and sites transferring from MEDCOM. HQDA validated IMCOM's EMS UFR requirements during the POM 12-16 review, but they were not approved as "critical". Requirements were resubmitted for POM 13-17, including an updated Concept Plan and Cost Benefit Analysis.

g. Lead agency. MEDCOM

h. Support agency. IMCOM

Issue 584: Alternate Local Caregiver for the Family Care Plan (FCP)

a. Status. Completed

b. Entered. AFAP XXII, Jan 06

c. Final action. AFAP XXV, Jul 09

d. Scope. No policy exists to address who should take care of the dependents if the designated caregiver is unavailable due to unforeseen circumstances. Since no FCP temporary alternate local caregiver is required by the current policy, dependents could be subject to legal action, including becoming wards of the state. The results of such action could evolve into a long-term crisis for the Soldier and Family, thus interfering with the Soldier's ability to fulfill the mission.

e. AFAP recommendation. Require Soldiers to provide a primary and an alternate interim/temporary local caregiver in their Family Care Plan.

f. Progress.

(1) Validation. The OIF-OEF 06-08 Non-Deployable Report shows a total of 42 Soldiers non-deployable for Family Care Plans out of a total 4411 non-deployables. Mandating an Alternate Local Caregiver for all 57,432 Soldiers with a FCP creates an added administrative burden for Soldiers, Legal Assistance Services and Commanders. Army Child & Youth Services offers care for up to 60 days through their Army Family Child Care Homes, for deployed Soldiers. The 60 days can be extended up to a year by Command approval. The best solution to AFAP Issue #584 is to change AR 600-20 to explicitly state that a commander has the ability to require an Alternate Local Caregiver if their risk assessment shows the likelihood of a failed FCP.

(2) Progress. DA Form 5305 (Family Care Plan) is the means by which Soldiers provide care of their Family members. The DA Form requires a Soldier to designate both a temporary guardian and a long-term guardian. Commanders are the sole approving authority for DA Form 5305.

(3) Resolution. The July 09 GOSC declared completed because a Soldier must identify a primary and alternate caregiver on DA Form 5305 (Family Care Plan).

g. Lead agency. DAPE-HRI

Issue 585: Casualty Assistance for Families of RC Soldiers in Inactive Status

a. Status. Completed

b. Entered. AFAP XXII, Jan 06

c. Final action. AFAP XXV, Jan 09

d. Scope. Families of Army Reserve component Soldiers are not eligible for casualty assistance unless in an Active Duty/USC Title 10 status at the time of death. Army Regulation (AR) 600-8-1, Casualty Operations, only assigns a Casualty Assistance Officer (CAO) when the Soldier dies on Active Duty/USC Title 10 status. Families of these Soldiers are eligible for certain death benefits. Without the assignment of a CAO, Families may be unaware of their rightful entitlements and benefits.

e. AFAP recommendation. Activate Army Reserve Soldiers to serve as CAOs for Families of Army Reserve component Soldiers who die in an inactive status.

f. Progress.

(1) USAR and ARNG non-concur with recommendation to provide CAOs to Families of deceased Soldiers while on inactive duty status.

(2) Soldiers assigned as CAOs are required to be on active duty orders. Title 10 USC authorizes pay and allowance for all Soldiers assigned to serve as CAOs for Soldiers who die while serving in an active duty status. Title 10 does not authorize pay and allowances to CAOs for Soldiers who die in an inactive duty status. Consequently, Army Regulation (AR) 600-8-1, Army Casualty Program, only assigns a CAO when the Soldier dies on active duty.

(3) Reserve Components are responsible for providing the pay and allowance funds when a Solider is placed on active duty active duty status to perform the CAO mission. The RC maintains they do not have the funds nor have they programmed the funds in the POM in the out years to support the CAO mission.

(4) Reserve Components cannot ensure availability of an active duty USAR or ARNG Soldier in the appropriate grade for assignment as a CAO for inactive duty deaths. The grade of CAO will be equal to or higher than the grade of the casualty and equal to or higher than the grade of the PNOK. RC is currently challenged with supporting active duty deaths during Operations Enduring and Iraqi Freedom.

(5) Ready Reserve is composed of the Selective Reserve (AGR, TPU, and IMA) and IRR. Reserve Component Soldiers are made up of Soldiers serving on active duty status and Soldiers not in an active duty status.

(a) AGR is an active duty status and the Family is assigned a CAO.

(b) TPU Soldiers on active duty status are assigned a CAO. TPU Soldiers

(c) In an inactive duty status have their full time unit administrator to assist them.

(d) IMA Soldiers on active duty status are assigned a CAO. IMA Soldiers in an inactive duty status, the active duty Army unit where the Soldier is assigned can assist the Family.

(e) IRR is an inactive duty status is not be entitled to Army benefits, and there no requirement for Family to notify the Army of Soldier's death.

(6) Soldiers on inactive duty status are not reportable Army casualties and Casualty and Mortuary Affairs Operations Center would not know they are deceased unless the Family notifies the Army which may be days, weeks, or months after the death. To illustrate the point, Family members of Soldiers assigned to the IRR who die in an inactive duty status sometimes take months, if ever, before they notify the Army of the Soldier's death. Moreover, the Families of these Soldiers in the IRR are not entitled to any Army benefits.

(7) Primary Family concern for assistance is with the TPU and IMA Soldiers. These Families are entitled to limited military benefits such as Servicemembers Group Life Insurance (SGLI) for Soldiers who die in an inactive duty status. Individual Ready Reserve do not qualify for SGLI benefits. Full-time unit administrators at TPU currently assist Families with death benefits such as SGLI processing. Families of deceased IMA Soldiers can get death benefits assistance through the Soldiers assigned unit.

(8) Besides using unit administrator or assigned unit personnel, for deceased TPU Soldiers or IMA Soldiers, to assist the Family, USARC and ARNG created a fact sheet on deceased inactive duty benefits and entitlements to be posted on their web sites.

(9) Resolution. The January 2009 HQDA AFAP GOSC declared the issue complete as the assistance provided by unit administrators meets the spirit of the requirement.

g. Lead agency. AHRC-PEC

h. Support agency. NGB and USARC

Issue 586: Chiropractic Services for All TRICARE Beneficiaries

a. Status. Unattainable

b. Entered. AFAP XXII, Jan 06

c. Final action. AFAP XXVI, Jun 10

d. Scope. Chiropractic services are not available to all TRICARE beneficiaries, which include retirees, service members and their Families. The National Defense Authorization Act of FY01 directed the Secretary of Defense to provide permanent chiropractic services at designated Military Treatment Facilities only for active duty members. Chiropractic service provides non-pharmaceutical and non-surgical treatment options to decrease pain and increase function. This benefit ensures equitable access to chiropractic treatment options for all beneficiaries.

e. AFAP recommendation. Authorize chiropractic services for all TRICARE beneficiaries.

f. Progress.

(1) In the FY95 NDAA, Congress directed the Secretary of Defense (SECDEF) to evaluate the feasibility and advisability of offering chiropractic services at MTFs. As a result, the Department of Defense (DoD) conducted a Chiropractic Health Care Demonstration Program from Aug 95 to Sep 99. During the demonstration, chiropractic services were available to non-pregnant military beneficiaries over the age of 17 at thirteen MTFs. The Army supported five demonstration sites: Forts Benning, Carson, Jackson, Sill, and Walter Reed Army Medical Center.

(2) In 1999, the Army Family Action Plan raised Issue #468, TRICARE Chiropractic Services, which recommended chiropractic services as a TRICARE benefit to cover all categories of beneficiaries.

(3) The Final Report to Congress on the Chiropractic Health Care Demonstration Program (10 Feb 01) stated that although implementing chiropractic services within the DoD was feasible, it would be cost prohibitive to offer the benefit to all beneficiaries. Full implementation of chiropractic services for military beneficiaries would "most likely require reducing or eliminating existing medical programs that are already competing for limited DHP dollars." Although there is no study that validates a medical need for chiropractic services, the DoD Chiropractic Health Care Demonstration Program also concluded that chiropractic services appeared "to have complemented and augmented traditional medical care."

(4) In the FY01 NDAA, Congress directed the SECDEF to provide chiropractic services at designated MTFs for ADSMs. These 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).

(5) In 2002, Army Family Action Plan Issue #468 was completed following the passage of the FY01 NDAA which authorized chiropractic service for ADSMs only.

(6) This is an issue of choice for beneficiaries. Research shows that approximately 7% - 10% of Americans seek chiropractic services. Approximately 3.8% of AD Service members with access to chiropractic services at Army MTFs actually seek chiropractic services.

(7) Congress proposed bills in 2003, 2005, 2007 and 2009 to expand the chiropractic benefit to all TRICARE beneficiaries, not just ADSMs. Each year the expanded benefit was not included in the NDAA.

(8) TMA coordinated a DoD Chiropractic Working Group to fulfill the requirements of NDAA FY07. The Working Group began work in the 2nd Qtr FY07 and continues to function today. On 26 March 2008, TMA submitted a report that showed chiropractic care delays an ADSM's return to duty and costs more money as compared to other specialties (Doctors of Physical Therapy, Osteopaths or occupational therapists) that can provide similar manipulative treatment for the same condition. It took an average of 63.8 days longer for a period of treatment for the "non-chiro" group compared to the "chiro" group. Final conclusion– "A comprehensive implementation of chiropractic services and benefits as outlined in the provision would not be feasible given the budgetary requirements and the findings relative to medical readiness. In the absence of chiropractic, various comparative treatment options are available to ADSMs, their Families, and other beneficiaries of the MHS." In addition, the report revealed that expanding chiropractic care to all beneficiaries is cost prohibitive.

(9) The NDAA 09 required completion of a survey on workload and satisfaction with chiropractic services. TMA submitted the report to Congress on 22 Sep 09. The NDAA 09 also directed the SECDEF to identify an additional 11 sites to offer chiropractic care to ADSMs. As mandated by NDAA 09, the DoD now provides chiropractic services at 60 MTF's (23 Army). The six additional Army sites added recently include Riley, Rucker, Polk, Wainwright, Baumholder/ERMC, and Vilseck.

(10) The NDAA 2010 Conference Report does not mandate chiropractic services as a TRICARE benefit, but does require the Secretary of Defense "to provide for and report on clinical trials to assess the efficacy of chiropractic treatment for active-duty service members." The Office of the Congressionally Directed Medical Research Programs (CDMRP) has issued a request for research proposals with a submission deadline of 3 Aug 2010.

(11) In Jan 2010, the Army began insourcing the chiropractors and technicians at all 23 Army sites IAW new guidance from Health Affairs; the conversion to Federal employees was completed 31 May 2010.

(12) A study does not exist that correlates chiropractic care with a decrease in pain medication. The Pain Task Force is addressing complementary and alternative medicine approaches to decrease pain. Collaboration with the Pain TF is ongoing. Pain management was identified by the CDMRP as an approved topic for clinical research.

(13) Since the inception of the Chiropractic program, DoD has increased the number of sites several times. To date, Chiropractic services are offered in multiple places throughout the Army, Air Force and Navy to active duty personnel only. However, only active duty personnel at these designated sites receive the benefit. It is currently not a TRICARE benefit for active duty family members or other beneficiaries.

(14) In a letter dated 30 Mar 10, RADM C. S. Hunter indicates TMA is not pursuing any legislative initiatives to expand the benefit beyond providing chiropractic care to Active Duty Service Members at 60 Military Treatment Facilities worldwide.

(15) Resolution. The Jun 10 GOSC declared the issue unattainable. Congress mandated expansion of chiropractic services to active duty service members, but SECDEF reports to Congress state that further expansion to all TRICARE beneficiaries is cost prohibitive (approximately $188M).

g. Lead agency. DASG-HSZ, OTSG

h. Support agency. TMA

Issue 587: Employment Opportunities for Military Affiliated Teens

a. Status. Unattainable

b. Entered. AFAP XXII, Jan 06

c. Final action. AFAP XXIV; Jun 08

d. Scope. A significant number of military affiliated teens are unable to secure employment within installations and surrounding communities. Employment opportunities

such as MWR summer positions, Commissary baggers, Student Temporary Employment Program (STEP), and AAFES food vendors, which are eligible to be filled by teens are filled by other demographics. Employment Preference for teens would initiate a work history/experience and allow for exploration of career options and future employment; making teens competitive with their civilian counterparts.

e. AFAP recommendation. Establish a Military Teen Employment Preference Program.

f. Progress.

(1) Validation.

(a) DoD affords teen Family member preference for employment overseas to include an overseas Summer Employment Program for youths 14-23 years of age.

(b) Legislation would be required to afford Family members the same preference as military spouses. Any changes must remain consistent with basic merit principles of 5 U.S.C. and comply with veteran's preference requirements, affirmative action principles and diversity objectives.

(2) Progress.

(a) Federal employment opportunities exist for military affiliated teens: volunteer opportunities; Overseas Commands have Summer Employment Programs; and expanded posting of student job opportunities on the Military Teen Website.

(b) Since employment preference for teens would require new legislation, Army coordinated the proposal with the other services. It was not supported by the other services because they feel it would give an advantage to military affiliated teens over veterans and military spouses.

(3) Resolution. The issue received no support from other components because of their concerns about giving greater opportunities to military affiliated teens than to Veterans and military spouses. The VCSA noted that internships and summer employment could pave a career path for Federal employment in the future. He agreed that this issue is unattainable because a 'preference' is not necessary. The bigger issue is funding for the recruitment of these appointments. He indicated that this issue should be reviewed again in two years as a resource issue.

g. Lead agency. DAPE-CPZ

h. Support agency. IMWR-FP

Issue 588: Family Servicemembers' Group Life Insurance Premiums for Dual Military

a. Status. Completed

b. Entered. AFAP XXII, Jan 06

c. Final action. AFAP XXV, Jul 09

d. Scope. Service members' spouses are automatically enrolled in Family Service Member's Group Life Insurance (FSGLI). Some members who are not enrolled as a spouse in DEERS, like dual military, are not automatically charged monthly premiums by the Defense Finance and Accounting Service (DFAS). When the error is detected, these service members are retroactively charged premiums from the date of eligibility. Families incur a large, unexpected debt through no fault of their own.

e. AFAP recommendation.

(1) Identify service members affected by FSGLI automatic enrollment and initiate automatic deduction of premiums.

(2) Approve blanket reimbursement of back premiums paid by the service member or waiver of retroactive FSGLI premiums for affected service members

(3) Mandate a continuous educational process which addresses FSGLI automatic enrollment.

f. Progress.

(1) Validation. This issue must be addressed because it is not only an Army issue, but an issue across DOD.

(2) Identification of Soldiers owing back premiums. Through coordination with USD Reserve Affairs and the Defense Manpower Data Center (DMDC), Soldiers who potentially owe back premiums have been identified. DMDC created a data base that identified Soldiers whose marital status in DEERS does not match their marital status in the total Army Personnel Data Base (TAPDB). Army G-1 refers to this data base as the mismatch data base. On 6 Mar 07, Army G-1 gained approval from Army Leadership to use the data base to assist subordinate organizations in ensuring all Soldiers listed have their spouses properly enrolled in DEERS. Similarly, Army G-1 developed a leader/commander/1SG checklist that all Army organizations are currently using as a guide to ensure Soldiers have properly enrolled their spouses' in DEERS. Enrollment in DEERS triggers FSGLI premium deduction unless the Soldier affirmatively declines FSGLI coverage in writing.

(3) Blanket reimbursement. Per legal opinions rendered by Department of Defense Office of General Counsel (OGC), Army OGC, and Army OTJAG, the Army has no authority to issue a blanket waiver to forgive the debt of unpaid premiums for Soldiers. Therefore each Soldier must pay the back premiums they owe and Army needs to take steps to ensure the premiums are paid. OTJAG also indicated Soldiers owing back premiums are allowed to individually file for waiver of debt for back premiums. Filing is no guarantee that the debt will be forgiven.

(4) FSGLI notification and collection plan.

(a) National Guard Bureau (NGB), Office of the Chief of the Army Reserve (OCAR), and each Army Command, Army Service Component Command (ASCC), and all Direct Reporting Units (DRU) have appointed an action officer (AO) in Mar 07 to work with HQDA action officer.

(b) In Mar 07, all action officers were provided a copy of the mismatch data base, broken down by component (active duty, National Guard, and Army Reserves), all of which identify Soldiers that are probable candidates for owing past due premiums.

(c) Each AO is responsible for ensuring all Soldiers within their command are contacted and advised to ensure all dependents to include Soldiers' spouses are enrolled in DEERS. The leader/commander/1SG checklist will assist in this effort.

(d) Each AO reports completion to the HQDA AO when all of their Soldiers have properly updated their dependent data in DEERS and all Soldiers' marital status in DEERS matches their marital status in TAPDB.

(5) DAPE-PRC devised a plan for automatically deducting premiums from dual military Soldiers that owe them using data pulled from DOD and Army personnel

data bases. The VCSA approved FSGLI notification, and a collection plan was released in Mar 07. Premium deductions must be made on 4600 Soldiers.

(6) Army has no authority to issue a blanket waiver to forgive past due premiums.

(7) Resolution. The July 09 GOSC declared the issue completed based on identification of Soldiers affected by FSGLI automatic enrollment and continued education on FSGLI enrollment rules.

g. Lead agency. DAPE-PRC

Issue 589: Funding for Barracks Sustainment, Restoration, and Modernization

a. Status. Completed

b. Entered. AFAP XXII, Jan 06

c. Final action. AFAP XXVI, Jun 10

d. Scope. There is no committed funding under Sustainment, Restoration and Modernization (SRM) for Barracks. Once HQDA apportions the funds to IMA/MACOMS, Garrison Commanders prioritize facilities maintenance sustainment based on the current condition of the entire garrison's real property inventory against the amount of funds approved for the installation. This leads to a percentage of barracks receiving a lower allocation of SRM funding. Due to insufficient SRM funding levels, Soldiers are forced to live in barracks that are not meeting basic living conditions.

e. AFAP recommendation. Track and target the appropriated SRM funding for barracks.

f. Progress.

(1) Permanent Party Barracks Modernization Program is scheduled for buyout in FY13 with occupancy in FY15. Barracks Upgrade Program has been completed. Buyout will be finalized through the MCA program.

(2) Training Barracks Modernization Program is scheduled for buyout in FY15 with occupancy in FY17. Training Barracks Upgrade Program (TBUP) modernizes existing facilities, where economical, with SRM funding. Replacement, where uneconomical to modernize, and facility shortfall are accomplished through the MCA program.

(3) Pre-decisional MILCON IPT results have programmed for projects necessary to complete both Permanent Party and Training Barracks buyouts by their scheduled FY.

(4) SRM funding will be programmed to accomplish remaining modernization projects to complete the TBUP.

(5) GOSC review.

(a) Jun 08. The GOSC, the ACSIM said the Army has created Departments of Public Works (DPW) teams focused on barracks and the Sergeant Major of the Army has assigned 16 Sergeants Major (SGM) to DPW to oversee those activities. The VCSA said that his expectation for Commanders and Command Sergeants Major is for monthly clarity on the condition of each barracks. The VCSA also emphasized the value of SGMs at the 16 DPWs, saying they would provide an operational sense as the Army relocates Soldiers over the next three years.

(b) Jul 09. The VCSA directed OACSIM to rewrite the title and develop a new recommendation to track the funding of SRM and MILCON for all barracks (to include T-BUP). Issue remains active and will be refocused to track funding for all barracks.

(6) Resolution. The Army programs 90% of SRM funding through the standard budget process. Full funding of Permanent Party Barracks Modernization Program is programmed by 2013 with completion by 2015; the Training Barracks Upgrade Program will be funded by 2015 and completed by 2017.

g. Lead agency. DAIM-ISH

h. Support agency. IMCOM

Issue 590: Health Processing of Demobilizing Army Reserve Component Soldiers

a. Status. Completed

b. Entered. AFAP XXII, Jan 06

c. Final action. AFAP XXVI, Jan 10

d. Scope. Army Reserve Component (RC) Soldiers demobilizing through a Power Projection Platform (PPP) are not required to have a comprehensive physical or psychological examination. The RC Soldier only completes a screening questionnaire of physical and psychological health, followed by an interview and assessment by a medical professional; therefore, physical and psychological problems are missed at the PPP. Military resources available after release from active duty are often inaccessible, limited, and may not address symptoms missed at the PPP, which unfairly places the burden of care on the Soldier and Family, and negatively impacts a Soldier and Family's reintegration.

e. AFAP recommendation. Mandate comprehensive physical and psychological examination of demobilizing RC Soldiers at the PPP accompanied by appropriate follow-up care.

f. Progress.

(1) The Army developed and implemented a series of sequenced, standardized screening tests that are conducted pre-deployment, immediately post-deployment, and three to six months post deployment. Compliance has grown consistently.

(2) The Periodic Health Assessment replaced the standard five-year physical with an assessment that is gender and age-specific and is tagged to the risks of the particular Soldier and their state of health. The Transitional Assistance Management Program (TAMP) program provides 180 days of TRICARE health care to service members separating from active duty. Additionally, the TRICARE Reserve Select (TRS) health plan gives RC Soldiers an affordable option for health care while in Select Reserve status.

(3) GOSC review.

(a) Jun 06. GOSC requested the issue remain open. VCSA stressed value of having behavioral science and combat stress teams downrange and the necessity for leaders to look for signs so we can fix them.

(b) May 07. VCSA tasked OTSG to address compliance with Soldier mental health assessments in the Army Medical Action Plan. The issue remains active.

(4) Resolution. The January 2010 GOSC declared the issue completed based on implementation of standardized screening tests that are conducted pre-deployment, immediately post-deployment, and three to six months

post deployment and the medical benefits available to Soldier after demobilization. The CAR asked about medical care to reservists with an condition that occurs or reoccurs after transitional benefits expire. The Surgeon General responded that his staff is working that in conjunction with the Army National Guard and Army Reserve.
g. Lead agency. DASG-HSZ
h. Support agency. USAR, ARNG, MEDCOM

Issue 591: Military Spouse Preference Across All Federal Agencies
a. Status. Completed
b. Entered. AFAP XXII, Jan 06
c. Final action. AFAP XXVI, Jan 10
d. Scope. The Department of Defense is the only Federal agency required to utilize Military Spouse Preference (MSP) in their hiring practices. Title 5, United States Code, Chapter 33, Subchapter I- Examination, Certification, and Appointment does not restrict Federal agencies from using Military Spouse Preference in their hiring practices. Expanding the use of MSP to other Federal agencies increases employment opportunities for military spouses. Employment throughout the Federal agencies would enable military spouses to maintain a career and promote Family and financial stability.
e. AFAP recommendation. Require all Federal agencies to utilize Military Spouse Preference in their hiring practices.
f. Progress.

(1) In 2007, Army submitted a legislative proposal requiring all Federal agencies utilize MSP in their hiring practices. In 2008, the proposal was returned based on the Office of Management and Budget and Office of Personnel Management's position that the proposal is unattainable across all Federal agencies. In 2009, Executive Order 13473 established a new non-competitive hiring authority for spouses of active duty members authorized a permanent change of station move. This Executive Order establishes a non-competitive hiring authority for qualifying spouses.

(2) The AFAP issue was refocused in 2008, when the original recommendation was unsuccessful. The FY09 National Defense Authorization Act mandated that DoD provide financial assistance to help military spouses pursue education, training, licenses, certificates and degrees leading to employment in portable career fields. Military Spouse Career Advancement Accounts (MyCAA) provide military spouses up to $6,000 for training and education for portable careers. Since March 2009, over 81,000 spouses have built their profiles into MyCAA and more than $20M has been paid in tuition/financial assistance.

(3) Spouses of DoD Active Duty members and activated members of the Reserve Components who are on Title 10 orders are eligible to receive MyCAA financial assistance.

(4) GOSC review. The Jun 06 GOSC requested the issue remain active.

(5) Resolution. The January 2010 GOSC declared the issue complete based on employment opportunities authorized by Executive Order 13473 and financial assistance provided through MyCAA.
g. Lead agency. DAPE-CPZ

Issue 592: Post Secondary Visitation for OCONUS Students
a. Status. Unattainable
b. Entered. AFAP XXII, Jan 06
c. Final action. AFAP XXVII, Aug 11
d. Scope. OCONUS high school students incur greater travel expenses to visit post secondary schools than CONUS based students. Although many informational resources are available, on-site visits afford students the opportunity to make the most informed decision. Upon arrival at the CONUS point of entry, OCONUS Families will assume comparable travel expenses to those of CONUS Families. Minimizing the disparity in travel expenses will decrease the financial burden to OCONUS Families.
e. AFAP recommendation. Authorize a one-time round trip airfare to a CONUS point of entry for OCONUS students, who have been accepted to a post secondary school, and one guardian.
f. Progress.

(1) Army proposed a change to the JFTR and US Code to the military advisory panel (MAP) members of the Per Diem, Travel and Transportation Allowance Committee (PDTATAC). The other Services have no strong position for or against this issue.

(2) This initiative requires a change in law after gaining the support from the other Services, OSD and Congress.

(3) During the fourth QTR of FY 08, the Army ULB COC did not support the FY 11 ULB and advised pursuing a policy change for increasing the Space A travel priority for High School Seniors. We discussed the COC decision with USAREUR, and they advised DAPE-PRC to pursue a post secondary education travel program that mirrors the current dependent student travel program. The current dependent student travel program allows round trip dependent transportation at Government expense from the permanent duty station (PDS) to the school and return. Changing the Space A travel rules for High School students falls short of achieving what USAREUR proposed in this AFAP submission. As such, DAPE-PRC will re-submit a ULB for FY 12 while simultaneously eliciting support from EUCOM thru USAREUR for the ULB to allow round trip transportation at Government expense from the PDS to the prospective school and return.

(4) On September 2009, Army submitted a revised ULB for FY 12 along with updated cost estimates based on the number of high school seniors enrolled in OCONUS DoDDS schools for each Service, and estimates from the National Center for Higher Education Management Systems of High School graduates going directly to college.

(5) On September 2009, Army informed the JFTR Military Advisory Panel (MAP) of the Army's intent to convene a Principal's meeting (senior roundtable) and gain consensus on this issue. During the Principal's meeting, DAPE-PRC will also propose a revised and less ambiguous AFAP recommendation for approval that reads, "Au-

thorize one annual round-trip for one parent to accompany their dependent senior student at any time within a fiscal year (1 Oct - 30 Sep) between the member's OCONUS PDS and the dependent student's school in the U.S. The service member senior student must demonstrate guaranteed acceptance at a post secondary institution. The purpose is to allow similar transportation allowances that are currently authorized for dependent student transportation in the Joint Federal Travel Regulations (U5260 Dependent Student Transportation) for one accompanying parent."

(6) On December 2009 OSD convened a ULB Summit. DAPE-PRC briefed this AFAP issue during this ULB Summit in preparation for the FY 12A ULB final vote.

(7) On January 2010 OSD released the results of the FY 12A ULB final vote. The voting members deferred this AFAP issue for the FY 13 ULB cycle. DAPE-PRC requested from USAREUR G-1 an updated business case and their current position on this AFAP issue. We will evaluate the comments received on February 2010 from the voting members of the FY 12A ULB Summit, integrate USAREUR input, and prepare a revised ULB for submission during the FY 13A ULB cycle.

(8) Revised FY 13A ULB to include doable recommendations from the Council of Colonels for resubmission in the next ULB cycle while adhering to the scope of the issue. Recommendation from Council of Colonels includes providing a better business case to include DOD civilians and address the inequity between CONUS and OCONUS students. G-1 did not refer the ULB to OSD because no empirical data existed to support the issue.

(9) Data received from USAREUR in response to Director, PR request was insufficient to warrant resubmission of a ULB for the 14A cycle (effective Jul 11) as a priority. Adopting such an issue provides no inherent benefit to the Army and is perceived as an entitlement for senior Soldiers.

(10) Resolution. The Aug 11 GOSC declared the issue unattainable. The recommendation provides no inherent benefit to the Army and is perceived as an entitlement for senior Soldiers. HQDA DCS, G-1 was unable to demonstrate the compelling business case that would get the other Services and OSD to support the issue and advance a legislative proposal in the Unified Legislation and Budget (ULB) process.

g. Lead agency. DAPE-PRC

Issue 593: Relocation of Pets from OCONUS

a. Status. Unattainable

b. Entered. AFAP XXII; Jan 06

c. Final action. AFAP XXIII; Jun 07

d. Scope. The cost of transporting a pet from OCONUS is often a factor in the decision to ship the pet during a Permanent Change of Station (PCS). As a result of Base Realignment and Closure (BRAC) and the restationing of Soldiers and families from OCONUS, there are a significant number of Soldiers and families with pets returning from OCONUS. Pets are often a vital part of military families and being put in the position of having to make the decision to keep a pet because of a PCS impacts quality of life. Abandoning pets in an OCONUS location reflects poorly on the American military.

e. AFAP recommendation. Authorize a one-time reimbursement to ship one pet from OCONUS as a result of BRAC or restationing of Soldiers.

f. Progress.

(1) Authority. The Comptroller General of the United States opined that there is no authority to ship animal pets under the authority/statute for transportation of household goods. The OTJAG opined that there is no authority in statute to classify pets on PCS orders.

(2) Support for reimbursement. Discussions with Service representatives to the Per Diem Travel and Transportation Allowance Committee (PDTATAC) on pet shipment reimbursement garnered no support. A Unified Legislative Budget (ULB) proposal for a change in law to permit pet shipment reimbursement was not supported.

(2) Exception. The PDTATAC, military advisory panel (MAP) members and OSD do not support a one-time pet shipment reimbursement from OCONUS as a result of BRAC or restationing.

(3) Dislocation Allowance (DLA). Payment of DLA is intended to help reimburse a Soldier, with or without dependents, for expenses incurred in relocating the member's household (to include pets) on a PCS or housing move ordered for the Government's convenience.

(4) Resolution. The Jun 07 GOSC declared this issue unattainable because the lack of support for this initiative. DLA provides reimbursement for relocation expenses.

g. Lead agency. DAPE-PRC

h. Support agency. G-4, OCLL, OTJAG, ASA (M&RA)

Issue 594: TRICARE Dental Program (TDP) Enrollment Requirements for the RC

a. Status. Unattainable.

b. Entered. AFAP XXII, Jan 06

c. Final action. AFAP XXIV, Dec 07

d. Scope. Reserve Components called to Active Duty in support of military contingency operations who enroll their family in the TRICARE Dental Program (TDP) after thirty days of the Active Duty start date, cannot terminate coverage until they meet the twelve-month enrollment period. In accordance with 32 CFR 199.13, upon the service member's release from active duty, the Department of Defense stops their 60% contribution, which obligates the service member to pay the full premium. The change in status results in an unplanned financial burden to the service member and the family for the remainder of the twelve-month enrollment period.

e. AFAP recommendation. Eliminate the 30-day window for enrollment and allow the option to disenroll or pay the Reserve rate upon release from active duty.

f. Progress.

(1) Enrollment rules.

(a) The current enrollment requirement is set by regulation, 32 CFR 199.13. Enrollment in the TDP is voluntary. Members of the SELRES IRR are not required to enroll in the TDP nor are they required to enroll their family members.

(b) RC Members must enroll their Families in the TDP within their first 30 days of activation or they are contractually obligated to keep the policy for at least 12 months. If the Sponsor enrolls his family in the TDP with-

in the first 30 days of activation, the 12 month minimum enrollment may be waived once released from AD. If the sponsor enrolls in the TDP after the first 30 days, the sponsor makes a 12 month commitment to the TDP regardless of status (Active/Reserve) and is responsible for the payment of the monthly fees. After completing the 12-month minimum enrollment period, enrollment may be continued on a month-to-month basis until a cancellation request is received from the sponsor.

(c) If a Sponsor and his family are enrolled in the TDP prior to his being called or ordered to Active Duty, the Sponsor will be disenrolled and the family will convert to the Active Duty family rates until the completion of the Active Duty service. Once released from Active Duty, the Sponsor will be re-enrolled in TDP and will revert back to paying the Reserve member fees for the Sponsor and the family members.

(d) When on reserve status, RC Soldiers and their family members enrolled in the TDP are responsible for the full premium. When the RC sponsor is on AD for more than 30 days, the FMs' share of the premium cost is reduced to 40% and the government pays 60%.

(e) TMA considers changing the enrollment requirements unrealistic as it would cause the premiums to increase dramatically, thus does not support a legislative change. TMA recommends that commands fully inform beneficiaires of the requirements in the enrollment section of the TDP booklet and website.

(2) Assistance and Information.

(a) The TDP provides benefit advisors that will travel to various locations and provide briefings and written information on the current benefits to eligible beneficiaries. Staffs can contact the regional office of the TDP contractor) to arrange sessions to educate unit liaisons to provide necessary and adequate information to Soldiers to ensure awareness of benefits to which they and their families are entitled.

(b) OTSG forwarded a memorandum to the Reserve Commands in 2nd Qtr FY07 reiterating the requirement for RC Unit Commanders to educate their Soldiers on current TDP enrollment requirements.

(3) Disposition. At the Dec 07 GOSC, the CAR noted that giving reservists alert notices a year out from mobilization will provide a wider period of time to enroll in TDP. The issue was declared unattainable. Current policy prevents activated Soldiers from waiting until the end of their activation time to enroll in TDP, receive all necessary dental care, and then disenroll when they are deactivated.

g. Lead agency. DASG-DC, Army OTSG

h. Support agency. TMA, ARNG,USARC

Issue 595: Wounded Soldier Updates

a. Status. Completed

b. Entered. AFAP XXII; Jan 06

c. Final action. AFAP XXIII; Jun 07

d. Scope. Army families are experiencing difficulty obtaining timely and accurate updates on their wounded Soldiers. Communication breakdowns and information delays occur between the time of injury and arrival in CONUS. Rear Detachments have limited involvement in the current system. The lack of timely and accurate information causes undue stress on both family members and Soldiers.

e. AFAP recommendation. Appoint a trained rear detachment person as a local point of contact for families of wounded Soldiers, and create a staffed toll-free number for tracking and updating information on the Soldiers' status from war zone to CONUS.

f. Progress.

(1) Procedural improvements.

(a) Casualty and Mortuary Affairs Branch (CMAB) maintains visibility over each reported Soldier patient's movement and status in order to make notification to next of kin, provide updates, and to move and maintain family at bed side. Casualty Operations Division (COD) commences over watch and monitoring of Soldier patients at point of reporting and ends when the Soldier becomes an outpatient is transferred to a Veterans Affairs or specialty medical center (for long term care) or passes. In order to accomplish this mission, COD has embedded liaison officers at the major Army Medical Centers to provide visibility of patient Soldiers and their families.

(b) Movement is tracked through reports from the medical treatment facilities using the Joint Patient Tracking Application (JPTA) and TRANSCOM Regulating and Command and Control Evacuation System (TRAC2ES).

(c) After CMAB completes notification and prior to family movement to Soldiers bedside, CMAB contacts rear detachment, provides latest update on their Soldier and the latest information regarding family movement. CMAB provides the rear detachment with a phone number so they can receive Soldier and family updates.

(2) Toll Free Number. A wounded in action toll-free number (800-626-3317) is provided to families and calls are made to the next-of-kin to provide medical updates and movement plans.

(3) GOSC review.

(a) Jun 06. The GOSC requested the issue remain active to identify the system that tracks wounded Soldiers and how information about their condition and location is passed to family members.

(b) Nov 06. The issue was recommended for completed status, but the Director of the Army Staff (DAS) directed that it remain active to focus on how to best inform the rear detachment of what is being told to the family.

(4) Resolution. Issue was declared completed by the Jun 07 AFAP GOSC based on improved Soldier tracking and contact with the family and rear detachment.

g. Lead agency. AHRC-PEC

Issue 597: Co-Pay for Replacement Parts of Durable Medical Equipment (DME) and Prosthetics

a. Status. Unattainable

b. Entered. AFAP XXIII, Nov 06

c. Final action. AFAP XXVII, Feb 11

d. Scope. TRICARE beneficiaries pay up to 25 percent co-pay for replacement parts for DME and prosthetics. DME is necessary equipment (e.g., hospital bed, respirator, and wheel chair), purchased or rented for use in the treatment of an injury or illness. Examples of replacement parts would include custom-made equipment such as a wheel chair seating system or a socket for a prosthetic limb. These items can run in the

thousands of dollars and the required co-pay is creating a financial hardship for TRICARE beneficiaries.

e. AFAP Recommendation. Eliminate Co-Pay for replacement parts of DME and prosthetics.

f. Progress.

(1) DME is purchased or rented medical equipment used for the treatment of an injury or illness which is also medically necessary. DME may include wheelchairs, hospital beds/attachments, oxygen equipment, respirators, and other non-expendable items.

Prosthetics are replacement devices necessary due to significant conditions resulting from trauma, congenital anomalies, or diseases. Prosthetics may include substitute devices for limbs, digits, hearing aids, etc.

(2) Per the TMA, about 533,229 military beneficiaries used TRICARE to obtain DME in 2005. Most were retirees/family members/survivors, who totaled about 426,456 users. Of this number, about 114,489 were non-TRICARE for Life (TFL) retiree/dependent users. Non-TFL Active Duty family member (ADFM) users totaled about 58,041 persons. TMA states TRICARE data on DME replacement parts is not readily identifiable within TRICARE claims data. In any case, many re-deployed young Service Members processed through the Army Medical Evaluation Board/Physical Evaluation Board (MEB/PEB) process are subsequently placed on the Temporary Disability Retirement or the Permanent Disability Retirement Lists. These young retirees, most of whom are eligible for Department of Veterans Affairs (DVA) services, also have the option to obtain DME, prosthetics, and replacement parts under TRICARE, with the associated retiree co-payment requirements.

(3) ADFMs enrolled in TRICARE Prime and TFL users do not have co-payments under TRICARE. In 2005, 315,302 ADFMs and retirees/dependents used DME as TFL users (3,335 and 311,967 respectively) at a government cost of about $66M. Under TFL, Medicare is first payer (for DME, 80%) and TRICARE, as second payer, reimburses the 20% Medicare DME co-payment. Retiree DME and prostheses co-payments are: Prime and Extra, 20% of negotiated fees and Standard, 25% of the allowable charge. ADFM DME/prostheses co-payments are: TRICARE Extra, 15% of negotiated fees and Standard, 20% of the allowable charge. Beneficiaries needing DME are given authorizations for specialty referrals, except for DME costing less than $500, which does not require an authorization. There is no co-pay for MTF issued DME, which, if available, is issued on loan with a hand receipt.

(4) According to a DVA representative, most veterans are eligible to receive DME, prosthetics and replacement parts through DVA without incurring a co-payment. Such users may receive the required product at either a DVA hospital or outpatient facility. A provider/supplier can also submit a bill/claim for the DME, prosthetic or associated replacement parts directly to DVA for payment. Beneficiaries would only be liable for co-payments associated with the visit. This benefit, implemented through venders and suppliers under contract with DVA, is not available to family members.

(5) In response to Army, Acting TSG's request, TMA has agreed to enhance the TRICARE Web site content to reflect additional benefit information on DME and prosthetics. TMA has also agreed to:

a. Develop a DME/prosthetics Fact Sheet for use of Beneficiary Counseling and Assistance Coordinators (BCACs), providers and beneficiaries, including information on replacement parts;

b. Create a news release for distribution to the general public and the military media on DME and prosthetics; and

c. Update all marketing and education products with enhanced TRICARE information on prosthetics and DME, including replacement parts.

(6) In March 08, TMA responded with a summary of how their website was updated which includes the following: FACT SHEETS: The DME Fact sheet on the tricare.mil Web site was updated to reflect current policy; NEWS RELEASE: Newsletter Issue 5 (May 2007) - Orthotics: "What's Covered by TRICARE?" & West Region Provider Bulletin Issue 3 (March 2007); MARKETING AND EDUCATION PRODUCTS: Provider Handbooks, v.4 (Section 5, Medical Coverage), May 2007; Provider Quick Reference Charts, v.2 (TRICARE Coverage Benefits and Services chart), June 2007; TRICARE Summary of Beneficiary Cost Brochure (updated October 2007); Provider "Certificate of Medical Necessity Required for some "DME" - North Region TRICARE Reserve Select Handbook, v.4 (Section 2, Covered Services, Limitations & Exclusions),October 2007. All of our program handbooks (Prime, Extra, Standard and TRS) contain DME information in the "Covered Services, Limitations & Exclusions" section.

(7) The TMA response to TSG's request for pursuit of a legislative change to eliminate co-payments for DME and prosthetic replacement parts referred to a pending report from the Task Force on the Future of Military Healthcare. The Task Force issued their report in December 07 and did not recommend eliminating DME co-payments. TMA, in their evaluation of the final Task Force report, did not propose elimination of co-pays.

(8) Research within OTSG information systems demonstrated there is no current Army system for tracking utilization of DME repair parts. In addition, coordination with TMA confirmed that the co-pay is a statutory requirement and cannot be eliminated by a TMA policy change. TMA recommended OTSG request in writing that TMA consider proposing the co-payment elimination. In response, on 12 Sep 08 OTSG submitted a letter to TMA requesting assistance in proposing a legislative change to eliminate co-pays. In addition, we asked for assistance in isolating utilization data that can be used in the preparation of a Unified Legislative Benefit (ULB) proposal. In Nov 08, we received a response from TMA. They offered to work with us in order to build a reliable cost estimate as part of a ULB.

(9) During the 2Q FY 09, TMA investigated to see if they could isolate utilization and cost data. TMA can report DME and prosthetic procedure codes by fiscal year, however, their ability to determine whether or not specific equipment and supplies were replacement parts is still problematic. Currently, the use of specific codes for replacement DME or prosthetic items is inconsistent. TMA does not require that replacement modifier codes be

used for replacement DME and Prosthetic items For example; a recent query indicated that only $500,000 was paid by TRICARE beneficiaries in FY07 for DME or Prosthetic replacement parts. This estimate is considered to be considerably lower than earlier estimates. TMA believes they can require the contractors to identify replacements on claims based on any new benefit structure that is enacted but we cannot accurately determine which DME or prosthetic claims in the past were procured as replacement parts.

(10) TMA reviewed their internal procedures to determine how their contractors are currently coding replacement modifiers on DME and prosthetics. Since the use of replacement modifier coding is standard practice with Medicare, they suspect that the solution would be to determine what direction Medicare has given to their providers on claim coding for replacement DME and prosthetic devices and provide the same direction in their TMA manuals. During 4Q FY10, the new TMA manual language requiring contractors to code replacement modifiers for DME and prosthetics was completed.

(11) During a 29 September 2010 OTSG/TMA review session of various OTSG AFAP issues, TMA stated they would not support eliminating the co-pay for DME and prosthetic replacement parts. TMA believes the fiscal year catastrophic cap ($1,000 for ADFMs and $3,000 for Retirees and Family Members) is sufficient to hold down out of pocket costs for these beneficiaries. In addition, TMA reiterated the range of services the VA offers for rehabilitative services. We received TMA's final 16 December 2010 memo on our request reiterating their position and we consider this issue unattainable.

(12) Resolution. Issue was closed as unattainable because the TRICARE Management Agency (TMA) does not support elimination of co-payment fees for DME and prosthetic replacement parts. TMA does not support eliminating the co-pay for DME and prosthetic replacement parts. TMA believes the fiscal year catastrophic cap ($1,000 for ADFMs and $3,000 for Retirees and Family Members) is sufficient to hold down out of pocket costs for these beneficiaries. TMA implemented an enhanced marketing focus on DME and prosthetics, to include replacement parts, fact sheets, web updates, and news releases for public and other media entities. The TRICARE Management Agency (TMA) attendee clarified that if a DME or prosthetic replacement part is needed for a medically retired service member, then it's covered a VA benefit, maintenance of the equipment.

g. Lead agency. DASG-HSZ

h. Support agency. TRICARE Management Activity

Issue 598: Education Regarding Living Wills and Healthcare Powers of Attorney (HPOA)

a. Status. Completed

b. Entered. AFAP XXIII, Nov 06

c. Final action. AFAP XXV, Jul 09

d. Scope. Due to the nature of injuries or medications, not all wounded Soldiers are able to make medical decisions and those decisions fall to Family members. Frequently there is confusion regarding wishes of the Soldier and identification of the agent for healthcare decisions if there is no Living Will or HPOA. There is no standardized training that provides information to the Soldier regarding the Living Will and HPOA. Education is needed to adequately inform and prepare the Soldier and their Families for the potential importance of Living Wills and HPOA. The well informed Family member will be better prepared to make decisions regarding medical treatment of the Soldier.

e. AFAP Recommendations.

(1) Develop a multi-language, multi-media Family education program in layman's terms on Living Wills and HPOAs, to be widely available to all Soldier's Families in places such as, but not limited to: Military One Source, Better Opportunities for Single Soldiers (BOSS), My Army Life Too.com, Family Readiness Groups and Army Community Service (ACS).

(2) Use Soldiers and Family members as spokespersons in all prepared media.

(3) Require a standardized training, separate from the predeployment briefing, to inform Soldiers of the importance, effect, and impact of a Living Will and HPOA.

f. Progress.

(1) Validation. Historically, Soldiers have been reluctant to prepare wills and HPOAs. More efforts can be made to educate Soldiers and Family members as to the importance of these documents and to encourage them to obtain those documents at a time when spouses can be involved in the decisions.

(2) OTJAG coordinated with Human Resource Command's Casualty Memorial Affairs office and, through a contractor, developed "Taking Care of Business: A Personal Readiness Video and Checklist for Soldiers and Families." The video and checklist are being incorporated into the Deployment Cycle Support Directive and DA Form 7631 per ALARACT MSG 26/2009.

(3) The video, which will be shown to Soldiers and their Families throughout the Deployment Cycle Support process, includes a section on living wills and healthcare powers of attorney. The Personal Readiness Action Plan checklist, which is distributed after the video viewing, includes referral to a legal assistance attorney to discuss preparation of legal documents, including living wills and HPOAs.

(4) The video and checklist are posted on Army G1, Army Legal Services, HRC-CMOAC, and Military One Source websites and will be available to Family Readiness Groups.

(5) Resolution. The July 09 GOSC declared the issue completed based on the development and distribution of the personal readiness video and checklist.

g. Lead agency. DAJA-LA

Issue 599: Enlisted Promotion Points Submission

a. Status. Complete

b. Entered. AFAP XXIII, Nov 06

c. Final action. AFAP XXIV; Jun 08

d. Scope. Army policy (AR 600-8-19, paragraph 3-23) prevents Soldiers from updating their promotion points as they are accumulated. Current rules on point submission potentially disadvantage the best qualified Soldiers from promotion. With the implementation of the Defense Integrated Military Human Resources System (DIMHRS),

Soldiers will have a real time promotion score thus eliminating this as an issue. However, DIMHRS is not scheduled for implementation until FY08. By reducing the point submission requirement as an interim measure, Soldiers will have an avenue to increase their promotion score in order to be more competitive for selection.

e. AFAP Recommendation. Lower the administrative reevaluation submission requirements to 10 points.

f. Progress.

(1) Validation. Soldiers have expressed frustration with the inability to update their promotion points until they have at least 20 points. Soldiers often have smaller point values to add and these small values can make a difference in meeting the cut-off score for promotion.

(2) Prior to the AFAP recommendation, the G-1 was researching the feasibility of an automated bridge to DIMHRS. This bridge will make the automated DA Form 3355 (Promotions Worksheet) a self-service module. The individual Soldier will update his/her promotion points through his/her Army Knowledge Online (AKO) account and there will no longer be a minimum number of points for re-computation.

(3) Resolution. The G-1 approved the "self-service" DA Form 3355 concept on 16 Jan 07. After comprehensive development and subsequent testing, it has been approved for implementation, Army-wide, effective 11 Oct 07.

g. Lead agency. DAPE-MPE-PD

h. Support agency. TAPC-PDZ-A

Issue 600: Family Care Plan (FCP) Travel and Transportation Allowances

a. Status. Unattainable

b. Entered. AFAP XXIII, Nov 06

c. Final action. AFAP XXVII, Aug 11

d. Scope. Soldiers requiring activation of Family Care Plans (FCP) are not compensated for the travel of dependents and shipment of the dependent's household goods. Selected household goods; such as infant equipment, computers and personal comfort items, are necessary for the emotional and physical well being of the DEERS dependent(s) in their new environment during an already stressful time. Implementation of Soldier's FCP should not create additional financial hardship and emotional stress on the Soldier and Family.

e. AFAP Recommendations.

(1) Authorize funded travel for DEERS dependent(s) to FCP designated location for deployments greater than 179 days.

(2) Authorize funded shipment of household goods limited to 350 pounds weight allowance per DEERS dependent to FCP location for deployments greater than 179 days.

f. Progress.

(1) In February 2007, Army MAP member of the Army G-1 proposed a change to the JFTR to establish this authorization. The MAP members of the other Services were not supportive of this proposal. Additionally, Per Diem Committee Director advised Army MAP member that there currently is no legislative basis to add this authorization to the JFTR.

(2) A legislative change is required to establish the basis for this authorization in the JFTR and our mechanism for transacting such a change is the Unified Legislative Budget (ULB) process. Army G-1 submitted this item as a ULB for FY 10. With all the other competing priorities in the ULB process and the relatively high cost of this proposal, Army did not support sending it to the Department of Defense (DOD) for consideration.

(3) DAPE-PRC submitted this item again as a ULB for consideration in FY 11. USD P&R deferred it to FY 12. The support for the proposal was mixed in FY 11. Army, J1, SOLIC, RA, and HA supported the ULB. Air Force, US Coast Guard (USCG), and OSD PA&E voted to defer the proposal to FY 12. Air Force advised voting organizations to consider a 120 day TDY or greater and consider targeting the proposal by grade. USCG advised the proposal needs further analysis. PA&E advised voting organizations to consider targeting the proposal by grade. Navy and COMPT did not support the proposal. Navy advised this is a policy issue not statutory, and statutory authority already exists under 37 USC 406(e), therefore a ULB is unnecessary. COMPT advised if the member decides to move their dependents back and forth between the designated location and their duty station, they have basic pay and FSA to pay for doing so, and it is the individual's responsibility to take care of his/her Family. COMPT also indicated the proposal needs further analysis.

(4) The JFTR outlines a variety of options that authorize travel and transportation allowances for members to relocate dependents with secretarial waiver to CONUS or OCONUS designated location. These options are incident to a member receiving indeterminate TCS order or a PCS move to/from an OCONUS unaccompanied tour. There is no authorization for travel and transportation allowances when a service member deploys greater than 179 days with a unit on TCS orders.

(5) On September 2009, Army informed the JFTR Military Advisory Panel (MAP) of its intent to convene a Principal's meeting (senior roundtable) and gain consensus on this issue.

(6) On January 2010, DAPE-PRC briefed the Deputy G-1 and the VCSA during the AFAP General Officer Steering Committee (GOSC). The VCSA concurred with the Deputy G-1's recommendation to refocus Army Strategy since the preponderance of the affected population is Army (approximately 67%) to include Sunset clause provision with Army as the "Pilot Program" or Service discretion (for deployments greater than 179 days).

(7) On January 2010, DAPE-PRC resubmitted an updated ULB with revised cost estimates after carefully evaluating data from 2003-2009 on Army losses due to parenthood, which averaged 2003 uniformed members. The ULB was deferred to the FY 13A ULB Cycle.

(8) During the 2nd quarter of FY 2010, DAPE-PRC participated in a ULB peer review with Army and Sister Service. DAPE-PRC will include ULB peer review recommendations from Sister Service to strengthen Army's business case. Revised FY 13A ULB and incorporated ULB Council of Colonels recommendations. G-1 did not refer the ULB to OSD because no empirical data existed to support the issue.

(9) Director, PR second request to USAREUR on 13

May 2011for empirical data, was insufficient (in addition of G-1 assumptions) to garner support of sister Services. Moreover, nothing new was evident to support a ULB resubmission for the 14A cycle (effective Jul 11) as a priority during this fiscal constraint amidst dwindling resources. Additionally, our research did not uncover any evidence to show that Soldiers are experiencing financial hardships when required to execute their Family care plan.

(10) Resolution. The Aug 11 declared the issue unattainable. G-1 research did not uncover any evidence to show that Soldiers are experiencing financial hardships when required to execute their FCP. HQDA DCS, G-1 was unsuccessful in demonstrating a compelling business case to garner support of the sister Services in the Unified Legislation and Budget (ULB) process.

g. Lead agency. DAPE-PRC

Issue 601: Full Compensation for Uniform Changes

a. Status. Unattainable

b. Entered. AFAP XXIII, Nov 06

c. Final action. AFAP XXV, Jan 09

d. Scope. The current Office of the Secretary of Defense policy does not fully compensate Enlisted and Officers for purchase of newly mandated clothing bag items. Over the past six years, the Army has changed the Physical Fitness Uniform, the Battle Dress Uniform, and the Army Service Uniform. Enlisted Soldiers Clothing Replacement Allowance (CRA) does not fully cover the transition cost of clothing bag items. Officers do not receive any compensation for newly mandated uniforms. For example, Soldiers are required to have four Army Combat Uniform (ACU) by the mandatory possession date (1 May 08). Only enlisted Soldiers are funded for two per year. The estimated six month wear out date of the ACU prevents Soldiers from acquiring and maintaining four serviceable uniforms without incurring an out of pocket expense. Each newly mandated uniform change causes additional expenses for Soldiers and Families.

e. AFAP Recommendation. Create a supplement, in addition to the existing CRA and the one time Officer entitlement, which will provide full compensation to all Enlisted and Officers in the procurement of newly mandated clothing bag items.

f. Progress.

(1) Validation.

(a) The CRA computation is controlled by Office of the Secretary of Defense (OSD). The CRA is not intended to totally fund a Soldier's uniforms or clothing bag purchases. The Army must provide OSD and the other Services specific examples of why the CRA is inadequate. The Army must develop a method that would allow/justify an increase in the CRA. OSD mandates that the method applied be the same for all Services' CRA.

(b) The CRA is computed using the most current required Clothing Bag items quantities and is adjusted annually based on changes in standard price. CRA provides 100% of the replacement cost of required clothing bag items prorated over each item's expected useful life. Useful life is also recomputed annually and considers actual annual sales and service population. OSD/Services must determine the merit of increasing the CRA based on required items. The initial observation is that the CRA is paid annually - and the wear life of most clothing bag items is 6 months or more.

(c) On 9 Feb 07, HQDA G-4 provided this issue to OSD and all supporting Agencies for coordination with all Services.

(d) On 13 Feb 07, HQDA G-1 determined that the requirement for an additional monetary allowance for officers will require legislation approval.

(2) On 20 Feb 08, HQDA G-4 met with OSD (P&R) and determined that this issue would be formally presented to the Other Services in 3rd QTR FY08.

(3) On 8 May 08 G-4 coordinated recommendation with OSD and all Services. All Services and OSD non-concurred because for funding constraints and they do not want to increase the allowance for officers.

(4) Resolution. The January 2009 HQDA AFAP GOSC declared the issue unattainable as Army G-4 presented the AFAP recommendation to OSD and the Services, and all non-concurred. Additionally, the CRA provides 100 percent of replacement costs of required clothing bag items prorated over each item's expected useful life, and mandatory possession dates are set far enough into the future to enable the CRA to fund newly mandated clothing items.

g. Lead agency. G-4, DALO-SUT

h. Support agency. ABO, G-1, G-3, G-8, ACTIVE ARMY, USAR, NGB, HQTRADOC, PEO SOLDIER, OSD, and OTJAG

Issue 602: Medical Malpractice Compensation for Service Members

a. Status. Unattainable

b. Entered. AFAP XXIII; Nov 06

c. Final action. AFAP XXIII; Jun 07

d. Scope. The interpretation of the Feres Doctrine prohibits active duty service members from seeking additional financial restitution from the federal government in cases of medical malpractice. Service Members on active duty receive free medical care and a comprehensive disability retirement plan, but the compensation for medical malpractice does not include payment for pain and suffering, loss of consortium, or punitive damages. Injuries resulting from medical negligence cause severe physical and financial hardship to the service member which impacts the service member's quality of life.

e. AFAP Recommendation. Create a malpractice claim process for service members which provides financial compensation in addition to, not in lieu of, benefits and entitlements, similar to the process available to family members.

f. Progress.

(1) Feres Doctrine. The Feres doctrine originated in a 1950 United States Supreme Court decision, which held that members of the Uniformed Services cannot sue the federal government, other service members, or civilian government employees in tort for injuries which arise out of, or are incurred in the course of, activity incident to military service. The Court recognized the distinctly federal relationship between the government and members of its armed services and the corresponding unfairness of permitting service-connected claims to be determined by

non-uniform local law. This decision has been broadly and persuasively applied by the courts and has stood for 56 years without either legislative or judicial alteration.

(2) The Offices of the General Counsel (TRICARE Management Agency and the Office of the Secretary of Defense) non-concurred with the recommendation for reasons outlined above and because the recommendation for a separate process issue is addressed in DoD 6025.13-R, Medical Quality Assurance in the Military Health System.

(b) Claim process. The review process for a Feres-barred case is comparable to, but distinct from, the path taken by a paid medical malpractice claim. In either case, negligence is documented and reported to the appropriate licensing authorities and national professional data banks. Allowing service members to claim damages for injuries incident to service would adversely affect good order and discipline, reduce recruitment of medical professionals, and result in greater litigation against the DoD. Providing service members with monetary compensation for injuries sustained from medical malpractice would result in inequity to service members injured elsewhere.

(3) Resolution. The issue was declared unattainable by the Jun 07 AFAP GOSC. Adverse medical incidents involving service members are subject to the same reporting requirements as incidents involving family members, and the recommendation would allow service members to collect money in addition to other existing benefits and entitlements associated with medical malpractice claims.

g. Lead agency. USAMEDCOM Judge Advocate

h. Support agency. OTJAG

Issue 603: Reserve Component (RC) Combat Stress Related Reintegration Training

a. Status. Completed

b. Entered. AFAP XXIII, Nov 06

c. Final action. AFAP XXVI, Jun 10

d. Scope. RC service members (SM), Families and communities do not receive a consistent standardized method of reintegration training dealing with combat related stress. RC SM, their Families and communities are not aware of the symptoms and severity of Post Traumatic Stress Disorder (PTSD) or Combat Stress Disorder (CSD) and therefore do not seek access to care. Adequate funding is not earmarked to provide standardized combat stress related reintegration training in a timely manner upon returning from a deployment. Untreated PTSD or CSD is devastating to the Soldier, the Family and the community.

e. AFAP Recommendations.

(1) Earmark funds to provide standardized combat stress related reintegration training for the RC.

(2) Standardize combat stress related reintegration training for RC SM, Families and communities throughout the reintegration process to ensure Family participation.

(3) Mandate and document combat stress related reintegration training for all RC SM returning from deployment.

f. Progress.

(1) The Congressional mandate to implement a Yellow Ribbon Reintegration Program (YRRP) into the Army Reserve provided the Army Reserve the resources to integrate combat stress into reintegration training. The Army Reserve YRRP has matured since its initial inception in 2008 and will remain the vehicle by which combat stress education is provided to Army Reserve Soldiers, Families, and Civilians. Combat stress training is also available upon demand. Combat stress education is now a mainstay within the Army Reserve and will continue to evolve as new scientific evidence emerges.

(2) Yellow Ribbon Reintegration Program funded for FY2010 and is in the POM for FY2011-20017. HQDA allocated approximately $23M for FY2011-2015 for additional enduring authorization. Concept plan currently under review and approval at DA G3. Funding requirements/adjustments ($34M) are being included in the POM 2012-2017.

(3) Training is disseminated through the Army Reserve Yellow Ribbon Reintegration Program and the utilization of DoD and VA assets (i.e. Military Family Life Consultants). Since the last IPR, Battlemind Program was incorporated into the Comprehensive Soldier Fitness Program. Due to this change, the Army Reserve did not pursue a RC specific Battlemind module. Battlemind continues to be conducted at Yellow Ribbon Reintegration Program events.

(4) The Army Reserve published OPERATION ORDER 08-102 (Yellow Ribbon Reintegration Program), 30 July 2008. OPERATION ORDER 08-102 requires USARC subordinate commands to implement the 30-60-90 day post-deployment Yellow Ribbon Reintegration Program activities for Soldiers returning o/a 1 August 2008 and their Family members, at an offsite location contracted by the respective Regional Readiness Commands (RRC) and/or Regional Support Commands (RSC). Effective 1 October 2008, all USARC subordinate commands will fully implement the Yellow Ribbon Reintegration Program for mobilizing, mobilized, and redeploying Soldiers and their Families at centralized locations to mitigate the stressors of extended mobilization and reintegrate Soldiers with their Families, communities, and employers.

(5) ANNEX L to OPERATION ORDER 08-102 (Yellow Ribbon Reintegration Program). Army Reserve Soldiers and Family members are placed on duty/invitational travel orders to attend Yellow Ribbon events. Army Reserve Soldiers and Family members register upon arrival at a Yellow Ribbon event. There may be additional tracking/accountability requirements implemented at each event.

(6) The Army Reserve has four behavioral health officers working full-time as Regional Directors of Psychological Health. Together with the Deputy Surgeon for Behavioral Health, combat stress-related and resiliency training is offered on demand to Army Reserve leaders, Soldiers, Families, and Civilians. A concept plan is currently under review at HQDA which includes turning these five behavioral health positions into full-time enduring civilian authorizations.

(7) The Army Reserve, under the directives established in the VCSA's Campaign Plan for Health Promotion, Risk Reduction, and Suicide Prevention Campaign Plan, received additional funding starting FY2011 to augment staff at the Regional Support and other Major/Direct

Reporting Commands with Suicide Prevention Program Managers, Family Advocacy Program staff, and Army Substance Abuse Program staff. All these positions will be clinical in nature and will have the expertise to assist Reserve Soldiers and Family members with reintegration training, education, support and assistance. AR 600-63 is the governing regulation for these new requirements.

(8) The Army Reserve Family Programs hired a licensed clinical social worker in the position of Deputy Director and in the position of Director of the Warrior & Family Assistance Center. Plans are being developed to hire additional behavioral health professionals for man the Army Reserve call-in center. The addition of these behavioral health professionals will ensure the appropriate training is maintained for Soldiers and Family members.

(9) Another source of training will be provided by the Comprehensive Soldier Fitness Program. Implementation of this program is under development; however, the Army Reserve is allotted five training seats for each iteration of the Master Resiliency Training Program.

(10) On 28 Sep 2009 the Deputy Surgeon, Behavior Health, Office of the Chief, Army Reserve met with OTSG to discuss the transfer of issue #603 to the Army Reserve. Both concurred with the transfer. The Deputy Surgeon, Behavior Health, Army Reserves will act as the lead action officer with OTSG in support. With this change, the Surgeon's Behavioral Health Officer (anticipated to be a civilian in the near future) will provide direct oversight in the evolution of combat stress related training within the Army Reserve.

(11) Disseminating combat stress related and resiliency training, information and materials is an ongoing and evolving Army Reserve mission. What is constant is the Congressional mandate to use the Yellow Ribbon Reintegration Program as the training vehicle. The program is out of its infancy stage and will continue to strengthen as a result of event programming.

(12) Resolution. Training is documented and is disseminated through the Army Reserve Yellow Ribbon Reintegration Program and utilization of DOD and VA assets. Funding is in the FY12-17 POM.

g. Lead agency. Army Reserve, DAAR-MD

h. Support agency. Army National Guard Bureau, G-1, G-3, G-7, and G-2/G-6

Issue 604: Retroactive Traumatic Service Members Group Life Insurance (TSGLI) Compensation

a. Status. Completed

b. Entered. AFAP XXIII, Nov 06

c. Final action. AFAP XXVI, Jun 10

d. Scope. Soldiers with qualifying injuries in non-combat related accidents occurring between 7 Oct 2001 – 30 Nov 2005 do not receive retroactive TSGLI compensation. Soldiers injured in Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) during the same time period have been retroactively compensated. Public Law 109-13, 1 Dec 2005, authorizes all Soldiers to receive the same TSGLI compensation regardless of the location of the accident. This is an inequity for injured Soldiers and their Families.

e. AFAP Recommendation. Provide retroactive TSGLI compensation to Soldiers with qualifying injuries occurring between 7 Oct 2001 – 30 Nov 2005 consistent with Soldiers injured in OIF and OEF.

f. Progress.

(1) After conferring with the OSD POC officer responsible for the TSGLI program the official stance for OSD is that there is no support for initiative from OSD. They do not support expansion of the TSGLI program to provide retroactive TSGLI benefits to Soldiers with qualifying non-combat injuries occurring between 7 October 2001 – 30 November 2005 consistent with Soldiers injured in OIF and OEF.

(2) The Army submitted an FY11A ULB for combining of both the retroactive and prospective periods of TSGLI in order to provide compensation benefits to those Soldiers that sustained a non-combat related injury prior to 1 December 2005. Because of the OSD position on this particular initiative there would be no sponsorship and thus the ULB was withdrawn from FY11A ULB cycle.

(3) The Senate Veterans Affairs Committee proposed an amendment to the omnibus benefits bill, S. 1315, the Veterans' Benefits Enhancement Act of 2007. While in the House of Representatives, all language relating to the combining of the two periods of coverage under TSGLI and the removal of the requirement limiting the retroactive TSGLI payments to those who served in the OIF or OEF theaters of operations was removed from the bill. Review of conference report for the National Defense Authorization Bill for FY 2010, does not contain any provision or authorization for retroactive TSGLI payments.

(4) Discussions with OSD on retroactive SGLI reimbursement indicate that there is no support at OSD or action pending within OSD to provide retroactive TSGLI payments for injuries occurring between 7 October 2001 – 30 November 2005 consistent with Soldiers injured in OIF and OEF.

(5) Resolution. Retroactive TSGLI compensation to Soldiers injured outside OEF and OIF theaters of operation between 7 Oct 01 and 30 Nov 05 was declared unattainable. Language in the FY10 NDAA authorizing retroactive TSGLI was removed from the final House bill. OSD does not support this issue.

g. Lead agency. AHRC-PDZ-CRSC

Issue 605: Table of Distribution and Allowance (TDA) Position for Garrison Better Opportunities for Single Soldiers (BOSS) Program

a. Status. Completed

b. Entered. AFAP XXIII, Nov 06

c. Final action. AFAP XXVI, Jun 10

d. Scope. There is no Table of Distribution and Allowance (TDA) position for the Better Opportunities for Single Soldiers (BOSS) president at the Garrison level. Department of the Army Circular 608-06-1 does not standardize requirements for filling a BOSS president position. Without a fulltime BOSS president on the TDA, the total quality, success, and participation of this program are diminished.

e. AFAP Recommendations.

(1) Establish a requirement for a full time BOSS president position on the TDA for each Garrison as a two year tour.

(2) Require the senior mission Commander to assign the selected Soldier to the authorized TDA position.

f. Progress.

(1) Years of part time BOSS Presidents have caused a lack of credibility and instability in the program. Duties and responsibilities of the BOSS President have increased over the years, and part time Presidents cannot commit the time needed to effectively execute the program. It has remained a major Army-wide issue compounded by the high operational tempo. In Jan 07, IMWR-CR-B researched potential courses of action.

(2) HQDA Memorandum, DAMO-FMP, subject: Concept Plan to Establish Military Requirements for the Better Opportunities for Single Soldiers (BOSS) Program, dated 24 Jan 09, approved 47 military requirements without authorizations, with an effective date of 1 Oct 09. Authorizations were not available due to the current constrained resource environment. G-3/5/7 provided two options: realign authorizations or work with Senior Commander's to fill.

(3) FMWRC is preparing subsequent concept plan for approval to expand the military requirements to a total of 78 BOSS President positions. After approval of military requirements, FMWRC will pursue 50 BOSS President authorizations. BOSS President positions are PMOS immaterial.

(4) FMWRC worked with Human Resource Command (HRC) to obtain four (4) military over-strength Directed Military Over-strength (DMO) positions. FMWRC is pursuing DMO positions for the remaining approved BOSS President requirements.

(5) The RAR to AR 215-1 supersedes the DA Circular 608-06-1; requires full time BOSS Presidents. AR 215-1 was published 28 Mar 10.

(6) Draft DA Pamphlet 215-XX, Paragraph 2-7a, currently being staffed at FMWRC, addresses the requirement "to perform sole duties as the BOSS President, for a minimum of two years".

(7) At the Apr 10 AFAP issue review with LTG Lynch, a recommendation was made to close the issue since the Senior Commander has operational responsibility for the BOSS President. Once released, the DA PAM 215 XX will address the BOSS President responsibilities for a two year minimum.

(8) Resolution. The G-3/7 approved the concept plan for 47 military requirements for BOSS president positions. It is already a Senior Commander requirement to ensure BOSS president positions are filled, but a new DA Pam will address the requirement to perform sole duties as the BOSS President for a minimum of two years.

g. Lead agency. DAIM-ISS

h. Support agency. IMWR-CR

Issue 606: Temporary Lodging for Single Service Members with Partial Custody/ Visitation

a. Status. Complete

b. Entered. AFAP XXIII, Nov 06

c. Final action. AFAP XXIV; Jun 08

d. Scope. Single Service Members who have partial custody/visitation of their children for less than 181 days per year are not authorized Family (alternative) housing. In accordance with DoDI 4165.63M, single Service Members are not authorized to obtain a confirmed reservation at military lodging. Overnight visits are not allowed in the barracks nor is the environment conducive to Service Member's visitation periods with their children. Providing a Family friendly environment may increase parent/child interaction, decrease expenses, increase flexibility of visitation, and improve Family unit cohesion.

e. AFAP Recommendation. Authorize Service Members who have partial custody/visitation of their children to be included on a Confirmed Reservation Basis priority listing for military lodging.

f. Progress.

(1) Validation. Under current DoD policy, Soldiers making space available reservations have no reservation priority. Travelers in this status may make reservation requests up to 30 days in advance of arrival in accordance with local policy/procedures.

(2) The Office of the Under Secretary of Defense for Personnel and Readiness (OUSD) has decided to staff this as a policy change as opposed to an exception for the Army. This has been coordinated with the Assistant Secretary of the Army (Manpower and Reserve Affairs), Assistant Secretary of the Navy (Manpower and Reserve Affairs) and Assistant Secretary of the Air Force (Manpower and Reserve Affairs).

(3) The Assistant Secretary of the Air Force came back with proposal to accept reservation for single military members for the purpose of visitation with children be accepted only up to 10 days prior to stay and that installation/lodging managers may limit duration of stay dependent upon projected occupancy. The Assistant Secretary of the Navy concurred with the recommendation of the Air Force.

(4) On 17 Jan 08, the request for policy change was forwarded for signature to the Principal Deputy Under Secretary of Defense of Personnel and Readiness. The Office of the Under Secretary of Defense approved the policy change. This policy change will be incorporated into the next revision of Department of Defense Instruction (DoDI) 1015.11, "Lodging Policy".

(5) NETCALL informing Army Lodging activities of the policy change was submitted for approval on 15 Apr 08 with release date no later than 25 Apr 08.

(6) Resolution. The Office of the Under Secretary of Defense (OUSD) for Personnel and Readiness approved the policy change, which will be incorporated into DoDI 1015.11 (Lodging Policy). On 1 June 2008, the IMCOM Deputy, Commanding General NETCALL disseminated policy change information to Army Lodging activities.

g. Lead agency. IMWR-HP

Issue 607: Terminal Leave Restrictions for Soldiers in the Physical Disability Evaluation System (PDES)

a. Status. Completed

b. Entered. AFAP XXIII, Nov 06

c. Final action. AFAP XXIV, Dec 07

d. Scope. Soldiers being separated through the PDES are not allowed to take terminal leave and instead are

forced to sell remaining leave days. Soldiers ordinarily transitioning out of the military are allowed to take terminal leave. The affected Soldiers are not given the options to take leave with full entitlements. Current regulations create an inequity for Soldiers in the PDES process.

e. AFAP Recommendation. Remove terminal leave restrictions preventing Soldiers from using leave after completing the PDES process.

f. Progress.

(1) Validation. Soldiers are able to utilize accrued leave during the PDES process as long as leave periods do no conflict with medical treatment or scheduled PDES boards.

(2) AR 635-40, Physical Evaluation for Retention, Retirement, or Separation, Appendix E, par. E-8a and E-8d, state that discharge will be effected within 20 days from the date of secretarial approval of the determination of physical unfitness advanced by the number of days accrued leave which can not be sold back to the Government. AR 600-8-10, Leaves and Passes, par. 4-21g also indicates that Soldiers are only authorized terminal leave after PDES determination if they are unable to sell or cash in leave to the Government.

(3) Independent action by the Army Medical Action Plan (AMAP) working group resulted in a change to the terminal leave procedures for active and RC Wounded Warriors in transition, or processing through or who have completed the Physical Disability Evaluation System. ALARACT 172/2007, Aug 07, authorizes these Soldiers to take transition leave (formerly called terminal leave).

(4) Resolution. The Dec 07 GOSC declared the issue completed because Soldiers are authorized to utilize accrued leave during the PDES process as long as leave periods do not conflict with medical treatment or scheduled PDES boards.

g. Lead agency. DAPE-PRC

Issue 608: Timeliness of TRICARE Referral Authorizations

a. Status. Completed

b. Entered. AFAP XXIII, Nov 06

c. Final action. AFAP XXVI, Jun 10

d. Scope. The Primary Care Managers (PCMs) and the Managed Care Support Contractors (MCSCs) are not adhering to the required TRICARE guidelines and standards for processing specialty care referrals. The PCM standard is one business day for referral request. The MCSCs are required to process referrals for authorization within three workdays. Medical care authorization is being delayed which precludes timely medical care and increases recovery time.

e. AFAP Recommendations.

(1) Require monitoring and reporting of processing times for specialty care referrals to ensure stricter compliance.

(2) Develop a brochure explaining the process and requirements for TRICARE specialty referrals and require PCMs provide the brochure to all patients receiving referrals.

f. Progress.

(1) The actual monitoring and compliance with the administrative actions surrounding the Managed Care Support Contractors (MCSC) acceptance and recording of referrals has been shown to not be a significant execution issue. As of Jan 09, the 3 MCSCs consistently report over 99% compliance with referral processing/ authorization within the required 3 day standard. It must be noted that this execution is just for those military treatment facility (MTF) “defer to network” referral requests that the MCSCs currently accept as needing an “authorization.” This comprises the bulk of civilian specialist referrals, but does not account for ancillary referrals such as laboratory, radiological, or durable medical equipment (DME) requests from the MTF.

(2) The MCSCs’ administrative processing of referral requests is different from the MTFs’ internal referral management process.

(a) For referrals generated within the MTF for a specialty appointment for which the MTF does not have capacity/capability, the standard for sending that “defer to network” specialty referral request to the MCSC is within 1 business day.

(b) For MTF generated specialty referrals in which the MTF has potential for capacity and/or capability, the process for determining whether or not the beneficiary can be seen within the MTF within prescribed access to care (ATC) standards requires more steps and decisions by both the MTF and the beneficiary. Under the current MHS design, these are considered normal and acceptable, but in some cases an actual appointment may not be “booked” with the beneficiary within 1 business day of the referral being generated and inputted into the system.

(c) When the MTF determines that they have capacity/capability and offers the beneficiary an appointment, or appointments, within ATC standards, the appointment’s date and time might not be acceptable to the beneficiary. The OPORD 09-36 (see para c) instructs our MTFs to work toward improving processes which supports having several appointments available within the ATC standard window. Even with all the process improvements underway, the MEDCOM MTFs have found that many MTF enrolled beneficiaries will accept another MTF appointment that is outside the ATC standard if other available appointments are not convenient to them.

(d) The processes outlined in section b has been solidified by the OTSG/MEDCOM OPORD 09-36 release, Access to Care Campaign, dated 30 Mar 09. Performance metrics to support the beneficiary receiving specialty appointments is standardized across the MEDCOM and will be tracked at the MTF, Regional Medical Command (RMC), and MEDCOM level.

(3) MEDCOM initiated Data Calls and Regional Medical Command forums with our MTFs produced evidence showing some business process disconnects between the MTFs and the MCSCs for the MTF “defer to network” referrals regarding the categories of beneficiaries supported and financed by the Supplemental Health Care Program (SHCP), (ADSM, RC with LOD, and TDRL).

(4) The MEDCOM MTFs are meeting in-house ATC standards for specialty referrals at >93%. For those MTFs that have limited specialty providers, they must rely on the civilian network for their MTF “defer to network” specialty healthcare encounters. Civilian network ade-

quacy is an on-going concern at the highest level and is being addressed at those levels.

(5) The lack of standardized business design concepts between the 3 TRICARE regions continues to slow sweeping changes to TMA's MCSC guidance and thus hinders MEDCOM-wide MTF standardize policy guidance for "defer to network" referral requests.

(6) Guidance to the MCSCs via TRICARE Manuals; concrete changes to clarify problematic TRICARE Manual language has been slowed during this procurement period for TRICARE 3rd Generation (T-3). Discussions with TMA and sister Services is continual and on-going to better clarify key chapters and passages that need attention. Changes could not take place during the early stages of this T-3 procurement process.

(7) Communications with MEDCOM MTFs is continual and on-going to gauge recent progress and identify additional regional differences of the 3 MCSC's business processes.

(8) All efforts continue and OTSG/MEDCOM is ensuring that TMA is aware of linkages between this AFAP issue and other MHS initiatives/changes so that all are synchronized to prevent stove-pipe changes that ultimately create additional fragmented business designs and processes. Recent protests of T-3 award continue to hinder any sweeping changes to TRICARE manuals. Army Regional Medical Commands back-brief The Surgeon General in Aug/Sep 09 on their status and way ahead.

(9) OPORD 09-36, Access to Care Campaign continues to be the core document for which the MEDCOM improves on the multi-faceted business processes that support both access to care and patient continuity. FRAGO 1 to OPORD 09-36 was released on 5 Feb 10 which added additional initiatives and fine-tuned existing business requirements. Regional Medical Command back-briefs to the Surgeon General have been completed for 1st and 2nd Quarter FY10, and will be recurring on a quarterly basis.

(10) Work on improvements to Enterprise Wide solutions and sweeping changes to the TRICARE Manuals that will support the MTFs' need for "defer to network" to civilian providers is still on-going via an Enterprise Tiger Team. However, the work has continued to be slowed due to the upheld T-3 Award protests and the uncertain fate of the CONUS T-3 contracts.

(11) The beneficiary focused Quad-fold handouts have been distributed to all our MEDCOM MTFs. It provides standardized information on access to care and referral guidance. From an Enterprise level execution, the TRICARE Management Activity has beneficiary information changes built into their normal budget cycle and execution design.

(12) On-going efforts to refine and standardize the referral management processes of our external partners (i.e. regional TRICARE contractors (a.k.a MCSC)) will continue, but remain slow due to the continued uncertainty of the new T-3 contract awards and start of healthcare delivery. The new Overseas TRICARE Contract is in full transition for a start of healthcare delivery of 1 Sep 10. All efforts for improvements in CONUS are being worked/applied to OCONUS.

(13) Resolution. The Jun 10 GOSC declared the issue complete. TRICARE contractors report 99% compliance with referral processing and authorization within the 3-work day standard. A MEDCOM brochure (Quad-Fold) was developed and distributed to all Army MTFs. The quad-fold complements other TRICARE educational products in support of specialty referrals.

g. Lead agency. MCHO-CL-M

h. Support agency. TMA

Issue 610: Traumatic Brain Injury (TBI) Rehabilitation Program at Military Medical Centers of Excellence

a. Status. Completed

b. Entered. AFAP XXIII, Nov 06

c. Final action. AFAP XXVII, Feb 11

d. Scope. While there is a range of rehabilitative services available at military Medical Centers of Excellence, there is not a comprehensive, integrated system of TBI-focused rehabilitative services. The military healthcare system is referring the service member to Department of Veterans' Affairs and civilian TBI rehabilitation centers. This disallows simultaneous treatment for service members with multiple injuries which jeopardizes the window of opportunity to regain lost capacity. Additionally, studies show recovery from a life altering event requires a holistic approach to medicine to include consistent support networks, comrades, and a team of health care providers.

e. AFAP Recommendation. Establish a comprehensive integrated rehabilitative program for TBI patients at military Medical Centers of Excellence.

f. Progress.

(1) To date, various DoD agencies have taken steps to address TBI and have made recommendations to the Assistant Secretary of Defense for Health Affairs. The Army recognizes TBI as a significant health and operational concern, is taking the lead in addressing these recommendations, and is committed to ensuring all Soldiers receive the evaluation, treatment, management, and rehabilitation services they need. DoD opened the Defense Centers of Excellence (DCoE) in November 2007 and that organization continues to expand. The role of the DCoE is to coordinate and assess prevention, best practices, quality care, and research across the DoD for TBI and psychological health. In January 2009, DCoE established a 24/7 call center to answer questions related to TBI and psychological health. The Defense and Veteran Brain Injury Center (DVBIC) was established in 1992 as collaboration between DoD and Veterans Affairs to serve as a focal point for TBI, specifically clinical care and standards, research, and education. OTSG collaborates regularly with the DCoE and DVBIC on TBI matters.

(2) In July 2007, the Army TBI Task Force Report was finalized and submitted to the Acting TSG for approval of follow-on actions. The TBI Task Force made 47 recommendations. These recommendations translated into an Action Plan and one action was added regarding funding for the TBI program. The development of TBI programs was a component of the Action Plan that relates to this AFAP issue.

(3) The Acting TSG established the Proponency Office for Rehabilitation and Reintegration (PR&R) in May 2007.

The purpose is to serve as the single Army source for all rehabilitation and reintegration healthcare issues, specifically the oversight, coordination, and synchronization of rehabilitation and reintegration care and related activities for Soldiers with TBI, amputations, polytrauma, vision and hearing impairments, burns, and chronic and acute musculoskeletal injuries. Specific to TBI, the PR&R is responsible for executing the TBI Action Plan.

(4) MEDCOM is working to ensure that comprehensive integrated TBI screening; identification, treatment, and rehabilitation are in place at each Army Military Treatment Facility (MTF) proportionate to the TBI patient population and MTF mission. The Army TBI program established a standardized, comprehensive program that provides a continuum of integrated care and services for Soldiers and patients with TBI from point-of-injury to return to duty or transition from active duty and/or return to highest functional level. The TBI program supports the most severely injured patients who require the most intense inpatient rehabilitation programs by providing initial acute treatment and then transferring care to a Department of Veterans Administration (DVA) Polytrauma Rehabilitation Center (PRC). The program also supports mild TBI detection, evaluation, and treatment efforts for all Soldiers. The program also includes a full range of specialty and subspecialty care at a limited number of Army high patient density sites. Planning for Family support systems at each facility is ongoing.

a. AMEDD continues to utilize the DVA Polytrauma Rehabilitation centers and Soldiers are evaluation and treatment at DVA polytrauma network sites (PNS) to enhance access, ensure lifelong care coordination, provide specialized clinical care/case management, and serve as resources to other facilities continues to increase.

b. The Army Medical Department (AMEDD) utilizes comprehensive TBI services provided through the DVBIC. The DVBIC provides strong evidence of a working tri-service, comprehensive, interagency systems model for TBI. Currently, the Army has one center at WRAMC, one at Brooke Army Medical Center (combined with Wilford Hall Medical Center), and one satellite clinic at Fort Bragg. Additionally, DVBIC personnel are now working at Carl R. Darnall Army Medical Center, Landsthul Regional Medical Center, and Evans Army Community Hospital.

c. The Army has adopted the DVBIC model and amended it to meet Army needs. OTSG PR&R is validating TBI programs throughout the AMEDD.

d. Each Army MTF has an identified TBI Program Manager.

e. The MEDCOM published a TBI Operation Order on 9 April 2008 and FRAGO 1 on 25 November 2009. Seven standardized patient education tools have been developed and distributed. Development of the first seven computer based educational tools and training products is complete with intent to post them to MHS Learn in the spring of 2010. These education tools, along with over 300 Army personnel attending the DVBIC TBI training conference each year, and routine communication between OTSG and the RMCs/MTFs facilitate information sharing and dissemination of best practices.

(5) A DoD level Directive Type Memorandum (DTM) in development establishes policy, assigns responsibilities, and provides procedures on the revised management of mild traumatic brain injury/concussion for all deployed personnel. This directive will apply to all leaders within the DoD, Service members, and medical personnel engaged in ongoing DoD missions, and it will standardize terminology, procedures, leadership actions, and medical management to provide maximum protection of Service members. The DTM contains events that mandate medical evaluation, directs leader assessment after specified events, establishes minimum required data fields for monthly reports, establishes revised clinical algorithms for management of concussion in the deployed setting, and provides guidance on the management of recurrent concussions. The Services, in collaboration with the Defense Center of Excellence drafted the DTM; pending final signature. Although this is not yet policy, some organizations are aware of the pending directive and are operationalizing it ahead of its release. Army has drafted a Campaign Plan for Warrior Mild Traumatic Brain Injury Management to operationalizing the DTM and an "Educate, Train, Treat and Track" campaign plan to facilitate line leader and medical effort collaboration to improve acute concussion identification and management. The goal is a cultural change in fighter management after concussive events to include identification and treatment close to point of injury, documentation of the incident, and expectation of recovery with early treatment.

(6) At the January 2010 AFAP General Officer Steering Committee, 10 of our facilities had achieved full validation and 21 had achieved initial validation. The Vice Chief of Staff, Army directed that this issue remain open until more of the initially validated programs receive full validation. He also directed that we ‘take care of’ the Reserve components. Based on this guidance, to date, 40 facilities have achieved full validation. 10 facilities have achieved initial validation. The remaining facilities have completed their validation tasker and will receive their full validation memo in March 2011. We have validated TBI programs at four Reserve/National Guard projection platforms (Camp Shelby, Fort McCoy, and Fort Dix Camp Atterbury).

(7) Resolution. Comprehensive integrated TBI screening, identification, treatment, and rehabilitation services are in place at each Army MTF, proportionate to TBI patient population. TBI programs are validated to ensure comprehensive, consistent programs focused on improving detection, documentation, evaluation, treatment, rehabilitation, restoration, follow-up, family support, education and training for patients with TBI, specifically mild TBI. 40 facilities have achieved full validation; 10 have initial validation. All non-fully validated programs completed their validation tasker in Jan 11 and will receive memos granting full validation by Mar 11. Following a question from the VCSA about TRICARE coverage of cognitive therapy for TBI, the TRICARE Management Agency (TMA) representative clarified that stand-alone cognitive rehabilitation therapy for Active Duty service members is covered. TRICARE does not cover cognitive rehabilitation therapy as a stand-alone therapy for other beneficiaries, but if cognitive

rehabilitation techniques are integrated as part of a total program of rehabilitation, TRICARE pays for that total program.

g. Lead agency. DASG-HS-CN

h. Support agency. US Army Medical Research & Material Command (Defense and Veterans Brain Injury Center) and VA

Issue 611: Traumatic Service Members' Group Life Insurance (TSGLI) Annual Supplement

a. Status. Completed

b. Entered. AFAP XXIII, Nov 06

c. Final action. AFAP XXVI, Jun 10

d. Scope. Severely injured/ill Service Members (SM) care providers are not afforded financial support from the date SM's transition from inpatient status, throughout rehabilitation and are retained or retired from active military service. TSGLI is a one-time payment that offsets initial expenses of injured/ill SM, however these funds do not cover the additional caregiver expenses of continued outpatient needs and rehabilitation. This often causes extreme financial hardship on the SM and their Family.

e. AFAP Recommendation. Amend TSGLI to authorize an annual re-qualification for an additional lump sum payment to offset caregiver expense of SM due to the severity of wounds.

f. Progress.

(1) FY 2010 NDAA authorizes special compensation to Soldiers with catastrophic injuries or illnesses that require assistance in everyday living when, in the absence of that assistance, the service member would require hospitalization or institutional care.

(2) The House of Representatives and the Senate voted unanimously to approve compromise legislation (S. 1963) authorizing two levels of caregiver support - one for Iraq and Afghanistan vets and one for veterans of all other periods. Caregivers for both groups of seriously disabled veterans would be eligible for education and training help, counseling and mental health services and respite care.

(3) Caregivers for Iraq and Afghanistan vets also would be entitled to VA health coverage, a monthly stipend based on the cost of providing in-home care by locality, and lodging and subsistence payments when accompanying patients on medical visits to distant locations.

(4) The DA Surgeon General and M&RA are working this issue with OSD and the sister services to determine the appropriate rate of special pay for a caregiver.

(5) GOSC review.

(a) May 07. The G-1 briefer said that the problem appears to be that there is not enough money to cover certain types of care or other requirements, but an annual TSGLI supplement may not be the best solution. The Army needs to work on this and consider it in the Army Medical Action Plan.

g. Lead agency. DAPE-PRC

Issue 612: Army Career and Alumni Program (ACAP) Funding

a. Status. Complete

b. Entered. Nov 06 AFAP GOSC

c. Final action. 27 Aug 12 AFAP GOSC

d. Scope. Current and future budget cuts seriously threaten the effectiveness of ACAP. The program assists Service Members (SMs) and their Families to be successful in their transition from federal service to civilian life. Approximately 11,000 SMs were retained on active duty in 2005 from briefings provided by ACAP. Loss of ACAP's employment assistance and support for job searches will result in higher unemployment rates, increased unemployment compensation and reimbursement costs paid by the Department of Army.

e. AFAP Recommendations.

(1) Eliminate future ACAP budget reduction.

(2) Expand the ACAP operating budget to maintain a viable program to serve SMs and their Families.

(3) Maintain professional staff to provide personalized services currently available.

f. Progress.

(1) In June 2007, the Lean Six Sigma study conducted by the Assistant Secretary of the Army (Manpower and Reserve Affairs) [ASA(M&RA)] recommended improving ACAP by expanding accessibility for Soldiers to ACAP utilizing web services. Implemented as ACAP Express, it allows Soldiers to access the menu of available ACAP services and schedule appointments for themselves from any location via the internet 24/7 and was launched 28 February 2008. Eligible Soldiers utilize tools such as resume writer from the world-wide web in the same manner they would at an ACAP Center. If they begin ACAP early on in the transition process, Soldiers and Family members are more able to utilize individual transition counseling and employment assistance offered by ACAP, and subsequently are more prepared for their transition.

(2) ACAP Express was evaluated in February 2009 and found to be successful. In the first year, over 10,000 Soldiers registered and utilized ACAP Express. In FY 11, over 30,000 users utilized ACAP Express. Soldier feedback critiques are supportive of ACAP Express, and request additional tools be placed on-line. Although ACAP Express eases the burden on the ACAP staff by allowing some self-service, the mission continues to increase with support to the Warrior Transition Units (WTUs) and Army Wounded Warrior (AW2) populations, and supporting the G-1's Continuum of Service concept with additional emphasis on transition to National Guard and Army Reserve, as well as Army Civilian Employment. For example, the Department of Army Civilian Human Resource Agency, AW2 Operations Division and ACAP have developed a process to bypass the resumix system for all AW2 Soldiers. 334 AW2 Soldiers were hired during FY 10. These focused efforts will continue and expand.

(3) Issue was considered by the AFAP General Officer Steering Committee (GOSC) July 2009. Several attendees emphasized the value of ACAP services, in particular to OCONUS Soldiers, demobilizing National Guard and Reserve Soldiers and Wounded Warriors. Other discussion addressed a secondary issue of updating ACAP service delivery and consideration of strategies utilized by online civilian employment services. The Vice Chief of Staff of the Army (VCSA) said that ACAP is a viable program that the Army needs to fund and said he would take

this issue into budget discussions, and the issue remains active.

(4) A meeting with the Assistant Chief of Staff for Installation Management, Resource Directorate (ACSIM-RD) on 28 July 2009 between the Director ACAP and Deputy Chief, Resource Integration Division subsequently supported AFAP Issue 612 and a commitment was made to restore an additional $1M if II PEG Total Obligation Authority (TOA) level permits. The Army provided an additional $800K in FY 11 in support of AFAP Issue 612. An update will be provided to the VCSA during the next AFAP GOSC. This issue went before the II PEG for POM FY 12-17 in an effort to restore an appropriate level of funding, and was favorably received.

(5) In support of AFAP Issue 612, the Army recently increased the ACAP funding by $1M annually through FYs 12-16; resulting in a funded level of $5.8M per year.

(6) On 1 April 2010, the VCSA directed a bottoms-up review of ACAP and commissioned the United States Military Academy to independently review and determine whether ACAP meets the needs of the Soldiers of the 21st century. The VCSA received the formal report in October, which included 16 Determinative Wins.

(7) Issue was considered by the AFAP GOSC 3 February 2011. The Chief of the Army Reserve said they may be able to assist by deploying full-time personnel into ACAP to help enhance it. The draft ACAP Regulation is including Reserve Components (RC) to assist Army Reserve/National Guard with defined Roles and Responsibilities. It is scheduled to be sent to Office of the Chief of Army Reserve (OCAR) and National Guard Bureau (NGB) for their input 1st quarter FY 12. This will be a tremendous boost to reaching Reserve component Soldiers who often do not reside within commuting distance of an ACAP center and therefore miss out on critical services to assist in their transition.

(8) In order to reach the Reserve Component (RC) force, the Army will begin the process of fielding Forward Transition Support Teams and Mobile Transition Teams beginning July 12. The teams will comprise of transition assistance counselors, geographically dispersed throughout the 54 States and territories. The 54 Forward and three Mobile teams will be full mission capable beginning 21 Nov 12.

(9) During AFAP GOSC 3 February 2011, the VCSA indicated that Commanders should allow their Soldiers the time to utilize ACAP services. He stated that “we owe our Soldiers the opportunity to take advantage of ACAP, because it really gives them a great opportunity to make the transition into civilian life as painless as possible.” He followed up with a “VCSA Sends” memo stating “As leaders, it is paramount to ensure every transitioning Soldier visits an ACAP center not later than 12 months prior to their departure from the Army.”

(10) ACAP will not be able to maintain its current level of support to Soldiers and their Families, implement all the recommended 16 Determinative Wins, or provide service to the additional 50,000 Soldiers identified to leave the Army under the proposed Army end strength without additional funding. Any decrement in funding and lack of additional resources will result in a failure to meet the VSCA’s intent of caring for Soldiers and Families as a critical leader task.

(11) During AFAP GOSC 4 August 2011, the VSCA stated “we're getting ready to ramp the Army down to 520K and cut $1.3 million out of ACAP. And we know we're going to have Soldiers who are going to be looking for jobs. That's what I can't stand, the PEGs when they do those kinds of things. That just doesn't make any sense”. HRC requested an additional $27.4M via IIPEG February 2012 to support AC and RC Soldiers during their transition. This request is in support of the legislative requirements of the VOW (Veterans Opportunity to Work) to Hire Heroes Act passed Nov 2011, The Office of Secretary of Defense transition requirements, and Army EXORD 054-12.

(12) ACAP will touch transitioning Soldiers from the time they conduct their Pre separation counseling through their exit. New Army policy requiring Soldiers to begin their transition not later than 12 months from separation will enable them to best prepare themselves for their follow-on plans. Supporting their preparation, new initiatives to be piloted by the AC and RC, beginning July12, will be connecting those Soldiers who are seeking employment, a connection mechanism to jobs.

(13) ACAP budget reductions have been eliminated. Current and out year budgets have been doubled, well in excess of the AFAP recommended increase of $1.3M. Professional staff to provide personalized services has also been increased in order to meet Service Members needs.

g. Resolution. ACAP budget reductions have been eliminated. Current and out year budgets have been doubled. Professional staff to provide personalized services has also been increased in order to meet Service Members needs.

h. Lead agency. AHRC-PDP-T

Issue 613: Academic Tutoring for Active Duty School Age Children

a. Status. Completed

b. Entered. AFAP XXIV, Dec 07

c. Final action. AFAP XXVI, Jun 10

d. Scope. Some Military children struggle academically and need supplemental tutoring services to address the wide and varying educational requirements and quality of education in their local areas. Military students experience undue stress from high Operational Tempo (OPTEMPO), multiple deployments, as well as continuous Permanent Change of Station (PCS) moves. Children and parents often bear the burden of trying to adjust to different education systems whose requirements can vary drastically from location to location. Although Child and Youth Services Programs exist, e.g. Homework Helper and Schools of Knowledge, Inspiration, Education and Skills (SKIES), they are not meant as individualized tutoring programs. In addition, these programs are not available to geographically dispersed areas. Without a “bridge” to address this education gap, parents have few options to assist children with tutoring for their specific needs.

e. AFAP Recommendation. Develop and implement a fully funded comprehensive academic tutoring services program accessible by all children of Active Duty personnel that does not exclude students based on Grade Point Average (GPA).

f. Progress.

(1) Effective Jan 2010, DoD implemented service-wide enterprise contracts that give access to Tutor.com to all eligible Families. Incorporates Army pilot information and requirements. Does not exclude students based on grade point average. Includes a strategic communication plan to reach military students in all Components based on access requirements and demographic analysis. Monthly usage and demographic reports are available. STRATCOM for Tutoring Services is being coordinated with DoD strategy as well as overall Army School Support Strategy.

(2) Resolution. The Jun 10 GOSC declared the issue complete. DoD funded an enterprise contract with Tutor.com in January 2010 to provide live, 24/7, worldwide, one-on-one online tutoring for military connected students. Tutoring is available for students in grades K-12 and college introductory-level assistance in multiple subjects including math, science, language, and term papers. Services may be accessed through Army OneSource; no software download is necessary.

g. Lead agency. OACSIM-ISS

h. Support agency. FMWRC-CY

Issue 615: Donation of Leave for Department of Defense (DoD) Civilian Employees

a. Status. Complete

b. Entered. AFAP XXIV, Dec 07

c. Final action. 4 Aug 11 AFAP GOSC

d. Scope. Voluntary Leave Transfer Program (VLTP)-eligible DoD Civilian employees on leave without pay face avoidable financial hardships. VLTP does not have a common leave bank to which all DoD employees can donate. Additionally, lost annual leave at the end of the year (use or lose) is not automatically deposited into a leave bank. The resultant loss of income only increases the stress and burden already experienced by employees and their Families.

e. AFAP Recommendation. Create a DoD-wide leave donation bank within VLTP for DoD Civilian employees funded through both donation and automatic collection of unused use or lose annual leave.

f. Progress.

(1) In FY09, in response to HQDA's inquiry concerning the establishment of a DoD-wide Leave Bank, DoD advised there was insufficient need to support a DoD-wide Leave Bank. In 2009, based on command feedback, HQDA determined there was no support to establish an Army-wide Leave Bank either. A follow up query with CPAC Employee Relations Advisors revealed an interest in establishing local Leave Banks. As a result, HQDA drafted an Army Leave Donation Policy in coordination with DFAS, which includes guidance on the VLTP, Leave Banks, and the voluntary donation of annual leave (to include use or lose). The draft was coordinated with the Civilian Human Resources Agency (CHRA). In February 2011, the Office of the Judge Advocate General (OTJAG) recommended changes to the draft policy, which have been incorporated.

(2) HQDA has worked with CHRA, DFAS, and other Federal Agencies on details of local leave banks, to include administration, payroll issues, the creation of an automated database, and levels of control. HQDA worked with DFAS to determine the process for adding and/ or updating the list of organizations/levels that may establish leave banks. The policy is being formally staffed for ASA (M&RA) signature.

(3) Army briefs the topic of leave donations during the annual Defense Employee and Labor Relations Symposium, during training courses for HR Specialists, and will continue to provide guidance on improving the existing leave donation methods. At a minimum, reminders are distributed yearly to encourage donations, especially toward the end of the leave year when annual leave might otherwise be subject to forfeiture.

g. Resolution. DoD did not support establishing a DoD-wide leave donation bank, however, HQDA decided to establish policy of leave banks within Army. On 30 Nov 11, the ASA(M&RA) signed a memorandum establishing an Army Voluntary Leave Bank Program. The policy authorizes Army organizations to establish leave banks and leave bank boards at the major claimant levels. The policy memo does not address the donation or automatic collection of unused "use or lose" annual leave.

h. Lead agency. DAPE-CPZ

i. Support Agency: DFAS, CHRA

Issue 616: Enhanced Survivor Family Dental Benefits

a. Status. Completed

b. Entered. AFAP XXIV, Dec 07

c. Final action. AFAP XXVI, Jun 10

d. Scope. Surviving dependents are only authorized to remain enrolled in the TRICARE Dental Plan (TDP) for three years. While enrolled in TDP, the government pays 100% of their premiums. After three years of coverage under TDP, surviving dependants may enroll in TRICARE Retiree Dental Plan (TRDP) but must pay 100% of the premiums. TRDP premiums can cost up to three times as much as the premiums under TDP. This situation could cause a financial hardship for these Families. Extending the TDP coverage would assist with ongoing financial and lifestyle adjustments of surviving Family Members. Not enhancing the Survival Family Dental Benefit would leave the Army short on its promise to honor the surviving Families as stated in the Army Family Covenant.

e. AFAP Recommendations.

(1) Extend surviving Family dental benefits under the current TDP policy from three to five years.

(2) Allow Families to remain enrolled in TDP with spouse paying the active duty premium rate after five years.

f. Progress.

(1) The current dental benefit for surviving family members of a TDP enrollee is three years beyond the date of the service member's passing. The government pays 100% of the premium, but the Families continue to pay any associated cost shares during the three year pe-

riod. After the three years have elapsed, the family has the option of enrolling in the TRDP for continued dental coverage. The premiums for the TRDP are regionally determined, based on zip code, but may be considered a financial hardship for some.

(2) The TDRP, like the TDP, is a prevention oriented dental insurance program that is a good value for Families that proactively manage their dental health. The Army has asked that TMA consider extending the survivor benefit. Since the TDP is a Department of Defense Program applying to all military services, the Army can only recommend that the benefit be changed.

(3) On 1 April 2008 Deputy Director, TMA sent a response back to the Surgeon General. In the letter he expressed support for the idea, but stated that at this time TMA would only consider changing the dental benefit to mirror the medical benefit.

(4) TMA began the process to change the benefit with a ULB. Before the ULB process was completed through TMA, other political avenues submitted the change to the TDP Survivor Benefit into NDAA 10. These changes did not adjust the benefit for the spouse, but did mirror the medical survivor benefit changing coverage for children. Children will be covered until 21 or 23 if a full-time student. At the end of 3 years spouses have the option of joining TRDP.

(5) NDAA 10 was signed into law on 29 OCT 2009. With the enhanced benefit being approved in NDAA 10, TMA did not pursue the ULB.

(6) NDAA 10 was passed and included the language to change the survivor benefit. TMA is currently working to implement the enhanced benefit. The benefit will be available once the final rule is published in the CFR. The dental benefit now mirrors the medical survivor benefit.

(7) At this time there is no plan by TMA to allow Families to remain enrolled in TDP at the active duty family rate beyond 3 years.

(8) Resolution. The Jun 10 GOSC declared the issue complete. Issue recommendation was partially achieved. The FY10 NDAA expanded the dental benefit for surviving children to age 21 or 23 if a full time student. This dental benefit now mirrors the medical survivor benefit. The dental benefit for surviving spouses was not changed.

g. Lead agency. OTSG, DASG-DC

h. Support agency. TMA

Issue 617: Federal Hiring Process for Wounded Warriors

a. Status. Completed

b. Entered. AFAP XXIV, Dec 07

c. Final action. AFAP XXVII, Feb 11

d. Scope. The Federal hiring process fails to connect Federal hiring officials with qualified Wounded Warrior applicants. Information flow and the complexity of hiring systems limit access to noncompetitive government career opportunities. Federal hiring officials are often unaware of noncompetitive direct hire authority for Wounded Warriors in addition to Veterans preference for competitive hiring actions. Wounded Warriors often become frustrated or overwhelmed and abandon their search for government positions, resulting in the loss of already-trained and fully-qualified personnel assets.

e. AFAP Recommendations.

(1) Create a category within the Priority Placement Program to provide a searchable applicant pool of qualified Wounded Warriors for consideration by Federal hiring officials.

(2) Develop an automated, comprehensive, integrated system compatible with the Federal hiring systems where Wounded Warriors and governmental hiring officials can go to query job and applicant availability.

(3) Establish an education and training program for Federal hiring officials and Wounded Warriors on noncompetitive governmental employment opportunities.

f. Progress.

(1) CHRA proposed using the Automated Stopper and Referral System (ASARS), the Priority Placement Program (PPP) tool, to give all Wounded Warrior resumes maximum exposure across DOD. While the Deputy Under Secretary of Defense (DUSD) and DOD's CARE Division supported the proposal, other components did not reach a consensus to approve it.

(2) As a result of the denial to implement the proposal, CHRA proposed alternative solutions, to include Army piloting the proposed program or creating an Army-only program similar to the Army Family Member Placement Program. CARE and the DOD components did not reach a consensus to approve the alternative proposals.

(3) CHRA and the Assistant G-1 for Civilian Personnel (AG1 CP) reevaluated the PPP proposals submitted and determined that they no longer support them. Army needs to fill Base Realignment and Closure (BRAC), Insourcing and Mission-Critical positions quickly. The PPP proposals, if implemented, could potentially increase the amount of time it takes to fill these and other vacancies.

(4) As an alternative to the PPP proposal, CHRA partnered with the Department of Veteran Affairs to integrate the use of their Veteran Resume Inventory (Vet-Success.gov) into Army recruitment business processes. Veterans may upload their resume to the website which is searched by hiring managers in the public and private sector. In November 2009, CHRA recommended the addition of functionality to the website that would allow federal agencies to search by the duty location preferences and job interests of the registered Veterans, sort resumes by Veterans' Preference, and track Veteran Race and National Origin data. The redesigned website was launched in July 2010. CHRA will market the website to Veterans while supporting ACAP transition assistance briefings and to hiring managers during strategic recruitment discussions.

(5) CHRA proposed an "Individuals with Disabilities" support memorandum for the Secretary of the Army's signature and distribution, instead of a Wounded Warrior support memorandum. The memo will directly link hiring efforts to the Presidential Directive to increase the number of Persons with Disabilities in the Federal workforce. According to the Equal Employment Opportunity and Civil Rights (EEOCR) office, only 1.05% of the Army's workforce consists of individuals with targeted disabilities.

(6) In response to CHRA's proposal, the Secretary of the Army has tasked AG1CP & CHRA to assist the Staff

Assistant to the Secretary of the Army in developing a "SECARMY Send Note" to be distributed to senior leaders throughout the Army re-emphasizing the importance of hiring Wounded Warriors. CHRA provide input for the note on 29 October 2010.

(7) CHRA has included a drop down box, on the Civilian Personnel On-line Employment page directing Wounded Warriors to the Army Wounded Warrior (AW2) Program and the Army Career and Alumni Program (ACAP).

(8) In July 2008, CHRA created a networking and non-competitive placement process that starts with Army Wounded Warriors contacting their AW2 advocate if they are interested in DA civilian employment. AW2 advocates, Army Career Alumni Program (ACAP) and Department of Labor representatives assist Army Wounded Warriors in determining their employment preferences (e.g. job interests, location preferences, tour of duty preferences, etc) and in creating a resume for distribution to CHRA HQ. CHRA HQ posts the resume on an online resume inventory and sends it to all Civilian Personnel Advisory Center (CPAC) representatives and Equal Employment Opportunity representatives. CPAC and EEO representatives share the resumes with the hiring managers they service, and try to find placement opportunities. The networking process gets the resumes to hiring managers in the specific locations AW2s indicate they want to work, as well as leverages the current non-competitive hiring authorities for veterans. While there are 6582 service members and veterans registered with the Army Wounded Warrior program, CHRA has received only 295 AW2 resumes from the AW2 Program Office. The AW2 Program office has stated that there are a variety of reasons why only 6287 AW2s have not been entered into the process. Some reasons for not entering the career referral process include that the AW2 is still in rehabilitation, has returned to duty, or is pursuing a degree. Of the 295 AW2 resumes received since July 2008, CHRA has coordinated the placement of 56. Overall, Army has hired 259 AW2s.

(9) CHRA has implemented a searchable AW2 resume inventory for AW2 at http://www.chra.army.mil. The URL for the inventory is sent to command HR directors, EEO, and the AW2 Program office.

(10) CHRA has added the Wounded Warrior consideration option to the automated work order forms that are filled out when requests to recruit fill are submitted (i.e. the Recruitment Information Package (RIP) and Gatekeeper Checklist.)

(11) The Mandatory New Supervisor's Training now includes a briefing on non-competitive hiring practices. This briefing will educate new supervisors on how they may hire wounded warriors directly instead of using the competitive hiring process.

(12) CHRA created a web-based Veteran employment education tool that explains the federal hiring process, Veterans' Preference, Veterans' Hiring Authorities and avenues to federal employment for different Veteran categories, e.g. Disabled Veterans, hospitalized Veterans, Veterans seeking degrees, Veterans seeking marketable job skills, etc. The tool has been reviewed by ACAP and implemented. CHRA and ACAP are marketing the tools to Veterans during career events and transition assistance briefings.

(13) CHRA designated HR Specialists as Veteran Employment Coordinators (VECs) who will attract, recruit, and advise Veterans regarding continuing service with Army as a civilian; educate Veterans on how to pursue Army civilian career opportunities; ensure Department of Army managers and supervisors are thoroughly familiar with Veteran hiring authorities and Veterans' preference; implement a Veterans' recruitment support plan with special emphasis on disabled Veterans; and report statistics to leadership on Veteran recruitment support, use of Veteran hiring authorities and number of Disabled Veterans hired. The program was created using existing resources. The VECs duties are collateral duties, i.e. make up less than 25% of the HR Specialist's major duties.

(14) Resolution. A new priority placement category for Wounded Warriors was not supported. Initiatives implemented by the Civilian Human Resources Agency (CHRA), Department of Veterans Affairs (VA) and the Army Career and Alumni Program (ACAP) have improved Federal hiring of Wounded Warriors and education of hiring officials. VA's Veteran Resume Inventory (VetSuccess.gov) was integrated into Army recruitment process. CHRA developed a Wounded Warrior Webpage on Civilian Personnel Online (CPOL), a Wounded Warrior referral process, and Wounded Warrior and spouse web-based Resume Inventory. Web-based Veteran employment education tools are marketed by CHRA and ACAP. The Wounded Warrior referral process was integrated into New Supervisor's training. HR Specialists have been designated at Veteran Employment Coordinators (collateral duty). CHRA provided input for a "SA Sends Note" to Senior Army Leaders, re-emphasizing the importance of hiring disabled Veterans.

g. Lead agency. DAPE-CHP

Issue 618: Army Wellness Centers (AWC)

a. Status. Complete

b. Entered. AFAP XXIV, Dec 07

c. Final action. 19 Feb 14 AFAP GOSC

d. Scope. Installations Army wide do not have standardized/consolidated wellness centers that promote preventable health conditions and improve the mental and physical well being of Army Families. According to Army Training Requirements & Resources System from 2003 to 2005, the US Army discharged 2,323 Soldiers due to overweight issues at a direct recruitment and training cost to the US Army of $61 million which could have been preventable. Due to positive lifestyle changes, Family members utilizing the health and wellness centers have been taken off hypertensive medications. Modeling centers after the United States Army Center for Health Promotion and Preventive Medicine Europe would positively impact the health and welfare of Soldiers and Families throughout the Army.

e. AFAP Recommendation. Create an integrated center at each installation (separate from the hospital) modeled after the Europe HAWC.

f. Progress.

(1) The standardized AWC model was developed as a result of an unmet need for a far-reaching, standardized, and evidence-based approach to health promotion and primary prevention services in the Army's Health System. Standardized AWCs offer a core set of services to address beneficiaries' behaviors most closely linked with preventable disease including physical inactivity, poor nutrition, stress, and tobacco use.

(2) USAPHCR-E completed the setup of five AWCs. These are located at: Heidelberg (personnel and equipment funded by USAPHCR-E); Stuttgart (personnel and equipment funded by USAPHCR-E); Vicenza (personnel funded by Office of the Assistant Secretary of Defense for Health Affairs [OASD(HA)] equipment funded by garrison); Landstuhl (personnel and equipment funded by USAPHCR-E); Grafenwoehr (funded by USPHC's Health Promotion and Prevention Initiatives (HPPI) program).

(3) On 7 Jan 10, The Surgeon General (TSG) was briefed on the USAPHC plans to deliver integrated health promotion through facilitation of Health Promotion Councils with Health Promotion Coordinators and standardizing AWCs throughout Army communities. TSG gave approval of current plans. On 12 Jan 10, TSG provided an update to the AFAP General Officer Steering Committee (GOSC) and received further endorsement of the plan from the Vice Chief of Staff of the Army (VCSA), and Assistant Chief of Staff for Installation Management.

(4) An overarching MOA between MEDCOM, FORSCOM, IMCOM, US Army Materiel Command, and TRADOC regarding the implementation of the USAPHC Health Promotion Initiatives on Army Installations that includes each organization's responsibilities implementing AWCs on military locations is being forwarded to MEDCOM for staffing after being approved by the CG of USAPHC.

(5) In response to recommendations from a Rapid Improvement Event (RIE), the USAPHC's Public Health Assessment Program (PHAP) conducted a retrospective evaluation to assess existing AWCs' effectiveness in FY11. Results of this analysis showed preliminary evidence of effectiveness and recommended prospective evaluation.

(6) USAPHC has a representative who regularly participates on the Comprehensive Soldier and Family Fitness (CSF2) Program workgroup. CSF2 has also been in contact with Heidelberg's Wellness Director in order to obtain information on the metrics they are using to measure physical fitness for the CSF's Global Assessment Tool (GAT).

(7) In Aug 11, the MOA to support the replication of the AWC initiative was signed. The implementation guide is also complete.

(8) In Nov 11, AWC received positive findings from an Army Audit Agency (AAA) draft report, Preventive Healthcare Initiatives Weight Management and Tobacco Cessation, which recommended expansion of the AWC program throughout Army. According to the AAA report, for every $1 spent on wellness, there would be a cost savings return of $2.50. AAA results recommended MEDCOM/OTSG submit POM for Defense Health Program (DHP) funding. MEDCOM OPORD 12-17 "Implementation of Army Wellness Centers" was signed Feb 12.

(9) AWCs are participating in an Army G-1 Health Promotion Risk Reduction Portfolio Capabilities Assessment to apprise Army Senior leadership of AWCs' impact on Soldiers, Family members, retirees, and DA civilians. PHC is supporting this integrated and holistic review of health and wellness programs to ensure potential duplication of efforts are identified, as well as improve efficacy of AWC programs and increase collaboration among various Army stakeholders.

(10) Resource requirements for AWCs were submitted for the 14-18 POM under the umbrella of the Army Health and Wellness Campaign Plan. Three courses of action (tiers) were submitted: Tier 1 - minimal enhancements; Tier 2 - Tier 1 + fitness and metabolic testing capability; Tier 3 - optimal health promotion and wellness package. USAPHC has provided additional information as requested within the funding decision process. This initiative requires identification of funding source.

(11) Based on recommendations for prospective, AWC staff developed an information management system that will systematically collect data to monitor AWCs' performance and impact on clients' health behaviors and health outcomes. The results of these evaluations will be submitted annually to the Army G-1's Health Promotion Risk Reduction Portfolio Capabilities Assessment to apprise Army senior leadership of AWCs' impact on Soldiers, Family members, retirees, and DA civilians.

(12) USPHC coordinated with the ACSIM regarding projected facilities for all planned AWCs. Data was used for FY18 to project population size to calculate facility requirements. Recommended AWC facility size requirements provided to the ACISM to coordinate with MEDCOM in defining facilities for implementation of initiative. Subsequent discussions are required to solidify a formal plan for a phased implementation of AWCs.

(13) AWC has completed Army G-1 Health Promotion Risk Reduction Portfolio Capabilities Assessment and was classified as Category 1 – Evaluation Ready. Category 1 refers to programs that are based on evidence and operate with an evaluative mechanism in place that supports a comprehensive review.

(14) AWC staffing model is population based and supports providing programs and services to active duty, Family members, retirees, and DA civilians.

(15) The AWC model has been presented to the White House health clinic for potential implementation of a satellite location.

(16) USAPHC has developed a marketing plan as part of a communication initiative to socialize the AWC goal and mission. This strategy will improve the understanding of AWC operations as well as reduce perception of redundancy. AWC Operations Program Manager has met with CSF2 senior leadership to work towards marketing both initiatives that will focus on integration and synchronization of efforts.

(17) Limitations/concerns of co-locating two distinct programs with different standards in one facility:

(a) CSF2 and its programs are geared toward the performance side of psychological conditioning.

(b) AWCs are a community-based wellness platform (servicing active duty, Family member, DA civilians, and retirees) that is integrated with Patient Centered Medical Home to provide comprehensive health education (lifestyle behavior change) and physiological side of conditioning.

(c) AWCs are managed through MEDCOM, which requires compliance on multiple levels to ensure safety, staff competency, privacy, and coordination with credentialed providers. This higher level of oversight requires strict control of processes in accordance with Joint Commission, National Committee for Quality Assurance (NCQA), American College of Sports Medicine (ACSM), and Health Insurance Portability and Accountability Act (HIPAA). CSF2 operates without MEDCOM standards and oversight.

(d) If co-located, CSF2 with AWC must meet three conditions:

1. Installations must provide resources and maintain sufficient additional space (non-CAT 500 space).

2. The CSF2 personnel must meet the same higher level standards of privacy, safety, and competency as the AWC staff such as six sided folders (the six-sided folder has six sides with each side devoted to a different aspect of the Joint Commission on Accreditation of Health Care Organizations competency review), facility standards, HIPAA, infection control, patient safety, etc.

3. CSF2 space/personnel requirements do not jeopardize Joint Commission accreditation, functional AWC operations, or other established standards for credentialing/certifications.

g. Resolution. Funding was secured through FY18.
h. Lead agency. MHCB-HP
i. Support agency. MCHB-TS-H

Issue 619: Medical Care Access for Non-Dependent Caregivers of Severely Wounded Soldiers
a. Status. Completed
b. Entered. AFAP XXIV, Dec 07
c. Final action. AFAP XXV, Jul 09
d. Scope. Non-dependent primary caregivers of severely wounded Soldiers currently cannot receive urgent/emergent medical and dental care or direct care prescription services at Military Treatment Facilities. When these caregivers, such as parents, siblings, or others, are displaced from their own medical providers, they may have a need for access to urgent/emergent medical, dental and prescription services. These caregivers provide a valuable role in the recovery of their Soldier. Having access to these services at Military Treatment Facilities decreases the time spent away from the care of their Soldier. Not medically supporting these caregivers jeopardizes both the caregiver's health and the recovery of their Soldier.
e. AFAP Recommendation. Authorize non-dependent primary caregivers of severely wounded Soldiers access, at no cost to the government, to urgent/emergent medical and dental care and direct care prescription services at the Military Treatment Facility while they attend to their Soldier.
f. Progress.

(1) Validation. 2007 Army Family Action Plan General Officer Steering Committee Report; The National Defense Authorization Act of 2008 prescribes a provision authorizing medical care to a Family member of a recovering service member who is not otherwise eligible for medical care at a military Medical Treatment Facility (MTF).

(2) The FY08 NDAA authorized medical care in MTFs for non-eligible Family member caregivers of severely wounded Soldiers if the individual is on invitational travel orders while caring for the member, is receiving per-diem payments from DOD while caring for the member, or is a non-medical attendee caring for the member. Program implementing guidance was provided to the Services by the Under Secretary of Defense for Personnel & Readiness (USD P&R) on 28 Oct 08. OTSG/MEDCOM released Policy Memo 09-043, dated 24 June 09, to all Army MTFs. Provisions will be included in the Rapid Action Revision of AR40-400.

(3) The Office of the Assistant Secretary of Defense General Counsel ruled that the FY08 NDAA does not address medical care for caregivers of severely wounded DoD civilians, and therefore the policy memo only contains language in support of Soldiers and their Families. Due to the limited numbers projected in this category, MEDCOM implementation guidance, which has the support of ASA/M&RA, instructs MTFs to request Secretary of the Army designee status on a case by case basis.

(4) GOSC Review. At the Jun 08 AFAP GOSC, the Chief of Engineers asked that non-dependent primary caregivers of injured civilians being treated at military medical centers receive the same benefits.

(5) Resolution. Issue was declared completed because the FY08 NDAA authorizes medical care in MTFs for specific Family member caregivers of severely wounded Soldiers.

g. Lead agency. MEDCOM
h. Support agency. TMA

Issue 620: Medical Entitlements for College Age Family Members
a. Status. Completed
b. Entered. AFAP XXIV, Dec 07
c. Final action. AFAP XXVII, Feb 11
d. Scope. Military Families must make a decision to purchase private insurance for their dependent children who are full time students beyond the age of 23, or leave them uninsured. Military Family members enrolled full time in an accredited institution of higher learning lose their dependent entitlements on their 23rd birthday. Frequent mobilization and relocation challenges of the military Family often require the dependent student to interrupt their education, thus extending the time it takes to achieve their academic goal. Some employer-sponsored health insurance plans provide for full medical coverage for dependents up to their 25th birthday. Adjustment of the Department of Defense policy to include full-time students up to the age of 25 will provide relief from the out of pocket medical expenses or the purchase of private health insurance coverage.
e. AFAP Recommendation. Increase dependent entitlement eligibility for full time students to age 25 years.
f. Progress.

(1) Approval of this action is not within the Department's authority and will require change to legislation (Title 10). This proposal would affect members of all Military Services and all Services' medical facilities.

(2) In 2008, the Defense Enrollment Eligibility Reporting System (DEERS) reported a DoD total of 6,447 dependent children of active duty sponsors and 39,768 dependent children of non-active duty sponsors ages 21 and 22 enrolled as full-time students.

(3) OTSG cannot affect this change without OSD because it requires legislative change:

a. Implementation would add significant costs to both direct and private sector areas without commensurate funding. In FY10 alone, the cost is estimated at $43.8 M for the Army, with a total of cost of $258.3 M through FY14 as calculated by TMA for the Army.

b. The Business Case estimates are based on "observed age-related trends in the currently eligible population of college-age children with Uniformed Services sponsors," and not actual data on children who would become eligible if enacted. Disparities between the two could result in significant funding short-falls, making agreement risky.

c. This expansion of benefits runs contrary to other departmental and Office of the Secretary of Defense (OSD) efforts to control costs such as the current Quadrennial Defense Review (QDR) effort.

(4) TRICARE and Service coordination was postponed pending HR 4923 and Senate 3021 which alter TRICARE to cover dependent children to age 26.

(5) January 7, 2011 the President signed the FY 2011 Defense Authorization Act. Title VII, Section 702 authorizes TRICARE to cover dependent children up to age 26 if they do not have their own coverage. Section 702 authorizes both TRICARE Standard and Prime. TRICARE Management Activity will implement in a phased approach, starting with TRICARE Standard in phase 1. The legislation requires program changes to the healthcare delivery system and DEERS/RAPIDS, with earliest implementation in April 2011. Sponsors may be able to enroll effective the date they enroll or January 1, 2011 (retroactive premium payments). ID card re-issuance will be required once enrolled.

(6) Resolution. Issue was declared completed because the FY11 NDAA, Title VII, Section 702 authorizes TRICARE Standard and Prime to dependent children up to age 26 if they do not have their own coverage. TMA will likely implement in a phased approach, starting with TRICARE Standard. Earliest anticipated implementation is Apr 11. Premium payments will be applicable. Sponsors may have the chance to retroactively enroll to the 1 Jan 11 effective date. Legislation does NOT authorize Dental, Commissary, or Exchange privileges. ID card re-issuance will be required once enrolled.

g. Lead agency. AHRC-PDP-P

h. Support agency. OTSG, DASG-RM

Issue 621: Minimum Disability Retirement Pay for Medically Retired Wounded Warriors

a. Status. Unattainable

b. Entered. AFAP XXIV, Dec 07

c. Final action. AFAP XXVII, Aug 11

d. Scope. Wounded Warriors involuntarily separated from the military often encounter financial hardships due to the current disability retirement pay rates. Wounded Warriors with a disability rating of 30% or higher receive a disability retirement. The amount is based on years of service, rank, and the rating percentage (10 USC, Sec.1401), which may be below the national poverty level. Insufficient financial support causes undue additional strain on both Servicemembers and Families already coping with their medical conditions.

e. AFAP Recommendation. Award medical retirement pay for all Servicemembers with a 30% or higher disability rating to at least the minimum equivalent retirement pay of an E-6 with 10 years' service or current entitlements, whichever is higher.

f. Progress.

(1) Dec 19, 2008, OSD augmented the Departments capability to sustain enhanced oversight and management of Wounded Warrior matters by establishing the Wounded Warrior Care and Transition Policy Office (WWCTP). The SOC, Co-chaired by the DepSecDef and the DepSecVA provides comprehensive management and systematic coordination to ensure seamless and transparent transition of Services members between the DoD and DVA. The Secretary of the Army and the Vice Chief of Staff, Army are the Army's representation to the SOC.

(2) On July 2, 2008, Chief of Staff, Army asked General (retired) Franks Jr. to lead an effort to review the medical evaluation board (MEB) and physical evaluation board (PEB) processes, recommend process adjustments and develop short and long range recommendations for specific action and resource. With the support of the DCS, G-1 and OTSG, GEN (Ret) Franks assembled a number of experts from across the Army to include Wounded Warriors who have been through the Physical Disability Evaluation System (PDES) process. This included surveys of Soldiers and Families in order to be as inclusive as possible, listening to new ideas and initiatives while retaining the core mission focus. Based on the Task Force's work, three strategic recommendations were made:

a. In 2007, the WWCTP initiated the DES Pilot to eliminate the dual adjudication of disability ratings now done independently by the Service Departments and US Department of VA. The Department of Veterans Affairs is the responsible agency for administering disability ratings.

b. Begin a National Dialogue regarding the duty to our volunteer force that become wounded, ill or injured as a result of doing their duty in the era of persistent conflict.

c. Transformation of the current PDES.

(3) Coordinated with Line of Action 8 POC and this issue is tentative scheduled to be included in the SOC agenda for October 2010.

(4) The issue did not make the SOC agenda. The ASA (M&RA) LOA 8 POC will coordinate with the other military departments to determine a way forward for this initiative.

(5) Coordinated with LOA 8 POC and was advised that prior to SOC agenda inclusion, the Army must first develop a comprehensive business case and acquire Services position. Based on the complexity and fiscal

impact of disability ratings, an in-depth study would be necessary to collect reliable data to build a business case.

(6) Resolution. The Aug 11 GOSC declared the issue unattainable. The scope and the focus of this issue is junior enlisted Soldiers who are medically separated with severe PTSD or TBI. Based on the formula for a junior enlisted Soldier, their medical retirement pay was below the national poverty level. However, additional research revealed that a Soldier is rarely medically discharged for only one condition like PTSD or TBI. The FY08 NDAA included a provision (10 USC 1216a) that requires the Services to not deviate from the Veteran's Affairs Schedule for Rating Disabilities (VASRD) rating guidance. Soldiers in this category are placed on the TRDL at 50% disability and are reevaluated within 6 months after discharge. Although it may be possible for some of these Soldiers to receive a lower rating at reevaluation, data showed that an E-4 with two children would receive medical compensation of approximately $3,000 a month, which is close to the base salary of an E-6 with 10 years of service.

g. Lead agency. DAPE-PRC

Issue 622: Operations Security (OPSEC) Training for Family Members

a. Status. Completed

b. Entered. AFAP XXIV, Dec 07

c. Final action. AFAP XXVI, Jun 10

d. Scope. Many Family members are unaware of proper OPSEC procedures. The threat of terrorism and criminal activity has expanded to include the manipulation and utilization of unsecured data gleaned from open sources. Sensitive information such as manifests, operations in theater and personal information, have been compromised as a result of Family members using Web Logs (BLOGs), unsecured phones and community conversations. Failure to practice OPSEC puts the country, military personnel, and Army Families at risk.

e. AFAP Recommendation. Develop and implement a recurring OPSEC Awareness Training Program targeted for Family members.

f. Progress.

(1) The Army OPSEC Support Element (OSE), 1st Information Operations Command (1st IO CMD) met with FMWRC and requested assistance with the development of age-appropriate OPSEC awareness materials for children. For the purpose of reporting on this required action, this tasker is completed. However, due to the ongoing awareness initiative, this collaboration will continue as the need to update printed materials and training aides occurs.

(2) The OSE has developed several informative brochures and web-based training briefings. The website includes games, printable brochures, and links to additional .mil and .gov sites with similar Family oriented concepts.

(3) The Army Knowledge Online (AKO) website was opened to all Army personnel on 11 March 2010. The AKO site includes a myriad of training and awareness materials as well as an OPSEC Officer's Toolkit which provides templates for command or mission specific briefing modification. All Army OPSEC Program Managers were notified of the launch date. A public facing .mil replica of the website is being developed by the Defense Media Activity and is scheduled to be launched in late August to early September 2010. Additionally, DAMO-ODI is coordinating efforts with the Office of the Chief of Public Affairs to promote an Army- wide announcement of the OPSEC Family Awareness public website. Maintenance and upkeep of both the AKO and public-facing site will be the responsibility of the OSE, 1st IO CMD. This action will be an ongoing initiative as the OSE will conduct a quarterly review of all items on the site to ensure continued relevance of posted information.

(4) The OSE completed development of the OPSEC Family Awareness Program of Instruction and it has been incorporated into the ACOM, ASCC, and DRU OPSEC Program Managers training guide. All Program Managers have been trained and newly appointed OPSEC Officers receive training as part of the current OPSEC Officer Certification Course which is required in accordance with AR 530-1, Operations Security. ACOMs, ASCCs, and DRUs are required to report the status of training offered and provided to Family members to the DCS G-3/5/7 as part of the annual OPSEC reporting process.

(5) Resolution. Issue recommendation was achieved with the development of a robust OPSEC Training Program for Families. An AKO-based OPSEC Family Awareness website launched in Mar 10; the public Family OPSEC website is projected to launch in September 10. OPSEC training is being provided to Family Readiness Group Leaders and Family Readiness Support Assistants.

g. Lead agency. DAMO-ODI

h. Support agency. OSE, 1st IO CMD

Issue 623: Staffing to Support the Physical Disability Evaluation System (PDES)

a. Status. Completed

b. Entered. AFAP XXIV, Dec 07

c. Final action. AFAP XXIV; Jun 08

d. Scope. Inadequate staffing of Warrior Transition Units (WTU) and Physical Evaluation Board Liaison Officers (PEBLO) results in poor distribution of information and limited support to the Soldier. The staffing requirements in the Army Medical Action Plan (AMAP) have not been fully implemented. The WTUs have not yet reached Full Operational Capability (FOC). The Army PEBLO case load is currently 8,023 Soldiers with 175 PEBLOs, resulting in a 1 to 46 ratio which exceeds the AMAP standard of 1 to 30. Soldiers and Families have made life-altering decisions without fully understanding all options and incorrect decisions have resulted in negative, irrevocable consequences.

e. AFAP Recommendation.

(1) Meet and maintain the staffing of WTUs and PEBLOs as outlined in the AMAP.

(2) Develop and require commands to conduct a PDES chain teaching program until staffing requirements are met.

f. Progress.

(1) Validation. The following sources were used to validate the requirement: RAND Institute Study "Methods &

Actions for Improving Performance of the Department of Defense Disability Evaluation System", published 2002; GAO Report 06-0362, "Military Disability System: Improved Oversight Needed to Ensure Consistent and Timely Outcomes for Reserve and Active Duty Service Members" published Mar 06; GAO Testimony 06-561T, Military Disability Evaluation: Ensuring Consistent and Timely Outcomes for Reserve and Active Duty Service Members: published Apr 06; and as a result of inquires from the field, to include the Oct 06 AW2 Symposium, the Nov 06 Army Family Action Plan Symposium; Identified as a Phase I Task of the Army Medical Action Plan (AMAP).

(2) MTF Commanders have given WTU and PEBLO hiring actions priority. Over 90% of hiring actions are filled. The increase in the number of Physical Evaluation Board Liaison Officers (PEBLO) has lowered the PEBLO to patient ratio from 1:45 to 1:30.

(3) To improve the overall administrative processes, the PEBLOs will be aligned with the WTUs to enhance communication. PEBLOs are continuing to utilize training materials and a standardized MEB/PEB information brief to educate WTU Commanders and their staff on the MEB/ PEB process. Soldiers and their Families are counseled and educated on the MEB/PEB process throughout the entire process by their assigned PEBLO.

(4) More than 200 PEBLOs, physicians, administrators, and other stakeholders from military installations around the world received PDES training during the first Worldwide PEBLO Training Conference on 6-11 May 07, in San Antonio, Texas.

(5) OTSG/MEDCOM Policy Memorandum 07-029, Physical Evaluation Board Liaison Officer (PEBLO) Training and Certification dated 24 Jul 07, requires all administrative personnel (i.e., PEBLO and PEBLO Support Clerks) to become certified by successfully completing the PEBLO Distance Learning Course or attending the 40-hour resident PEBLO Course offered by the AMEDD Center & School, within 180 days after accepting the position. The AMEDD Center and School held a resident PEBLO Certification Course in Oct 07, where 20 PEBLOs throughout the AMEDD successfully completed the course. The next resident PEBLO Certification Course will be conducted on 3-7 Mar 08.

(6) The AMEDD Center and School has produced an improved distributed learning course for PEBLOs, MEB Physicians, Commanders, Case Managers, and Cadre.

(7) MEDCOM has created the MyMEB Web Site on the Army Knowledge Online Web page, allowing Warriors and their Families to go online and access the status and progress of their MEB.

(8) Staffing requirements are briefed weekly to the Army Medical Action Plan leaders.

(9) Resolution. The Surgeon General stated that this issue is being worked in the AMAP and asked that AFAP transfer this and similar issues to the Office of Warrior Care and Transition. The VCSA agreed and said that AFAP issues that match AMAP initiatives should transfer to AMAP, with possible report outs to the AFAP GOSC. The issue is considered completed for AFAP tracking purposes because it is being worked in the AMAP.

g. Lead agency. DASG-HSZ

Issue 624: Standardized Army Wounded Warrior Information Packet

a. Status. Complete

b. Entered. AFAP XXIV, Dec 07

c. Final action. AFAP XXV, Jan 09

d. Scope. Many Soldiers identified as Army Wounded Warriors (AW2) are unaware of their status and the resources available to them and their Families. AW2 does not currently have an "AW2 Information Packet". Some Soldiers have indicated they did not know when or if they were identified as an AW2. Awareness of status and accurate information on AW2 resources would reduce stress and help in the healing process.

e. AFAP Recommendation.

(1) Develop a standardized Army information packet to inform Soldiers and Families of the Soldier's status and resources available in the AW2 Program.

(2) Implement accountability checks that require information packets to reach Soldiers and their Families in person by an AW2 representative.

f. Progress.

(1) Validation. Recent surveys of key AW2 stakeholders indicated there is not a uniformed understanding of the AW2 Program and services it provides.

(2) Standardized Army information packet to inform Soldiers and Families of the Soldier's status and resources available in the AW2 Program is being incorporated into the Army Wounded Warrior Program's rebranding, marketing outreach efforts.

(3) Resolution. The January 2009 HQDA AFAP GOSC declared the issue complete as on 1 Oct 08, AW2 began mass marketing a standardized AW2 Information Kit to current AW2 Soldiers; incoming AW2 Soldiers will receive kits from their AW2 Advocate during the intake process. The kit contains a resource book, program fact sheets on a variety of topics (COAD/COAR, employment/ education, benefits and resources, and an AW2 fact sheet in Spanish), program brochure and magnet, contact information card, and a 10 minute AW2 video). Accountability is achieved through uploading a signed memo verifying receipt of the kit into the Wounded Warrior Accountability System (WWAS).

g. Lead agency. AHRC-PDW

Issue 625: Transitional Compensation (TC) Benefits for Pre-existing Pregnancies of Abused Family Members

a. Status. Complete

b. Entered. HQDA AFAP Conference, 4 Dec 07

c. Final action. 21 Sep 15 AFAP GOSC

d. Scope. Transitional Compensation (TC) does not account for pre-existing pregnancies when determining TC benefits. The benefit is intended to reduce victim disincentives to reporting abuse by providing transitional compensation to abused Family Members of military personnel who were separated and discharged due to the abuse. Extending TC benefits to unborn children upon birth will increase financial support for abused Families and may encourage reporting of abuse.

e. AFAP Recommendation. Extend TC benefits to the unborn children of pre-existing pregnancies upon birth.

f. Progress.

(1) In Jan 08, IMCOM G-9 Family Programs consulted with ASM Research, the contractor that developed the TC database, to determine whether the database tracks pre-existing pregnancies to establish a baseline or scope of the problem. The system does not track this information.

(2) In Feb 08, IMCOM G-9 FP consulted with IMCOM CJA. IMCOM CJA did not recommend supporting the recommendation because it would require a change in the definition of "dependent," which does not include unborn children.

(3) In Feb 08, IMCOM G-9 FP consulted with the Department of Health and Human Services Children's Bureau, who indicated that services are not made available to unborn children.

(4) In Feb 08, IMCOM G-9 FP consulted with OUSD(P&R) regarding unborn children and the definition of "dependent." Changing the definition would require legislation and OUSD(P&R) approval.

(5) In Mar 08, IMCOM G-9 FP consulted with the Air Force, Navy, and Marine Corps regarding the extension of TC benefits to unborn children. Navy and Marine Corps do not recognize unborn children as dependents; Air Force did not respond.

(6) In Oct 08, IMCOM CJA stated that a legal definition of "dependent" does not exist that is applicable for all situations. The term "dependent" is outlined in the TC statute.

(7) In Sep 08, at the AFAP In Progress Review it was determined that this issue should be closed as unattainable. However, subsequent to this decision, the Veterans' Benefits Improvement Act of 2008 was passed in Oct 08. This act extends coverage to an insured member's stillborn child under SGLI.

(8) In Sep 09, a VA official informed IMCOM G-9 FP that, although the Veteran's Benefit Improvement Act was signed into law, the regulation that provides for the definition of stillborn had not been finalized.

(9) In Sep 09, IMCOM G-9 FP consulted with IMCOM CJA regarding the feasibility of VA definition/legislation being applied for TC. IMCOM CJA opined that the VA's decision to include stillborn as an insurable dependent under FSGLI alone does not set a precedent for TC. However, IMCOM CJA indicated that the military justice system has the ability to charge a Soldier for two separate offenses if a Soldier causes injury to a child in utero − one for injury to the mother and one for injury to the unborn child. As a result, IMCOM CJA considered that this recent trend within military justice and the passage of UCMJ articles to cover unborn children in certain circumstances, combined with the VA's recent decision, may be justification to support the request of legislative action to change the TC definition of "dependent."

(10) In Nov 09, regulations implementing section 402 of the Veteran's Improvement Act of 2008 were published in the Federal Register and immediately went into effect. The regulation defines the term "member's stillborn child" and applies to deaths occurring on or after 10 Oct 08, the date of enactment of the Veteran's Benefits Improvement Act.

(11) In Mar 10, OACSIM-ISS consulted with IMCOM CJA to reconfirm support to request a legislative change to the definition of "dependent" in the TC statute. IMCOM CJA supports this change as it is consistent with the intent of the TC Statute.

(12) In Jul 10, OACSIM-ISS submitted a legislative proposal under the FY13A ULB cycle. In Sep 10, Office of the Secretary of Defense (OSD) sponsored the proposal.

(13) In Mar 11, the Principal Deputy OUSD (P&R) approved the TC proposal.

(14) In Nov 11, TC proposal became an Omnibus 2013 proposal and was sent to Office of Management Budget (OMB) for review and interagency coordination.

(15) In Mar 12, TC proposal was approved by OMB awaited final approval in the FY13 NDAA.

(16) In May 12, OACSIM-ISS learned TC proposal is included in both the Senate and the House versions of the FY13 NDAA.

(17) In May 12, OACSIM-ISS sent OSD draft language for inclusion in a DoD Policy Memo. If FY13 NDAA includes TC proposal, DoD Policy Memo will be required to ensure TC applicants can benefit as expeditiously as possible from this change.

(18) In Jan 13, the FY13 NDAA was approved by the President. The Services are awaiting formal OSD guidance which will allow the Services the authority to implement the changes as set forth in the FY13 NDAA.

(19) In Feb 15, the DoD Financial Management Regulation (FMR, DoD 7000.14-R) updated the definition of dependent to include children carried during pregnancy at the time of the dependent abuse and subsequently born alive. OSD stated the FMR is an official DoD policy instrument that the services can use to execute the NDAA language.

(20) A SecArmy memo was drafted for Army-wide distribution that authorizes TC for children carried during pregnancy who were subsequently born alive. The memo was coordinated with the Army Staff, approved by the ACSIM, and is pending SecArmy signature.

g. Resolution. The Secretary of the Army signed an Army-wide memo on 28 Aug 15 authorizing TC benefits for unborn children. The memo has been distributed Army-wide and implementation is underway.

h. Lead agency. DAIM-ISS

i. Support agency. IMCOM G9

Issue 626: Traumatic Servicemembers' Group Life Insurance (TSGLI) for Post Traumatic Stress Disorder (PTSD)

a. Status. Unattainable

b. Entered. AFAP XXIV, Dec 07

c. Final action. 20 Jun 13 AFAP GOSC

d. Scope. Servicemembers and Veterans diagnosed with PTSD receive no immediate Traumatic Servicemembers' Group Life Insurance (TSGLI) payment under current regulatory and compensatory guidelines. PTSD can and often does lead to financial hardship for the Servicemembers, Veterans, and Families. Servicemembers and Veterans who are diagnosed with the condition may receive monetary compensation from the Physical Disability Evaluation System (PDES) in the future, but receive noth-

ing upon initial diagnoses. PTSD is not under consideration at this time for payment of TSGLI. Servicemembers and Veterans are forced to make life altering decisions based on the provision of their care, maintaining a viable household, and the potential loss of short and/or long term employment.

e. AFAP Recommendation. Add PTSD as a schedule of loss under Traumatic Servicemembers' Group Life Insurance (TSGLI).

f. Progress.

(1) The FY10 NDAA requires the Secretary of Defense, in consultation with Secretary of Veterans Affairs, to provide a study on treatment of PTSD to be conducted by Institute of Medicine of National Academy of Sciences or other independent study.

(2) Coordinated with the DoD Line of Action 2 Chair, who is tracking this (Sec 726 of the NDAA FY10) requirement. The contract has been awarded and the contract kickoff was held on 2 Dec 10. At that time, the contract office representative (COR) and the action officer met with the IOM project manager. IOM finalized the committee membership and conducted the first meeting from 28 Feb through 1 Mar 11. A new COR was identified on 21 Apr 11, and attended the open session at the Institute of Medicine on that day. At this meeting, the committee received briefings from: the National Center for PTSD; Veterans Affairs, Evaluation Division; the Chief Readjustment Counseling Officer, Veterans Health Administration; the Associate Director, VISN 6, Mental Illness Research; the National Military Family Association; and the Director of the Army's RESPECT- Mil (The acronym stands for "Re-engineering Systems of the Primary Care Treatment (of depression and PTSD) in the Military.") program in the Department of Defense. The committee received a presentation from an enlisted Marine with PTSD. Finally, the committee allowed opportunity for public comment. On 25 Apr 11, the IOM Program Officer and the new COR conducted a follow-up meeting. The first site visit to Fort Hood was held on 14 Sep 12, and, according to the contractor, went very well. There are no additional site visits scheduled at the current time.

(3) On 14 Jul 12, TRICARE Management Agency (TMA) confirmed that they are tracking the study and will be writing the reports to Congress, but noted there is no mention of TSGLI, and it is not within the scope of the study.

(4) On 5 Oct 12, Office of the Surgeon General (OTSG) confirmed and their Behavior Health (BH) office researched the issue to determine whether there was an IOM Study that had a specific research question or element that addresses military benefits related to PTSD. The BH office is aware of the current IOM PTSD study but could not determine any analysis of any benefit related questions to be addressed in this study.

(5) On 19 Nov 12, continued coordination with OTSG determined that there is no direct analysis of the TSGLI issue or any other benefit related issue in the current IOM review. All efforts were exhausted to articulate a recommendation to move the issue forward. Compensating Soldiers identified with PTSD is not attainable at this time until the medical community, DoD and the Department of Veterans Affairs determines a PTSD rating.

g. Resolution. Compensating Soldiers identified with PTSD is unattainable at this time until the medical community, DoD, and the VA determines a PTSD rating.

h. Lead agency. DAPE-PRC

i. Support agency. VA

Issue 627: TRICARE Network Provider Access to Military Medical Records

a. Status. Completed

b. Entered. AFAP XXIV, Dec 07

c. Final action. AFAP XXVI, Jun 10

d. Scope. There is no ability to share medical records between the Department of Defense/Veteran's Affairs community and TRICARE network providers. TRICARE network providers have no access to the existing AHLTA and VistA systems which contain all military electronic medical records. The onus is on the Soldier to paint an accurate picture of the medical problem to their providers. A joint electronic inpatient-outpatient records system that goes beyond current read-only capabilities is being contracted. This system and future enhancements would provide sharing of records via Bi-Directional Health Information Exchange (BHIE). BHIE is implemented but not currently deployed. With access to complete records, the TRICARE Network providers would have an accurate picture of the Soldier's medical history.

e. AFAP Recommendation.

(1) Authorize full deployment of BHIE.

(2) Create and implement an enhanced electronic medical information share system for TRICARE network providers.

f. Progress.

(1) Subject Matter Experts (SMEs) from the DoD and VA reviewed the Personal Health Record (PHR) functionality of both the My HealtheVet and TRICARE online web portals. The SMEs identified opportunities for alignment and sharing between the two departments in order to reduce duplication of efforts.

(2) In December 2007 the MHS deployed a limited Personalized Health Record thru the TOL website. This initial PHR provides the ability to view demographic data, allergy, medication profile information, perform prescription refill and make appointments online.

(3) During the 1st quarter of FY08, subject matter experts from the DoD and VA reviewed options for data sharing designs and identified additional requirements for the portal creating the gold standards for a joint PHR. The plan for a joint DoD/VA eBenefits portal was completed in December 2007. A Joint Incentive Fund (JIF) proposal for the eBenefits portal was submitted on 10 March 2008 to support objectives identified by the President's Commission on Care for America's Returning Wounded Warriors (Dole-Shalala) which recommends that "DoD and VA must develop a plan for a user-friendly, tailored, and specific services and benefits portal for service members, veterans, and family members".

(4) Congress allocated funds to develop interfaces to afford civilian providers at Pensacola, Florida the ability to access DoD electronic medical records using the BHIE infrastructure. This project required a significant level of planning and coordination in order to address the securi-

ty, policy, privacy, and technical challenges. TATRC is the project manager for this effort.

(5) In 2009, MHS explored commercially available PHRs and completed a pilot project at Madigan Army Medical Center and demonstrated its technical feasibility and value of providing patients access to their records.

(6) In 2010, MHS established a revised strategy for PHR that will be developed and fielded on Tricare Online. The MHS is now working to accelerate the ability to provide patient's electronic health information to include medications, laboratory results, and radiology results using Tricare On Line (TOL). In addition, MHS is working to deliver a secure messaging capability to allow patients to have enhanced online access to the healthcare system.

(7) The Secretaries of Defense and Veteran's Affairs approved the way ahead for the Virtual Lifetime Electronic Record (VLER) on 24 March 2009. VLER will leverage the NHIN to share information with other civilian healthcare organizations. Leveraging NHIN, which is emerging, will provide DoD the ability to share information with network civilian providers. On 9 April 2009, citing the need to define and build a seamless information system that will improve care and services provided to transitioning Veterans, President Obama announced the DoD/VA plan to create a joint VLER.

(8) The VLER phase 1a pilot project was completed. This phase included using test data to exchange a subset of a standard data set with VA/ DOD/ and Kaiser Permanente in San Diego. The VLER phase 1b will broaden the scope to include expanded data sets, use of actual patient data and additional production sites around Hampton Roads, VA. Additional sites being considered include Fort Bragg/Fort Lewis.

(9) Based on recent studies, less than 20% of civilian hospitals in the United States have electronic medical records and capable to effectively exchange healthcare data. AMEDD OTSG CIO/CMIO is actively working with MHS staff to support the VLER, beacon community project and National Health Information Network. This are considered MHS level long term actions; not expected to be accomplished within the scope of the Army Family Action Plan. The AMEDD will continue to support activities to enhance data sharing between DOD, VA and TRICARE Network providers.

(10) Resolution. Issue intent was partially achieved. The Bi-directional Health information Exchange (BHIE) has improved medical records sharing between DOD and VA. The second recommendation requires national level support to achieve standardized transfer of healthcare data and improve availability of electronic medical records. Based on recent studies, less than 20% of civilian hospitals and clinics in the Nation have electronic medical records and are capable to effectively exchange healthcare data. In 2009, the Secretaries of Defense and Veteran's Affairs approved the way ahead for a joint Virtual Lifetime Electronic Record (VLER). VLER will provide DoD the ability to share information with network civilian providers.

g. Lead agency. DASG-IMD

h. Support agency. TMA

Issue 628: Bereavement Permissive TDY (TDY)

a. Status. Unattainable

b. Entered. AFAP XXV, Jan 09

c. Final action. AFAP XXVI, Jun 10

d. Scope. A military leave category for bereavement does not exist. Multiple permissive TDY categories exist but none authorizes non-chargeable bereavement leave. Soldiers take chargeable leave or a pass in the event of the death of an immediate Family member. Responsibilities associated with the death of a Family member may require more time than accrued leave or a pass. Insufficient time for grieving the loss of a Family member and administering responsibilities impacts the Soldier/Family's ability to mourn and recover from a traumatic loss.

e. Conference Recommendation. Establish a permissive TDY category for bereavement.

f. Progress.

(1) DCS, G-1 request to OSD for bereavement PTDY was disapproved. OSD indicated that there are multiple options presently available in the DODI 1327.06 to assist Soldiers in obtaining time off to grieve and attend to family responsibilities. DFAS leave balance data indicates that the average leave balance for an E1 is 5 days. Average leave balance for an E4 to E9 is 21 to 55 days. Average leave balance for an O1 is 15 days. Average leave balance for an O2 is 20 days up to 75 days for an O10.

(2) General industry standards on the number of paid days granted for breavement is 3-5 days. The Agreement between the United Auto Workers and Ford Motor Company indicates the breavement for a spouse, mother, father, child and stepchild is 5 days. All other family members qualify the member for 3 days breavement leave. Industry leave policy is generally based on year's employment. Paid leave for employees with less than a year of service range from 9-14 day. Paid leave for employees with greater than 15 years service range from 21-27 days. On enlistment Soldiers begin to receive 30 paid leave days per year.

(3) While there are 13 categories of PTDY, the assessment indicates that there is no need for an additional category of PTDY for bereavement, since commanders have the ability to grant Soldiers chargeable leave and non-chargeable passes for breavement.

(4) Resolution. The Jun 10 GOSC declared the issue unattainable. OSD disapproved the Army's request for another category of leave, stating that there are multiple options presently available in DODI 1327.06 (Leave and Liberty Policy and Procedures) to assist Soldiers obtain time off to grieve and manage related responsibilities. General industry standards on paid days granted for bereavement is 3 to 5 days. Commanders have numerous alternatives and combinations of "absence from duty" options to assist Soldiers in obtaining time off to grieve and attend to responsibilities.

g. Lead agency. DAPE-PRC

Issue 629: 24/7 Out of Area TRICARE Prime Urgent Care Authorization and Referrals

a. Status. Complete

b. Entered. AFAP XXV, Jan 09

c. Final action. 20 Jun 13 AFAP GOSC

d. Scope. TRICARE Prime beneficiaries are unable to obtain 24/7 out of area authorizations and referral assistance for urgent healthcare services. Beneficiaries are required to obtain authorizations from their enrollment sites in order to receive urgent care when traveling outside of their area. TRICARE beneficiaries do not have a streamline one call/one resolution process when urgent care needs are required. Out of area referral/ authorization process is confusing, untimely, does not help beneficiaries find needed care and imposes an unnecessary demand while traveling.

e. Conference Recommendation. Establish a 24/7centralized toll free process for TRICARE beneficiaries to request and acquire out of area urgent care authorization and referral assistance.

f. Progress.

(1) The Army Surgeon General made a personal request to the TMA Deputy Director regarding this issue and requesting the highest attention by TMA. A TMA POC was identified and was provided the AFAP Issue and supporting documentation on its value added to the MHS and how this effort ties into other MHS business design improvements.

(2) The DoD/MHS IIP was already undertaking a study of NAL usage to support TRICARE Prime beneficiaries and the Medical Home model of healthcare delivery.

(3) On 3 Apr 09, TMA released an official tasking to their three TROs and all three Services, that requested input into implementation alternatives to execute this AFAP issue's recommendation to provide for a 24/7 centralized HOTLINE to support out-of-area urgent healthcare requests and facility/ provider locator functions. The MEDCOM coordinated with its sister Services to encourage a unified recommendation to TMA.

(4) Aug 09 Update: On 9 Jun 09, an official memo from TMA informed the Services of TMA's decision regarding the 24/7 centralized, toll-free process tasking. TMA did not accept the Army Medical Department (AMEDD) proposed solution or any of its components. TMA endorsed a different process for single out-of-area encounter authorization by the TRICARE regional contractors. However, on or about 18 Aug 09, the Services were informed in two separate Enterprise Working Groups that this TMA memo was to be rescinded. Exact reasons for rescinding the memo are unknown; however, the ability of the TRICARE regional contractors to execute without a current contract modification was cited.

(5) Aug 09 to Apr 10 Update:

(a) On 12 Dec 09, another official TMA tasking to the Services for comments regarding the same issue identified in their 9 Jun 09 tasking. The AMEDD sent forward a 14 Jan 10 DSG Memo informing TMA that the AMEDD was again requesting the re-establishment of Title 32 Code of Federal Regulations requirements for an active Health Care Finder (HCF) program, managed by the regional TRICARE contractors; plus the AMEDD informed TMA of the potential disconnected efforts to reinstate the HCF under the current TRICARE contracts while at the same time working the IIP effort to provide another contract to support a CONUS-wide HCF functions along with the NAL. As part of our official reply the AMEDD also provided our original 15 May 09 reply after the original recommendations were verified as still appropriate.

(b) On Feb 10, the IIP Board of Directors approved a call for Service representatives to assist in the review the Request for Information (RFI) from industry, and to begin the work of drafting a Request for Proposal (RFP) to solicit a vendor that would provide a CONUS-wide centralized NAL and referral assistance service. Once procured, this new contracted functionality would meet the needs of the AFAP recommendations, but only in CONUS.

(c) Timelines for implementation of IIP NAL cannot be finalized until the Enterprise working group has been officially called together; however, projected timelines based on scope of program is as follows: (1) RFI review by 30 Jun 10; (2) RFP crafting by 31 Oct 10; (3) solicitation and selection by 30 Jan 11; and (4) start of work 30 Jun 11. These timelines are the action officers' best guess determined from past experience of contract movement of this scope and size.

(6) Apr 10 to Oct 10 Update: The timelines defined in 5.c above slipped to the right:

(a) RFI review completed on 14 Oct 10.

(b) RFP 1st DRAFT anticipated by 31 Nov 10.

(c) Solicitation and selection by 30 Jun 11.

(d) Start of work 30 Dec 11.

(7) Oct 10 to May 11 Update:

(a) The timelines for completion of key deliverables continues to slip to the right. There has been no change in DoD, TMA, or Service support for the NAL, but crafting of the RFP to completion has slowed to ensure the RFP is accurate and appropriate.

(b) The current projected timelines for the RFP and source selection are now under procurement sensitive realm, thus projected timelines can only be given in quarters: (1) RFP completion by mid 3rd quarter FY11; (2) solicitation and selection in 4th quarter FY11; and (3) implementation of NAL services by end of 3rd quarter FY12.

(8) Based on the Feb 11 HQDA AFAP GOSC's recommendations, MEDCOM requests that this issue remain Active until the selection of a vendor has been completed. The movement of the Enterprise WG is on target to meet the intent of this AFAP issue and has strong backing of ASD(HA)/TMA and the Services. There is one caveat to this working NAL proposal; it is a centralized NAL for CONUS only at this time. Discussions within the WG show strong intent to move toward global application once the CONUS contract has been established. Currently our Europe-based beneficiaries have a centralized NAL for at home use, and when all our OCONUS enrollees travel, they have the use of the current TRICARE Overseas Program contractor's 24/7 Hot-Line for urgent/emergent medical assistance.

(9) May 11 to Aug 11 Update: All of the Service involvement requirements for the RFP are completed. Unfortunately, the timelines for RFP release to the public for vendor bids continues to slip to the right. The commitment of DoD, TMA, or Service support for the NAL has been revalidated and this is not the issue causing the RFP release date slippage. Additional RFP release requirements by HA and TMA has slowed the release.

(10) Aug 11 to June 13 Update:

(a) Additional RFP deliverables and release requirements by HA and TMA continue to slow the release of the request for proposal. Because details are procurement sensitive, we cannot detail exact contract requirements however we still expect contract award of the NAL will allow beneficiaries to request and acquire out of area urgent care authorization and referral assistance meeting the intent of this issue.

(b) The new projected timelines for the RFP and source selection are still under procurement sensitive realm, thus projected timelines can only be given in quarters:

1. RFP completed in mid 3rd quarter FY11.
2. Solicitation in 2nd quarter FY12.
3. Re-solicitation in 4th quarter FY12.
4. Selection expected in 3rd quarter FY13.
5. Implementation of NAL services by end of 4th quarter FY13.

g. Resolution. TMA awarded a contract for a 24 hour NAL and estimated implementation of NAL services is 4th Qtr FY13.

h. Lead agency. MEDCOM

i. Support agency. DHA

Issue 630: Availability of Standardized Respite Care for Wounded Warrior Caregivers

a. Status. Completed

b. Entered. AFAP XXV, Jan 09

c. Final action. AFAP XXVII, Feb 11

d. Scope. Standardized respite care is not available to all Wounded Warrior dependent and non-dependent caregivers. While all Wounded Warrior caregivers are eligible for respite care, the lack of availability still exists due to inconsistencies in areas such as: information, reimbursement, policy, personnel, and location. Caregivers of Wounded Warriors commonly suffer burnout and compassion fatigue. In many cases, the Soldier's ability to sustain activities of daily living is directly associated with the well being of the caregiver. The lack of availability of standardized respite care for these caregivers can jeopardize the caregiver's stability and negatively affect the recovery of his/her Soldier.

e. Conference Recommendation. Provide uniform availability of standardized respite care to all caregivers of Wounded Warriors.

f. Progress.

(1) Respite Care is now authorized and provided to members of the Uniformed Services on active duty (regular Army, Army Reserve and National Guard) and veterans per the provisions of The National Defense Authorization Act (NDAA) for FY 2008, Section 1633 (Respite Care and Other Extended Care Benefits for Members of the Uniformed Services Who Incur a Serious Injury or Illness on Active Duty). Respite care benefits were made effective as of 1 January 2008. Service members or their legal representatives/beneficiaries can submit receipts for reimbursement of respite services provided after 1 January 2008 by a TRICARE-authorized Home Health Agency (HHA).

(2) The TRICARE Policy Manual 6010.54-M, 18 September 2008, under the authority of Public Law 110-181 outlines the "Definitions, Terms & Limitations as Applied to the Respite Benefit." The provisions of the TRICARE Operations Manual, Chapter 18, Section 3 and the TRICARE Systems Manual, Chapter 2, Sections 2.8 and 6.4 regarding respite care are applicable in locations in and outside the United States, its territories and the District of Columbia through TRICARE-authorized HHAs. Service members can qualify for respite care regardless of their TRICARE enrollment status (Military Treatment Facility, TRICARE Prime, TRICARE Prime Remote, TRICARE Overseas Program, TRICARE Global Remote Overseas contract and the TRICARE Puerto Rico Contract). The service members' case manager (or other approving authority) can approve respite care as a part of the medical plan of care.

(3) The Department of Veterans Affairs (VA) has expanded its array of respite services to include care in VA Community Living Centers, community nursing homes and non-VA, non-institutional settings such an adult day health care and in-home respite services. This increases the availability of services to Veterans and their Families by eliminating the need to wait for open medical center beds. These expanded services are outlined in the new VHA Handbook 1140.02 dated 10 November 2008.

(4) Advocates, case managers and counselors continue to inform WII Soldiers and their caregivers of respite benefits. The Compensation & Benefits Handbook for Seriously Ill and Injured Members of the Armed Forces, the newly published Department of Veterans Affairs Handbook and the TRICARE Management Agency continually update their Soldier, Veteran and Family/caregiver beneficiary handbooks and web sites to alert and inform beneficiaries of the extensions of new respite care benefits and locations.

(5) Congressional support for respite care to Veterans and their Families/caregivers is ongoing. Public law 111-163, Caregivers and Veterans Omnibus Health Services Act of 1010 (5 May 2010) addresses the frequency of care to Veterans (Sec. 101, para 3(A) (ii) (III)), the availability of respite care to those in geographically dispersed areas and a monetary supplement, in the form of a caregiver stipend, to employ a respite care provider outside of the local area (Sec. 101, para 3(C) (iii)). This law also makes provisions for the additional care that may be needed while the Family member/caregiver attends instruction, preparation and training to care for their individual Veteran (Sec. 101, para 6(D)).

(6) Respite care services are available on a large scale and can be requested through the case manager, medical treatment facility, Military Medical Support Office, TRICARE Area Office or Department of Veterans Affairs. The Army, Congress and the Department of Veterans Affairs recognize the importance of providing some form of reprieve or palliation to Families and caregivers of WII Soldiers and Veterans. Although respite care is still limited in some geographical locations, locale availability is beyond the scope of the US Army as it is based on the economy and the immediate need within the community. Combined efforts to make respite services more available and accessible are succeeding.

(7) Resolution. Service members who incur a serious injury or illness on active duty are authorized respite care per FY08 NDAA. Respite services may be provided by a

TRICARE-authorized Home Health Agency. The VA expanded respite services to include care in VA Community Living Centers, community nursing homes and non-VA/non-institutional settings such as adult day health care and in-home respite services. On 1 Feb 11, the VA stood up CONUS-wide support lines to connect survivors to the multiple services throughout the United States that support caregivers.

g. Lead agency. MCWT-OPT-O

h. Support agency. Army Warrior Transition Command (MEDCOM), TRICARE Management Agency, Department of Veterans Affairs

Issue 631: Career Coordinators for Army Wounded Warrior Soldiers, Family Members and Caregivers

a. Status. Completed

b. Entered. AFAP XXV, Jan 09

c. Final action. AFAP XXVII, Aug 11

d. Scope. The Army Wounded Warriors (AW2) Program does not have a sufficient number of AW2 Career Coordinators to assist both AW2 Soldiers and their Families/Care Givers with the transition process. The AW2 Career Cell consists of four Career Coordinators that serves 3,814 Soldiers, their Families/Care Givers, and supports 120 Advocates. Last year, the number of AW2 Soldiers increased by 1,315, adding an average of 108 per month. AW2 Career Cell projections indicate a significant increase of AW2 Soldiers in the coming years. The industry standard for career management is 1:30; the ratio of Career Coordinators to Soldiers is 1:953. The insufficient number of AW2 Career Coordinators does not allow effective career coordination, employer network development or long term management for the complex employment and education issues affecting AW2 Soldiers and their Families/Caregivers.

e. Conference Recommendation. Increase authorizations and funding for AW2 Career Coordinators assigned to AW2 Soldiers and their Families/Caregivers to reach the industry standard for career management of 1:30.

f. Progress.

(1) The WTC, including AW2, is undergoing a formal manpower study to "right size" the organization. The position justifications and man hour work study are complete. The interview phase is in process. During the right-sizing process, we are working with Human Resources Command (HRC) to assign eight Reserve component Soldiers in "Sanctuary" status as Regional Career Coordinators.

a. Sanctuary Soldiers are under the provisions of 10 USC 12686; sanctuary provides that a Reserve Soldier on active duty (except for training), including a member of the Retired Reserve recalled to active duty, who upon attaining 18 years, but less than 20 years of active service, may not be involuntarily released from active duty before the Soldier attains 20 years of active service unless the Secretary of the Army or his designee approves the release.

b. Two Soldiers will be assigned to each AW2 region: Pittsburgh, PA; Cincinnati, OH; Kansas City, KA; Carson City, NV; Austin, TX; Huntsville, AL; Jacksonville, FL; Greensboro, NC. Wounded Warriors benefit from experienced Soldiers assisting them with career and education related transition in, or close to, their communities. The Army's cost avoidance is approximately $600,000 annually.

(2) WTC, along with the Air Force, Navy and Marine Corps Wounded Warrior Programs, hosted the "2011 Wounded Warrior Federal Hiring Conference" on 23-24 Feb 11 to educate potential employers on the Wounded Warrior population and the ways to expeditiously hire this population. Two hundred senior HR and EEO specialists plus Veteran Employment Program Managers, from over fifty federal agencies, participated. We have also developed a reciprocal referral process with the sister services for Wounded Warriors seeking federal employment.

(3) The Wounded Warrior Hiring Rate Improvement Team is one of the outcomes of the "2011 Wounded Warrior Federal Hiring Conference". The team is comprised of members from the four service Wounded Warrior Programs, HR and EEO Specialists from federal agencies, private industry and nonprofit organizations, OPM, VA, DOL and Wounded Warriors. The target date for phase one of the project, "Determining Barriers" is Aug 11. Phase two; "Corrective Action Plan" has a target completion date of Oct 11. Phase three; "Implementation of Corrective Action Plan" will start 1st Qtr FY 12.

(4) AW2 is a member of the "Veterans Employment Transition Initiative" team. This team is tasked with overhauling the entire Army transition process. Currently the team is preparing to start an "Employment and Education" pilot program for transitioning Soldiers and Family Members which includes the AW2 population.

(5) DoD Office of Wounded Warrior Care and Transition Policy (WWCTP) and the other Wounded Warrior Programs to create an initiative, known as E2I, to improve the education and employment opportunities for our wounded, ill and injured Soldiers/Veterans through early engagement with Recovering Service Members (RSMs) while leveraging all Federal, State, Non-profit and private sector resources. Their basic charge is to integrate career programs and services and augment where gaps exist.

(6) WTC and AW2 have partnered with the HQDA G-1 Veterans' Employment and Transition Initiative (VETI) and DOD's Task Force on the Care, Management and Transition of Recovering Wounded, Ill and Injured Members of the Armed Forces to conduct a comprehensive review of the federal and non-governmental education, employment assistance and services currently provided to transitioning Wounded Warriors. This review will identify the gaps in products and services.

(7) AW2 Advocates received training in career and education readiness assessment techniques and opportunities during the 2011 AW2 Annual Training Conference. The WTC Transition Coordinators will be trained at the 9-13 Aug 11 WTC Annual Conference. Advocates and Transition Coordinators are also provided additional information and professional development throughout the year.

(8) The WTC CERB and AW2 Career cell works collaboratively with the following government and non-profit organizations: Army Career and Alumni Program (ACAP), Army Civilian Human Resources Agency

(CHRA), Vocational Rehabilitation and Employment (VRE), Veterans Employment Coordination Services (VECS), and Department of Labor (DOL) REALife Lines to meet the career, educational and employment needs of AW2 Soldiers/Veterans and their Families. Each partner provides the AW2 population a wide range of transition and career preparation services including civilian and federal resume preparation. Below are brief descriptions of the services offered by these organizations?

a. ACAP provides pre-separation counseling, transition, civilian and federal resume preparation, job search information and referral services for Soldiers, Veterans, retirees, DA civilians and Family members both online and at ACAP Centers.

b. The CHRA Wounded Warrior Program allows AW2 Soldiers and Veterans to apply for Army civilian employment through CHRA's expedited application process. CHRA also provides information and referral to Soldiers, Veterans or spouses looking for employment as an Army civilian.

c. VRE provides vocational and educational counseling, work programs, self-employment programs and independent living programs to Soldiers still on active duty, as well as Veterans and Family members who are eligible for one of VA's educational benefit programs.

d. VECS provides a variety services to Veterans and their spouses such as veteran employment advocacy, hands-on employment assistance, resume review and federal application assistance, skills and qualifications assessment, placement assistance, case management, training and development counseling and one-on-one peer counseling. VECS also recruits and hires disabled veterans, create employment opportunities, and ensures that managers and supervisors are familiar with the use of special hiring authorities to hire veterans.

e. DOL REALifelines: The program provides one-stop career counseling and education assistance to transitioning veterans who are wounded or injured in combat. The program supports veterans and spouses within the 50 states as well as Puerto Rico, Guam and the District of Columbia.

(9) Warrior Transition Units (WTUs) now have Military Career Counselors and Transition Coordinators to assist Warriors in Transition (WTs) in developing Comprehensive Transition Plans (CTP) which include career and education goals. The CTP is developed for and in coordination with each WT and their Triad of Care. The automated version (aCTP) is being fielded to all Warriors in Transition with employment and education integrated support completely integrated.

(10) The Federal Recovery Coordination Program, a joint DOD and VA program, began serving Wounded Warriors in early 2010. It helps coordinate and access federal, state and local programs, benefits and services for seriously wounded, ill, and injured Soldiers and their Families. Federal Recovery Coordinators (FRCs) have the delegated authority for oversight and coordination of the clinical and non-clinical care identified in each client's Federal Individual Recovery Plan (FIRP). Working with a variety of case managers, FRCs assist their clients in reaching their FIRP goals. FRCs remain with their clients as long as they are needed regardless of the client's location, duty or health status. In doing so, they often serve as the central point of contact and provide transition support for their clients.

(11) Resolution. The Aug 11 GOSC declared the issue complete. "Sanctuary Soldiers" will be assigned to serve as Regional Career Coordinators (two per AW2 region). WTC and AW2 work collaboratively with the Army Career and Alumni Program, Army Civilian Human Resources Agency, Vocational Rehabilitation and Employment, Veterans Employment Coordination Services, and Department of Labor REALife Lines to meet the career, educational and employment needs of AW2 Soldiers, Veterans and their Families.

g. Lead agency. Army Wounded Warrior Program (AW2) and Warrior Transition Command (WTC)

h. Support agency. Army Career and Alumni Program, Army Civilian Human Resources Agency, Department of Veterans Affairs, Department of Labor, National Organization on Disabilities

Issue 632: Community Support of Severely Wounded, Injured and Ill Soldiers and Their Families

a. Status. Completed

b. Entered. AFAP XXV, Jan 09

c. Final action. AFAP XXVII, Feb 11

d. Scope. Many communities are not aware of how they can support Severely Wounded, Injured and Ill Soldiers and their Families. A robust support network between the Severely Wounded, Injured and Ill Soldier and the community aids in a smooth transition into the civilian community. The support network between the community resources, (i.e., veteran service organizations, schools, local governments, non-governmental organizations, etc.) and these Soldiers and their Families is inconsistent, depending upon community awareness of how best to support them. This collaborative network is essential to the long term recovery of Severely Wounded, Injured and Ill Soldiers, and their Families for reintegration for life.

e. Conference Recommendation.

(1) Implement and communicate a collaborative network support program that connects community resources to the Severely Wounded, Injured and Ill Soldiers, and their Families.

(2) Implement an aggressive management plan that will evaluate the effectiveness of the collaborative network support program.

f. Progress.

(1) The Community Support Network is an AW2-sponsored initiative to connect severely wounded, ill, and injured veterans with local organizations in their hometown that provide free or covered services/ products to Wounded Warriors and their Families. As of 1October 2010, over 161 organizations are part of the Community Support Network and all are indexed; an additional 652 organizations have been contacted about joining the Network. As a result, severely wounded, ill and injured Wounded Warriors and their Families have an online resource of organizations that have actively expressed willingness to support them locally. The AW2 website displays a brief summary of each organization and the resources it provides, allowing Wounded Warriors and

their Families to view the information and reach out to organizations directly to foster their long-term independence. Information on these organizations is provided to the more than 160 AW2 Advocates who interface directly with AW2 Soldiers, Veterans, and Families throughout the country so they may inform the Wounded Warriors and Families they serve.

(2) AW2 distributed a Community Support feature story on the AW2 Community Support Network through North American Press Syndicate (NAPS), reaching more than 5 million readers. The story focused on a Veteran with PTSD and his service dog, which he received from an AW2 Community Support Network organization. The release generated 132 articles in 14 states with a readership of 5,295,344, and was posted on 8 websites with a combined total of 58,847,258 unique visitors per month.

(3) AW2 hosted an AW2 Community Support Exhibit Hall at the June 2010 AW2 Symposium. Twenty-three organizations exhibited and shared information with the 65 AW2 Soldiers, Veterans, Families and Caregivers attending the Symposium, as well as, the 185 staff, Subject Matter Experts and VIP's in attendance. The Exhibit Hall was positively mentioned in two local television broadcasts that covered the Symposium.

(4) AW2 posted 19 blogs about, or written by, AW2 Community Supporters to raise AW2 Soldiers, Veterans, and Families' awareness of the wide range of services available. These blogs shared upcoming opportunities with the AW2 population and success stories of individual AW2 Community Support Network organizations connecting with AW2 Soldiers, Veterans, and Families.

(5) AW2 facilitated three quarterly conference calls, allowing Community Support Network organizations to connect directly with WTC/AW2 leadership and learn more about key initiatives and ways to support AW2 Soldiers, Veterans, and Families. The calls educated participants on the realities of life with injuries commonly experienced by Wounded Warriors and their Families, decreasing stigma and enabling the organizations to work more comfortably with Wounded Warriors. The calls, also, allowed for collaboration between Network members located throughout the United States, which will lead to stronger programs for Wounded Warriors.

a. Thirty-two Community Support organizations participated in the first conference call on 22 January 2010. The discussion topics were Post-traumatic stress disorder and traumatic brain injuries.

b. Eighteen Community Support organizations participated in the second conference call on 6 May 2010. The topics were Adaptive sports and recreation, including a facilitated discussion on best practices in adaptive sports programs.

c. The last conference call was conducted on 23 September 2010. The topic was severe burns, including a facilitated discussion among organizations on best practices in supporting burn survivors.

(6) AW2 distributed six electronic newsletters to community organizations in November 2009, January 2010, March 2010, May 2010, July 2010 and September 2010. These newsletters inform AW2 Community Support Network organizations of the program's events and key initiatives. By informing these organizations, AW2 is able to inform community leaders around the country about the Army's warrior care efforts.

(7) AW2 launched a Speakers Bureau pilot program in the National Capitol Region. Seven wounded warriors and Family members were approved to participate, and six have given speeches. The Warrior Transition Command (WTC) is reviewing a recommendation to expand the AW2 Speakers Bureau pilot program nationwide.

(8) AW2 launched a social media presence through the AW2 Blog in January 2008, which has been well-received by AW2 Soldiers, Veterans, and Families. WTC is expanding AW2's social media presence through sites such as Facebook and Twitter. The launch is planned by 2nd QTR FY 11.

(9) AW2 established a collaborative relationship with the Army Community Covenant in FY2010 and will continue this collaboration to maximize opportunities.

(10) AW2 developed and implemented an aggressive management plan to evaluate the effectiveness of the AW2 Community Support Network. This program is managed by a government civilian who tabulates metrics and periodic evaluations, including the number of organizations contacted and registered the participation rate in the quarterly conference call, and the number of blogs submitted by participating organizations.

(11) AW2 established a formal Standard Operating Procedure manual for this initiative, which requires periodic evaluations.

(12) Resolution. Issue was completed based on the establishment of the AW2 Community Support Network that connects community resources to Severely Wounded, Injured and Ill Soldiers and their Families. The AW2 Program implemented a management plan and standard operating procedure to expand, inform and periodically evaluate the effectiveness of the AW2 Community Support Network. During quarterly conference calls, AW2 and Community Support Network organizations discuss topics such as PTSD/TBI, adaptive sports and severe burns. Blogs by AW2 Community Support Network organizations raise awareness of their services among AW2 Soldiers, Veterans and Families. In response to a question about how the Army tracks/identifies community results, the OTSG representative responded that the AW2 Community Support Network has 185 active organizations; AW2 has a 5,000 member newsletter; and there have been 650 Community Covenant signings. The Army, Department of Labor and the Veterans Administration do not have a tracking mechanism that is sufficient to quantify how many of the target population have been reached.

g. Lead agency. Army Wounded Warrior Program (AW2) and Warrior Transition Command (WTC)

h. Support agency. DAIM-ISS

Issue 633: Cost of Living Allowance (COLA) Dependents Cap

a. Status. Unattainable

b. Entered. AFAP XXV, Jan 09

c. Final action. AFAP XXVII, Aug 11

d. Scope. Soldiers do not receive COLA entitlements for more than five dependents. The Defense Finance Accounting System (DFAS) caps the maximum dependent COLA calculation at five dependents. The COLA calculation cap negatively impacts Families with more than five dependents.

e. Conference Recommendation. Eliminate the five dependent cap on COLA.

f. Progress.

(1) This AFAP proposal to base entitlements on the number of dependents applies only to OCONUS COLA. CONUS COLA is paid at a "with" dependent rate and a "without" dependent rate, regardless of the number of dependents. OCONUS COLA considers the number of dependents in the calculation.

(2) DAPE-PRC consulted again with the Per Diem Travel Transportation and Allowance Committee (PDTATAC) [http://www.defensetravel.dod.mil/perdiem/trvlregs.html] to gain a better understanding of the OCONUS COLA calculation methodology and the impact on a member having five or more dependents. The PDTATAC Economics and Statistics Branch Chief explained again that the rationale the Army Family Action Plan group is advancing is based on a false premise - that as the number of dependents increase, so does the member's disposable income. In reality, the member's disposable income is essentially static.

(3) All the COLA spendable income table does is look at how members allocate their income across all possible expenditures. The major expenditures are housing and COLA types of goods and services. As family size increases, more income is devoted to housing (greater number of rooms/bedrooms), and so there is less disposable income left over to spend on COLA type items. This result in some pay grades with more than five dependents actually spending less on COLA types of goods and services - more of the set disposable income is spent on housing.

(4) It is right at the five dependent levels that the member is maxing out the percentage of income they can devote to spending on their dependents. In other words, if we expanded the table, with a very few exceptions, the amount of dollars for members with more than five dependents would not vary significantly from that at five dependents, and in some grades and years of service, be less than for the same member with less dependents and years of service. Additionally, in computing the Spendable Income table, the Economics and Statistics Branch use data furnished by the Bureau of Labor Statistics. The data they provide only goes to family size six - which translates into member plus five dependents. There is no reliable data to project COLA beyond that number.

(5) The issue was discussed at length with the other Services representatives during the 28 September 2010 PDTATAC meeting and again briefly in March 2011. The Service's representatives to the PDTATAC again expressed no support for lifting the dependent OCONUS COLA cap due the comments expressed by the Chief, Economics and Statistics (E&S), which he made to the January 2011 GOSC.

(6) On 13 May 2011, the Deputy Assistant Secretary (Military Personnel Policy) responded to ASA M&RA 26 April 2011 memo that request for a principals meeting. Since the issue impacts all the services, she recommended that the Army formally open a MAP item that will allow time for Service Representatives to gather costing data and ensure their respective principals are fully briefed.

(7) On 17 May 2011, the Services experts engaged and openly discussed the issue and the rationale behind the propose change to include possible financial impact. The committee is not in favor of changing the current system for calculating OCONUS COLA because the Army cannot demonstrate that Soldiers with more than 5 dependents are at a disadvantage in comparison with their CONUS counterparts. When applying the principles of OCONUS COLA, the MAP reminded us that the intent of OCONUS COLA is "to compensate members for differences in the cost of living between the continental United States (CONUS) and their assigned location outside of the continental United States (OCONUS)."

(8) Resolution. The Aug 11 GOSC declared the issue unattainable. CONUS COLA is paid at a "with" and "without" dependent rate, regardless of the number of dependents; the OCONUS COLA calculation considers the number of dependents. Service reps at the May 11 Military Advisory Panel (MAP) meeting discussed the rationale behind eliminating the five dependent OCONUS COLA cap and an alternate methodology in which OCONUS COLA would mirror the CONUS COLA computation (with/without dependents). The MAP explained that the intent of OCONUS COLA is to compensate members for differences in the cost of living between CONUS and their assigned location OCONUS. The committee did not support changing the current OCONUS COLA calculation system because OCONUS Soldiers are not disadvantaged in comparison to CONUS-based Soldiers who have more than five dependents.

g. Lead agency. DAPE-PRC

Issue 634: Death Gratuity for Beneficiaries of Department of the Army (DA) Civilians

a. Status. Completed

b. Entered. AFAP XXV, Jan 09

c. Final action. AFAP XXVIII, Feb 12

d. Scope. The preferred beneficiary of a Department of the Army (DA) Civilian killed in a military contingency operation is not always allowed to receive 100% of the Death Gratuity. The law permits those DA Civilians' eligible survivors (spouse, children, and parents, siblings) to receive up to 100% of the Death Gratuity. Other survivor beneficiaries (foster child, fiancée, grandparent, uncle, etc), are only authorized up to 50% of the Death Gratuity; the remaining amount is paid to an eligible survivor or remains with the government. Soldiers' beneficiaries are authorized to receive 100% of their Death Gratuity regardless of their relationship to the Soldier. By differentiating between DA Civilian beneficiaries, the government fails to fully recognize the significance of all survivors' loss.

e. Conference Recommendation. Authorize 100% of the Death Gratuity to be paid to any person(s) designated by the DA Civilian regardless of their relationship.

f. Progress.

(1) DAPE-CP researched similar modification of Public Law 110-181 (10 U.S.C. Section 1477) pertaining to Armed Forces Service Members dated 1 Jul 08 to designate 100% to any person as the beneficiary of the $100,000 Death Gratuity benefit.

(2) Change in legislation to modify Public Law 110-181 (5 U.S.C. Section 8102a) to reflect the same law for DA Civilian beneficiaries has been uploaded into the ULB database on 1 Mar 10 with submission to OSD and is on track for FY12 ULB Cycle.

(3) Issue has been reviewed and approved by OSD and Other Services to move forward through the Omnibus process on 24 Sep 10.

(4) In Dec 11, the death gratuity legislative proposal was included in the House and Senate Conference Report Summary (H.R. 1540) for the FY12 NDAA submission.

(5) On 31 Dec 11, President Obama signed FY12 NDAA thereby enacting the death gratuity legislative proposal into law. Therefore, under this law, the implementation of the designation of any beneficiary named to receive the death gratuity benefit is effective immediately.

(6) Resolution. The FY12 NDAA (signed 31 Dec 11) authorizes civilian employees to designate anyone they choose to receive the entire death gratuity if the employee dies of injuries incurred in connection with service with an armed force in a contingency operation.

g. Lead agency. DAPE-CPZ

Issue 635: Dedicated Special Needs Space Within Child, Youth, and School Services (CYSS)

a. Status. Completed

b. Entered. AFAP XXV, Jan 09

c. Final action. AFAP XXVI, Jun 10

d. Scope. Child, Youth, and School Services spaces across the Army are often not dedicated to support special needs children and youth. While AR 608-10, Child Development Services, authorizes each garrison commander to set aside a percentage of spaces, no Army level uniformity exists. Failure to provide these dedicated spaces for special needs children could negatively impact the Family financially, denies the child opportunities to participate in CYS Services, and denies quality consistent care afforded to Army Families.

e. Conference Recommendation. Dedicate child and youth spaces within Army Child, Youth, and School Services in order to accommodate special needs children.

f. Progress.

(1) Initiate a Special Needs Process Action Team (PAT) to analyze operational capability, and special needs transition procedures/demographics to determine impact on individual garrison CYS Services programs. PAT will recommend appropriate numbers of set aside special needs child care spaces for each type of program offered, e.g., full day care, hourly care, after school care, youth outreach services.

(2) Provide operational procedures for set aside special needs spaces for inclusion to revised child care placement and waiting list guidance. Planned implementation date NLT 3rd Qtr FY 10.

(3) The SNAP operational procedures must support set aside special needs child care spaces. A multidisciplinary working group team is revising the SNAP procedures to reduce the time for special needs records review and placement in CYS Services or community programs. Pilot training completed at six installations in 2009.

(4) Resolution. The Jun 10 GOSC declared the issue complete. Garrison Commanders have authority to set aside child care spaces within their community to include hourly care and full day care. This process is more effective than a mandated percentage which may result in too many or too few spaces.

g. Lead agency. OACSIM-ISS

h. Support agency. FMWRC-FP and FMWRC-CY

Issue 636: Funding for Better Opportunities for Single Soldiers (BOSS)

a. Status. Completed

b. Entered. AFAP XXV, Jan 09

c. Final action. AFAP XXVI, Jun 10

d. Scope. The BOSS program is the only Army program that exclusively supports single Soldiers and single parents, yet there is no consistent funding. Army statistics indicate 47 percent of the active duty population falls into this category, not including National Guard, Reserve and geographically separated Soldiers. Failure to provide dedicated funding puts the future of BOSS at risk, impacting one of the Army's largest demographics.

e. Conference Recommendation. Mandate funding for BOSS in POM 12-16.

f. Progress.

(1) After receiving the historical BOSS funding from the Family and MWR Command (FMWRC), OACSIM Soldier and Family Readiness Division (OACSIM-ISS) determined that a new methodology was needed to clearly identify BOSS requirements and track execution. The OACSIM-ISS requested that FMWRC create a unique Program Code to allow for the breakdown of the BOSS requirements.

(2) At the Department of Army BOSS Forum in August 2009, FMWRC briefed BOSS advisors and representatives on how to capture the BOSS APF authorized requirements using the new Program Code, QD.

(3) The BOSS personnel used the new Program Code to submit their FY10 program requirements to FMWRC through the Financial Management Budget System (FMBS). The total amount requested, for appropriated funding, was $790K.

(4) The BOSS program requirements are included in the Management Decision Package (MDEP) QDPC (Community Activities), an MDEP within the Installation Program Evaluation Group (II PEG). On 10 March 2010, the QDPC Program Objective Memorandum (POM) 12-17 requirements were presented to the II PEG for validation.

(5) IMCOM G-8 agreed to separately identify the BOSS APF requirements in the FY11 IMCOM annual funding letter.

(6) Resolution. The Jun 10 GOSC declared the issue complete. BOSS funding requirements were included in the POM 12-16 validated and critical requirements. To ensure FY11 funding, IMCOM G-8 will separately identify the BOSS appropriated fund (APF) requirements in the IMCOM annual funding letter.

g. Lead agency. OACSIM-ISS

h. Support agency. IMWR-CR

Issue 637: Homeowners Assistance Program (HAP) Expansion

a. Status. Completed

b. Entered. AFAP XXV, Jan 09

c. Final action. AFAP XXVI, Jun 10

d. Scope. The HAP does not address the needs of service member homeowners with permanent change of station (PCS) orders, non-covered BRAC organizations, wounded warriors, nor surviving spouses. This program can provide some financial relief to specified military, civilian and Non-Appropriated Fund Instrumentality employee homeowners when a base closure or reduction announcement causes a downturn in the real estate market and homes cannot be sold under reasonable terms or conditions. The HAP has only been approved for Naval Air Station Brunswick, Maine as part of the Base Realignment and Closure (BRAC) 2005. Large numbers of homeowners have upside down mortgages due to declining real estate markets, making it nearly impossible to either sell or rent the homes for enough to eliminate or offset mortgage payments when required to relocate. Further, homeowners will not qualify for other congressionally approved relief because they cannot remain in their homes. This leaves service member homeowners required to PCS (to include non-covered BRAC organizations), wounded warriors and surviving spouses susceptible to catastrophic financial loss or foreclosure affecting their professional and personal lives.

e. Conference Recommendation. Expand HAP to provide financial support for service member homeowners required to PCS, non-covered BRAC organizations, wounded warriors, and surviving spouses.

f. Progress.

(1) The American Recovery and Reinvestment Act of 2009 included this issue and funded it at $555 Mil in February 2009. The Congress appropriated an additional $300 Mil as part of the FY 2010 budget to assist additional PCSing service members.

(2) DOD guidance was approved by the Office of Management and Budget as an interim rule on 30 September 2009.

(3) USACE has been conducting command and installation briefings and town halls since 30 July 2009.

(4) Application processing and benefit payments are ongoing since 1 October 2009; over 897 applicants have been paid over $96.3 Mil in benefits by 23 Mar 2010.

(5) Resolution. The Jun 10 GOSC declared the issue complete. Application processing and benefit payments for the Homeowners Assistance Program are ongoing. $855 million was appropriated for HAP, with end dates of FY10 for PCS, FY12 for BRAC, and no end date for Wounded Warriors or surviving Spouses. To date, there have been over 9400 applicants, of which 95 percent are PCS and 2.9 percent are BRAC. Approximately $262M has been expended on the program. The average benefit is $132,000.

g. Lead agency. CEMP-CR

h. Support agency. ODASA(I&H)

Issue 638: Medical Nutrition Therapy (MNT) Benefits for All TRICARE Beneficiaries

a. Status. Unattainable

b. Entered. AFAP XXV, Jan 09

c. Final action. 20 Jun 13 AFAP GOSC

d. Scope. Medical Nutrition Therapy (MNT) is not a TRICARE benefit. MNT is the assessment and appropriate use of Nutrition therapy for a patient. It is provided at Military Treatment Facilities (MTF) that have dietitians on staff, but is not always available due to deployments, duty station, and appointment availability. Research shows MNT plays a vital role in wellness and disease management. A study done by the Lewin Group, Inc. in 1998, found that cost savings generated from a reduction in both inpatient and outpatient utilization of health care services over time as a direct result of MNT. They estimated $6.2 M in potential TRICARE cost avoidance savings annually once MNT benefits are achieved. Providing this TRICARE benefit will reduce out of pocket expenses for beneficiaries and reduce overall healthcare costs for TRICARE.

e. Conference Recommendation. Establish MNT as a TRICARE Benefit for all TRICARE beneficiaries.

f. Progress.

(1) In Jan 97, Army and Air Force dietitians briefed the Assistant Secretary of Defense (ASD) for Health Affairs (HA), on the issue of including MNT as a uniform and authorized benefit across TRICARE. The ASD (HA) supported the importance of MNT. He felt that MNT was under-utilized within the Military Health System (MHS), and established HA policy (97-055) to establish MNT as an intrinsic element of clinical practice, through inclusion as part of demand management, disease management (e.g., practice guidelines), and discharge planning.

(2) The Lewin Group, Inc. was awarded an OSD (HA) contract in 1998 to study the cost of covering MNT services under TRICARE. As noted earlier, they estimated a cost savings in excess of $3M annually. We submitted a tri-service proposal for outpatient MNT as a TRICARE benefit in Jul 99. On 10 Jan 01, TMA submitted this proposal for internal review as a potential new benefit; it was not approved due to funding limitations.

(3) In Dec 00, Congress passed and the President signed a Medicare Part B, Medical Nutrition Therapy provision as part of Benefits Improvement and Protection Act, P.L. 106-554. This benefit became effective in Jan 02, and was limited to patients diagnosed with diabetes and/or renal disease based upon cost projections by the Congressional Budget Office. The benefit was contingent on a referral from a physician, and would be covered only if performed by a registered licensed dietitian.

(4) In Dec 03, the Medicare Prescription Drug Improvement and Modernization Act (H.R. 1) was passed

into law. It contained two major new benefits which increased utilization of the Medicare MNT benefit including the Medicare Health Support Program and the Initial Preventive Physical Exam. The Medicare Medical Nutrition Therapy Act of 2005 (H.R. 1582 and S. 604), a bill that gives the authority to expand the MNT benefits to include any disease, disorder, or condition deemed medically reasonable and necessary, was introduced in Congress, however was not passed. In the Medicare Physician Fee Schedule Final Rule for 2005, CMS expanded the list of Medicare tele-health services to include individual MNT.

(5) Medicare has historically set the pace for other third party payers, and this is especially true for MNT services for disease management. Today, many civilian health care plans through Cigna, Aetna, Blue Cross/Blue Shield, and Humana, among others, cover MNT for various diagnosis including hypertension, hyperlipidemia, obesity, cancer, and eating disorders.

(6) In Jul 08, the Medicare Improvements for Patients and Providers Act was passed which establishes a procedure by which Medicare may expand coverage of preventive services, including MNT. As evident in research, diet plays an essential role in sustaining human health, maintaining, and enhancing mental performance, and improving physical capabilities. Today, this concept is strongly supported and advocated today by the U.S. Army Public Health Command and the Comprehensive Soldier Fitness Program, part of the U.S. Army Posture Statement (2009). Both entities promote and link the five domains of health for Soldiers and their Families.

(7) TRICARE authorizes some inpatient and outpatient nutrition therapies and specifically excludes others, like obesity and weight management. Recently, TRICARE completed a Weight Management Demonstration Project, and based on evidence from this study, may change the coverage for this particular diagnosis.

(8) In Sep 09, the MEDCOM JAG provided a preliminary review of the problem and has determined two specific issues that need addressing: (1) is MNT a necessary medical treatment as required by 10 USC 1079, and (2) are registered dietitians an authorized TRICARE provider? A statutory change (10 USC 1079 and 32 CFR, 199.6) will likely be required for both issues. The first one depending on how expansive the MNT coverage will be (disease management and/or prevention and wellness e.g., obesity), and the second issue to add registered dietitians to the approved provider list.

(9) The value of MNT as a TRICARE benefit has many advantages: it resolves the current lack of a uniform benefit for this clinical service; it benefits the patient by improving their quality of life and encourages active participation in managing their medical condition; and it supports the 2007 DoD Task Force on the Future of Military Health Care's recommendations to promote wellness thereby optimize readiness and beneficiary health. The current national debate on health care reform has led health care providers and payers to develop new approaches to meet the challenges of cost containment and quality care. Dietetics professionals are key members of the health care team and are uniquely qualified to provide medical nutrition therapy as an essential reimbursable component of comprehensive health care services.

(10) In Jul 10, a formal request to TMA was prepared and staffed within OTSG for final revision. This memo asked TMA to consider adding MNT as a TRICARE benefit for all TRICARE beneficiaries. In Oct 10, OSTG received a response from the Office of the Assistant Secretary of Defense Health Affairs [OSD(HA)] stating that their Medical Benefits & Reimbursement Branch (MB&RB) would conduct an analysis of the requested change and a literature review on MNT to determine if it is a safe and effective medical treatment and what conditions it treats. If the decision is made to cover MNT under TRICARE, OSD(HA) will pursue the regulatory change necessary to allow registered dietitians to render MNT to TRICARE beneficiaries.

(11) In Apr 11, TMA reported an analysis was completed on the issue of TRICARE coverage of MNT for diabetes, renal disease, hypertension, and hyperlipidemia. A decision paper will be submitted to TMA leadership for consideration. This decision paper will provide options for TRICARE coverage of outpatient MNT for the conditions listed above. If approved, coverage of MNT for any, some, or all of these conditions and the required regulatory changes will be initiated. Additionally, the Office of the Chief Medical Officer in Falls Church VA is working the specific issue of TRICARE coverage of the treatment of obesity (including MNT as a treatment for obesity). However, it must be noted that treatment of obesity, when it is the sole or major condition being treated, is currently excluded by statute.

(12) On 9 Jun 11, TMA indicated that the decision paper would shortly go into coordination. If approved by the TMA Director, the process of drafting the regulatory language required to implement the benefit would begin soon thereafter. The rule making process averages 18-24 months from drafting the proposed rule to publication of the final rule in the Federal Register.

(13) In Nov 11, TMA indicated that they no longer support TRICARE coverage of MNT for diabetes, renal disease, hypertension, and hyperlipidemia, and would provide an official response stating such. Given this unprecedented new federal support for obesity treatment funding, we requested on 14 Dec 11 that TMA reconsider their previous position to provide TRICARE coverage of MNT for diabetes, renal disease, hypertension, and hyperlipidemia.

(14) On 5 Jan 12, Commanding General (CG), Installation Management Command (IMCOM) recommended that this issue be forwarded to the Department of Defense (DoD) Nutrition Committee for consideration. As requested, this issue was added to the agenda of the Feb 12 meeting of the DoD Food and Nutrition Committee, an interdisciplinary group chartered to improve clinical nutrition operations. Being aware that TMA is working this issue, they recommended follow up with TMA to determine the status of the action. In Mar 12, OTSG requested an update. TMA responded that the issue was in staffing at the Office of the General Council and is pre-decisional due to its legal and regulatory complexity. In May 12, this action officer requested an update; TMA responded that is it being re-staffed and still remains pre-decisional.

(15) In Jun 12, TMA reported that adding nutrition therapy would take a statutory change. The Deputy Director,

TMA still wants staff to get a cost estimate and his OCMO is working on a possible benefit for the co-morbidities associated with obesity. This does not conclusively mean TMA is on board with submitting a legislative change. However, the results of the cost estimate and OCMO's analysis should better define their position.

(16) In Oct 12, we received word that TMA does not support submitting a statutory change making MNT a standalone, separately reimbursable service per our request based on this AFAP issue. As an alternative, OCMO is exploring the potential of changing policy within existing statute to permit coverage for obesity treatment using intensive behavioral therapy (currently, statute only permits treatment of morbid obesity.

(17) In addition TMA is exploring the idea of creating a link on the TRICARE Web site that provides the beneficiary with nutritional information including live links to other sites such as the American Diabetes Association, the American Heart Association, and the Centers for Disease Control and Prevention, etc., as well as a link to the TRICARE Facebook page.

(18) MEDCOM recommends requesting a formal response from TMA regarding their decision and keeping this issue open to see if AMEDD with the assistance of TMA can re-scope this initiative to eliminate the statutory prohibition on obesity treatment.

(19) In Dec 12, we confirmed that the TRICARE website provides nutrition information and links to sites such as the Academy of Nutrition and Dietetics. Some links provide "customized" health assessments based on individual traits and anthropometric measures (height/weight/labs) which provide general information only and clearly state they are not intended for treatment. Please see following sites: www.tricare.mil/getfit and www.tricare.mil/healthyliving.

(20) TRICARE Management Activity Deputy Director provided a formal response. TMA does not support making medical nutrition therapy (MNT) a standalone, separately reimbursable service. Although they did submit a legislative proposal to permit treatment of obesity as a sole medical condition for spouses and children; the proposal does not include MNT.

g. Resolution. TMA did not support making MNT a standalone, separately reimbursable service.

h. Lead agency. MCHO-CL

i. Support agency. TRICARE Management Activity

Issue 640: Official and Semi-Official Photographs for All Soldiers

a. Status. Completed

b. Entered. AFAP XXV, Jan 09

c. Final action. AFAP XXVI, Jun 10

d. Scope. Official photographs are not required for all Soldiers. The Army requires an official DA photograph at certain grade levels. There is no official photograph available to the media for all Soldiers that provides a professional head and shoulder view of a Soldier with individual achievements. As a result, personal photos have been used in the media to identify Soldiers that are inappropriate or grainy and may not accurately reflect the professionalism of the Army or the Soldier. Frequently, unofficial photographs taken during initial entry training are used by the media. Having an official photograph of this type on file would ensure Soldiers are portrayed in a dignified and respectful manner.

e. Conference Recommendation. Require a professional quality official or semi-official head and shoulder photograph for all Soldiers.

f. Progress.

(1) Background.

(a) Army Regulation 640-30, Photographs for Military Human Resources Records, does not require official photographs for all Soldiers. Enlisted Soldiers are not required to take an official photograph until promotion to SSG, Warrant Officers upon promotion to CW2, and officers upon promotion to 1LT. Additionally, official photographs only have to be updated every five years.

(b) When determining which photo to release to the media, CMOC PAO confirmed that family members are involved in the process and are the ultimate approval authority. Although the Army can recommend an official photo, there is no obligation for the family to accept that photo.

(c) On 12 March 2009, based on input from all supporting agencies, three initial COAs were developed to resolve this issue: COA 1 = Use official DA Photo, COA 2 = Use CAC Photo, and COA 3 = Use IET/AIT Photo.

(d) During the last GOSC on 1 Jul 09, the VCSA directed the elimination of options involving IET and to pursue a “unit solution”. COAs 1 and 2 were eliminated as being cost prohibitive and difficult to keep current.

(2) Based on guidance received from the VCSA, all 3 previous COAs were eliminated. The refined COA – Revise policy and regulation to include photo requirement as a part of the Annual Soldier Readiness Program (SRP).

(3) This COA focuses ownership on the installation AG / G-1 to implement as a part of the SRP and ensures consistency in implementation / execution throughout the installation, the tenant units and the Army (all three components).

(4) Advantages may include, but are not limited to: higher compliance rates (due to formal process), current photos (yearly basis), single solution for all components, and minimal costs (common resources).

(5) Disadvantages may include, but are not limited to: lengthening the SRP process time for Soldiers/units (one more station to the SRP process).

(6) Resolution. Jun 10 GOSC declared the issue complete. Issue recommendation will be achieved with the publication of AR 600-8-101 revision which will require photographs of Soldiers during the annual Soldier Readiness Program (SRP) process.

g. Lead agency. DAPE-MP

h. Support agency. IMCOM, FORSCOM, HRC, G3/5/7

Issue 642: Secure Accessible Storage for Soldiers Residing in Barracks

a. Status. Completed

b. Entered. AFAP XXV, Jan 09

c. Final action. AFAP XXVI, Jun 10

d. Scope. A significant number of Soldiers residing in barracks lack sufficient secure accessible storage for their Organizational Clothing and Individual Equipment (OCIE) and personal items. The quantity and size of

required issue items have increased dramatically due to deployments. Despite the fact that newly constructed billets include accessible storage cages/areas, the vast majority of existing barracks still lack this essential capability. Lack of sufficient secure accessible storage outside the Soldiers' authorized living space negatively affects their quality of life by forcing them to live in overcrowded conditions.

e. Conference Recommendation. Provide secure accessible storage space for Soldiers' OCIE in a location separate from living space.

f. Progress.

(1) DAIM-ISH has validated policy for storage of BII, OCIE, & personal items for Unaccompanied Enlisted Soldiers.

(a) Per the Army Standard for Permanent Party Barracks, storage for BII and personal items are authorized within Permanent Party Barracks. Per this Army Standard, storage per private bedroom shall be a closet of 24 square feet (sf) w/ separate bulk storage, or a closet of 32sf with bulk storage as part of closet. The BII storage closet is acknowledged as oversized to accommodate some personal items. No validated change to BII storage requirements identified since 2002 approval of the UEPH Army Standard.

(b) Per the Army Standard for COFs, storage for Soldier OCIE (or TA-50), is provided in each COF Readiness Module. OCIE storage space, oversized individual caged lockers, increased in the 2004 revision to the COF Army Standard and is reflected in the COF Standard Design.

(2) IMCOM HQ discussions with other Commands have revealed that this issue is one of several issues regarding COFs shared across the Army. Various installations, including Fort Carson, have prepared DD1391 programming documents to replace these legacy COFs.

(a) In the case of Fort Carson, the installation has identified the phased replacement of three COFs as priority 10, 15 and 21 compared to all other facility needs requiring MILCON funding at Fort Carson through the FY15 program. Due to more pressing mission needs across IMCOM and other Commands, these projects had yet to make their way into the previous versions of the FYDP.

(b) As the MILCON IPT begins their effort to develop the POM 12-17, the modernization of legacy facilities, which addresses COFs, is one of five MILCON initiatives in linking the FY12-17 MILCON Program with the Army Campaign Plan and with AFORGEN synchronization. The thought is that MILCON projects to replace legacy COFs will fit into the FYDP beginning with the FY16 or FY17 program. In the meantime, IMCOM has indicated that each installation has the authority to plan and program for installation-funded OMA projects of up to $750K to construct Readiness Modules for the existing COFs. IMCOM has indicated that they are willing to issue guidance to the installations acknowledging the issues of the functional inadequacy of legacy COFs, when measured against the Army approved standard, and asking installation Master Planners to consider developing OMA projects to help alleviate the shortfall.

(3) Legacy barracks and legacy COFs have forced Soldiers to store their OCIE in their barracks rooms because they have no Readiness Module as part of their COFs. Although new barracks construction alleviates adequate storage needs for BII and personal items, and new COF construction alleviates storage needs for OCIE, the effect of this is only to the level of the unit occupying those facilities. Installations have not been able to compensate for the increased functionality called for in the updates of the Army Standard for Barracks or COFs. To gain better control of the requirements shortfall at installations, IMCOM is conducting a requirements analysis study at various installations across the Army, including Fort Carson. Although led to believe that the study was nearing completion at the time of the last AFAP GOSC in July, IMCOM indicates that the effort is started but is nowhere near completion. Continued contact with IMCOM will provide updates to the status of this effort.

(4) MILCON IPT, beginning the development of the FY12-17 FYDP, will work to ensure that the replacement of COFs are given appropriate consideration when measured against the remaining facilities needs across the Army. IMCOM will issue guidance to the installations asking installation Master Planners to consider developing OMA projects to help alleviate the identified shortfalls of legacy COFs.

(5) Resolution. The Jun 10 GOSC declared the issue complete. The Army standard is that Company Operations Facilities (COFs) provide storage for OCIE in the Readiness Module. The IMCOM commander has provided guidance for all garrison commanders to do an individual survey of their legacy barracks and leverage their available SRM funds until their COFs come on line. In areas where there is not going to be a separate COF (i.e., the upgrade of the VOLAR Barracks) separate storage facilities for OCIE are being built into the modernization.

g. Lead agency. DAIM-ISH

h. Support agency. IMCOM

Issue 643: Service Members Group Life Insurance (SGLI) Cap

a. Status. Unattainable

b. Entered. AFAP XXV, Jan 09

c. Final action. AFAP XXVII, Feb 11

d. Scope. The SGLI cap of $400,000 is insufficient for many Families. The SGLI cap may be inadequate to secure the surviving Families' financial stability when considering the cost of living and accrued debt at time of death. Consequently, many Soldiers purchase supplemental insurance at significantly higher rates in addition to SGLI. Enabling Soldiers to purchase additional benefits through the SGLI ensures their insurability and offers affordable financial security in the event of death.

e. Conference Recommendation. Increase SGLI cap incrementally to $1,000,000.

f. Progress.

(1) Determine OSD support of the initiative due to extra hazards" costs. Section 1969 of Title 38, United States Code, provides that there will be an annual assessment for the costs of the extra hazards of duty when actual mortality exceeds peacetime mortality. The "extra hazards" payment is defined as the reimbursement the

DoD pays to VA to cover the costs of SGLI claims that are in excess of the peacetime mortality level.

(2) Soldiers killed on active duty are automatically eligible for the Survivor Benefit Plan (SBP) payments as well as various VA and State family assistance/compensation programs. All are in addition to the 400K SGLI and 100K death gratuity payments.

(3) Previous action to increase maximum Service members' Group Life Insurance (SGLI) Coverage from $250,000 to $1,000,000 was opposed by the VA's Insurance Service. They indicated that:

a. The SGLI program would no longer be self-supporting. Significant appropriated funds would be required to support it.

b. Extra hazards provision may require revision to reflect the monetary amounts paid as claims versus the number of claims, resulting in much higher reimbursement costs

c. Reinsurers may request an increase in their reinsurance premiums to compensate them for the increased risk they would assume.

d. Additional SGLI may be regarded as infringing upon a commercial insurance market that already offers supplementary coverage to military personnel;

(4) During the AFAP update on 1 Sep 2010 LTG Lynch requested information what is the appropriate level of life insurance coverage is calculated, and the cost of supplemental insurance. The following is provided in response to LTG Lynch's questions:

a. As a rule of thumb individuals should carry life insurance at a level equal to 5 – 8 times their annual income. The Insurance Institute further advises that consideration should be given to such issues as current debt, mortgage costs, number or family members, post secondary education costs, and the desire or ability of the surviving spouse to enter or remain in the work force.

b. Costs for life insurance are based on a number of variables to include smoking, current health status and in some case life style. For a 25-30 year old male in good health, average costs for a $250,000 policy range between 25.00 to 60.00 dollars per quarter. (Note: Inquiries on average rates were obtained from companies normally insuring military members. The policies quoted have no exclusions for death related to combat. However, rates are somewhat higher for those involved in such occupations as EOD. Rates are also higher if purchased within 30 days of deploying)

(5) Expected peacetime deaths changes annually. For policy year 2010 (July 2009 – June 2010) the expected peacetime deaths were 1541 and the actual deaths were 2079. With a difference of 538 and an average claim size of $383,663, DOD "extra hazards" payment for 2010 policy year is (383,663 X 538) $206 million. Additionally, there is no imperial data provided to indicate that 400K is an insufficient SGLI amount.

(6) Resolution. Issue was declared unattainable because the VA's Insurance Service opposed increasing the maximum SGLI coverage to $1M. "Extra hazards" payment is the reimbursement DoD pays to VA to cover the costs of SGLI claims in excess of the peacetime mortality level. FY10 extra hazards cost to DOD was $200M, 40% was the Army's portion. Increasing SGLI coverage to $1M at current mortality levels, would result in an extra hazards payment of $500M by DOD, 40% ($200M) would be the Army's cost.

g. Lead agency. DAPE-PRC

h. Support agency. OSD

Issue 644: Shortages of Medical Providers in Military Treatment Facilities (MTF)

a. Status. Complete

b. Entered. AFAP XXV, Jan 09

c. Final action. 20 Jun 13 AFAP GOSC

d. Scope. Demand for healthcare exceeds provider availability in MTFs. The Army's projected growth will further increase this demand. Statutes limit salaries, incentives and contracts which exacerbate recruiting and retaining adequate numbers of medical providers. The lack of providers affects timeliness of medical services, impacts Soldier medical readiness and the health of Family members and Retirees.

e. Conference Recommendations.

(1) Expedite staffing of military, civilian, and contracted medical providers to support prioritized needs as identified by the MTF Commander.

(2) Implement new strategies for recruiting and retaining medical providers for MTFs.

f. Progress.

(1) Military Human Capital. The Medical Command (MEDCOM) HCDP continues to be a coordinated effort between US Army Human Resources Command (HRC) and MEDCOM to properly distribute military human capital assets across the MEDCOM and other Army organizations. All Human Capital resources (Military, Civilian, and Contractor) are taken into account during development of the plan. The HRC managers coordinate and balance the needs of the Army with the Soldier's needs to distribute personnel according to the HCDP. Each Fall HCDP Conference develops the HCDP for the upcoming Fiscal Year. During the Spring HCDP Conference, the previous HCDP is validated and adjusted to insure maximum effective use of the available inventory in meeting the Army, MEDCOM, and MTF Commanders' requirements. Due to budget challenges, this spring's HCDP conference was conducted via telecom. Only two behavioral health reclamas were brought forward for adjudication at the MEDCOM level. Both are expected to be resourced.

(2) Civilian Human Capital. The initial package to implement and delegate use of the Expedited Hiring Authority (EHA) submitted to the Surgeon General for signature during November 2012 was edited and resubmitted for approval during late April 2013. MEDCOM expects to implement EHA for selected occupations on a pilot basis to analyze and document its effectiveness. Our analysis concludes EHA does not effectively replace Direct Hiring Authority (DHA) as it does not provide the ability to hire on the spot. The only relief EHA provides is the approval process to bypass veterans within MEDCOM when a management official can demonstrate the veteran is not equally qualified, instead of obtaining OPM approval. Focus on the implementation of EHA was overtaken by the urgent implementation of the Army Hiring Freeze, planning for furlough implementation and the results of the Army Living Quarters Allowance. EHA was delegated to

the Surgeon General (TSG) on 18 Sep 12 by the Assistant Secretary of the Army (Manpower & Reserve Affairs) [ASA (M&RA)] memo dated 11 Sep 12, which covers 38 healthcare occupations. Upon TSG approval, CHRD and CHRA must develop implementing instructions, which will also require we educate our selecting officials.

(3) Contract Human Capital. Despite the best efforts of contractors, contracting offices, and MTFs to provide robust incentives, certain provider positions at remote and other hard-to-fill locations remain difficult to fill. In order to improve contract administration and reduce the lead time for awarding contracts, Health Care Advisors Association (HCAA) is working with the Deputy Assistant Secretary of the Army – Procurement [DASA (P)] to document staffing shortfalls. Additionally, HCAA submitted a manpower concept plan to Army 3/5/7 and Assistant Secretary of the Army, Acquisition, Technology and Logistics [ASA (ALT)] that identified a shortfall in contracting administration and recommended an increase of 142 additional contracting manpower requirements to improve all phases of contracting and in FY13 MEDCOM received word of FY15 authorizations for 69 civilian contracting professionals. However, the contracting workforce in MEDCOM as well as across the Army still remains significantly understaffed.

(4) The MEDCOM supports the United States Army Recruiting Command (USAREC) Medical Recruiting Brigade (MRB) with military providers to leverage peer-to-peer recruitment. USAREC has developed a concept of Medical Enterprise Recruiting Zones which will enhance the synergy between them, OTSG and Office of the Chief Army Reserves (OCAR). In FY11, the Brigade continued to achieve success by directly commissioning 282 fully qualified officers. In addition to filling our student programs, these commissioned officers provide an additional capability. The continued utilization of the Critical Wartime Skills Accession Bonus (CWSAB) and the Health Professional Loan Repayment Program (HPLRP) provide incentives to assist in the recruitment of highly skilled medical professionals.

(5) The Military Accessions Vital to the National Interest was established in Feb 09. Under this program, the Army recruits legal aliens who are Health Care Professionals in specific areas of concentrations necessary for present and future military operations. This program has recently been reopened and will provide USAREC with an additional toll to accomplish the established direct accession mission.

(6) With the implementation of the Army's hiring freeze and release of term and temporary employees as by the ASA (M&RA) memorandum of 22 Jan 13, due to fiscal uncertainty, MEDCOM's growth in civilian strength to support demand for healthcare service has significantly diminished. Even with the Army-wide exemptions for Integrated Disability Evaluation System, Behavioral Health, Wounded Warrior programs, the budgetary pressures demand management officials manage and prioritize hiring actions within tight budgets and within assigned on-board civilian FY13 end strength numbers. MEDCOM's reduced its on-board civilian personnel from 43,554 to 42,531 (net loss of 1023) between 28 Feb 13 through 2 May 13 through normal attrition losses. Conversely, MEDCOM has approved only 922 recruitment actions (vice actions and new positions) during the same period in comparison to approximately 3500 open recruitment at any time in the past. The decisions regarding how the Army will reduce the fighting force will affect the demand for health care services. If the force is reduced primarily through selective early retirements, 15 year retirements, and reduced accessions, as was done in the drawdown of the 1990s to avoid creating a hollow force, minimal impact on the demand for healthcare will be observed. Those who are retired will continue to exercise their healthcare benefits, and the reductions in accessions are targeted at the youngest and healthiest of our beneficiaries, who tend to not use as many health services as older beneficiaries.

(7) The MEDCOM civilian workforce grew through January 2013, when the hiring freeze took effect. The total civilian work force of 29,552 as of end of Jul 06 grew by 48% to 43,742 at end of Dec 12. At his time, the civilian workforce is shrinking at the rate of about 500 per month, and is expected to fall below the DoD on-board civilian target of 41,273 by the end of FY13, with further reductions planned for the POM years. From a clinical perspective MEDCOM is hopeful that the staffing gains achieved during the past years to provide timely medical services at the MTF level, which impact the readiness of our Soldier and the health of Family Members and Retirees are not drawn down too quickly. DoD has directed TMA and the Services to identify alternatives for reducing Department of Health Professions (DHP) civilian manpower by 3/5/7% from FY12 levels over the POM. The MEDCOM will focus on minimizing the potential adverse impact upon our beneficiaries: Soldiers, retirees, and their Families. Uncertainty prevails regarding whether proposed reductions will actually take place.

(8) Contract Human Capital. The Center for Health Care Contracting (CHCC) is recompeting the ADCMS contracts. When completed these sets of contracts will provide a strategic source for Physicians, Nurses and Ancillary support. CHCC also has active Blanket Purchase Agreements (BPA) to support short-term surge requests such as locum tenens, and dental support. These BPAs are primarily CONUS based and have an expensive cost associated with hiring temporary clinical providers.

g. Resolution. OTSG added 1500 additional physicians and dentists. Behavioral health, wounded warriors, Integrated Disability Evaluation System and other high risk medical programs are protected from hiring freeze and furlough.

h. Lead agency. MCHR-C

Issue 645: Temporary Lodging Expense (TLE) Duration

a. Status. Completed

b. Entered. AFAP XXV, Jan 09

c. Final action. AFAP XXVI, Jun 10

d. Scope. The 10 day limitation on TLE is insufficient to allow Soldiers and Families to familiarize themselves with the local area and secure adequate/affordable housing. TLE duration has not been increased since 1 Apr 94. Under FY94 National Defense Authorization Act (NDAA),

TLE duration was increased from 4 to 10 days. Increasing TLE will provide adequate time to complete military in-processing requirements, obtain affordable housing, enroll Family members in schools/childcare, and support quality of life.

e. Conference Recommendation. Increase duration of TLE to 20 days.

f. Progress.

(1) Joint Federal Travel Regulations (JFTR) paragraph U5710 stipulates the number of TLE days to 10 for a member occupying temporary quarters in CONUS due to PCS. In order to authorize 20 days TLE for a member on a PCS to CONUS move requires a change to Title 37 section 404a. The process to effect this change is by way of the ULB.

(2) Currently, the JFTR outlines a variety of options that help offset lodging and meal expenses when a member and/or dependents need to occupy temporary lodging in CONUS ICW a PCS. These options are TLE and Dislocation Allowance (DLA). The intent of both allowances is to partially reimburse relocation expenses not otherwise reimbursed. These allowances are not intended to reimburse all relocation expenses of the servicemember. Additionally, servicemembers are authorized 10 days of permissive TDY (non-chargeable leave) when relocating from old PDS to new PDS.

(3) The Secretaries Concerned could collectively prescribe a temporary increase up to 60 days for a PCS to a CONUS PDS due to major disaster; or when the PDS is experiencing a sudden increase in number of members assigned. The conditions in the preceding sentence are based on empirical data provided by the installation in conjunction with the installation housing office. Historically, a similar request from Fort Drum, NY and recently Fort Bliss, TX met the statutory criteria for increased TLE days and were approved 60 days TLE by the Secretaries Concerned after carefully reviewing housing vacancy rates and housing shortfalls in both installations.

(4) The JFTR via Sister Service already provides the flexibility and means to increase TLE days due to major disaster; or when the PDS is experiencing a sudden increase in number of members assigned. When an installation (Army or Joint Base with other Sister Service) requires increased TLE beyond 10 days, DoD has prescribed guidelines in evaluating housing requirements. The Army Housing conducts an independent Housing Market Analysis (HMA) survey that evaluates housing availability and housing vacancy rates in an installation. This is a proven process that recently authorized increased TLE beyond 10 days for Fort Drum (renewal) and Fort Bliss (new approval).

(5) Resolution. The Jun 10 GOSC declared the issue complete. Issue's recommendation was partially achieved. Current statutory authority in the Joint Federal Travel Regulations (JFTR) provides the Service Secretaries flexibility to increase TLE from 10 to 60 days in the event of a major disaster or if the installation is experiencing a sudden increase in members assigned to a Permanent Duty Station in the continental United States. For example, extended TLE was approved for Forts Drum and Bliss because housing surveys validated insufficient housing availability.

g. Lead agency. DAPE-PRC

Issue 646: Active Duty Family Members Prescription Cost Share Inequitability

a. Status. Completed

b. Entered. AFAP XXVI, Jan 10

c. Final action. AFAP XXVII, Aug 11

d. Scope. There is an inequality of prescription cost share benefits for Active Duty (AD) Family Members not enrolled in a Military Treatment Facility (MTF). Prescriptions filled at a MTF are provided at no cost. AD Family Members who are not enrolled at an MTF and utilize retail or mail order pharmacies for their prescriptions are required to make cost share payments. These Family Members incur cost share fees, ($3 generic, $9 brand, $22 non-formulary, per prescription, per Family member), which will quickly add up for Families with multiple prescription requirements (i.e., AW2, EFMP, Catastrophic events, etc.). These additional expenses are inequitable and create a financial burden above those who acquire their prescriptions from the MTF.

e. Conference Recommendation. Eliminate prescription cost shares for Active Duty Family Members not enrolled at a Military Treatment Facility.

f. Progress:

(1) Congress enhanced the pharmacy benefit to include the use of a mail order pharmacy and retail pharmacies with the first round of BRAC closures; providing military beneficiaries with three options for medications: the MTF pharmacy, mail order or retail. These options are not tied to a certain plan or enrollment but can be used at the discretion of the beneficiary. MTF enrollment is not a requirement for using the MTF pharmacy as all pharmacies accept prescriptions from civilian doctors, whether TRICARE providers or not. MTF pharmacies purchase medications through the Federal Supply Schedule (FSS) or DoD contracts, most at large discounts as compared to civilian pharmacies.

(2) To offset the costs of using more expensive options, Congress implemented a cost share program that requires beneficiaries to pay $3/prescription for generic medications and $9/prescription for brand name products. With the activation of the DoD Pharmacy and Therapeutics Committee, a 3-tier system of medications was established with the 3rd tier being non-formulary medications. Medications identified in this tier have a $22/prescription cost-share.

(3) Active Duty personnel are exempt from this cost-share and pay nothing if using mail order or retail pharmacies. As with the three tiers of cost-share, there are essentially three tiers of preference for obtaining medications: MTF has no cost-share; mail order can be dispensed with up to a 90-day supply for the $3/$9/$22 co-pay; retail can be dispensed with up to a 30-day supply for $3/$9/$22.

(4) OTSG will determine level of support from TMA with a request to remove co-pays for prescriptions. A Presidential Task Force recommended increasing co-pays with the DoD Senior Executive Council making their own recommendations in a final report to Congress.

(5) Eliminate prescription cost shares for Active Duty Family Members not enrolled at a Military Treatment Facility requires legislative entitlement changes at the DoD level as the change would affect all Services.

(6) The Army Surgeon General (TSG) sent a formal request asking TMA to assess the feasibility of eliminating prescription cost shares for Active Duty Family Members not enrolled at a Military Treatment Facility. TMA responded requesting a delay in any action while waiting for results from proposed legislation for FY12 budget. The Task Force on the Future of Military Health Care proposed to eliminate the copay for generic medications at the Mail Order Pharmacy (MOP) only and awaits congressional action. A second challenge is identifying individuals through the Defense Enrollment Eligibility Reporting System (DEERS), requiring a modification to include identifiers regarding patient choice not to enroll in MTF versus patient forced to use purchased care with an additional change if patient later became enrolled at MTF.

(7) The House Financial Bill did not add language barring TMA from increasing (changing) prescription co-pays. If the Senate does not add language to bar an increase, TMA will increase prescription co-pays 1 Oct 2011. The exception to this increase will be no co-pay for generic prescriptions through Mail Order for all beneficiaries.

(8) Resolution. The Aug 11 GOSC declared the issue completed. The Army Surgeon General sent a formal request asking TMA to assess the feasibility of eliminating prescription cost shares for ADFMs not enrolled at a MTF. TMA requested a delay pending results of FY12 NDAA legislation. The Task Force on the Future of Military Health Care recommended elimination of copay for generic medications at the mail order pharmacy (MOP) only. The House version of FY12 NDAA did not add language barring TMA from changing prescription co-pays. If the Senate does not add language to bar co-pay adjustments, TMA will increase prescription co-pays 1 Oct 11 and eliminate co-pay for generic prescriptions through the MOP.

g. Lead Agency: DASG-HSZ

h. Support Agency: TRICARE Management Activity

Issue 647: Availability of 24/7 Child Care with Child, Youth, and School Services Delivery Systems

a. Status. Completed

b. Entered. AFAP XXVI, Jan 10

c. Final action. AFAP XXVI, Jun 10

d. Scope. Many Garrisons' CYSS do not provide 24/7 child care. These CYSS do not account for non-traditional work schedules or additional responsibilities and duties such as increased training, shift work, extended duty hours and strain caused during deployments. Although CYSS has programs including but not limited to "We've Got You Covered" and other multiple delivery systems, these have not been implemented Army Wide and are not available for use by all CYSS patrons. Numerous caregiver arrangements financially burden Families, strain morale, and are not in the "best interest" of the child. Multiple Delivery Systems are needed to account for all age groups during these non-traditional hours.

e. Conference Recommendation. Require the availability of 24/7 child care for all age groups through Child, Youth and School Services (CYSS) Delivery Systems at all United States Army Garrisons.

f. Progress.

(1) Criteria for receiving 24/7 facility includes: Mission (e.g., Medical center or large hospital; large shift work), Repeated Deployments, large populations of single or dual military, survey and/or market analysis.

(2) 24/7 child care facilities have been funded ($28M) at 11 installations based on installation mission and projected demand.

(3) Funding was provided by DoD.

(4) Construction is authorized by NDAA.

(5) Execution will be through the Non-Appropriated Fund construction process.

(6) Associated $4.2M for furnishings and equipment has not been identified.

(7) Most 24/7 child care is being provided in Army Family Child Care Homes.

(8) Metrics to ensure affordable fees for care provided beyond the normal duty day are being addressed as part of SFAP 2.4.31.

(9) Fee assistance will be effective for SY 10 - 11 effective NLT 30 Sept 2010.

(10) DoD has funded memberships for military Families to locate individuals who can provide 24/7 child care in Families' homes through SitterCity.com, a national clearing house for in-home babysitters.

(11) Families pay the full cost of care in their own homes. Care in Family homes is not subsidized by DoD or the Army.

(12) Engaged ACSIM STRATCOM cell and FMWRC Marketing Division.

(13) GOSC review. The Jun 10 GOSC declared the issue complete. DoD provided $28 million for construction of eleven 24/7 Child Development Centers at highly impacted installations. Centers will be operational in 2010-2011. Family Child Care (FCC) Homes are also available to meet this need. Fee assistance will be available for SY10-11 for 24/7 FCC homes. Families can also access, free of charge, the DoD funded services SitterCity.com to locate non-subsidized in-home babysitters in their areas.

g. Lead agency. OACSIM-ISS

Issue 648: Behavioral Health Services Shortages

a. Status. Complete

b. Entered. AFAP XXVI, Jan 10

c. Final action. 20 Jun 13 AFAP GOSC

d. Scope. Soldiers, retirees, Family Members, and previously deployed DA Civilians are not able to access timely behavioral health services needed for their treatment and recovery because of the shortage of behavioral health providers. A 16 November 2009 Office of The Surgeon General (OTSG) Information Paper states from June thru October of 2009, the Army lost 72 Psychiatrists and 50 Psychologists and reports an unmet requirement of 923 behavioral health providers for the Active Component alone. The shortage of behavioral health services impacts the health of Soldiers, retirees, Family Members, previ-

ously deployed DA Civilians and ultimately contributes to the rising suicide rates, drugs, and alcohol abuse.

e. Conference Recommendations.

(1) Increase the number of readily available behavioral health providers and services for Soldiers, retirees, Family Members, and previously deployed DA Civilians.

(2) Increase the use of alternative methods of delivery; such as tele-medicine.

f. Progress.

(1) Significant progress has been achieved during the last ten years to provide timely behavioral health services to Soldiers, Family Members and other beneficiaries. Comprehensive Behavioral Health is a Surgeon General's Top Ten Priority and focal point of future manpower projections due to an evolving understanding of the nature of behavioral health care and a shrinking but still serious shortage of behavioral health providers. MEDCOM uses three methods to determine requirements; studies for unique functions, concept plans for new missions, and application of the Automated Staffing Assessment Model (ASAM). The ASAM was used to determine the 3QFY12 requirements of 5691, noted below. The Vice Chief of Staff of the Army (VCSA), General Peter W. Chiarelli was briefed on and approved the use of the ASAM for use to determine manpower requirements in the MEDCOM. Meanwhile we continue to refine ASAM to accurately predict future requirements for BH providers and services for Soldiers, Retirees, Family Members, and previously deployed DA Civilians. Also, the VCSA has recognized the criticality of behavioral health capabilities and supported an increase in behavioral health providers throughout the Military Health Service.

(2) A total requirement of 5721.62 mental health providers was recognized for the Military Health System as of 31 Mar 13 which has been met in aggregate with 5,730.73 (100%) on- board military, civilian and contract personnel. However, shortages still remain for Psychiatrists (85%), other Licensed MH providers (17%) and Technicians (86%).

(3) Military Human Capital (Active Duty Component Only). The Army Medical Department (AMEDD) continues to support and promote incentives to maintain and recruit quality BH professionals. Our partnership with Fayetteville State University, MEDCOM has produced graduates with a Masters of Social Work. From 15 graduates in the first year, it is now producing 25 to 30 entry level social work officers per year. The number of Health Professions Scholarship Allocations dedicated to Clinical Psychology and the number of seats available in the Clinical Psychology Internship Program (CPIP) continues at a historic level. Additionally, in FY 12, we initiated a pilot program to recruit individuals that are completing a civilian CPIP, allowing them to enter directly into the supervisory phase of licensure requirements. The success of these programs will further reduce shortages of licensed Clinical Psychologists.

(4) Civilian Human Capital. The current MEDCOM civilian behavioral health workforce consists of a total of 2,466 employees; 156 psychiatrists, 996 social workers, 606 psychologists, 130 psychiatric RNs plus 53 Psychiatric Nurse Practitioners, and 525 technicians. From end of month July 2006 to end of September 2012 our combined clinical psychiatrists and clinical social workers grew from 668 to 1602, a growth of 934 or 240% in 6 years. During FY12 MEDCOM granted this group $9.8M in recruitment, relocation, and retention incentives. Behavioral Health Services is expected to continue increasing for the duration of current combat operations and will likely decrease upon cessation, but stabilize at a higher baseline demand rate than experienced pre-war.

(5) The US Army Medical Command Behavioral Health Service Line, with its focus on preventive care and proactive identification of Soldier and Family distress, will generate increased Behavioral Health workload within a system designed to monitor and address demands. This effort to standardize behavioral healthcare across the Army is expected to disseminate best practices, and ensure quality care, optimization of limited resources, and support the best clinical outcomes for Soldiers in treatment. Increased demand for behavioral health services will be addressed through expansion of evidence based programs, which will generate additional resource and personnel requirements above current funding and staffing levels.

(6) Additionally, the current Congressional funds programmed for Behavioral Health access to care are not sufficient to support expansion of Behavioral Health Service Line programs. The Behavioral Health Service Line supports 6 core components and 26 additional programs (32 total core enterprise programs). Unmet resourcing needs can be alleviated though over hires and additional resourcing.

(7) Contracting. MEDCOM continues to use contracting to add Behavioral Health providers in a number of facilities. The contracting community continues to employ the following to meet the BH contract requirements: (a) The use of relocation and incentive fees (paid to for filling within a specified timeframe) sign-on and retention bonuses were also used, (b) Speeding the credentialing process for candidates, (c) Expanding marketing to all BH communities to access a larger pool of potential candidates, (d) Implementing the Army Direct Care Medical Services (ADCMS), Blanket Purchase Agreements (BPAs) and General Services Administration (GSA) schedules to as tools to award both sustained and contingency BH requirements.

g. Resolution. MEDCOM met 100% of aggregate requirements and maintains BH as a protected program from hiring freezes and furlough.

h. Lead Agency: MCHR-C

Issue 649: Compensatory Time for Department of the Army Civilians

a. Status. Unattainable

b. Entered. AFAP XXVI, Jan 10

c. Final action. AFAP XXVII, Aug 11

d. Scope. DA Civilians who work irregular or occasional overtime receive compensatory time at a disproportionate rate than overtime pay. Compensatory time is granted at one hour off for each hour of overtime worked. Overtime pay is usually paid at one and one-half times the hourly rate. Receiving one compensatory hour for each overtime hour neither acknowledges nor compensates

the employee for the impact of lost evenings or weekends.

e. Conference Recommendation. Increase compensatory time for DA Civilians to 1.5 hours off for each hour of overtime worked.

f. Progress.

(1) Costs associated with increasing compensatory time off for employees to 1.5 hours for each hour of overtime worked will vary depending upon the total number of hours of compensatory time worked and the employee's salary. Compensatory time earned is paid at the overtime rate after 26 pay periods if not used. The increased hours of compensatory time earned can result in more time off from work, an additional loss of productivity.

(2) OASA (M&RA) submitted request to OSD regarding level of support for this recommendation. On 20 January 2011, OSD responded that the recommendation is not supportable as implementation would be costly and would not solely impact Army, but the Federal sector as a whole. Also, increasing compensatory time to 1.5 hours off for each hour of overtime worked is an added complexity, since actual overtime pay is capped at one and a half times the GS-10, step 1 rate, which for many employees is the hourly rate of pay.

(3) When DFAS provided requested data in raw form in late April 2010, HQDA conducted a cost analysis to determine Army-wide implications and potential costs. The cost associated with implementing the AFAP recommendation could be significant just within Army alone. The AFAP recommendation would impact all Federal agencies and would require a legislative change to implement. Current media reports of Federal workers being paid at higher levels than private sector workers would draw even more negative attention to the Federal salary schedule.

(4) Resolution. OSD does not support this issue because of cost and impact on the Federal sector as a whole. DFAS analysis projects the cost would be over $10.5 million annually, not including locality pay.

g. Lead agency. DAPE-CPZ

h. Support agency. AARP-RM and DFAS

Issue 651: Extended Transitional Survivor Spouses' TRICARE Medical Coverage

a. Status. Unattainable

b. Entered. AFAP XXVI, Jan 10

c. Final action. AFAP XXVII, Feb 11

d. Scope. Transitional Survivor Spouses maintain enrollment in the TRICARE Prime medical health plan at the active duty Family Member status for only three years. At the end of three years, the spouse's status is changed in DEERS to survivor status at the retiree payment rate. In FY01, legislation changed the survivor spouse transition period from one to three years. In FY06, Congress extended the eligibility of survivor dependent children coverage to be the greater of three years or until they lose Title 10 eligibility. The transition period after a death is stressful and challenging for surviving Family Members. The extension of Transitional Survivor Spouses' TRICARE Prime medical coverage will provide additional time for rebuilding after the death of the active duty service member.

e. Conference Recommendation. Extend Transitional Survivor Spouses' TRICARE Prime medical coverage at the active duty Family Member status from three to five years.

f. Progress.

(1) Families/spouses of Soldiers who die on Active Duty are entitled to the same medical/TRICARE benefits as they received as an Active Duty Family Member (ADFM). This continued ADFM status is retained for a 3-year period and is classified as "transitional survivor". The FY06 National Defense Authorization Act provided the entitlement change to Title 10 United States Code (U.S.C.) and allows the Soldier's family/spouse to receive uninterrupted TRICARE enrollment and medical care.

(2) After the 3-year transitional period, the spouse's beneficiary status changes from ADFM to retiree family member. Similar to all other new retirees, this retiree status affects both TRICARE payment rates (cost sharing and enrollment fees) and TRICARE Prime enrollment options (MTF or civilian network). The re-enrollment process is one of the factors that allow military treatment facilities (MTF) the ability to maintain capacity for the Active Duty population. If the MTF does not have capacity, new retirees are afforded enrollment in the civilian network. All minor and unmarried dependent children will remain eligible as "transitional survivor" from date of sponsor's death and until the longer of 3 years, they reach the eligibility age limit (age 21 or age 23, if full-time college student), marry, or otherwise become ineligible for Title 10 medical entitlements.

(3) The OTSG recognizes that the transition period after a death is stressful and challenging for surviving family members. The Army Medical Command (MEDCOM) has worked with the Survivor Outreach Services (SOS) Advisory Panel which is tasked to expand and standardize the survivor outreach program. Recent efforts included educating beneficiaries about the existing TRICARE survivor benefit program, as well as identify opportunities to strengthen the survivor program through the SOS Advisory Panel.

(4) Extending transitional healthcare beyond three years requires legislative entitlement changes at the DoD level as the change would affect all Services. It is not clear if the TRICARE Management Activity would support this change. A similar effort to extent dental benefits to five years under AFAP Issue 616 was worked by OTSG and has resulted in some survivor dental benefit enhancements. Dental benefits for surviving children will mirror the medical survivor benefit. Children will be covered until 21 or 23 if a full-time student. Efforts to extend dental benefits up to five years under AFAP Issue 616 were not been supported by TMA.

(5) The Army Surgeon General (TSG) sent a formal request, asking TMA to assess the feasibility of enhancing the TRICARE Survivor Medical Benefit from three to five years. In their response, TMA stated beneficiaries revert to survivor status when their healthcare costs are cost shared at the retiree payment rate of $230 per year enrollment fee and modest co-pays for civilian healthcare. TMA considers these fees to be fair and reasonable and will not support a legislative

change to extend survivor benefits to five years. We consider this issue to be unattainable.

(6) Resolution. Issue was declared unattainable based on lack of TMA support for legislative change. The Surgeon General of the Army sent a formal request to TMA to assess the feasibility of legislation to enhance the TRICARE Survivor Medical Benefit from 3 to 5 years. TMA's cost estimate for the extended benefit was $6.6M for FY 11-16. TMA stated they would not support a legislative change to extend the benefit. They consider the $230 annual Prime enrollment fee and modest co-pays to be fair.

g. Lead agency. DASG-HSZ

Issue 652: Family Readiness Group External Fundraising Restrictions

a. Status. Complete

b. Entered. AFAP XXVI, Jan 10

c. Final action. 27 Aug 12 AFAP GOSC

d. Scope. Family Readiness Group (FRG) informal funds can only be obtained through unsolicited donations and fundraising efforts on a military installation or through the Unit membership. Department of Defense 5500.7-R (Joint Ethics Regulation) (JER), Section 2, 3-210a (6) (Fundraising and Membership Drives) and Army Regulation 608-1 (Army Community Service), Appendix J (FRG Operations) restrict external fundraising. Without external fundraising capabilities, the majority of the funds raised come from within the FRG membership. External fundraising will ease the financial burden placed on Soldiers and Family Members.

e. Conference Recommendation. Authorize Family Readiness Groups (FRGs) to fundraise in public places external to Reserve Centers, National Guard Armories and military installations.

f. Progress.

(1) Mar 10, IMCOM Staff Judge Advocate (SJA) indicated this issue must be worked by OTJAG.

(2) Mar 10, OTJAG concluded that resolving this issue would require change to OPM and/or Federal Ethics Regulation and potentially have legislative impacts. OTJAG suggested FRGs may fundraise on installations; however, Reserve Component FRGs would be limited to Army Reserve Family Centers (ARFCs) or Armories. OTJAG indicated that Private Organization status and then fundraise externally.

(3) Mar 10, IMCOM G-9 Family Programs reiterated similar recommendations.

(4) Mar 10, reviewed issue with IMCOM G-9 SJA. IMCOM G-9 SJA coordinated with OTJAG and provided an opinion on issue resolution and suggested language.

(5) Apr 10, consulted with IMCOM G-9 SJA to review way ahead. IMCOM G-9 SJA contacted OTJAG to review legal opinion and assisted with preparing change to regulation and/or legislation. Requested IMCOM G-9 SJA to opine as to whether legislative change is attainable.

(6) At the Apr 10 AFAP issue review with Assistant Chief of Staff for Installation Management (ACSIM), recommendation was made to close the issue as Unattainable as this issue will require legislative change. Change to legislation may not be supported by Office of Personnel Management.

(7) Jun 10, issue was briefed at the June 2010 AFAP GOSC. The VCSA directed a holistic review of FRG funding and donations to review strategies to fund FRGs without the requirement to fundraise.

(8) Aug 10, ACSIM established a working group to develop strategies to holistically fund FRGs. The recommended course of action was to curtail FRG fundraising and explore options for funding FRGs. Recommendations included:

(a) $500 cap for “Cup and Flower Fund” (not lower than company/battery level).

(b) Commanders have a brigade level mechanism and an standard operating procedure (SOP) to accept donations.

(c) Examine option to fund FRGs based on a Dollar to Soldier Ratio.

(d) FRGs have the option to establish a 501-3-c, Private Organization, if they desire to fundraise.

(9) Sep 10, above recommendations were coordinated with IMCOM G-9, US Army Reserve (USAR) and Army National Guard (ARNG) Family Points of Contact.

(10) Oct 10, explored the option to streamline funding to appropriated fund (APF), non-appropriated funds (NAF) and to establish separate accounting codes within the NAF for fundraising/ donations or Morale, Welfare and Recreation (MWR) funds. This option was not viable as funds must be separated for tracking/accounting systems for donations, etc.

(11) Oct 10, ACSIM coordinated a teleconference with, IMCOM G-9 and Reserve Component Family Programs Points of Contact to further review and revise FRG Holistic Funding strategies. Revised recommendations include:

(a) Examine option to develop dollar ratio for FRGs (similar to unit MWR funds) to fund non mission essential activities.

(b) Recommend a $1000 cap on Informal Funds.

(c) Recommend Informal Funds to be established not lower than the company/battery level.

(d) Develop an FRG survey tool/questionnaire to ascertain what FRG tasks are not currently being met via funding options (APF, Informal, and Supplemental.

(e) Develop a standard budget template for Commanders for FRG mission essential tasks.

(f) Reinforce training for Commanders and FRG members on FRG mission essential tasks.

(12) Dec 10, recommendations forwarded to OTJAG. In Feb 11 and Mar 11 received no legal objections to recommendations from OTJAG.

(13) IMCOM G-9-FP briefed their leadership on the “Dollar to Soldier Ratio” Concept on 30 Mar 11. IMCOM G-9 Leadership non-concurred with concept.

(14) Aug 11, reviewed at AFAP GOSC. VCSA guidance was to revisit courses of action to allow external fundraising.

(15) Aug 11, OTJAG opined that “FRGs are command-sponsored programs which are generally prohibited from fundraising by both federal law and DoD policy. Thus, the Army has no authority to authorize FRGs to fundraise in public places, so it cannot, for example, authorize Reserve Component (RC) FRGs to fundraise outside of Reserve Centers. However, individuals acting in their per-

sonal capacities may establish private organizations (POs) that share the goals and objectives of FRGs. Because such POs are not part of an established FRG, they have significantly greater flexibility in fundraising, i.e., they may fundraise in the general community. Thus, an RC PO would be able to fundraise outside of Reserve Centers."

(16) Aug-Sept 11, Working Group members reviewed OTJAG Information Paper and briefed leadership on OTJAG Information Paper to determine best course of action for external fundraising.

(17) Dec 11, developed and coordinated FRG External Fundraising Decision Tree Matrix with working group members to determine most effective course of action to meeting intent of issue. Additionally, ACSIM-ISS began the initial coordination of a Unified Legislative and Budget (ULB) to authorize external fundraising.

(18) Dec 11, reviewed AR 600-29, dated 7 Jun 10, para 1-7c(1-4) which stipulates "commanders of Army Commands and the heads of Army organizations may designate areas that are outside the Federal workplace, may support or authorize the support of such fundraising, and may provide limited logistical support.

(19) Received response from OTJAG review of AR 600-29 as it pertains to external fundraising for Family Readiness Groups. OTJAG response stated that "external fundraising by FRGs is not allowed" and "external fundraising may be accomplished by non-FRG private organizations."

(20) Feb 12, AFAP GOSC. The VCSA directed ACSIM to conduct a holistic review of Family Readiness Groups.

(21) Mar 12, OACSIM consulted with OTJAG regarding the ULB. After review, no ULB is required to complete this action; however, regulatory changes will need to be issued by the US Office of Government Ethics and the US Office of Personnel Management to authorize a change in policies/guidance to allow external fundraising.

(22) Mar-May 12, OACSIM coordinated a working group to develop strategies to review the recommendation to holistically review FRGs. The working group has met twice. Areas for review as prioritized by the group are: FRG mission, funding, fundraising, training and communication. The group will expand to include Army Commands (ACOMs) at the next meeting, tentatively scheduled Jul 12.

(23) Apr-May 12, OACSIM is in the initial stages of conducting a Lean Six Sigma (LSS) Project as part of the FRG Holistic Review directed task from the Feb 12 AFAP GOSC. Thus far, ACSIM has drafted the LSS Charter and mapping process; conducted a cursory gap analysis for FRG funding and fundraising; and developed two forms which will assist with streamlining, clarifying and providing an audit trail for FRG Funding Request Form and FRG Fundraising Request Form. All documents are in draft and will be coordinated with working group members for feedback, changes, and recommendation prior to formal staffing and approval.

(24) May-Jul 12, ACSIM working with OTJAG and DoD General Counsel Standards of Conduct Office (SOCO) to submit changes for consideration to the US Office of Personnel Management and US Office of Government of Ethics to allow external fundraising.

(25) Jun-Jul 12, OACSIM is coordinating a review of draft FRG Funding Request Form and FRG Fund Raising Request Form with working group members and OTJAG. OTJAG has reviewed draft forms as part of the FRG LSS/Holist Review.

(26) Jul 12, LSS Project for FRG Holistic Review has been entered into Power Steering.

(27) Jul 12, OACSIM hosted the LSS FRG Holistic Review working group meeting, 31 Jul. Working Group members represent the AC, RC and ACOM Family Programs.

(28) Jul 12, Action has been informally coordinated through OTJAG, Army OGC and OSD SOCO. Regulatory change will likely not be supported by OSD SOCO in light of alternative resolutions, and because it is believed highly unlikely that OPM and the US Office of Government Ethics will support a change. (OPM and OGE are the proponents of the regulations at issue). A best case alternative to external fundraising is available through a private organization that shares the goals and mission of a Family Readiness Group.

g. Resolution. Alternative solution exists to authorize external fundraising
when utilizing Private Organizations to raise funds.

h. Lead agency. DAIM-ISS

i. Support agency. IMWR G-9, OTJAG, USAR and ARNG

Issue 653: Funding Service Dogs for Wounded Warriors

a. Status. Complete

b. Entered. AFAP XXVI, Jan 10

c. Final action. 20 Jun 13 AFAP GOSC

d. Scope. The Department of Defense does not offer a formal program that funds service dogs for Wounded Warriors. There is significant anecdotal evidence that animal assistance programs help patients of all types recover and heal from wounds, injuries and illnesses, both physical and psychological. Service dogs may assist Wounded Warriors in attaining a higher level of independence and self-reliance which allows them to function more successfully in their community and jobs.

e. Conference Recommendation. Fund a formal program to provide service dogs for Wounded Warriors.

f. Progress.

(1) Office of the Surgeon General (OTSG) has engaged in several efforts to determine the need, cost, required policies, and potential impact of supporting a program that provides service dogs to wounded warriors.

(2) In Nov 10 assisted Veterinary Command (VETCOM) with the revision of Technical Bulletin (TB) MED-4 Department of Defense Human-Animal Bond Principles and Guidelines. TB MED-4 promotes and supports Human Animal Bond programs by providing guidance on care, maintenance and disease prevention of animals to include dogs.

(3) On 9 Nov 10 we published Medical Command (MEDCOM) Policy Memo 10-077 on the Use of Canines and Other Service Animals in Army Medicine. Policy Memo 10-077 provides guidance on the authorized use, ownership, and accompaniment by service dogs at

Military Treatment Facilities (MTF) and Warrior Transition Units (WTUs).

(4) On 3 Dec 10 we held a teleconference with the Walter Reed Army Medical Center subject matter experts (SME) on Animal Assisted Activities. The recommendation from the teleconference was to use components of the Functional Independence Measure (FIM) and Functional Assessment Measure (FAM) that are tools currently used at WRAMC to assist with determining cognitive and physical disabilities of Wounded Warriors and the appropriateness of referral to a non government organization (NGO) that donates service dogs to Service members and Veterans.

(5) On 12 Apr 11 held a teleconference with the Rehabilitation and Reintegration Division (R2D) to discuss using the FIM/FAM to identify how many Wounded Warriors (WWs) may need or benefit from having a service dog. R2D recommended a general survey as an alternative to the FIM/FAM since these are not tools widely used by Army Occupational Therapists. Other options presented during this meeting included obtaining data for the past three years from Army programs that support Animal Assisted Activities (AAA), the Veterans Administration's funded dog program, and non government organizations (NGO) that match Service members and Veterans with service dogs.

(6) In May 11 we developed a survey to determine the trend of service dog matching and placements with WWs and Service members over the past three years. We sent out this survey to the Veterans Administration (VA), Regional Medical Centers (RMCs), and two NGOs who primarily provide service dogs to Army Service members and Veterans. The data was received and 16 Soldiers were referred between 2009 and 2011 [Southern Regional Medical Command (SRMC)-1, Pacific Regional Medical Command (PRMC)-5, WRMC-10]. All Soldiers received a service or therapy dog.

(7) Preliminary results indicate the VA does not purchase or obtain dogs for Veterans. At this time the VA only supports benefits for trained service and guide dogs that Veterans obtain for vision, hearing, and mobility disabilities. Per survey results, the VA Guide Dog program received $5 million in congressional funding. Two million is earmarked to support Veterans who have a trained service/guide dog. VA support for Service members who have a service dog includes:

(a) Provision of equipment (harnesses, leashes etc)

(b) Veterinarian care

(c) Medications and other supplies/support that are covered under the Veteran's benefits program. The remaining three million is earmarked for research regarding the use of dogs and other animals in animal assisted therapies.

(8) Survey results from America's VetDogs indicate that since 2008 there have been over 200 service dogs to include guide dogs placed with active duty Service members and Veterans. In 2008 NEADS, Dogs for Deaf and Disabled Americans placed 42 dogs with Veterans and active duty Service members. Both organizations continue to provide assistance to Soldiers and Veterans. There are over 20 nonprofit organizations providing service, animal assisted and therapies dogs for Soldiers and Veterans.

(9) The MEDCOM Chief of Staff has signed an overarching animal policy providing guidance for the eligibility, suitability, procurement of dogs. This policy will standardize the prescription of dogs across the AMEDD and will assist in determining the demand for service or therapy dogs. Then we will be able to determine if the nonprofit organizations can meet the demand.

(10) The K-9 Companion Act (H. R. 943) has been introduced in the 112th Congress for the Secretaries of Defense and Veterans Affairs to award competitive grants to non-profit organizations that provide dogs for Soldiers and Veterans.

(11) A House Bill requiring for the Secretary of Veterans Affairs to establish a three year pilot program to study the effects of using service dogs for therapies has passed the House and is awaiting Senate Action.

(12) In May 12, we briefed both the Chief of Staff of the Army and the Army Surgeon General on this program. Both directed that MEDCOM continue to gather data regarding the efficacy of service dogs in the support of Soldiers with Post Traumatic Stress Disorder (PTSD) and other behavioral health (BH) conditions.

(13) A draft DA Service Dog policy is with SECARMY, and it is expected that he will sign this shortly. We recommend keeping this issue as active until this policy is signed.

(14) Army Directive 2013-01 was promulgated on 28 Jan 13. This document provides extensive guidance for the provision of service dogs to Soldiers and directs that such service dogs be obtained from a VA-approved source. Thus far, to our knowledge, these philanthropic VA-approved sources have been able to meet the demand for service dogs at no cost to the Soldier or taxpayer.

g. Resolution. Army Directive 2013-01 provides guidance on the provision of Service Dogs to Soldiers.

h. Lead agency. DASG-HCZ

i. Support agency. DoD Veterinary Service Activity, Warrior Transition Command, Veterinary Command, Walter Reed Army Medical Center, U.S. Army Public Health Command, Rehabilitation and Reintegration Division

Issue 654: Monthly Stipend to Ill/Injured Soldiers for Non-Medical Caregivers

a. Status. Completed

b. Entered. AFAP XXVI, Jan 10

c. Final action. AFAP XXVIII, Feb 12

d. Scope. The Army does not offer a monthly stipend to injured/ill Soldiers who do not qualify for Traumatic Servicemembers' Group Life Insurance (TSGLI) and are certified by a medical provider to be in need of a non-medical caregiver's assistance. Although travel and transportation compensation is provided through the NDAA FY10, there may be additional costs incurred by the non-medical caregiver while caring for the Soldier. Expenses can include child care and the loss of ability to generate income. In the absence of the monthly stipend for non-medical caregivers, the Soldiers that do not qualify for TSGLI could require hospitalization, nursing home care or residential institutional care.

e. Conference Recommendations.

(1) Provide a monthly stipend to Soldiers that do not qualify for TSGI and are certified to be in need of assistance from a non-medical caregiver.

(2) Authorize an annual re-qualification for an additional lump sum payment to offset caregiver expense of SM due to the severity of wounds.

f. Progress.

(1) On 31 Aug 11, the Under Secretary of Defense for Personnel and Readiness issued Department of Defense Instruction (DoDI) 1341.12, Special Compensation for Assistance with Activities of Daily Living (SCAADL). The Fiscal Year 2010 National Defense Authorization Act authorized SCAADL; the SCAADL stipend is a special monthly compensation for service members who incur a permanent, catastrophic injury or illness. The SCAADL stipend helps offset the loss of income by a primary caregiver who provides non-medical care, support and assistance for the service member.

(2) On 21 Nov 11, the Secretary of the Army issued Army Directive 2011-22, Special Compensation for Assistance with the Activities of Daily Living to implement the SCAADL program in the Army.

(3) As of 17 Jan 12, 217 Soldiers are receiving SCAADL benefits.

(4) Soldiers qualifying for SCAADL have catastrophic injuries or illnesses incurred or aggravated in the line of duty and have been certified by a DoD or VA physician to be in need of assistance from another person to perform personal functions required in daily living or require constant supervision. The absence of this provision would require some form of residential institutional care. Participating Soldiers are not currently in an inpatient status in a medical facility. The SCAADL compensation is based on the Department of Labor's Bureau of Labor Statistics wage rates for home health aides and is adjusted according to geographic area of residence, complexity of care and a clinical evaluation score. To ensure payment accuracy, recertification is required every 180 days or when a medical or geographic condition changes. The SCAADL is taxable income and is paid directly to the Soldier vice the designated caregiver. All Soldiers who receive SCAADL receive counseling from WTU/CBWTU cadre regarding their potential eligibility for the VA Caregiver Stipend. Additionally, we refer Soldiers to the VA Liaisons in the WTU/CBWTU to ensure there is a seamless handoff between the DoD SCAADL stipend and the VA Caregiver Stipend for those Soldiers eligible for the latter benefit.

(5) Resolution. The FY10 NDAA authorizes Special Compensation for Assistance with Activities of Daily Living (SCAADL), a special monthly compensation for service members who incur a permanent, catastrophic injury or illness to offset the loss of income by a primary caregiver who provides non-medical care, support and assistance for the service member. On 31 Aug 11, the Under Secretary of Defense for Personnel and Readiness issued Department of Defense Instruction (DoDI) 1341.12, Special Compensation for Assistance with Activities of Daily Living. On 21 Nov 11, the Secretary of the Army issued Army Directive 2011-22, Special Compensation for Assistance with the Activities of Daily Living, to implement the program in the Army.

g. Lead Agency: WTC

h. Support Agency: DA G-1, MCWT-STR

Issue 655: Reduced Eligibility Age for Retirement of Reserve Component Soldiers Mobilized in Support of Overseas Contingency Operations

a. Status. Unattainable

b. Entered. AFAP XXVI, Jan 10

c. Final action. AFAP XXVII, Feb 11

d. Scope. RC Soldiers with OCO eligible active duty service between 11 September 2001 and 28 January 2008 do not receive credit for active service towards reduced retirement age. RC Soldiers mobilized in support of OCO after 28 January 2008 will have their retirement date reduced by 3 months for each cumulative total of 90 eligible days of active duty, according to the National Defense Authorization Act (NDAA) for 2008, section 647. RC Soldiers who served between 11 September 2001 and 28 January 2008 have their service unfairly excluded by denying them the same benefits as RC Soldiers who served after 28 January 2008. RC Soldiers mobilized in support of OCO incur the same sacrifices, and warrant the same credit of service toward reduced retirement eligibility age regardless of when they served.

e. Conference Recommendation. Credit OCO eligible active duty service prior to 29 January 2008 towards reduced eligibility age for retirement of RC Soldiers.

f. Progress.

(1) Proposals were made for the bills (HR 208, S. 644 and S. 831) in the first session of the 111th Congress, but they never became law. Although referred to the respective Armed Services committees, no movement occurred on these bills for the past two years and they have been cleared from Congress' books. Congress members may reintroduce the bills that did not come up for debate under a new number in the next session.

(2) OASD (RA)'s official position opposed S. 0831. On May 5, 2009, OASD (RA) drafted a Department's View Letter outlining that this bill would inadvertently allow members to retire early and cause manpower shortages in senior officer and staff non-commissioned officer ranks; it would also substantially increase manpower costs for the Department and place an administrative burden on the Services to determine eligibility for non-retirement eligibility; the bill does not provide any new usable force management tools or support any ongoing force shaping efforts; and the Bill will create a non-POM fiscal burden on the Department by requiring monies debited from one manpower account to pay for the proposed increased non-regular retirement payout.

(3) OSD (RA) opposed the legislation, the 111th Congress did not refer the bills supporting this issue (HR 208 and S 644/831) to the full committees for the past two years, and the bills have been cleared from Congress' books.

(4) Resolution. Issue was declared unattainable based on inability to pass necessary legislation. HR 208 and S 644/831 met resistance in the Armed Services Committees for the past two years (111th Congress) because im-

plementation would cost $2.1B over the next 10 years. The Office of the Secretary of Defense (Reserve Affairs) opposes legislation due to cost, administrative burden and potential adverse manpower impact. The Chief, Army Reserve noted that this is an important issue for RC Soldiers, but that despite support for the issue, because the benefits would be retroactive, Congress has to pay for it. He agreed that the issue could close from the AFAP, but commented that the issue would still get support from the Reserve Officers Association, Military Officers Association, etc.

g. Lead agency. DAPE-HRP-RSO

h. Support agency. HQs USARC, OCAR, and NGB

Issue 656: Reserve Component Government Employees' and their Family Members' Access to TRICARE Reserve Select

a. Status. Unattainable

b. Entered. AFAP XXVI, Jan 10

c. Final action. AFAP XXVII, Feb 11

d. Scope. Individuals eligible for health insurance under the Federal Employees Health Benefits (FEHB) program and their Family members who serve as RC Personnel are excluded from TRS under Public Law 109-364, the 2007 John Warner National Defense Authorization Act. In contrast, a military retiree who becomes a federal employee can choose to enroll in TRICARE in lieu of one of the FEHB programs; however, RC Personnel who become eligible for FEHB by employment or marriage do not have this option. Providing RC Personnel the option of their health care benefit program would positively impact job satisfaction and allow them to take full advantage of their benefits.

e. Conference Recommendation. Provide all Government employees and their Family members who serve in the RC with the option of selecting either FEHB Program or TRS.

f. Progress.

(1) TRICARE Reserve Select (TRS) is authorized under Title 10 U.S.C §1076d for qualified RC Soldiers and their Family Members. TRS is the premium-based health plan available for purchase by qualified members of the Selected Reserve. Developed by the Department of Defense to implement a provision in the NDAA for FY 2005, TRS has undergone major revisions in response to subsequent statutory requirements. Since 1 October 2007, a member may qualify to purchase and maintain coverage if the service member (SM) is a member of the Selected Reserve; and the SM not eligible for or enrolled in the FEHB. The monthly TRS premiums for CY 2010 were $49.62 for single coverage and $197.56 for family coverage.

(2) TRS coverage is similar to TRICARE Standard and TRICARE Extra. Covered members and family members under TRS may access care from any TRICARE-authorized provider, hospital or pharmacy, whether in the TRICARE network or not. TRS-covered members may also access care at military treatment facilities (MTF) on a space-available basis. TRS members and their covered family members pay the same TRICARE cost share and deductibles as active duty family members.

(3) Since October 2007, the RC has experienced a steady increase of 1,000 to 1,500 enrollees per month into TRS. From October 2007 to present TRS total plans has increased from 11,960 to 64,800. This increase is five times higher than it was in October 2007 since the last major TRS program revision by Congress went into effect.

(4) This entitlement would require a legislative change at the Department of Defense level to amend the Public Law 109-364, the 2007 John Warner National Defense Authorization Act. Earlier this year, a Unified Legislative Budgetary (ULB) proposal requesting this entitlement enhancement was submitted separately by the National Guard Bureau. On 10 December 2010, this ULB proposal was not recommended for approval by the ASA (M&RA).

(5) OTSG sent a formal request, asking TMA to support this initiative of having RC service members (SM) and their Family members who are eligible for health insurance under the FEHB program to have the option to enroll in the TRS health plan. In their reply, TMA did not support this request because of concerns that it would shift costs from the government employee's Title 5 healthcare costs to the Title 10 Defense Health Program costs. We therefore consider this issue unattainable.

(6) Resolution. Issue was closed as unattainable because TMA does not support a legislative change to authorize TRS to Government employees who serve in the RC. OTSG sent a formal request to TMA to allow RC Soldiers and their Family members who serve as RC Personnel to have the option to enroll into TRS. TMA did not support this request because of concerns that it would shift costs from the government employee's Title 5 healthcare costs to the Title 10 Defense Health Program costs.

g. Lead Agency: DASG-HSZ

h. Support Agency: TRICARE Management Activity

Issue 657: Reserve Component Inactive Duty for Training Travel and Transportation Allowances

a. Status. Complete

b. Entered. AFAP XXVI, Jan 10

c. Final action. 20 Jun 13 AFAP GOSC

d. Scope. There is no legal authority for travel and transportation allowances for RC Soldiers conducting Inactive Duty for Training (IDT) when the training duty station, drill site or assigned unit location is over 50 miles from home of record. Soldiers often travel significant distances from home of record to duty locations due to unit relocation, individual assignments and other factors. Traveling these distances imposes safety risks such as accidents caused by sleep deprivation and decreased levels of alertness. Soldiers can incur out-of-pocket expenses that exceed the actual pay received. Providing travel and transportation allowances for RC Soldiers will alleviate financial burdens and mitigate risks associated with traveling to and from the training duty station.

e. Conference Recommendation. Authorize travel and transportation allowances for RC Soldiers traveling over 50 miles for IDT.

f. Progress.

(1) Certain housing benefits are authorized to RC

members. USC Title 37 “Pay and Allowances of the Uniformed Services” states that the individual service may provide the RC member “lodging in kind” during the performance of duties if transient Government housing is unavailable.

(2) Title 37 USC 452, dated 31 Dec 11 provides permanent authority for reimbursement of travel expenses (up to $300 per drill) for certain RC Soldiers who are: (1) qualified in a skill designated as critical; (2) assigned to a unit or in a Reserve pay grade with a critical manpower shortage; or (3) assigned to a unit or position that is disestablished or relocated due to Defense Base Realignment and Closure, and the member is required to commute outside the local commuting distance.

(3) All Army Activities (ALARACT) 249/2008 provides implementation guidance and limits the program to Soldiers who travel more than 150 miles (one-way) to their unit.

(4) Army Reserve has $25M in the FY14-18 Program Objective Memorandum (POM) as a “command emerging requirement.”

(5) On 19 Apr 12 the Chief of the Army Reserve (CAR) initiated an IDT Travel Reimbursement Pilot Program from 1 May 12 until 31 Dec 12. Because of limited available funding and the need to control and test this important authority, the program was only offered to approximately 775 Soldiers in Hard-to-Fill Units or with critical skill shortages. It’s expected that this program will be one of several used to increase AR end strength. Soldiers enrolled in the program are expected to fill vacant positions and remain in the unit longer, enhancing collective training and operational readiness.

(6) On 27 Aug 12 USAR representative briefed Army Vice Chief of Staff (VCSA) at the AFAP GOSC. USAR recommended continued monitoring and examination of the pilot program while the Army Reserve determines how to best expand the program beyond 31 Dec 12. VCSA concurred with the recommendation.

(7) The CAR extended the IDT Travel (Reimbursement) Program for critical skills and hard-to-fill units on 1 Jan 13. The program is still in its early stage of expansion after the CY12 pilot and continues to achieve positive results. The current CY13 program has goals that include enrolling 2,600 Soldiers by 31 Dec 13, and retaining 1,300 due to their enrollment. To date, 932 Soldiers (35.8% of goal) are participating in the program and 542 Soldiers (41.7% of goal) have been retained.

g. Resolution. Funding is available in the POM for 14-18 to allow for the continuation of this reimbursement.

h. Lead agency. DAAR-RM

Issue 658: Standard Level of Security Measures in Barracks

a. Status. Completed

b. Entered. AFAP XXVI, Jan 10

c. Final action. AFAP XXVI, Jun 10

d. Scope. Security measures in the barracks are not standardized Army-wide. The Office of the Assistant Chief of Staff for Installation Management (ACSIM) has authorized security standards in its Installation Design Standard. Keyless entry and peep holes are requirements in all new construction and major renovations. However, not all existing barracks are being upgraded to the same level of security, and additional measures are needed. Without standard security measures, Soldiers’ welfare and protection of their personal belongings are at risk of being compromised.

e. Conference Recommendations.

(1) Require the installation of visual monitoring systems for surveillance of hallways, common areas and parking lots for barracks Army-wide.

(2) Require keyless entry and peep holes in barracks Army-wide.

f. Progress:

(1) Visual Monitoring Systems. MILCON funding does not provide the security camera equipment. Construction funding can, however, be used to provide for the electrical conduit, mounting brackets and structural supports for the system. The actual security system equipment is funded through other sources. Currently working to identify the impact of this requirement with the proponent for security systems.

(2) Keyless Entry.

(a) The Installation Design Standard for keyless entry was applied to FY09 new building construction projects and FY08 major renovation projects on all Army installations and for provision in permanent party Unaccompanied Enlisted Personnel Housing, Transient Lodging, and Bachelor Officers Quarters.

(b) For new construction, keyless entries are installed by the construction contractor. USACE provides the Installation's compatibility requirements and needs for the system in the construction contract.

(c) For all renovation projects, initial startup costs associated with implementation of First Sergeant’s Barracks Program (FSBP) include retrofitting existing barracks modules with keyless entry. With full deployment of FSBP by the end of FY11, keyless entry will have been fully funded across the Army for permanent party barracks.

(3) Peep Holes.

(a) The main door entering into the soldier's two-bedroom module has a door "peep" hole. This is a standard construction contract requirement and is installed by the contractor. The "peep" hole is a standard off-the-shelf item commonly used throughout the industry.

(b) There is no current Army-wide effort to retrofit entry doors into permanent party barracks modules with peep holes.

(4) Resolution. The Jun 10 GOSC declared the issue complete. New barracks have peep holes, keyless entry systems, and conduits for close circuit cameras. The First Sergeant Barracks Program includes retrofitting existing barracks with keyless entry. Garrisons have the authority to fund security cameras and install peep holes in barracks.

g. Lead agency. DAIM-ISH

h. Support agency. DAIM-ODC, DAIM-MPD, IMCOM, USACE

Issue 659: Standardization of Privatized Housing Application Process

a. Status. Completed

b. Entered. AFAP XXVI, Jan 10

c. Final action. AFAP XXVII, Jun 10
d. Scope. The privatized housing application process is not standardized across installations. Multiple partners manage privatized housing at CONUS installations and each utilizes their own application process. The lack of a uniform standard allows for inconsistencies in the application process requirements such as: applying online, faxing orders upon receipt or submitting in-processing paperwork upon arrival at the gaining installation. The stress of relocation is intensified by a lack of predictability in the application process.
e. Conference Recommendation. Standardize the housing application process across privatized installations.
f. Progress.
(1) A Tiger Team was developed consisting of membership from all partners and DAIM-ISP and DASA-I&H.
(2) Three Tiger Team meetings took place in February and March 2010. The focus of the efforts revolve around how to apply for privatized housing, what documents are required and when can application actually occur. A draft policy has been sent to all partners for their review and comment.
(3) Resolution. The Jun 10 GOSC declared the issue complete. The Army is working with their partners on a wide variety of property management issues to create a level of consistency relative to property management practices. One of the first areas of agreement was standardization of the application process, to include required documentation and timeline for when housing application can occur. The standardized application process will be published at the end of July.
g. Lead agency. DAIM-ISP
h. Support Agency. DASA-I&H

Issue 660: Supplemental Mission Funds for Reserve Component Family Readiness Groups
a. Status. Completed
b. Entered. AFAP XXVI, Jan 10
c. Final action. AFAP XXVI, Jun 10
d. Scope. Reserve Component Family Readiness Groups (FRGs) are not authorized Supplemental Mission Funds. Reserve Component FRGs are expected to perform the same functions as Active Component FRGs with less funding. Supplemental Mission Funds will permit the Reserve Component to accept and manage donations from outside sources. Supplemental Mission Funds augment FRG Informal Funds, reducing the stress of additional fundraising. Supplemental Mission Funds will allow Reserve Component FRGs to further connect Families and focus on their Mission.
e. Conference Recommendation. Authorize Supplemental Mission Funds for Reserve Component Family Readiness Groups (FRGs).
f. Progress:
(1) In April 2010, coordinated a meeting with FMWRC, Operations Directorate to review AR 215-1. The following questions were posed for consideration for USAR: Do you want to establish a formal NAFI or do you want to establish an account.
(2) In April 2010, ACSIM POC indicated that Commander, FMWRC has the authority to approve change to AR 215-1 and approval authority for the establishment of a formal NAFI.
(3) On 15 April 2010, memorandum forwarded to USAR POC regarding clarifications on the establishment of a formal NAFI or an NAFI Account. Awaiting response from USAR POC.
(4) At the Apr 10 AFAP issue review with ACSIM, a recommendation was made to close the issue. In communication with USAR, it was determined that the issue is not about the ability to establish a NAFI rather to establish a process in which to accept donations.
(5) Resolution. The Jun 10 GOSC declared the issue complete. Guidance was provided to the Army Reserve Command on how to establish accounts that allow Army Reserve Family Readiness Groups to receive donations.
g. Lead agency. OACSIM-IS
h. Support agency. FMWRC-FP

Issue 661: TRICARE Allowable Charge Reimbursement of Upgraded/Deluxe Durable Medical Equipment
a. Status. Complete
b. Entered. AFAP XXVI, Jan 10
c. Final action. 20 Jun 13 AFAP GOSC
d. Scope. When the TRICARE beneficiary chooses an upgraded/deluxe DME, the beneficiary must pay full cost out-of-pocket with no reimbursement for the TRICARE allowable charge. DME providers are limited to accepting the TRICARE allowable charge as payment in full for the medically necessary standard DME. Purchasing the upgraded/deluxe DME could improve patient compliance, quality of life, comfort, or function. Reimbursement of the TRICARE allowable charge offsets the increased cost of the upgraded/deluxe DME incurred by the TRICARE beneficiary.
e. Conference Recommendation. Authorize reimbursement of the TRICARE allowable charge for the standard DME when a patient chooses an upgraded/deluxe DME.
f. Progress.
(1) DME is purchased or rented medical equipment used for the treatment of an injury or illness which is also medically necessary. DME may include wheelchairs, hospital beds/ attachments, oxygen equipment, respirators, and other non-expendable items.
(2) TRICARE covers DME when prescribed by a physician and if the DME:
(a) Improves, restores, or maintains the function of a malformed, diseased, or injured body part, or can otherwise minimize or prevent the deterioration of the patient's function or condition.
(b) Maximizes the patient's function consistent with the patient's physiological or medical needs.
(c) Provides the medically appropriate level of performance and quality for the medical condition present.
(d) Is not otherwise excluded by the regulation and policy.
(3) Active Duty Family Members (ADFM) enrolled in TRICARE Prime and TRICARE for Life (TFL) users do not have co-payments under TRICARE. Under TFL, Medicare is first payer (for DME, 80%) and TRICARE, as

second payer, reimburses the 20% Medicare DME co-payment. Retiree DME co-payments are: TRICARE Prime and Extra, 20% of negotiated fees and Standard, 25% of the allowable charge. ADFM DME/ co-payments are: TRICARE Extra, 15% of negotiated fees and Standard, 20% of the allowable charge. Beneficiaries needing DME are given authorizations for specialty referrals, except for DME costing less than $500, which does not require an authorization. There is no co-pay for military treatment facility (MTF) issued DME, which, if available, is issued on loan with a hand receipt.

(4) TRICARE in general uses the reimbursement rates established by the Centers for Medicare and Medicaid Services (CMS) for certain items of DME, Prosthetics, Orthotics, and Supplies. CMS updates these rates twice a year in January and July. Inclusion or exclusion of a reimbursement rate does not imply TRICARE coverage.

(5) TRICARE cannot pay when a preferred DME item is unproven or deemed experimental. TRICARE also does not cover unauthorized DME which may be excessive in features which increases the cost when compared to a more similar item without the extra features. There is no reimbursement when the beneficiary who chooses a same class enhanced DME that will provide convenience, size, or function.

(6) OTSG coordinated with TMA to see if beneficiaries can be authorized reimbursement of the TRICARE allowable charge for the standard DME when a patient chooses an upgraded/deluxe DME at their own expense. OTSG sent a formal request, asking TMA to assess the feasibility of this option to meet the intent of this AFAP recommendation. In their response, TMA agreed that having an option to offset the cost would improve patient quality of life, comfort and function. TMA stated they would support our submission of a Unified Legislation and Budgeting (ULB) proposal to modify Title 10. TMA has provided a cost estimate. Submission of ULB for FY14 was completed in 4th QTR, FY12.

(7) In 1st QTR FY13, the office of the Assistant Secretary of Defense for Health Affairs ASD (HA) reviewed the ULB and stated a statutory change may not be needed. Subsequently, the ULB was disapproved. In 2nd QTR FY13, a memo was signed by the ASD (HA) approving a new policy that we believe meets the intent of this issue paper. TMA is preparing the necessary manual change to clarify that beneficiaries may pay the difference between a "base" model of DME and a luxury or deluxe item. The policy revisions to the manual are being drafted, and will be sent out for coordination and comment as is the normal process prior to implementation. At this point, TMA anticipates publication of the final policy and implementation in 4th QTR FY 13.

g. Resolution. Patient is authorized reimbursement for basic medical equipment and has the option of personally paying for requested upgrades.

h. Lead agency. DASG-HSZ

i. Support agency. TMA

Issue 662: Comprehensive and Standardized Structured Weight Control Program

a. Status. Complete

b. Entered. AFAP XXVII, Feb 11

c. Final action. 20 Jun 13 AFAP GOSC

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

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

f. Progress.

(1) In previous AFAP issue paper responses, U.S Army Medical Command (MEDCOM) and U. S. Army Public Health Command (USAPHC) determined that the 2009 Army *MOVE!* Program met the intent of a comprehensive weight loss program, if implemented to fidelity. The concept of the 2009 program incorporated the combination of diet, physical activity guidance, behavior therapy, and follow up as needed. However, due to numerous challenges and resource shortcomings, the 2009 Army *MOVE!* Program has not been implemented as intended and is not available to all Soldiers across all Army components. The face-to-face version is only available at Army MTFs with assigned dietitians on staff, and is not accessible for Soldiers stationed at austere/remote duty locations without an MTF or located at joint bases with sister service medical facilities. Reserve Component Soldiers, who are not entitled to care through an MTF unless on orders, are limited to using the online Army *MOVE!* program. The online version of the program, which requires voluntary support/management by Reservist dietitians to be successful, experienced low enrollment and few program completions in recent years, and is currently not active. Overall, based on our analysis, the 2009 version of the Army *MOVE!* Program did not meet the intent of this AFAP issue.

(2) In 2012, USAPHC released a newly revised Army *MOVE!* program that provides more precise program guidance, tighter oversight, and fewer modules to complete. During 1st QTR FY13, three MTFs (Landstuhl, Fort Jackson, and Fort Rucker) implemented the newly revised Army *MOVE!* pilot program, and an additional four sites (Fort Stewart, West Point, Tripler, and Fort Irwin) are set to start May 2013. While it is too early to draw conclusions as to the revised program's effectiveness, the improved structure and content assures a more standardized approach across the Army, making it a consistent and accessible resource for Regular Army Soldiers seeking weight loss support. As for the Army Reserve and Army National Guard, USAPHC has plans to

design an Army *MOVE!* online program using a Black-Board platform to provide accessible weight management support to the Reserve Component and those Soldiers located in austere environments. In addition to the Army MOVE! program, USAPHC continues to investigate innovative weight loss tools and initiatives for implementation across the Army.

(3) While AR 600-9, Army Body Composition Program (ABCP), was undergoing revision, several studies were released reinforcing the importance of self-motivation, readiness to change and ownership when it comes to successful weight loss efforts. The revised AR 600-9 factors in the importance of Soldier motivation, enabling commanders to execute the program and enforce standards while allowing the Soldier to choose the weight reduction plan that best fits their motivation level and amount of support they need. Additionally, the new regulation is aligned with recommendations the AWCP Working Group presented last year to the Sergeant Major of the Army (SMA) for the Chief of Staff of the Army (CSA), and includes critical AFAP Issue 662 recommendations, such as nutrition education, fitness training, and the requirement of leaders to monitor their Soldiers' progression.

(4) The revised draft of AR 600-9 contains the following standards for execution:

(a) Commander counsels Soldiers on their enrollment into the Army Body Composition Program and flag status.

(b) Within two weeks of enrollment, Soldiers must read USAPHC Technical Guide (TG) 358: Army Weight Management Guide and schedule an appointment with the dietitian, if available, or qualified health care provider (nurse practitioner, physician assistant or medical doctor) for nutrition and weight loss counseling. Additional appointments for assistance in behavior modification, if indicated, will be prescribed to assist Soldier in attaining the Army body fat requirements.

(c) Soldiers are weighed/taped monthly by unit Commander or designee and must show satisfactory progress (3lb weight loss or 1% body fat).

(d) Soldiers are prescribed proper exercise and fitness techniques in accordance with FM 7-22 Army Physical Readiness Training by a Master Fitness Trainer, if available, or designated unit fitness trainer.

(e) Commanders may direct a medical exam, if warranted, for specific reasons outlined in AR-600-9.

(f) Soldiers must complete a Soldier Action Plan within 14 days of enrollment in the program and indicate what approach he or she intends to use to work towards meeting the body fat standard. Soldiers possess the ability to modify their plan while enrolled in the AWCP. For example, a Soldier may initially opt to follow a dietitian approved commercial weight loss program, such as Weight Watchers, but then 2 months later decide to enroll in the MTF Army *MOVE!* program or follow a self-directed program. Commanders will provide additional support, guidance, and resources to enhance Soldier success. This includes allowing Soldiers adequate time to participate in ongoing nutrition counseling or weight loss programs as recommended by the dietitian or health care provider. Helpful tips for commanders are located in appendix C and TG 358: Army Weight Management Guide.

(5) The new version of AR 600-9 meets the intent of the recommendations listed for AFAP Issue 662. Staffing of the regulation is in progress and we project final approval and publishing in 4th QTR of FY13.

g. Resolution. Revised AR 600-9 provides specific guidance and structure to commanders and Soldiers. Soldiers entering the program will have to complete a Soldier action plan within two weeks of being enrolled and commander will have to approve the plan. Publication of AR 600-9 is in the final authentication process at Army Publishing Directorate.

h. Lead agency. DAPE-HR

i. Support Agency. MCHB-IP-HHE

Issue 663: Eligibility Benefits for the Unremarried Former Spouses of Temporary Early Retirement Authority (TERA) Soldiers

a. Status. Unattainable

b. Entered. AFAP XXVII, Feb 11

c. Final action. AFAP XXVIII, Feb 12

d. Scope. The unremarried former spouses of Soldiers who retired under Temporary Early Retirement Authority (TERA) are not entitled to benefits under the 1982 Uniformed Services Former Spouses' Protection Act (USFSPA). The TERA allowed Servicemembers (SM) to receive retirement benefits at fewer than 20 years however it did not protect unremarried former spouses. Minimum eligibility requirements for full benefits currently include 20 years of marriage, 20 years of credible service and 20 years of overlap. The minimum eligibility requirements under the USFSPA were not updated to reflect the TERA. For example, a SM and spouse who were married for 18 years while SM served18 years of credible service and the SM retired with full benefits at 18 years. When they divorced, the SM retains full benefits but the spouse does not. Unremarried former spouses of a SM who retired under TERA deserve full retention of benefits.

e. Conference Recommendation. Authorize unremarried former spouses of SMs who retire under TERA to receive benefits.

f. Progress.

(1) These benefits are NOT related to what is called the Uniformed Services Former Spouses' Protection Act (USFSPA), which enables state court to divide military retired pay as a matter of property settlement.

(2) Public Law 102-484 granted temporary authority for the military services to offer early retirements to members with more than 15 but less than 20 years of service.

(3) Military benefits such as exchange, commissary, and medical care-commonly referred to as, "20/20/20" benefits are codified in Federal law. The law affords these benefits to an un-remarried former spouse who was married to a member or former member for at least 20 years of credible service (10 U.S.C. Section 1072(2)(F) (i) (2010)). Accordingly, a former spouse must satisfy three elements in order to qualify for benefits: (1) 20 years of marriage, (2) the member or former member must have 20 years of creditable service, and (3) 20 years of marriage that overlaps with the member's service-the "20/20/20" rule.

(4) Consequently, you could have a situation where a former spouse could have been married to the member for 20 years and the member serve 20 years but the overlap falls short by one month. Under the bright line definition of the statute, the former spouse would not be entitled to continued benefits.

(5) No legal authority exists to authorize such benefits. As TERA did not change the law defining former spouse, by definition, a former spouse who had been married to a TERA retiree would never be able satisfy the 20/20/20/ requirement. Even if the law was changed to 15/15/15 in concurrence with a 15 year TERA retirement, there would still be the issue of those who fall short. There is no inherent benefit to the Army.

(6) Resolution. Military benefits such as exchange, commissary, and medical care are commonly referred to as "20/20/20" benefits and are codified in Federal law. No legal authority exists to authorize unremarried former spouses of SMs who retire under TERA to receive benefits. This issue provides no inherent benefit to the Army and is not attainable given the current fiscal constraint environment.

g. Lead agency. DAPE-PRC

Issue 664: Flexible Spending Accounts (FSA) for Service Members

a. Status. Unattainable

b. Entered. AFAP XXVII, Feb 11

c. Final action. 20 Jun 13 AFAP GOSC

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

e. Conference Recommendation. Establish Flexible Spending Accounts for Service Members.

f. Progress.

(1) Congress gave the Secretary of Defense the authority to establish Flexible Spending Accounts in the FY10 National Defense Authorization Act (NDAA).

(2) TRICARE Management Activity (TMA) conducted a web-based survey in April 2010 of active duty military personnel about their interest in an FSA if one were offered by the DOD. Nineteen percent (19%) of the respondents indicated that they would participate in both HCFSA and DCFSA if DOD offered the plans.

(3) DOD has chosen not to pursue FSAs and has remained generally neutral or oppose to their implementation although Assistant Secretary of Defense, Health Affairs (ASD, HA) has expressed support for HCFSA. The benefit to a member is limited. Actual saving depends on many factors and differs according to an individual situation. In general, service members at the higher end of the scale and/or in two income Family situations may find the tax advantages of an HCFSA/DCFSA attractive.

(4) Bills S. 387 and H.R.791 were referred to the Committee on Armed Services on 17 February 2011 to amend title 37, United States Code, to provide flexible spending arrangements for members of the uniformed services, and for other purposes. The proposed language was: "(a) Flexible Spending Arrangements for the Uniformed Services - (1) not later than 180 days after enactment of this section, each Secretary concern shall establish procedures to implement flexible spending arrangements…"

(5) The FSA language was introduced as an amendment (#1141) by Senator Barbara Boxer (D-CA) during Senate floor consideration of the FY12 NDAA. The amendment was introduced, but never voted on, and therefore was not included in the Senate's version of the NDAA, nor the final bill.

(6) In coordination with the Director, Military Compensation, Office of the Deputy Assistant Secretary of Defense for Military Personnel Policy stated that "…the cost to the department to set up and administer FSA accounts is significant ($106 per Health Care FSA and $39 per Dependent Care FSA). Bottom line, the cost to the services for the accounts outweighs the benefit to members (except perhaps our senior members)." Without a mandate, OSD is not supportive of implementing FSA accounts.

(7) The exploration of an administrative fee that Soldiers would pay for an FSA would be an inequity with DOD civilians since the respective agencies pay such fees for civilians with FSAs. OSD P&R does not support charging Soldiers a fee.

(8) On 27 June 2012, forwarded Assistant Secretary of the Army for Manpower and Reserve Affairs (ASA M&RA) written request to OSD for their official position on establishing FSAs. No response to date. Army G-1 will continue to follow up.

(9) On 9 November 2012, the Principal Deputy Assistant Secretary of Defense (Readiness and Force Management) provided a formal response to ASA M&RA request stating that the Department does not support establishing FSAs due to the administrative cost of the programs and the corresponding limited benefits to Service members.

g. Resolution. Neither DoD nor the sister services support the issue.

h. Lead agency. DAPE-PRC

Issue 665: Formal Standardized Training for Designated Caregivers of Wounded Warriors

a. Status. Complete

b. Entered. HQDA AFAP Conference, 4 Feb 11

c. Final action. 21 Sep 15 AFAP GOSC

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

anxiety, and burnout, which may lead to Wounded Warriors abuse/neglect.

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

f. Progress.

(1) NCMs receive Care for the Caregiver training at the AMEDD Center and School (C&S) NCM Course. The training was based upon the VA's Care for the Caregiver Program. The course provides an overview of the concepts and was instructed in a "train-the-trainer" structure during a two-hour block of instruction. AMEDD C&S has provided this training to a total of 433 NCMs.

(2) In FY14, the WTC elevated the needs of caregivers through an analysis of external audit agency reports and several caregiver focus groups. The findings supported that the current program was outstanding but did not meet the acute needs of Families as they begin their care-giving journey. In response, the WTC developed a Care for the Caregiver Training Program focused on assisting Families as they start providing care for Soldiers and serves as a precursor to the VA's Care for the Caregiver Programs. It incorporates new Army initiatives such as the Performance Triad and the Ready and Resiliency Campaign.

(3) In order to determine the effectiveness of this training, the WTC will conduct Caregiver satisfaction surveys. To facilitate the survey, the WTC requested an update to the MODS that will enable the WTC to identify those Caregivers that have received the training. Once identified, the WTC will send a mail survey to the Caregiver requesting input on satisfaction. As of 15 Sep 14, the MODS updates were completed. Over 100 training episodes are documented in the MODS database. Participant survey release is pending. The survey will ask caregivers what the value of training was based on their experience before and after the training.

(4) External to the formalized training the WTU NCMs receive, Caregiver training within the WTUs is robust and continues to evolve. The interdisciplinary team facilitates discussions in self care, stress reduction, and burnout. Social workers, experts at identifying Family stress and burnout, are embedded in the WTU Table of Distribution and Allowances (TDAs) to help Soldiers and Families during times of crisis. Additional assets such as Soldier and Family Assistance Centers are specially designed to assist Families through numerous services, such as financial counseling, life skills development, and childcare.

(5) The WTC is also participating in the OSD Warrior Care Policy Peer to Peer Support Initiative. The initiative will use Military Family Life Counselors, located on military installations across DoD, to conduct the peer-to-peer support forums at designated installations. The initiative will roll out in five phases. As of 10 Oct 14, the installations in Phase 1 rollout are: Fort Belvoir, Walter Reed Medical Center, Fort Meade, Fort Carson, Joint Base San Antonio, Fort Hood, and Joint Base Lewis McChord. The program will begin at the following sites in 1st QTR FY15: Fort Riley, Fort Gordon, Fort Campbell, and Fort Stewart. Comments from Caregivers about the program are positive. Caregivers also reported satisfaction with the WTUs and the level of support they receive.

(6) Efforts to implement formal, standardized, face-to-face training for Designated Caregivers of Wounded Warriors also support the Soldier for Life program. This program has a healthcare component that seeks to ensure wounded warriors receive the best healthcare and training available. In addition, Soldiers will better understand how to access VA healthcare benefits and will ease their transition and reintegration into civilian society.

(7) Caregivers also have access to Army Family Team Building (AFTB) training. This training is all on line at www.myarmyonesource.com. AFTB online training is open to everyone and available 24 hours a day, seven days a week. WTUs at any installation can also request face-to-face AFTB training from Army Community Service staff for their WTU Families.

(8) Based on responses from those caring for our Wounded, Ill, or Injured Soldiers, they are satisfied with all support available to them.

g. Resolution. The DAS expressed concern regarding how an increase in cases would be handled. The OTSG representative stated the train the trainer nurse case mangers make service scalable. In order to determine the effectiveness of this training, the WTC conducts caregiver satisfaction surveys. Caregiver feedback is that they are satisfied with the support.

h. Lead agency. Warrior Transition Command

i. Support Agency. AMEDD Center and School

Issue 666: Full Time Medical Case Managers for Reserve Component (RC) Soldiers

a. Status. Completed

b. Entered. AFAP XXVII, Feb 11

c. Final action. AFAP XXVIII, Feb 12

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

e. Conference Recommendation. Increase the number of full time medical case managers for RC Soldiers.

f. Progress.

(1) ARNG

a. ARNG research indicates that the targeted CM ratio for ARNG Personnel is 80 Soldiers per case manager. Before the current contract modification dated 12 Sept

10, the average caseload was 1CM to 212 SMs. The current estimated ratio is 1CM to 133 SMs with the intent to reduce this ratio with the personnel increase currently being developed.

b. Case Management staffing was adequate for initial ratios, but does not meet current demand and added utilization. The ARNG has secured funding to allow for a 50% increase in the number of administrative care coordinators within the case management contract. The ARNG Office of the Chief Surgeon recommends that this issue be considered closed as the additional funding for case management personnel has been secured.

(2) USAR

a. As of 30 Nov 11, there were 11,038 AR Soldiers that potentially require administrative or medical board determinations who have been categorized as medically non-deployable due to unresolved health conditions. The MCMs assess, plan, coordinate, monitor, and evaluate options and services to meet the health care needs of the non-deployable population. Estimated workload per DoDI 1300.24 is 40 cases per case manager. There are currently 3,609 annual referrals. Lack of case management for our wounded, ill and injured RC members is negatively impacting our ability to ensure continuum of care and resolution of health care issues.

b. The OCAR Surgeon's Office prepared and submitted projected AR MCM funding requirements into the 12-17 POM in Dec 09, which was validated Feb 10.

c. The National Defense Authorization Act (NDAA) 2008 requires the development and implementation of a comprehensive policy on improvements to the care, management, and transition of Recovering Service Members and their families. Implementation of NDAA Care Coordination Requirements includes the creation of the Recovery Coordination Program (RCP) for Recovering Service Members (RSM) and their families; Developing uniform program for assignment, training, placement, supervision of Recovery Care Coordinators (RCCs) and Non Medical Care Managers (NMCMs); Developing content and uniform standards for the Comprehensive Recovery Plan (CRP) including uniform policies, procedures, and criteria for referrals; and, Developing uniform guidelines to provide support for family members of RSMs.

d. Title 10, U.S.C., Section 1074a established that all AR Soldiers serving on active duty for a period of 30 days or less, inactive-duty training (IDT); or while serving on funeral honors duty under section 12503 of this title or section 115 of title 32 are entitled to the medical and dental care appropriate for the treatment of the injury, illness, or disease of that person until the resulting disability cannot be materially improved by further hospitalization or treatment.

e. AR 40-501, paragraph 8-20.b.4.and Part 3 of the Periodic Health Assessment (PHA) process requires the physician, nurse practitioner or physician assistant to review the Soldier's statement of health, completed tests and reports, PULHES, and readiness screening information and make referrals as indicated. Paragraph 8-20.b.4.e requires referrals to be submitted and orders entered for any required preventative or readiness related medical services not immediately available during the PHA process.

f. AR 40-501, paragraph 8-20.c – Follow-up. Soldiers in the AR who are not on active duty will be scheduled for follow-up appointment and consultations at Government expense when authorized. Treatment or correction of conditions or remediable defects as a result of examination will be scheduled if authorized. If individuals are not authorized treatment, they will be advised to consult a private physician of their own choice at their own expense.

g. Fifteen nurses were mobilized as case managers to support a bridging strategy.

h. Projected start date for contracted case managers is 2ndQtr FY 12.

i. Placement of Case Managers: Case Managers will initially be located at the Medical Management Activity in Pinellas Park, Florida, and at the four Regional Support Commands; 99th RSC, Fort Dix, NJ; 88th RSC, Fort McCoy, WI; 63rd RSC, Moffitt Field, CA, and 81st RSC, Fort Jackson MI.

(3) Resolution. The ARNG secured funding to increase the number of contracted CMs and administrative care coordinators within the states to meet the outstanding need. Before the current contract modification (12 Sep 10), the average caseload was 1 CM to 212 cases. Current estimated ratio is 1 CM to 133 cases with intent to further reduce the ratio with the personnel increase being developed. Fifteen nurses were mobilized as CMs to support a bridging strategy until 30 CMs were hired. The CMs will be located at the Medical Management Activity in Pinellas Park, FL and four Regional Support Commands (RSCs); 99th RSC, Fort Dix, NJ; 88th RSC, Fort McCoy, WI; 63rd RSC, Moffitt Field, CA, and 81st RSC, Fort Jackson MI.

g. Lead agency. ARNG and USAR

Issue 667: Identification (ID) Cards for Surviving Children with Active Duty Sponsor

a. Status. Completed

b. Entered. AFAP XXVII, Feb 11

c. Final action. AFAP XXVIII, Feb 12

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

e. Conference Recommendation. Annotate both dependent survivor status and AD status on survivor children dependent ID cards.

f. Progress.

(1) The 2011 HQDA AFAO Conference delegates voted this issue the Number one conference issue. There is no annotation of survivor dependent children status DoD Beneficiary (DB), Deceased, (DEC) and active duty status (AD) on dependent ID card for surviving children. In Europe, the Status of Forces Agreement (SOFA) requires dependents to carry the dependent ID card from their active duty stepparent sponsor. To receive Army Family Covenant (AFC) survivor-specific services, survivor dependent children of deceased service members

who have become the stepchildren of another serving Army member (by the current member's marriage to the deceased service members widow or widower) must present an active duty status ID card and the Report of Casualty which contains graphic detail of how their loved one perished.

(2) The benefits for surviving children are to receive priority levels and fee reductions for child care and reduced fees for SKIES (School of Knowledge, Inspiration, Exploration, and Skills) Unlimited, with "Unlimited" representing the unlimited possibilities this program can offer Army children and youth. SKIES Unlimited encompasses instructional programs for children and youth ranging from four weeks old to adolescence. Through SKIES Unlimited, children and youth in Child Development Services (CDS), School Age Services (SAS), Middle School, Teens, and Outreach Services (OS) Programs, as well as Home Schooled Children all have equal access to opportunities that expand their knowledge, inspire them, allow them to explore, and acquire new skills. SKIES Unlimited has a four-school system. The four schools are: School of Sports, School of Arts, School of Life Skills and School of Academic Skills. All eligible children may use this benefit but the pricing is discounted or eliminated for the surviving child.

(3) During AFAP workgroup deliberations, DoD policy information provided were: a child may possess only one dependent ID card at a time; the benefits afforded the dependent child through DEERS via a dependent ID Card are identical whether they are carrying an ID card as the child of the deceased service member or as the child of the active duty stepparent; and based on information provided, the "valuable" benefits being lost are services of higher priorities being afforded these children as the dependent of a deceased service member and fee reduction or elimination; and finally a Command Memorandum was proposed to be issued for these children in lieu of presenting "casualty documents" or modifying DoD ID Cards.

(4) Approval of this action is not within the Department's authority. It requires review, coordination, and approval of the services and OSD. Of note, this proposal would potentially affect members of all Military Services and all Services' facilities.

(5) Army DEERS RAPIDS Project Officer presented the request verbally to the Joint Uniformed Services Personnel Advisory Committee (JUSPAC) representatives, and to the OSD (PR) Identification Card proponent. Response was that there is no loss of benefits, that they do not see a valid requirement, and that there is an unfunded cost to modify DEERS RAPIDS programs.

(6) Army DEERS RAPIDS Project Office prepared a Memorandum for The Adjutant General to the Director, Defense Human Resources Activity for consideration of DoD Policy change which was signed 13 Apr and sent on 18 Apr 11.

(7) DHRA responded with a memorandum dated 23 May 2011 authorizing a "DUAL- STATUS" over-stamp for ID Cards of surviving dependent child population.

(8) Briefed AFAP issue 14 Sep 11 and was tasked with the "Way Ahead" by ACSIM.

(9) DMDC completed a data pull and the over-stamp issue affected one (1) service member stationed in Germany. After some research the service member that was affected proved to be incorrectly identified in DEERS the dependent was a 23 year old dependent who was identified as a step child. The 23 year old had moved out on her own and was no longer dependent upon the sponsor. The Army SPO will monitor the issue and if need be contact the ID card facilities and installations that are affected for proper ID card issue.

(10) Army SPO completed a Change Request Proposal (CRP) to DMDC 30 Jan 12 to link the dependent child to both AD deceased sponsor and current sponsor. DMDC will assess the feasibility of the CRP and any associated costs incurred because of the change before implementation, if appropriate. Recommend AFAP revisit issue 3rd quarter FY 12 pending DMDC cost estimate.

(11) Resolution. In May 11, the Department of Defense Human Resources Activity authorized a "DUAL-STATUS" over-stamp for ID Cards of surviving dependent child population who also have an active duty military sponsor. The over-stamp will facilitate receipt of benefits afforded the dependent child through DEERS as well as survivor-specific services outlined in the Army Family Covenant. Army completed a Change Request Proposal (CRP) to Defense Manpower Data Center (DMDC) on 30 Jan 12 to link the dependent child to both AD deceased sponsor and current sponsor. DMDC will assess the feasibility of the CRP and any associated costs. The ability to over-stamp ID cards is available to eligible cardholders. There have been no requests for this over-stamp, however the installation ID office has the capability to provide the over-stamp.

g. Lead agency. AHRC-PDP-P

Issue 668: In-Vitro Fertilization (IVF) Reimbursement for Active Duty Soldiers and their Dependant Spouse

a. Status. Unattainable

b. Entered. AFAP XXVII, Feb 11

c. Final action. AFAP XXXVIII, Feb 12

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

e. Conference Recommendation. Create a reimbursement program for Active Duty Soldiers and their dependant spouse to assist with the medical costs of up to $2,000 per In-Vitro Fertilization Cycle performed at Mili-

tary Treatment Facilities, but no more than $5,000 per calendar year.

f. Progress.

(1) TRICARE's exclusion of artificial insemination follows common practices of health insurance companies across the board. The vast majority of health insurance companies do not offer any artificial insemination coverage as part of the benefits. Only a few states have legislation mandating the coverage of artificial insemination to be offered as part of the covered benefits.

(2) In Vitro fertilization services are currently available at a shared cost from a limited number of MHS facilities with adequate resources to perform the procedures. TRICARE does cover a wide range of infertility treatments and services, including, but not limited to: hormonal treatments, Human Chorionic Gonadotropin (HCG) administration, corrective surgery, antibiotics and radiation therapy. Seven (7) Military Treatment Facilities (MTFs), Tripler, Madigan, Walter Reed and Womack, Army Medical Centers provide In-vitro fertilization Services and train providers as well. Other facilities providing IVF services are the San Antonio Military Medical Center (SAMMC), as well as Portsmouth and San Diego, Navy Medical Centers.

(3) In 3rd QTR FY11, we wrote a Deputy Surgeon General (DSG) memorandum for the Deputy Director of the TMA requesting assistance in bringing issue before Congress. The statue to allow for reimbursement analogous to that provided for adoptive parents would fall under Title 10 USC, chapter 53 § 1052.

(4) On 11 Jun 11, TMA replied to the DSG request. They do not support the recommendation of adding a partial reimbursement for in-vitro fertilization. TMA believes existing MTF IVF training programs offer affordable access to these uncovered reproductive services at a significant cost-savings when compared with those offered in the civilian community. TMA did not support a Unified Legislative and Budget Proposal that would provide partial reimbursement of these services as a medical benefit using Defense Health Program (DHP) funding.

(5) Resolution. In May 11, the Deputy Surgeon General requested TMA assistance in bringing this issue before Congress. In Jun 11, TMA replied that they do not support the recommendation. TMA believes existing MTF IVF training programs offer affordable access to these uncovered reproductive services at a significant cost-savings when compared with those offered in the civilian community.

g. Lead agency. DASG-HSZ

h. Support Agency. TMA

Issue 669: Return to Active Duty Reserve Component Medical Care (RCMC) Time Restrictions for Reserve Component (RC) Soldiers

a. Status. Complete

b. Entered. HQDA AFAP Conference, 4 Feb 11

c. Final action. 21 Sep 15 AFAP GOSC

d. Scope. RC Soldiers can only apply for RCMC within six months from their date of release from Active Duty (REFRAD). Warrior Transition Unit Consolidated Guidance (WTUCG 20 Mar 09) states the RCMC programs are designed to return Soldiers to Active Duty for the purpose of evaluation, treatment, and/or physical disability evaluation system (PDES) processing. Examples of conditions that might not manifest within six months include Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), and recurring orthopedic injuries. Extending the return to Active Duty time restriction to five years would allow RC Soldiers time to receive proper medical treatment in order to identify and resolve duty-related medical and behavioral health conditions.

e. Conference Recommendation. Extend the RCMC return to Active Duty time restriction for RC Soldiers from six months to five years of REFRAD date.

f. Progress.

(1) The issue involves authorization requests and changes to the existing medical care program. The main issue is to extend the time limit to recall RC Soldiers to Active Duty after REFRAD (mobilization) and approve the evaluation and treatment of the injury received in the line of duty (LOD) from six months to five years.

(2) When the issue first came to light, Soldier medical support processes either did not exist or were in a development phase. Lessons learned from over 12 years of war have allowed timely access to medical care for Wounded, Injured, and Ill RC Soldiers.

(3) The many important medical initiatives implemented at the demobilization sites to improve access to medical care for Soldiers and to ensure medical needs are met include:

(a) EXORD 034-14, Mobilization Command Support Relationships and Requirements Based Demobilization Process, 14 Mar 14.

1. Soldiers are given opportunities to present medical issues/concerns while in demobilization (DEMOB), have .medical retention processing-extension initiated to have medical issues evaluated, and to determine the best plan of care via their Warrior Transition Battalion (WTB) on MRP2 orders.

2. Soldiers are allowed the opportunity to complete LOD process prior to leaving the DEMOB station. In accordance with AR 600-8-4, Line of Duty Policy, Procedures, and Investigations, Table 3-1 and 3-2, all USAR and ARNG Soldiers who incurred or aggravated an injury, illness, or disease while mobilized are required to have a LOD electronically initiated in LOD Medical Electronic Data for Care History And Readiness Tracking (MEDCHART) before REFRAD.

3. Periodic Health Assessment (PHA) is conducted at the demobilization site in conjunction with the Post-Deployment Health Assessment (PDHA).

4. Behavioral health and TBI screening for all Soldiers are conducted during MOB and DEMOB.

5. The Army is partnering with the Department of Veterans Affairs (VA) and Defense Health Agency (DHA) to update Soldiers' benefits.

6. Soldiers are counseled and provided information on VA programs. Soldiers who refuse or decline care must sign a declination of care counseling statement.

(b) Medical programs were established to assist and support Soldiers with medical issues:

1. MRP2 was established to address situations after contingency operations.

2. Active Duty Medical Extension (ADME) was established to address situations after non-contingency operation orders.

3. MRP2- Mobilization/Training is approved for Army National Guard (ARNG) Soldiers whom incur low risk/low acuity injuries that can be resolved in 179 days or less.

4. Development of a streamlined MRP2 request process in the MEDCHART application, the Active Duty Ordering Processing system (ADOP). The ARNG has completed the development and has approval to utilize the ADOP electronic system.

5. WTUs provide critical support to Soldiers who are expected to require six months of rehabilitative care and complex medical management. The key to WTU success is its Triad of Care, comprised of a primary care manager (usually a physician), nurse case manger, and squad leader who create the familiar environment of a military unit and surround the Soldier and Family with comprehensive care and support, all focused on the Soldier's mission which is to heal and transition.

(4) Deputy Chief of Staff, G-1, Director of Military Personnel Management (DMPM), is not pursuing a change to the six-month restriction, but authorizing a waiver. Commanders must submit written justification asking for an exception to policy if additional time is required. The change is incorporated in the new AR 600-XX, Administrative Guidelines for the Wounded, Ill and Injured, chapter 4-2. Maintaining the six-month timeline will ensure Soldiers actively pursue assistance for care, prevent potentially aggravating injuries, and avoid complicating the LOD process.

(a) The change is incorporated in the new Army Regulation (AR 600-XX), Administrative Guidelines for the Wounded, Ill, and Injured, chapter 4-2.

(b) ALARACT 089/2015 (Return to Active Duty MRP2 Time Restrictions for RC Soldiers) was published on 9 Jun 15. ALARACT 089/2015 supports the six month time frame until publication of AR 600-XX.

g. Resolution. Waiver requests are handled in accordance with the ALARACT until the publication of the AR. AR 600-XX will be published by second quarter FY16. Eight waiver requests have been submitted and approved since the ALARACT was published.

h. Lead agency. G1, DMPM

i. Support Agency. OASA(M&RA), OTSG/MEDCOM, USAPDA, WTC, NGB, and OCAR

Issue 670: Medically Retired Service Member's Eligibility for Concurrent Receipt of Disability Pay (CRDP)

a. Status. Unattainable

b. Entered. AFAP XXVII, Feb 11

c. Final action. 20 Jun 13 AFAP GOSC

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

e. Conference Recommendation. Eliminate the time in service requirement for medically retired SMs to be eligible for CRDP.

f. Progress.

(1) Legislative proposal H.R. 333 was introduced in the 113th Congress (CY 2013-2014), and will provide the relief requested. However, it includes additional provisions not related to the scope of this AFAP proposal and will cost $23.6 billion over the next 10 years (FY 2014-FY 2023), of which $10.1 billion is the cost to the Army. The bill was referred to the House Subcommittee on Disability Assistance and Memorial Affairs in February 2013 and has not been acted on since then.

(2) The Assistant Director Military Compensation, Office of the Deputy Undersecretary of Defense for Military Personnel Policy, confirmed that DOD supported extending CRDP to medical retirees with less than 20 years active service in the past at the direction of the White House. However, in the last two years, the White House has not directed DOD to support this initiative.

(3) In a 9 November 2012 letter to the Assistant Secretary of the Army for Manpower and Reserve Affairs, the Assistant Secretary of Defense for Readiness and Force Management said DOD does not object to the proposal from a policy perspective, but any initiative to expand CRDP must be accompanied by an "absolute guarantee" from the US Treasury Department that it (or another non-DOD agency) would continue to bear the full cost of the CRDP program, including the proposed expansion, before DOD would be willing to actively support such an initiative.

g. Resolution. The issue would require a very large bill to the federal government, over $23B over the next ten years. DoD and other Services do not support the recommendation, which would require US Treasury Department support and joint legislation to implement.

h. Lead agency. DAPE-HRR

Issue 671: Military Child Development Program (MCDP) Fee Cap

a. Status. Completed

b. Entered. AFAP XXVII, Feb 11

c. Final action. 28 Feb 12 AFAP GOSC

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

e. Conference Recommendation. Cap Military Child Development Program Fees at 25% of the Military Family's TFI.

f. Progress.

(1) The School Year 11-12 Army Child & Youth Fee Policy was issued 17 Oct 11 (ALARACT 385/2011). Implementation was 1 Dec 11. It requires that Families whose child care fees are determined to be 25% or more of their TFI at the time of registration be immediately informed of the Financial Hardship waiver process and provided the information / process to apply. Financial Hardship waivers are approved by the Garrison Commander.

(2) Before a Financial Hardship package is submitted to the Garrison Commander for approval a Family must complete a financial review with an Army Community Service Financial Counselor or other certified financial counselor. After a thorough review of the Family's financial/budget information a recommendation is presented to the Garrison Commander for approval. Approximately 300 waivers are approved annually.

(3) This situation will normally apply to Families with multiple children under the age of 5 who need full day child care or a combination of full day and part day care.

(4) IMCOM G-9 released updated marketing materials and guidance for Parent Central Services to inform parents whose child care fees exceed 25% of their total family income to apply for financial hardship.

g. Resolution. The SY11-12 Army Child & Youth Fee Policy (implemented 1 Dec 11) requires that Families whose child care fees are determined to be 25% or more of their TFI at the time of registration be immediately informed of the Financial Hardship waiver process and be provided the information and process to apply.

Before a Financial Hardship package is submitted to the Garrison Commander for approval, a Family must complete a financial review with an ACS Counselor or other certified financial counselor for a thorough review of the Family's financial/budget information.

h. Lead agency. DAIM-ISS

i. Support agency. IMCOM G9 and Child, Youth & School Services

Issue 672: Reimbursement for Public School Transportation for Active Component (AC) Army Families

a. Status. Unattainable

b. Entered. AFAP XXVII, Feb 11

c. Final action. 20 Jun 13 AFAP GOSC

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

e. Conference Recommendation. Authorize reimbursement to AC Army Families for the cost of public school transportation.

f. Progress.

(1) Policy allows Commanders to provide school bus transportation where needed but does not provide a mechanism to reimburse Soldiers for school bus transportation.

(2) IMCOM G9 completed an inventory of Active Component School Districts and found that only Hawaii charges for bus transportation. For installation based Army Families, with the exception of Hawaii, no school transportation costs are being charged.

(3) Queried Office of the Secretary of Defense, Personnel and Family Readiness, Pay and Compensation Office for official review.

(4) Impact Aid briefing for Service Senior Non Commissioned Officer (NCO)Leaders, conducted by the Department of Education on 25 May 12.

(5) USAREC identified the locations, fee, and number of Soldiers who pay for school bus transportation. Fourteen locations, 28 Soldiers, 33 children impacted.

(6) Army HQ, Civilian Aide to the Secretary of the Army (CASA) requested that the Hawaii CASA engage the Hawaii school system to seek a waiver on transportation fees for military families.

(7) OACSIM can POM for this expense in QLOG but would need to obtain concurrence from Army Materiel Command as the provider of transportation services. Cost estimates are $3M/year for Hawaii. A conservative estimate, if expanded Army-wide to 50% of the eligible population, would be $74M/year. This would be a new bill to the Army. Earliest potential POM is FY15-19.

(8) Based on input from the various agencies involved, it is recommended that this issue not be pursued further. The upfront cost and potential growth cost if expanded is not sustainable for the Army in the current fiscal climate.

g. Resolution. New reoccurring monetary authorizations are not feasible in the current resource environment. Demand at USAREC is minimal and US Army Pacific Command did not support the issue.

h. Lead agency. DAIM-ISS

Issue 673: Space-Available (Space-A) Travel for Survivors Registered in Defense Enrollment Eligibility Reporting System (DEERS)

a. Status. Unattainable

b. Entered. AFAP XXVII, Feb 11

c. Final action. 24 Jun 13 AFAP GOSC

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

e. Conference Recommendation. Authorize Space-A travel for Survivors registered in DEERS.

f. Progress.

(1) Army G-4 submitted this recommendation for consideration and concurrence to DASD-TP, other

Services and AMC. DASD-TP, Services and AMC non-concurred with a change to DoD 4515.13-R to allow approximately 597,958 survivors registered in DEERS the privilege to travel Space-A, citing that an expansion of the eligibility pool would negatively affect support to active duty members, retirees, and their families. Since 2008, DoD answered 26 congressional inquiries regarding Space-A privileges for additional categories. DoD has consistently non-concurred with proposed legislation and requests from other groups such as Disabled Veterans, Gray-Area retirees and widows and widowers.

(2) During the 27 Feb 12 General Officer Steering Committee meeting, the recommendation was made to explore the possibility of expanding the Space-A program to Gold Star Families registered in DEERS. According to data collected by the DMDC from Oct 01 through Jun 12, the number of Gold Star Families registered in DEERS is approximately 7,320. (represents .15% of eligible travel population).

(3) In Oct 12, Army G-4 proposed a change to DoD 4515.13-R, to include Gold Star Families registered in DEERS as an eligible category for Space-A travel.

(4) In Sep 12, the United States Government Accountability Office (GAO) completed an audit on Space-A travel on Military Aircraft to include feasibility of expanding the categories of passengers eligible. GAO's report estimates that the expansion of the Space-A travel program could lead to additional Space-A travelers not obtaining seats.

(5) In Nov 12, the Armed Services Committee requested OSD's views on Senator Begich's proposed Space-A amendment to bill S. 3254 National Defense Authorization Act FY13 to authorize Space-A travel to unremarried spouses of members and former members of the Armed Forces who hold a valid Uniformed Services Identification and Privilege card. OSD maintained their position against expanding the program.

(6) In Nov 12, Army G-4 met with ASD (L&MR), to propose an expansion of the Space-A program to include family of service members who lost their lives under hostile conditions as well as those who die while on active duty. ASD (L&MR) does not support the request citing that adding Gold Star and active duty survivors to the Space-A program, although small in number (45,000), could have a significant impact on the program by inviting legislation to expand the program to other categories seeking the benefit.

g. Resolution. VCSA directed ACSIM after the AFAP GOSC that the issue be closed as unattainable.

h. Lead agency. DALO-FPT

Issue 674: Strong Bonds Program for Deployed Department of Army Civilians (DACs) and Family Members

a. Status. Unattainable

b. Entered. AFAP XXVII, Feb 11

c. Final action. 20 Jun 13 AFAP GOSC

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

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

f. Progress.

(1) The Office of the Judge Advocate General (OTJAG) advised action must go through the Unified Legislative and Budgetary (ULB) process to propose a change to Title 10, Section 1789, since this restricts utilization of appropriated funding to military personnel and Family members. To strengthen the case Assistant Secretary of the Army, Manpower and Reserve Affairs [ASA(M&RA)]/G-1 Congressional Affairs recommended broadening the legislative proposal to also include other services. Proposal will specify current or future programs that are similar to the Army's Strong Bonds training that are chaplain-led relationship building events to strengthen personal relationships, marriage and Family bonds for deploying Civilians and their immediate Family members prior to and following deployment. Once the legislative change is authorized the Service Chiefs will have final authority to approve use of funding for this purpose.

(2) 18 August 2011. Participation by deployed DACs and immediate Family members would be streamlined into existing Strong Bonds events based upon local commander guidance. It was determined that no cost benefit analysis (CBA) is required since no additional funding is requested, simply addition of more types of participants. Action coordinated with ASA (M&RA)/G-1 Congressional Affairs and ASA (M&RA) & Deputy Chief of Staff (DCS), G-1 Legislative Affairs.

(3) 5 January 2012. The ULB proposal was approved by the Chief of Chaplains and submitted to ASA(M&RA)/G-1 Congressional Affairs' Congressional Affairs Contact Officer (CACO) for review prior to submission announcement.

(4) 5 January 2012. The AFAP review session resulted in the issue remaining active, pending ULB approval for the FY14 NDAA. The Assistant Chief of Staff for Installation Management (ACSIM) expressed concern about funding other service program users. The ULB Business Case was revised to specify that "Service Chiefs will have final authority to approve use of funding for this purpose and authorize expenditures within their service. Other services will pay if their employees/service members attend Army Strong Bonds events." The revised ULB was provided to the CACO 10 January 2012.

(5) 28 February 2012. At the AFAP GOSC Steering Committee meeting, the Secretary of the Army and the Vice Chief of Staff of the Army (VCSA) requested the Chief of Chaplains office identify attendance requirements for the Army to ensure leadership is informed about future support. Also highlighted was priority to Army Soldiers and Civilians with other service attendee costs being funded through their respective service.

(6) 1 March 2012. Chief of Chaplains' office recommended priority of attendees at Strong Bonds deployment cycle events: Active Duty Soldiers, Active Duty Soldiers' Spouses/Families, and Department of the Army Civilian Spouses/Families.

(7) 30 April 2012. Office of Chief of Chaplains (OCCH) Resource Manager concurs funds will have to come out of the Strong Bonds MDEPS (VSPV/FACB) both of which have been reduced, like all other programs. Strong Bonds dollars are based on Soldier end-strength not civilians. If this action is passed, OCCH will have to submit it to the Program Objective Memorandum (POM) as an emerging issue. Additional funding is not expected due to the fiscal environment. Civilians will be absorbed into current funding unless the Manning (MM) Program Evaluation Group (PEG) tells OCCH differently. But in an effort to save, the civilians will be paid for with current funding. Commands will have to decide who really needs the program and who does not.

(8) 27 August 2012. The Vice Chief of Staff of the Army (VCSA) accepted the recommendation from the AFAP GOSC Steering Committee to keep this proposal active. The office of the Chief of Chaplains (OCCH) will resubmit this proposal for FY15 ULB.

(9) 31 October 2012. Strong Bonds execution in FY13 is modified to provide greater flexibility to commanders and units while balancing available resources and time constraints within units. The estimated number of DACs deployed for FY13 is 2,572; FY14 is also 2,572. As the deployment decline, DACs will decrease due to the drawdown. FY13 funding level is comprised of OCCH operating funds and Suicide Prevention resources under two Military Decision Execution Programs (MDEP). With the loss of Overseas Contingency Operating Funds (OCO), Strong Bonds requirements in FY13 and beyond are not currently funded to the level of need. The Army validated the FY12 cost benefit analysis which determined the strong bonds requirement as 18% of Soldier end strength of Active component, 10% of Army National Guard force, and 5% of the United States Army Reserve. If funding decreases, DA Civilians will lack support. Again, Strong Bonds dollars are based on Soldier end-strength and does not include civilians.

(10) 14 January 2013. Re-submitted proposal for the Council of Colonels meeting on 31 January 13 for review.

(11) 6 February 2013. The Council of Colonels made the decision not to push this proposal forward to the FY15 Unitary Legislative Budgetary (ULB) process. The Office of the General Council (OGC) believes that enacting this proposal will add more costs to the program. Furthermore, Civilians have access to other military programs to improve quality of life, such as, Comprehensive Soldier and Family Fitness (CSF2). Sequestration will have a major impact on the execution of this program; therefore, the program will target a limited audience which does not include civilians. This request is unattainable.

g. Resolution. No service support for the ULB. Civilians have access to CSF2 centers for resiliency services.

h. Lead agency. OCCH-MIZ

Issue 675: TRICARE Medical Coverage for Dependent Parents and Parents-in-Law

a. Status. Unattainable

b. Entered. AFAP XXVII, Feb 11

c. Final action. AFAP XXVIII, Feb 12

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

e. Conference Recommendation. Authorize Dependent Parents and Parents-in-Law the option to purchase TRICARE medical coverage.

f. Progress.

(1) Legislative statutes, Federal regulations, and policies determine dependency and dependent eligibility for any Department of Defense (DoD) sponsored medical entitlement, i.e. TRICARE benefits. The referenced statutes, Federal regulation, and policies are: Title 10, United States Code (USC) Sections 1072, 1079, and 1086; Title 32 of the Code of Federal Regulations (CFR), Parts 199.17 and 199.3; Department of Defense Instruction (DoDI) 1000.13, subject, Identification (ID) cards for Members of the Uniformed Services, Their Dependents, and Other Eligible Individuals, and the DFAS Military Pay Secondary Dependency Guide.

(2) The Defense Enrollment Eligibility Reporting System (DEERS) maintains key data elements on active duty service member (ADSM), active duty family member (ADFM), and military retirees, to identify eligibility status as well as elective enrollments status for many authorized medical entitlements. All authorized entitlement changes to DEERS, including medical, must be done according to the DoDI 1000.13 and executed at a DEERS/RAPIDS ID Card issuance facility.

(3) Title 10 USC status authorizes medical entitlements that are reflected in DEERS based on the beneficiary's eligibility. According to the Military Pay Secondary Dependency Guide, a secondary dependent may include parents or parents-in-law, step-parents, unmarried illegitimate children under age 21, which are verified by the finance or personnel office. Dependent parents or parents-in-law are currently not entitled to TRICARE benefits, including TRICARE Prime, Standard, Extra and TRICARE for Life. Secondary dependents are only authorized medical care on a space available basis in military treatment facilities (MTFs), or TRICARE Plus, as well as the receipt of pharmaceuticals from the MTFs. On turning 65 the dependent parents/parents-in-law can utilize the TRICARE Pharmacy benefit as long as they have enrolled in Medicare B.

(4) Lessons Learned from previous statutory TRICARE plans for purchase. MEDCOM/OTSG was an active participant in the requirements building and implementation strategies for TYA. This AFAP issue's recommendation to offer a purchased (premium-based) option of TRICARE coverage will be similar to the TYA design. The dependency criteria of the TYA applicant, which is linked

to their sponsor, can also be accomplished for the parent/parent-in-law as their dependency status is already outlined in law, Federal regulations and DoD entitlement manuals. Further discovery with sister Services and TMA will be required to determine if authorizing the purchase of TRICARE Standard is the most feasible verses the more complex process of also offering the purchase of TRICARE Prime. Another current program that can be compared for similarity is the TRR plan. Both TYA and TRR have premiums designed to cover the full cost of the purchased plan.

(5) Initial Data. The US Army Medical Command (MEDCOM) requested a data pull from the Defense Eligibility Enrollment Reporting System (DEERS) that outlined the target population by Service and by COMPO. Over 18,684 people would be affected across the services.

(6) Follow-on Data. The MEDCOM requested a follow-on data pull from the DEERS that outlined the target population by Service and by COMPO, and then further filtered by only those dependent parents/parents-in-law that are over 65 years old and by age alone eligible for Medicare. The results are portrayed in the table below (see next page). The delta between the initial data pull and the follow-on is the eligible population for dependent parents/parents-in-law, <65 years of age.

a. The program complexity seen in implementing TYA to account for changes in a sponsor's status from Reserve Component to Active Duty (AD), then return, and from AD to retired, leads the action offer to recommend limiting the dependent parent healthcare coverage purchase to those dependent parents/parents-in-law of active duty sponsors only. With this consideration the estimated targeted population decreases to 7,380, with the possibility to max out at 8,462 if every RC with a dependent parent/parent-in-law was activated to AD and enrolled their secondary dependent.

b. The Army EFMP reports that in the Army alone there are approximately 1,000 dependent parents/parents-in-law that are listed as EFMP members. This awareness of potential complex medical needs by this already small population may have an adverse affect on the premium costs.

(7) On 23 Dec 11, TMA provided their official NON-SUPPORT for this AFAP Issue. TMA's response was: "Due to current efforts to control cost growth of military medical entitlements, TRICARE Management Activity does not support the creation of a new premium-based medical entitlement for parents and parents-in-law." TMA also provided some healthcare alternative solutions for dependent parents and parents-in-law; they were: "In addition to space-available access to MTFs, those who qualify by age, disability, or income can receive health care services via Medicare and Medicaid programs. They may also choose from a variety of commercial insurance plans. Finally, for those with significant pre-existing medical conditions, they may purchase medical coverage through a state or federal pre-existing condition insurance plan, as recently created by the Patient Protection and Affordable Care Act.

(8) Resolution. In Oct 11, OTSG sent TMA a formal request for their position on expanding TRICARE to dependent parents and parents-in-law. In Dec 11, TMA responded that they do not support the creation of a new premium-based medical entitlement for parents and parents-in-law due to efforts to control cost growth of military medical entitlements.

g. Lead agency. MCHO-CL-M

h. Support agency. TMA

Issue 676: TRICARE Medical Entitlement for Contracted Cadets and Their Dependents

a. Status. Unattainable

b. Entered. AFAP XXVII, Feb 11

c. Final action. 27 Aug 12 AFAP GOSC

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

e. Conference Recommendation. Authorize contracted Cadets and their dependents enrollment in an entitlement similar to TRICARE Reserve Select.

f. Progress.

(1) Request was made to Army Cadet Command to obtain accurate numbers relating to the current contracted cadet population. Army cadet population numbers requested include the total population, number of contracted cadets, cadet ages, and number of contracted cadets with family members. Yearly commissioning mission numbers and the total percentage of mission accomplishment over the past couple of years was also requested, as well as any other pertinent information that would support this request for medical benefits to the contracted Army cadet population. Rough numbers were received and forwarded in TMA's request for feasibility assessment.

(2) No current ULBs or legislative actions with similar titles were found in the system.

(3) Telephone conversation with Army Cadet Command Surgeon's office provided overview of medical issues with the current contracted cadet ROTC population. Discussion included the generalized breakdown of medical terminations from the program by category of reasons they drop and why they are retained. From 2009-2010, approximately 1379 cadets were considered for possible medical termination drops. Of those 1379, 1098 cadets (80%) were considered for retention and 281 were medically released. Of those 281 medically released, orthope-

dic issues were the primary reason. Mental Health issues accounted for approximately 1/3 of the releases and comprised of issues not eligible for a medical waiver. These medical terminations are relevant when discussing how many cadets are possibly affected by medical issues during their college studies and must be dropped from the ROTC rolls, which may affect the ROTC commissioning mission.

(4) Per US Army Cadet Command, accession has typically only been 1-2% short of mission (50-100 officers) over the past 10 years. They made the accession commission mission in 2003-2005, 2009 and 2011.

(5) IAW AR 40-400, all ROTC members are covered under Office of Workers' Compensation Program for injuries sustained provided the condition necessitating treatment was incurred in the line of duty traveling to or from military training, camp, or exercise, or while attending conditions of military training, camp or exercise.

(6) Insurance is about protection and even healthy people need to use medical services. Individuals and their Families need to have access to care and be able to afford the required medical treatments or preventative services. Cadets currently have several ways they can obtain medical coverage for themselves and their families. Under the Affordable Care Act, passed in March 2010 and begun in September 2010, one benefit is that if individuals under the age of 26 years are eligible to be covered under their parent's healthcare policy, they can remain on that policy, no matter what the living situation. Although, until 2014, "grandfathered" group plans do not have to offer dependent coverage up to age 26 if a young adult is eligible for group coverage outside their parents' plan. This plan may prove beneficial for younger ROTC cadets who are able to continue on their parent's insurance plan. Many students obtain medical insurance for an out of pocket cost directly from their school insurance policies made available during their enrollment to the school. Another way for students to obtain healthcare insurance is to purchase it through their own or a spouse's employer.

(7) Request sent to TRICARE Management Activity (TMA) on 21 July 2011 in order to determine the feasibility of providing contracted ROTC cadets and their dependents with a program enabling enrollment in a medical entitlement similar to TRICARE Reserve Select. Response received from TMA, dated 23 September 2011, states that due to the austere funding for the Military Health System, they do not support the creation of a new TRICARE entitlement for cadets and their dependents. In addition, there is no statutory authority to provide any TRICARE coverage to contracted cadets or their dependents until they are commissioned in the Armed Forces.

(8) TRADOC expressed concern at the Spring 2012 GOSC brief. They specifically requested that this issue and scope were re-shaped to better understand the impacts/demographics of the population affected by this situation and to look at the various options available to support our ROTC students.

(9) Initiated contact with TRADOC POC on 19 March 2012 for the way ahead. Coordination included requests to identify the specific TRADOC concerns with current Cadet medical entitlements and what changes they specifically believed to be actionable to remedy this issue. TRADOC coordinated directly with US Army Cadet Command and all agree that a statutory change to USC Title 10, handled with legislative process, is required for this population to even be eligible for this additional medical entitlement. On 24 May 2012, TRADOC sent their collective official response to OTSG as concurrence that this issue is unattainable.

g. Resolution. There is no statutory authority to provide medical coverage until the cadets are commissioned (USC Title 10). The issue received no support from OSD-HA, TRADOC, US Army Cadet Command, and OTSG.

h. Lead agency. OTSG-HR

i. Support Agency. OASD-HA, TMA, TRADOC

Issue 677: "Virtual" Locality Pay for Department of the Army Civilians (DACs) Retiring Outside the Continental United States (OCONUS)

a. Status. Unattainable

b. Entered. AFAP XXVII, Feb 11

c. Final action. AFAP XXVIII, Feb 12

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

e. Conference Recommendation. Authorize "Virtual" Locality Pay to DACs for computing retirement annuities when retiring OCONUS.

f. Progress.

(1) Researched similar VLP legislative proposals since 2005. Each proposal was rejected by OMB as too costly. In addition, DACs have the option of returning CONUS to increase their average salary for retirement purposes per DoD's current 5-year OCONUS rotation policy. This policy is predicated on the view that an overseas assignment is one step in the career management process.

(2) Data obtained from FY 2009 Legislative Initiative UB Proposal (Unified Legislation and Budgeting). Due to current economic climate, Cost Analysis does not favorably support this action.

(3) 1 July 2011 – Submitted informal request to OSD with Cost Analysis data to further justify the recommendation for final solution.

(4) 11 August 2011 – AG-1 CP received OSD's concurrence in support of Army's recommendation of Unattainable due to the current fiscal climate.

(5) Resolution. Since 2005, the Office of Management and Budget (OMB) has rejected similar VLP legislative proposals as too costly. In Jul 11, an informal request with cost analysis was submitted to OSD to determine their level of support. In Aug 11, OSD non-concurred with the establishment of an OCONUS VLP due to the current

fiscal climate. DACs have the option of returning to the U.S. to increase their average salary for retirement purposes.
g. Lead agency. DAPE-CPP
h. Support Agency: OSD

Issue 678: Commissary, Armed Services Exchange and Morale, Welfare and Recreation (MWR) Privileges for Honorably Discharged Disabled Veterans with 10% or Greater Disability
a. Status. Unattainable
b. Entered. AFAP XXVIII, Feb 1
c. Final action. 27 Aug 12 AFAP GOSC
d. Scope. Honorably discharged disabled Veterans with 10% or greater disability are not authorized Commissary, Armed Services Exchange and Morale, Welfare, and Recreation (MWR) benefits. Department of Defense Instruction (DODI) 1015.10 "Military Morale, Welfare and Recreation (MWR) Programs" authorizes only individuals who are 100% disabled and involuntarily separated these privileges. DODI 1330.17 "Armed Services Commissary Operations" authorizes 100% service connected disabled veterans privileges. DODI 1330.21 "Armed Services Exchange Regulation" authorizes veterans who are 100% disabled or when hospitalized where exchange services are available. Honorably discharged disabled Veterans with 10% or greater disability should be allowed to retain Commissary, Armed Services Exchange and MWR privileges to provide them with a tangible recognition of their sacrifices.
e. Conference Recommendation. Authorize honorably discharged disabled Veterans with 10% or greater disability access to Commissary, Armed Services Exchange and MWR benefits.
f. Process.
(1) According to a report from Veteran's Affairs, as of 31 Dec 2011 there were 3.3M veterans with disability of 10% or more. Of this number, 300K was members with 100% disability. The expected patronage increase if this proposal is implemented would by an additional 3M veterans.
(2) On May 16, 2012, Military Community and Family Policy (MC&FP) recommended the Department oppose an Amendment to the House version of the FY 2013 NDAA to expand benefits to veterans with a 50% or higher service-connected disability. OSD cited undue costs, competition with local businesses and the stress on installations issuing identification credentials.
g. Resolution. Issue unattainable due to the current fiscal environment and the unwillingness of OSD to support expanded patronage to veterans with less than 100% disability.
h. Lead Agency. DASA-CQ

Issue 680: Gold Star Identification Card for Gold Star Lapel Button Recipients
a. Status. Complete
b. Entered. AFAP XXVIII, Feb 12
c. Final action. 20 Jun 13 AFAP GOSC
d. Scope. Gold Star Lapel Button Recipients who are not authorized a Department of Defense (DoD) identification card (DD Form 1173) do not have an identification card to ease access to Army installations. These Family Members, such as parents, siblings, and remarried widows/widowers, experience difficulty accessing Army installations when traveling to view memorials, utilize Survivor Outreach Services (SOS) at other installations, attend events or visit those who served with their loved one. Inability to gain convenient access causes Gold Star Lapel Button recipients to feel a sense of disconnect from the Total Army Family.
e. Conference Recommendation. Create a Gold Star Identification Card that provides access to Army installations for those authorized to receive the Gold Star Lapel Button.
f. Progress.
(1) In Mar 12, Headquarters Department of the Army Office of the Provost Marshall General (OPMG) submitted recommended changes to AR 190-13 to allow Gold Star Lapel Button recipients unescorted access onto Army installations. The revisions will document the vetting and issuance process to expedite access to Army installations for Gold Star Lapel Button recipients who obtain the identification card.
(2) Office of the Staff Judge Advocate conducted a legal review and found no legal objection in granting unescorted access to Gold Star Family members.
(3) AR 190-13 was submitted to Army Publishing Directorate (APD) on 29 Mar 12 for final editing. However, in Nov 12, the regulation was pulled from APD for additional editing and re-staffing due to recent Office of the Secretary of Defense (OSD) changes to access control requirements.
(4) With updates to AR 190-13 delayed, OPMG and Action Officers devised a solution using current regulatory guidance. AR 600-8-14 (Identification Cards for Members of the Uniformed Services, their Eligible Family Members and Other Eligible Personnel) states that the DA Form 1602 can be issued to individuals for whom there is a need for identification as determined by the issuing authority. As AR 600-8-14 does not prohibit the use of DA Form 1602 for Gold Star Family members who otherwise do not qualify for an identification card, IMCOM G9 has received written concurrence from OPMG to issue the DA Form 1602 to Gold Star Family members.
(5) OPMG will add language to AR 190-13 codifying the agreed upon vetting and issuance process. There is no projected publication date of AR 190-13 as it is still in coordination and has not been resubmitted to APD.
(6) On 12 Feb 13, IMCOM OPORD 13-084 was released directing Army installations to begin issuing DA Form 1602 as the official Gold Star Installation Access Card.
g. Resolution. Survivors can access installations through the issuance of DA form 1602. IMCOM Europe is exempt from OPORD 13-084. Europe Regulation 190-16 outlines procedures that are followed for installation access in Europe. Survivors are assisted by the Army Community Service SOS Support Coordinator or Designated SOS Liaison to obtain the appropriate level of access. For short term visits, the USAG can sponsor the Goldstar Member and they can be placed on an access roster. For longer visits, the USAG may sponsor the Goldstar

Member for an IACS installation pass in the "Official Guest" category for the duration of their visit, up to 90 days (length of the U.S. Tourist VISA). If they reside in Europe, their installation pass may be renewed every two years, depending on expiration of their passport or host nation residence certificate/VISA. If a Survivor will be visiting that States and will need access to installations, the ACS SOS Support Coordinator/Liaison will assist the Survivor with making arrangements with a Stateside SOS office to provide the Gold Star Installation Access Card. Korea is also exempt based on based on existing installation access measure
similar to Europe's outlined in US Forces Korea Regulation 190-7.
h. Lead agency. DAIM-ISS, IMWR-F
i. Support agency. DAPM-MPO-PS, IMES-P

Issue 681: Recoupment Warning on Department of the Army (DA) Form 5893 "Soldier's Medical Evaluation Board/Physical Evaluation Board Checklist"
a. Status. Complete
b. Entered. 2 Mar 12 HQDA AFAP Conference
c. Final action. 10 Feb 15 HQDA AFAP GOSC
d. Scope. DA Form 5893 "Soldier's Medical Evaluation Board/Physical Evaluation Board Counseling Checklist" does not warn of potential recoupment ramifications when receiving concurrent payments of Veterans Administration (VA) disability pay and Army retirement pay for medically retired Veterans. Medically retired Veterans are eligible for Concurrent Retirement and Disability Pay (CRDP) if they have 50% or higher VA rated disability and 20 or more years of service. Army Regulation 635-40 "Counseling Provided to Soldier" requires the Physical Evaluation Board Liaison Officer (PEBLO) to counsel the Soldier using DA Form 5893. Item E line 3 of DA Form 5893 does not clearly warn that overpayment of benefits will result in debt and subsequent recoupment for medically retired Veterans. For example, a 2011 Army Wounded Warrior (AW2) audit of 200 AW2 Veterans revealed 6 Veterans (3%) received overpayments. One Veteran received overpayments of over $70,000 from 2008 to 2011. DA Form 5893 allows for misinterpretation of CRDP eligibility because it does not warn that overpayment of benefits will result in recoupment for medically retired Veterans.
e. Conference Recommendation. Modify DA Form 5893 "Soldier's Medical Evaluation Board/Physical Evaluation Board Counseling Checklist" to warn of the potential recoupment ramifications when receiving concurrent payments of VA disability pay and Army retirement pay for medically retired Veterans.
f. Progress.
(1) In Mar 14, APD indicated no exception to policy was required as DA Form 5893 was already authorized by AR 635-40.
(2) In Sep 14 APD published revised DA Form 5893 with the requested change to Section III D.
(3) PEBLOs are also briefing the potential recoupment ramifications during their counseling of Soldiers per MEDCOM instruction.
(4) Under the Integrated Disability Evaluation System, overpayments should be fewer in frequency and magnitude. The time goal for Soldiers to receive their VA decision benefits decision is 30 days after their disability retirement or separation retirement date, with actual VA compensation commencing shortly thereafter.
g. Resolution. Army Publishing Directorate published revised DA Form 5893 with the requested change to Section III D in Sep 14.

Issue 682: Retention of Wounded, Ill and Injured Service Members (SMs) to Minimum Retirement Requirement
a. Status. Unattainable
b. Entered. AFAP XXVIII, Feb 12
c. Final action. 27 Aug 12 AFAP GOSC
d. Scope. Wounded, Ill and Injured SMs are being medically retired between 18 and 20 years of active service due to physical disabilities. Under normal circumstances, once a SM reaches 18 years of service they fall within the Sanctuary Law and cannot be involuntarily separated until retirement eligibility is reached in accordance with Title 10 US Code 12686a. However, the Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB) process supersedes the Sanctuary Law. If the MEB/PEB Board deem a SM unfit for duty, the SM could be involuntarily separated between 18 and 20 years of service. Allowing Wounded, Ill and Injured SMs to remain on active duty to the 20 year minimum retirement requirement would eliminate the loss of entitlements such as Concurrent Retirement & Disability Pay (CRDP).
e. AFAP Recommendation. Authorize SMs who have between 18 and 20 years of Service to remain on Active Duty to the minimum retirement requirement and not be separated due to medical reasons.
f. Process.
(1) The benefit to the unfit Soldier of being retained to 20 years until disability retirement is eligibility for concurrent receipt of military retired pay and VA compensation. The retention of these Soldiers for this benefit can be accomplished under the current policy of Army Regulation (AR) 635-40 for continuation in lieu of separation or retirement for disability. Retention is not guaranteed. However, a favored consideration for approval is the Soldier having 15 but less than 20 years.
(2) An objective of the disability evaluation system (DES) is to maintain a ready and fit force. Granting sanctuary for Soldiers determined to be unfit due to physical disability is inconsistent with this objective. It is also inconsistent with required reductions of end strength.
(3) There are several statutory, sanctuary provisions. With the exception of 10 USC 12686, which applies only to Reserve Soldiers called to active duty, the other sanctuary statutes exclude Service members determined to be unfit due to physical disability. That 10 USC 12686 does not contain this language appears to be oversight. However, the 10 USC 12686 only requires that the Service Secretary approve the release from active duty. It does not guarantee retention.
(4) Informal coordination with the other services elicited, in part, the following: The Air Force excludes members being placed on the Temporary Disability Retired

List (TDRL) from eligibility for "COAD" as TDRL means the member's condition is unstable. This results in members unfit for PTSD or other mental conditions being ineligible. The Marine Corps (and Army) do not exclude TDRLs. The Air Force requires the member to be able to function in a military environment without undue loss of duty time for medical care. The Marine Corps requires the member to be able to contribute to unit mission. The Navy did not respond.

g. Resolution. OTJAG opined that with the exception of disability cases of RC
that fall under 10 USC 12686, DoD policy for continuation precludes retaining unfit
soldiers solely to increase retirement benefits when the VA provides similar benefits
when retired for disability.

h. Lead Agency. AHRC

Issue 683: Staffing Ratios in Child, Youth and School Services (CYSS) Facility Based Programs for Children with Special Needs

a. Status. Complete

b. Entered. AFAP XXVIII, Feb 12

c. Final action. 20 Jun 13 AFAP GOSC

d. Scope. CYSS facility based programs do not consistently accommodate one-on-one assistance or reduced adult/child ratios for children with special needs. Army Regulation 608-10: Child Development Services, paragraph 5-13 Age Composition, Ratios and Group Sizes states "if handicapped or special needs children are enrolled, the adult/child ratio may need to be more stringent so that the quality of care given to the total group is not diminished. The Special Needs Resource Team [Special Needs Accommodation Process (SNAP)] will determine the required adult/child ratio within the program setting to which such a child is assigned." However, CYSS cost per space funding does not provide for more stringent adult/child ratios. Parents of children with special needs may be unable to focus on mission readiness and accomplishment when CYSS facility based childcare needs have not been met.

e. Conference Recommendation. Determine the appropriate level of care or staffing ratios in CYSS facility based programs for children with special needs based on the recommendations of the SNAP team.

f. Progress.

(1) Installation Management Command (IMCOM) EFMP provided a SNAP pilot training conference 14-18 May 12 at Fort Campbell for EFMP, Army Public Health Nurses and CYSS staff to review pilot results and train additional installations on the revised SNAP process.

(2) Assistant Chief of Staff for Installation Management (ACSIM) EFMP and CYSS policy staff are working together to develop policy that requires EFMP staff to be proactive in locating community resources (e.g., United Cerebral Palsy, local county and state special needs resources, etc.) that may have resources to alleviate the additional costs of reduced ratio child care.

(3) ACSIM and IMCOM G9 are in the first stages of the development of a process to approve local SNAP decisions that require reduced adult/child ratios.

(4) Based on the input of this AFAP issue group and the results of the SNAP pilot ACSIM and IMCOM will work to develop a strategic communications plan to ensure that parents are aware of the process of accommodating children with special needs in CYSS programs.

(5) The Department of Defense, Child and Youth Program has a contract with a special needs non-profit organization that provides on-site training and technical to programs that provide care/education to special needs children. This group, Kids Included Together (KIT), provides training to Army CYSS staff, and is currently available to provide individual assistance by phone/internet to staff who work with children with challenging special needs. KIT will assistance in developing strategic messaging.

(6) ACSIM and IMCOM staff will evaluate the SNAP pilot results, Government Accountability Office's report on "access to appropriate facilities, services and support for military families with dependent children with special needs," Army CYSS operational statistics and other relevant information for the revision of both EFMP and CYSS policy. Policy development has begun in the first quarter of FY13.

(7) Army CYS Services is working with Office of Secretary of Defense, Military Community & Family Policy to define the parameters for one-on-one care child care requests for children with special needs. Office of the Secretary of Defense (OSD) Legal Counsel is providing initial guidance on policy development.

g. Resolution. Ninety seven percent of children with special needs were accommodated in Child Development Centers in FY12.

h. Lead Agency. DAIM-ISS

i. Support Agency. IMCOM G9

Issue 684: Survivor Investment of Military Death Gratuity and Service Members' Group Life Insurance (SGLI)

a. Status. Unattainable

b. Entered. HQDA AFAP Conference, 2 Mar 12

c. Final action. 21 Sep 15 AFAP GOSC

d. Scope. A Survivor receiving the Military Death Gratuity and SGLI has only 12 months to place up to the full amount received into a Roth Individual Retirement Account (IRA) or Coverdell Education Savings Account (ESA). Independent grief studies conducted by the University of Maryland and University of California Santa Cruz recommend that life altering decisions not be made within the first year after loss. One year is not sufficient time for Survivors to make an informed decision on making a contribution, resulting in the loss of a valuable investment option.

e. Conference Recommendation. Extend the time period for Survivors to invest Military Death Gratuity and SGLI in Roth IRA and/or Coverdell ESA from 12 months to 36 months.

f. Progress.

(1) On 24 May 12, Senator Richard Blumenthal (D-CT) introduced a bill (S.3234) to amend the Internal Revenue Code of 1986 to extend the time period from one to three years for contributing Military Death Gratuity and SGLI in Roth IRA and/or Coverdell ESA.

(2) On 28 Oct 13, OCLL confirmed through Senator Blumenthal's office that the issue has tax implications and cannot be introduced to the House Ways and Means Committee until they lift a moratorium on introducing all tax-related legislation.

(3) On 1 May 14, OCLL notified DCS G-1 that Representative Aaron Shock (R-IL) introduced H.R. 4559 that would resolve the issue. The legislation has three cosponsors –Representatives Earl Blumenauer (D-OR); Niki Tsongas (D-MA); and Kristi Noem (R-SD) along with support from the Military Coalition. The legislation was referred to the House Ways and Means Committee.

(4) On 15 Oct 14, in coordination with OCLL, DCS G-1 confirmed that the proposed legislation was not adopted during the 113th Congress. Representatives will have to reintroduce the legislation at the 114th Congress if they can garner support for the issue.

(5) G-1 reached out to the Office of the Surgeon General (OTSG) for assistance and OTSG was unable to locate the two grief studies cited in the original proposal.

(6) There is no data to support a Unified Legislation and Budgeting (ULB) proposal as recommended at the Feb 15 AFAP General Officer Steering Committee.

(7) The issue was presented at the Office of the Secretary of Defense Compensation Chief's meeting agenda and the Army did not garner any support from the sister services which would be needed for a ULB submission.

(8) The Army G-1 Director of Plans and Resources coordinated with the Office of the Assistant Secretary of the Army (Manpower and Reserve Affairs). Both offices concur with the issue status recommendation of unattainable.

g. Resolution. The VCSA declared the issue unattainable. The VCSA urged AFAP GOSC members to build advocacy for the issue with Congress and the sister services until the issue can be reentered into AFAP in 2018. Congress did not pass multiple proposed legislative proposals. The Office of the Surgeon General (OTSG) was unable to locate the two grief studies cited in the issue. At the OSD Compensation Chief's meeting, the Army did not garner support from the sister services for the issue. The Assistant Secretary of the Army for Manpower and Reserve Affairs (ASA M&RA) reviewed the issue and concurs with G-1 that the issue lacks Congressional and sister service support.

h. Lead Agency. DAPE-PRC

i. Support Agency. OCLL

Issue 685: Transportation and Per Diem for Service Member's Family to Attend Family Therapy Sessions

a. Status. Unattainable

b. Entered. AFAP XXVIII, Feb 12

c. Final action. 19 Feb 14 AFAP GOSC

d. Scope. Transportation and per diem are not authorized for Service Member's Family who are requested to attend Family therapy sessions in a residential treatment setting for Soldiers receiving behavioral health treatments. The Joint Federal Travel Regulation states transportation and per diem is authorized to visit an active duty member who is seriously wounded, seriously ill, seriously injured (including having a serious mental disorder) who is hospitalized in a medical facility anywhere in the world. Soldiers that are not categorized as suffering serious mental disorders often require Family therapy sessions during residential treatment. The Families' transportation and per diem are not covered under the JFTR. Family members' presence is critical to the successful recovery of the Soldier. Paying out-of-pocket travel expenses to attend Family therapy sessions in a residential treatment setting places financial hardship and stress on Soldiers and Families experiencing behavioral health issues.

e. Conference Recommendation. Authorize transportation and per diem for Service Member's Family to attend Family therapy sessions in a residential treatment setting when requested by behavioral health professionals.

f. Progress.

(1) The JFTR does not authorize any travel entitlements for Family members as non medical attendants to attend counseling therapy sessions while Active Duty service members are admitted to Residential Facilities.

(2) OTSG initiated dialog with DHA in Mar 12 to determine if there was support to enhance the medical travel benefit, since the benefit would also apply to Service Members of all military branches.

(3) A formal request was forwarded by the Deputy Surgeon General on 21 May 12.

(4) DHA's positive response was received on 24 Jul 12 and encouraged the submission of this proposal along with cost estimates through the Unified Legislative and Budgeting (ULB) legislative proposal process for consideration.

(5) Since Jul 12, the BH Consultant canvassed the BH community and inquired about requests of Family members to attend the substance abuse disorder program for counseling. Of the over 1,233 Active Duty Service Members that were admitted and discharged, and the current 170 still admitted to a resident treatment facility over the past 12 months, there were no requests for Family members to attend.

(6) The focus with the Family member attendance is in the outpatient setting once the service member returns from the inpatient stay. Family counseling during the patients stay in the residential treatment facility is not a standard of care.

(7) There is not enough definitive data to make viable recommendations to update the JFTR. Therefore, it does not warrant a ULB proposal to submit to DHA. As of this date, the lack of data suggests that there is no need to create or seek an approval for this proposed benefit or continue with the submission of the ULB proposal.

g. Resolution. There is no definitive data to make viable recommendations to update the Joint Federal Travel Regulation. Therefore, it does not warrant a ULB proposal to submit to DHA. The lack of data suggests there is no need to create or seek an approval for this proposed benefit or continue with the submission of the ULB proposal.

h. Lead Agency. DASG-HSZ

i. Support Agency. DHA

Issue 686: Appropriated Funds for Food at Family Readiness Group (FRG) Events

a. Status. Unattainable

b. Entered. 27 Aug 12 AFAP GOSC

c. Final Action. 20 Jun 13 AFAP GOSC
d. Scope. Family Readiness Groups are not authorized to use appropriated funds (APF) for FRG events. Appropriated funds are only authorized for official mail; use of government facilities and equipment; volunteer travel expenses (ITA); use of non-tactical government owned or leased vehicles; volunteer training expenses; reimbursement of incidental expenses and child care. FRGs must fundraise to raise monies to be used for food at holiday events or meetings to incentivize Soldiers and Families to attend these functions. Authorizing appropriated funds for food at FRG events allows FRGs to focus on promoting unit readiness and not fundraising.
e. Conference Recommendation. Authorize use of appropriated funds for food at FRG events.
f. Progress.
(1) Aug-Sep 12, reviewed previous ULB proposal submissions for historical reference. Since FY13 ULB cycle, there have been three ULB proposals regarding a change in legislation to authorize a change in APF funds for foods and/or social events.
(2) Oct 12, coordinated meeting with Office, Chief Legislative Liaison (OCLL) regarding the status of the three ULB proposals regarding the authorized use of APF for food and/or social events.
(3) Oct 12, received confirmation from OCLL regarding the status of the three previous ULB proposals. The three previous submissions (FY13 and FY15 ULB cycles) have not received support to move forward in the ULB process.
g. Resolution. Issue is not supported by other services and previous ULB submissions were denied. Family Readiness Groups can continue to fundraise to pay for food at FRG events. New reoccurring monetary authorizations are not feasible in the current resource environment.
h. Lead agency. DAIM-IS

Issue 687: Active Duty Enlisted Soldier Compassionate Reassignment Stabilization
a. Status. Complete
b. Entered. 21 Apr 14 Command Focus Group
c. Final action. 10 Feb 15 AFAP GOSC
d. Scope. The length of stay for active duty enlisted Soldier's compassionate reassignment stabilization is insufficient. Compassionate actions are requests from Soldiers when personal problems exist. Army Regulation (AR) 614-200, Enlisted Assignment and Utilization Management, states that Soldiers approved for a compassionate reassignment are limited to 12 months' stabilization time from the date of receiving Human Resource Command approval. The relocation process can take between 90-120 days. The 90-120 days count against the stabilization time. As a result, active duty enlisted Soldiers on compassionate reassignment do not have the full 12 months at the new duty station to resolve their compassionate issues.
e. Conference Recommendation. Increase the active duty enlisted Soldier compassionate stabilization from 12 months to 18 months.
f. Progress.
(1) Date of compassionate approval by HRC will no longer be utilized as the start of a Soldier's stabilization period.
(2) Soldier's stabilization period will begin when the Soldier reports to their new permanent duty station (PDS). This revised start date will allow a 12 month stabilization period at the PDS and will not encompass early report authorized timeframe.
(3) Army readiness and career progression does not support changing the standard from 12 months to 18 months.
g. Resolution. HRC released a military personnel message 30 Oct 14 to clarify compassionate procedures and ensure Soldiers have the full 12 months at the PDS to resolve their compassionate issues.
h. Lead agency. AHRC-PL
i. Support Agency. AHRC-EP and AHRC-OP

Issue 688: Resilience Training for Teen Dependents
a. Status. Completed
b. Entered. Command Focus Group, 21 Apr 14
c. Final action. 21 Sep 15 AFAP GOSC
d. Scope. The Army provides Resilience Training for Soldiers, Department of the Army Civilians (DACs) and their adult Family Members, but not Army teen dependents. Army teen dependents face significant challenges growing up in the Army Family lifestyle, facing permanent change in station (PCS) moves, Soldiers' and DACs multiple deployments, and potential mental and physical injuries to their parent(s). Resilience Training could help Army teen dependents to cope with adversity, perform better in stressful situations, and thrive in the Army lifestyle.
e. Recommendation. Implement Resilience Training for Army teen dependents.
f. Progress.
(1) The SECARMY Directive dated 26 Mar 13 provides greater focus on building resilience in Soldiers, Families, and units. As such, the CSF2 Teen Curriculum was developed to meet the SECARMY Directive by taking the resilience curriculum that currently trains Soldiers and spouses, and translating it into an adolescent, age-appropriate curriculum. The training provides a common language within the Army Family for Soldiers, spouses, and Army teens.
(2) CSF2-TC pilots were conducted during the 2013-2014 academic school year, in coordination with program evaluation efforts supported by WRAIR. Seven hundred and thirty 7th-12th grade adolescents participated in CSF2-TC pilots at Fort Bliss (20 middle and high school students), Fort Knox (230 9th and 10th Graders), Fort Riley [300 Junior Reserve Officers' Training Corps (JROTC) Cadets], Fort Polk (120 high school students), and Schofield Barracks (60 middle/high school students). Three thousand six hundred 7th-12th grade adolescents will participate in pilots during the 2014-2015 academic school year (3,000 National Guard adolescents; 100 9th graders Fort Campbell; 100 9th graders Fort Knox; 300 Fort Riley; 65 Schofield Barracks; 40 Fort Bragg).
(3) CSF2 has formally staffed a CSF2-TC MOI with IMCOM, FORSCOM, TRADOC, OTJAG, and WRAIR on the Controlled Release of Version 1.0, which will incorpo-

rate AAR from pilot instructors, further refining the Teen Curriculum. The Teen Curriculum will be provided as a two hour workshop intended to provide an introduction to three resilience skills as well as a full curriculum that trains the same 14 resilience skills taught to adults in the Master Resiliency Training Course (MRT-C).

(a) Senior Commanders will establish priority and coordinate delivery of the Teen Curriculum Version 1.0 (Controlled Release) at the installation level, including MRT instructor selection. The Community Health Promotion Council (CHPC) provides an ideal coordinating function for this initiative. Key stakeholders include, CSF2 Program Managers, and local DoDEA schools.

(b) To ensure child safety in accordance with Army Directive 2014-23 (Conduct of Screening & Background Checks), instructors must have background checks, above and beyond security clearances, prior to curriculum delivery. The LOI provides a mandatory checklist for CSF2-TC instructors to complete, which assists in meeting AR 608-10, Child Development Services, requirements.

(4) WRAIR has completed final data collection to support the CSF2-TC pilot program evaluation from Fort Knox and reported significant results in reductions in depression and anxiety for females, and increases in positive to negative coping strategies and problem solving for males. Results from the program evaluation have further informed CSF2-TC Curriculum Release 1.0 for delivery to additional adolescents during the 2014-2015 academic school year. WRAIR will complete additional program evaluations at Fort Knox, Fort Campbell, and Fort Riley during the 2014-2015 academic year.

(5) 2014-2015 academic school year will focus on deliveries at Fort Knox, Fort Campbell, Fort Riley, Schofield Barracks, Fort Bragg, and the NG (19 states served by 37 trained MRTs); estimated 3,800 Army teens.

(6) Current CSF2 Teen Curriculum instructors can be MRTs who have experience engaging teens. As such, this training is, in many cases, a natural fit within existing role responsibilities to support Army adolescents.

g. Resolution. WRAIR completed final data collection to support the CSF2-TC pilot program evaluation and reported significant results in reductions in depression and anxiety for females, and increases in positive to negative coping strategies and problem solving for males. Teen resilience curriculum is available Army wide for 2015-2016 school year.

h. Lead agency. DAPE-ARR-CF

i. Support Agency. OACSIM CYSS, IMCOM CYSS, WRAIR

Issue ASB1: Increase Length of Duty Tours

a. Status. Completed.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP IX; 1991.

d. Scope. Longer tours of duty increase reenlistment intentions and reduce the stress of relocation. Longer separations and greater number of PCS moves are related to lower retention rates. The Sponsorship Program has uneven effectiveness, is least effective for lower enlisted personnel, and does not include families. Increase the length of accompanied duty tours and decrease the number and length of unaccompanied duty tours. Increase tour length to minimize relocation.

e. AFAP recommendation.

(1) Increase the length of accompanied duty tours and decrease the number and length of unaccompanied duty tours.

(2) Increase tour length to minimize relocation.

f. Progress.

(1) The Relocation Assistance Legislation, (section 661, Act of 29 Nov 89, Public Law 101-189), requires DoD to stabilize tours to the maximum extent possible.

(2) Tour length is resource driven.

(3) Soldiers have the option to move OCONUS without family members and extend in foreign tour areas.

(4) CONUS tour lengths are driven by--

(a) DoD Directive that prohibits the Army from prescribing a set tour length based solely on a passage of time.

(b) The need to maintain unit readiness across the Army.

(c) Distribution of the MOS structure across the Army.

(d) Periodic needs for soldier retraining and soldier professional development needs.

(5) FY92 time on station is 44 months. By FY 95, average time on station for the average CONUS soldier should rise to greater than 55 months because of the restructure.

(6) Resolution. The Oct 91 GOSC voted this issue completed based on a projected CONUS duty tour of 55 months by FY95.

g. Lead agency. DAPE-MPE-DR.

Issue ASB2: Increase Pinpoint Assignments

a. Status. Completed.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP XI; 1993.

d. Scope. The Sponsorship Program has uneven effectiveness, is least effective for lower enlisted personnel, and does not include families.

e. AFAP recommendation. Pinpoint assignments.

f. Progress.

(1) This issue was combined with Issue 153, "Relocation Services," as directed by the Oct 90 GOSC.

(2) USAREUR provides pinpoint assignments to soldiers with the rank of SPC through SGM. Soldiers in ranks PFC and below are normally pinpointed upon arrival at the 21st Replacement Battalion in Frankfurt, West Germany.

(3) EUSA (8th PERSCOM) provides pinpoint assignments to soldiers in ranks SGT through SGM.

(4) USARSO provides pinpoint assignments to soldiers with the rank of SGT through SGM.

(5) All enlisted soldiers, regardless of rank, who are assigned to Europe, Korea, and Panama and are enrolled in the Married Army Couples Program, EFMP program, or who are approved for family travel are given pinpoint assignments. Overseas returnees to CONUS receive pinpoint assignments.

(6) Assignment notification lead time and shifting readiness requirements inhibit pinpoint assignments for soldiers in ranks PFC and below.

(7) Resolution. This issue was completed by the Oct 93 GOSC when it completed Issue 153. Issue 153 resulted in the implementation of RAIS, increased relocation staffing and training, and changed Army regulations to require that Soldiers process through ACS centers for relocation assistance.
g. Lead agency. CFSC-FSA.
h. Support agency. TAPC-OPD/DAPE-MPH.

Issue ASB3: Increase Systemic Training of Unit Leaders on Impact on Soldiers Performance by Families
a. Status. Completed.
b. Entered. AFAP VII; 1989.
c. Final action. AFAP XII; Oct 94.
d. Scope. The care and well-being of Army families is part of the unit leader's mission, not an adjunct responsibility or burden. Unit leaders at all levels are the key to successful implementation of family and quality of life programs. NCO unit leaders report that they typically spend over 50% of a 12- hour work day on soldier and family well-being. The overlapping roles of soldier and parent are often in conflict.
e. AFAP recommendation.
(1) Educate unit leaders at all levels as to the critical impact of families on soldier satisfaction, and hence unit performance, and make them accountable for the success of family programs in their units.
(2) Evaluate and update family awareness training based on the findings of this panel and research from WRAIR, ARI, and the Rand Arroyo Center.
(3) Expand Army curriculum for Sergeants to Sergeants Major to provide instruction on soldier and family needs and counseling techniques.
(4) Educate unit leaders to better balance and plan for time in garrison, in the field, and on TDY to allow soldiers to have planned and predictable time with their families.
f. Progress.
(1) This issue was combined with Issue 107, "Leadership Training on Sensitivity to Soldier and Family Issues", per direction of the Oct 90 GOSC.
(2) Instruction blocks on the Army family are contained in the Officer Advanced Courses (1 hour), Officer Basic Courses (1 hour), the First Sergeant Course (5 hours), the Advanced Noncommissioned Officer Courses (1 hour), Basic Noncommissioned Officer Courses (1 hour), and the Primary Leadership Development Courses (2 hours). The current amount of time devoted to training on the family is essentially the same amount as when the ASB conducted the study.
(3) Subjects covered in these courses include leadership responsibilities regarding families, community impact on readiness and retention, family entitlements, sole parenthood and family care plans, the Army Family Action Plan, the Army Family Advocacy Program, and use of community referral agencies for families.
(4) Resolution. Issue 107, and the issues combined with it, were completed by the Oct 94 GOSC based on inclusion of AFTB training in Officer, Warrant Office, and Noncommissioned Officer Education Systems. See Issue 107 for other progress in this area.
g. Lead agency. DAPE-HR.
h. Support agency. OCAR/NGB/DAMO/CFSC.

Issue ASB4: Inequitable Treatment Between Single/ Married Soldiers and Single/Nonsingle Parents
a. Status. Completed.
b. Entered. AFAP VII; 1989.
c. Final action. AFAP XI; 1993.
d. Scope. The Family Panel heard reports of inequity in treatment between single and married soldiers and between single parents and non-single parent soldiers.
e. AFAP recommendation. Address this problem and, wherever possible, correct the inequity in order to improve mission effectiveness and unit cohesion.
f. Progress.
(1) Combined issue. This issue was combined with Issue ASB 6, "Policies that Permit Differential Treatment of Soldiers", per direction of the Oct 90 GOSC.
(2) Related issue. This issue relates to Issue 248, "Sole Parents Discriminated Against in Job Assignments."
(3) Validation. Inspector General holdings, sensing sessions and the Inspector General Action Request System do not substantiate that inequity in treatment between single and married soldiers or parents is perceived as a major problem. ODCSPER is unaware of research findings, field input, or congressional or White House inquiries addressing any Army policy which directs, fosters, or supports inequitable treatment of soldiers except as intentionally mandated by public law, military necessity, readiness, or customs and traditions of the Service. Perceived inequities may be the result of unit commander policies rather than actual inequity based on Army policy.
(4) Command policy. AR 600-20, para 5-5, directs that, "Soldiers must arrange for the care of their dependent family members so as to be available for duty when and where the needs of the Service dictate and able to perform assigned military duties without interference of family responsibilities. Commanders must stress the soldier's obligation to both the military and dependent family members. Moreover, they must ensure that soldiers understand that they will not receive special consideration in duty assignments or duty stations based on their responsibility for dependent family members unless enrolled in the Exceptional Family Member Program (EFMP)."
(5) Resolution. This issue was completed when the Oct 93 GOSC completed Issue ASB6 which resulted in a review of policies that might be perceived to foster inequities between categories of soldiers. The GOSC determined that numerous programs, to include BOSS, barracks modernization, and the AFAP, address and monitor single soldier concerns.
g. Lead agency. DAPE-HR-L.
h. Support agency. USACFSC.

Issue ASB5: Personal Skills Training for New Enlistees
a. Status. Completed.
b. Entered. AFAP VII; 1989.
c. Final action. AFAP IX; 1991.
d. Scope. Training for new enlistees on the management of personal affairs, to include personal finances, parent-

ing skills, and meeting basic family needs, results in more mature soldiers who are better able to cope and are more self-sufficient.

e. AFAP recommendation. Continue personal skills training for new enlistees through ACS, unit, and other providers.

f. Progress.

(1) TRADOC provides new enlistees in Basic Combat Training with training on personal affairs and personal financial management. TRADOC is committed to maintaining its current level of effort; limited resources restrict expansion. TRADOC developed training for all NCO and officer courses to assist the effort of the chain of command.

(2) The chain of command involvement in the soldier's unit is the most effective method to ensure success in this program.

(3) ACS has many skills-building courses, to include in-depth training modules on financial management and consumer affairs. Additional skills training classes are available. Command consultations and community needs assessments dictate special installation needs in addition to core programs offered at each ACS center. The ACS thrust is to help soldiers and families become more self-sufficient.

g. Lead agency. CFSC-FSA.

h. Support agency. DAMO-TRO.

Issue ASB6: Policies that Permit Differential Treatment of Soldiers

a. Status. Completed.

b. Entered. AFAP VII; 1989.

c. Final action. AFAP XI; 1993.

d. Scope. The Family Panel heard reports of inequity in treatment between single and married soldiers and between single parents and non-single parent soldiers and of policies within the Army that permit differential treatment of various categories of soldiers. Unit leaders do not understand in many cases the rationale for these inequities and, therefore, cannot explain them to their soldiers.

e. AFAP recommendation.

(1) Appoint a task force (perhaps headed by a former Sergeant Major of the Army or former The Inspector General) to examine all inequities that exist in the treatment of different categories of soldiers.

(2) Direct the task force to recommend which inequities are acceptable based on public law, military readiness, or other requirements.

(3) Explain to soldiers and unit leaders why some inequities are necessary. Eliminate inequities without rationale.

f. Progress.

(1) Combined issues. Issues ASB 4 and 6 were combined and transferred to ODCSPER in 1990.

(2) Policy review. Policies that might be deemed to foster inequitable treatment have been reviewed. Analysis substantiates that inequity in treatment of single and married soldiers is not perceived to be a major problem.

(a) Assignments. All soldiers can be deployed regardless of marital or parental status. Pregnant soldiers are not deployable overseas for medical reasons. Unaccompanied vs. married soldier tour lengths are based on an Army effort to minimize the separation of married soldiers from their families.

(b) Compensation.

1. Family Separation Allowance is provided to unaccompanied soldiers with dependents.

2. Dislocation Allowance (DLA) pays 2 months BAQ to compensate for the incidentals of setting up a household resulting from a PCS move. DLA for single soldiers, Issue 319, "Dislocation Allowance for Single Soldiers" was determined unattainable in Oct 94.

3. The 7QRMC proposed no change in pay differential for dependency. The differential is based on an institutional model which recognizes that the needs of soldiers with dependents are greater than those without.

(c) Weight allowances. FY 91 weight allowance increase reduced the disparity between unaccompanied enlisted and married soldiers.

(d) Enlistment criteria. For enlistment in the Active Service, both single and married applicants must generally meet the same enlistment criteria. Some differential treatment with regard to dependents occurs before enlistment and is a screening process and not an inequitable treatment of soldiers.

(3) Better Opportunities for Single Soldiers (BOSS). The BOSS program was created to target single soldiers with innovative programming to meet their needs at installation level. In 1990, BOSS expanded to encompass issues such as barracks utilization, medical care, transportation, and finance.

(4) Survey results. The Fall 91 Army Sample Survey of Military Personnel (SSMP) does not reflect major distinguishable differences between single and married soldiers, with the exception that single soldier quality of life issues continue to be expressed in terms of barracks life.

(5) Barracks. Single soldier issues are keyed to policies that treat soldiers (married or single) living in the barracks differently than those who live in family housing or off-post. Soldier issues extend from condition of barracks to control exercised over personal space and privacy, issues which soldiers residing off-post or in family housing are relatively immune.

(a) Barracks policy. It is Army policy that decisions affecting the management of barracks will be made by commanders at levels necessary to effect a balance between contributing to soldier quality of life and maintaining a positive living environment. Policies are impacted by the availability of installation and fiscal resources, area specific security and safety concerns, and unique operational requirements. While soldiers should enjoy the same opportunities and duty demands regardless of where they live, there is an expectation that commanders will ensure a secure, positive and equitable living environment in the barracks. Therefore, unit commanders may implement certain policies which some deem restrictive, but nonetheless serve to achieve the goal of providing a secure and stable living environment under communal living conditions.

(b) Barracks improvements. New barracks standards include: increased room area, closets (replacing wall lockers), bulk storage space, one washer/dryer per 15 soldiers, individual room temperature controls, two telephone and two cable TV jacks per room, and a consolidated core area for common use facilities (for example,

TV/day room, kitchen, and laundry facilities). Unit supply, administrative areas and mess halls will be separate from housing accommodations. Barracks standards are addressed in Issue 268, "Inadequate Housing for Unaccompanied Personnel."

(6) GOSC review.

(a) Oct 91. Issue will remain active.

(b) Oct 92. ODCSPER may explore restructuring this issue, but the basic thrust must be maintained.

(7) Resolution. The Oct 93 GOSC determined this issue completed because policies have been reviewed. Numerous programs, to include BOSS, barracks modernization, and the AFAP, address and monitor the scope of this issue.

g. Lead agency. DAPE-HR-L.

h. Support agency. PERI/SGRD/DAPE-MBB.