



DEPARTMENT OF THE ARMY
WARRIOR TRANSITION COMMAND
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MCWT-ACS

WCTP Policy Memo 14- 013

Expires: 17 DEC 16

MEMORANDUM FOR Commanders, US Army Medical Command Regional Medical Commands

SUBJECT: Policy Memorandum - Warrior Transition Unit Unaccompanied Housing Assignment and Termination, Facility Maintenance, Inspection Standards, and Inventory

1. References:

- a. Public Law 110-181, Section 1662, Access of Recovering Service members to Adequate Outpatient Residential Facilities, 28 January 2008.
- b. Memorandum, Deputy Secretary of Defense, subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel, 18 September 2007.
- c. AR 420-1, Army Facilities Management, 12 February 2008, RAR, 24 August 2012.
- d. Memorandum, Assistant Chief of Staff for Installation Management (ACSIM), subject: Unaccompanied Personal Housing (UPH) for Warriors in Transition (WT) Policy, 14 October 2009.
- e. FRAGO 2, MEDCOM OPORD 07-55 , MEDCOM Implementation of the Army Medical Action Plan (AMAP), 15 June 2007.
- f. FRAGO 27, MEDCOM OPORD 07-55 , MEDCOM Implementation of the Army Medical Action Plan (AMAP), 16 February 2008.
- g. MEDCOM OPORD 10-18, Maintenance Improvement at Warrior in Transition Lodging Facilities, 8 January 2010.
- h. FRAGO 1, MEDCOM OPORD 10-18, Maintenance Improvement at Warrior in Transition Lodging Facilities, 13 January 2010.
- i. MEDCOM OPORD 12-25, MEDCOM Commander's Critical Information Requirements (CCIR), 14 March 2012.
- j. ALARACT 201-2012, HQDA EXORD 261-12, First Sergeants Barracks Program (FSBP) 2020, 30 July 2012.

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k. WCTP Policy Memo 14-004, Medication Safety in WTU Barracks, 28 March 2014.

2. Purpose: To provide guidance regarding unaccompanied housing assignment and termination, facility maintenance standards, responsibility for corrective actions, reporting responsibilities, inspection standards, and inventory utilization of lodging facilities for Soldiers in Warrior Transition Units.

3. Proponent: The proponent for this policy is the Warrior Transition Command (WTC), ACSIM Division.

4. Applicability: This policy is applicable to commanders of Warrior Transition Units (WTU) to ensure Government owned and leased lodging facilities housing WTU Soldiers are adequately assigned; are safe, clean, and well maintained; and provide a quality of life that facilitates recovery and rehabilitation.

5. Policy: Wounded, ill, and injured Soldiers, their Families, and caregivers will be afforded the maximum opportunity to focus on their recovery and rehabilitation and not on maintenance problems and inadequate unaccompanied housing or lodging. Commanders and cadre should not settle on good-enough and must put in place policies and procedures to proactively address issues that affect the quality of life of WTU Soldiers, their Families, and caregivers.

a. Unaccompanied Housing and Lodging Assignment. Commanders will ensure arriving Soldiers are welcomed professionally and accommodated properly in WTU barracks and other Government owned or leased lodging facilities in accordance with the First Sergeants Barracks Program (FSBP) 2020 as executed by the Garrison Department of Public Works (DPW) Housing Division. At locations where Garrison FSBP 2020 maintains responsibility for Soldier assignments and terminations, the WTU is to be proactive and work in partnership with the FSBP 2020 manager to identify appropriate room assignments for WTU Soldiers and authorized caregivers. This includes customer focused room assignment procedures to ensure Soldiers are assigned to lodging commensurate with their personal and medical requirements, expected duration of treatment, dependency status, authorization of a non-medical attendant, component and pay grade, and the staff is courteous and responsive to unique furniture arrangement needs. Focus is to be given to the change in environment for the Soldier and Family member. A positive first impression is essential and every effort must be made to allow Soldiers and their Families to focus on their well being and their transition goals. The following related issues at a minimum should be addressed in the command created policies and procedures:

(1) Assign a Battle Buddy and consider Battle Buddies assigned to the same barracks apartment.

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(2) Assign WTU Soldiers with authorized NMAs into apartments configured as two bedroom/two bathroom to allow the NMA to have a private bedroom and bathroom.

(3) Appropriately assign WTU Soldiers to rooms commensurate with the WTU Soldier's risk assessment, medical needs, authorization for a NMA, and possession of a certified service animal.

(4) Working with S-1, ensure that the WTU Soldier, Family, and caregiver understand the entitlement to Basic Allowance for Housing as it relates to assignment of a barracks apartment. This will differ from WTU Soldier to WTU Soldier dependent upon many issues, to include component, rank, assigned or attached, accompanied or unaccompanied, etc.

b. Soldier Housing and Lodging Transitions. Commanders must ensure Soldiers' in-processing procedures, as they relate to provision of adequate housing or lodging, are efficient, consolidated, customer service focused, and reflect a positive command climate. Commanders must coordinate with the medical management staff to ensure a smooth transition occurs between inpatient and outpatient environments. This transition must be rehearsed and must support the needs of the Soldier and any non-medical attendant and/or Family requirements. These procedures should apply to Soldiers initially entering into the Warrior Care and Transition Program (WCTP) and their Families and to those Soldiers at vulnerable points of transition (from inpatient to outpatient, Soldiers returning from treatment in the Army Substance Abuse Program, CCU to WTU, etc.). The following related issues at a minimum should be addressed in the command created policies and procedures:

(1) Minimize WTU Soldier moves within the barracks.

(2) Accommodate WTU Soldier needs for special medical services requirements to address accessibility, cognition, visual and auditory issues, burns, and other physical limitations.

c. Maintenance Standards. Commanders must employ proactive Government owned and leased unaccompanied housing problem identification and ensure deficiencies do not distract WTU Soldiers from their recovery and rehabilitation. Procedures to address unaccompanied housing problems affecting quality of life must include a decision point to move the affected WTU Soldier to alternate lodging. This plan must be coordinated with Garrison DPW and the Garrison Emergency Control Center operations. Soldiers should be the best source of information for deficiencies but cannot be the only method employed to identify and report problems with facilities. Commanders must ensure that policies identify how maintenance standards will be enforced. The following related issues at a minimum should be addressed in the command created policies and procedures:

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(1) Ensure 1SGs are accountable for health, welfare, and security of all assigned WTU Soldiers and all personnel residing in WTU barracks.

(2) Command teams are accountable for appropriate work order tracking and resolution. Appoint a Barracks NCO/individual on each floor for Soldiers to report deficiencies to and delegate Barracks NCO to report, manage, and track completion of all work orders reported to Garrison DPW.

(3) Assign Charge of Quarters.

(4) Establish rules and procedures for Barracks NCO to report unresolved deficiencies to 1SG for further action with Garrison DPW.

(5) Establish a Work order tracking and resolution mechanism, and a timeline from the time the deficiency is reported to the time the deficiency is resolved. Timeline may vary based on installation DPW, however commanders must ensure the supporting installation support team is aware of the enhanced necessity and sensitivity toward correction of WTU facilities issues (e.g. In the event of heating, ventilation, and air conditioning (HVAC) or water heater failure, medical necessities of Soldiers recovering from surgical procedures or burns may require faster attention from facilities personnel than a standard barracks.).

(6) Establish standards that ensure good order and discipline in the barracks are maintained at all times.

(7) Ensure contingency plan is in place for potential Soldier relocation while significant maintenance problems are addressed.

d. Inspection Standards. Inspections must be thorough, involve the chain of command, and consider seasonal impacts (heating/cooling, hot water, etc.). Relying on room sampling or another organization's inspection program is not sufficient to ensure that Government owned and leased facilities housing WTU Soldiers, their Families, and caregivers are at the standard of a WTU Soldier's entitlement. Commanders must know the inspection process, and areas of emphasis of the various lodging facility inspections, and must look for and address gaps. At a minimum, all Government owned and leased facilities housing WTU Soldiers, Families, and caregivers must be inspected monthly by the chain of command and Medical Treatment Facility (MTF) Manager and at least weekly by SL and/or PSG. Random room checks and walk through between inspections are highly encouraged. Enclosure 1, Squad Leader Checklist for Recovering Soldiers - Barracks / Housing (Exterior), and Enclosure 2, Squad Leader Checklist for Recovering Soldiers - Barracks /Housing (Interior), provide a list of areas that must be inspected at a minimum. WTU commanders have the authority to add to these lists as local areas of concerns arise. Commanders are to ensure WTU Soldiers secure their prescription and non-prescription

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medications in their original containers and in a safe or other locked storage when not being taken or administered. Commanders and Medical Treatment Facility (MTF) Managers are to assist with Congressionally mandated annual inspections of Government owned and leased facilities housing WTU Soldiers conducted by the MEDCOM Inspector General for each Regional Medical Command and IMCOM.

e. Inventory Management. As the WTU Soldier population fluctuates at each WTU location, commanders must remain cognizant of the need to optimize the utilization of Government owned and leased facilities housing WTU Soldiers, their Families, and caregivers. The need for and utilization of these facilities must be coordinated with Garrison DPW Housing Division. Leasing of facilities to house WTU Soldiers, their Families, and caregivers is the responsibility of Garrison DPW Housing Division and not the WTU, the MTF, RMC, or MEDCOM. Military construction provided new WTU campuses with barracks designed and constructed specifically for the WTU Soldier, Family, and caregiver population. These facilities are to be occupied solely as barracks space for the WTU Soldiers, their Families, and caregivers and are not to be diverted or converted for any other use. Every effort should be made to optimize the occupancy of barracks constructed for WTU Soldiers. Commanders must ensure that policies and procedures are in place to maintain command and control responsibilities and FSBP 2020 responsibilities of the barracks in the event that personnel other than WTU Soldiers are assigned to these barracks. These following related issues at a minimum should be addressed in the command created policies and procedures:

(1) Ensure that WTU Soldier, Family, and caregiver assignments to and terminations from barracks are entered into the enterprise Military Housing (eMH) database within 24 hours of the occurrence.

(2) Participate in periodic FSBP 2020 meetings with Garrison DPW Housing Division that foster a good working relationship to assist with understanding of the nuances associated with housing the WTU Soldier, Family, and caregiver population.

(3) Employ strong risk mitigation measures for when non-WTU Soldiers are unavoidably assigned to WTU barracks, addressing command and control of the WTU Soldiers which is paramount in maintaining the safety of this vulnerable population.

(a) WTU Soldiers are a potentially vulnerable population with many high risk Soldiers with diagnoses and prescribed medications that should not be combined with alcohol. Having non-WTU Soldiers that do not have alcohol restrictions may pose a threat to WTU Soldiers' well being.

(b) WTU Soldiers may require a Non-Medical Attendant (NMA) to provide assistance with activities of daily living. Often times, the NMA is a wife or parent that is permitted to live in the barracks with the WTU Soldier. NMAs are not familiar with Army

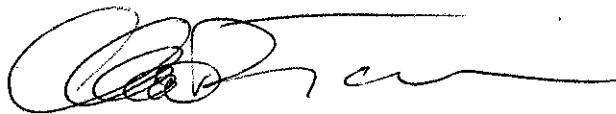
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policies that govern barracks. Living in the same barracks as Soldiers who follow different rules than WTU Soldiers may cause confusion and anxiety among the NMAs.

(c) Congressional appropriation was obtained specifically to construct healing campuses to aid in the transition process of the WTU Soldier and their Families. The intent of the WTU Barracks, as part of the overall WTU campus, was to provide the WTU Soldier population with barracks space designed with additional space and amenities commensurate with their needs. WTU barracks are unlike standard Permanent Party barracks in that they were designed to address the mobility impairments and medical needs of the WTU Soldier. These amenities and services are not provided to standard Permanent Party barracks, but are intended for the WTU Soldiers and their Families. Unless a non-WTU Soldier requires Americans with Disabilities Act - Architectural Barriers Act (ADA-ABA) accessible or fully ADA-ABA compliant barracks space, when other Permanent Party barracks space is available, every effort should be made to keep WTU barracks as dedicated barracks.

f. Reporting procedures. Commanders must establish and rehearse Commander's Critical Information Requirements to identify and resolve facility issues as quickly as possible and at the appropriate leadership level. Report any degradation of or adjustments impacting the infrastructure or provision of medical care supporting Soldiers assigned or attached to a Warrior Transition Unit (WTU), including Government owned or leased housing, clinical or administrative support (e.g. SFAC) activities to MEDCOM as a Commander's Critical Information Requirement item in accordance with Annex A MEDCOM OPORD 12-25.



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