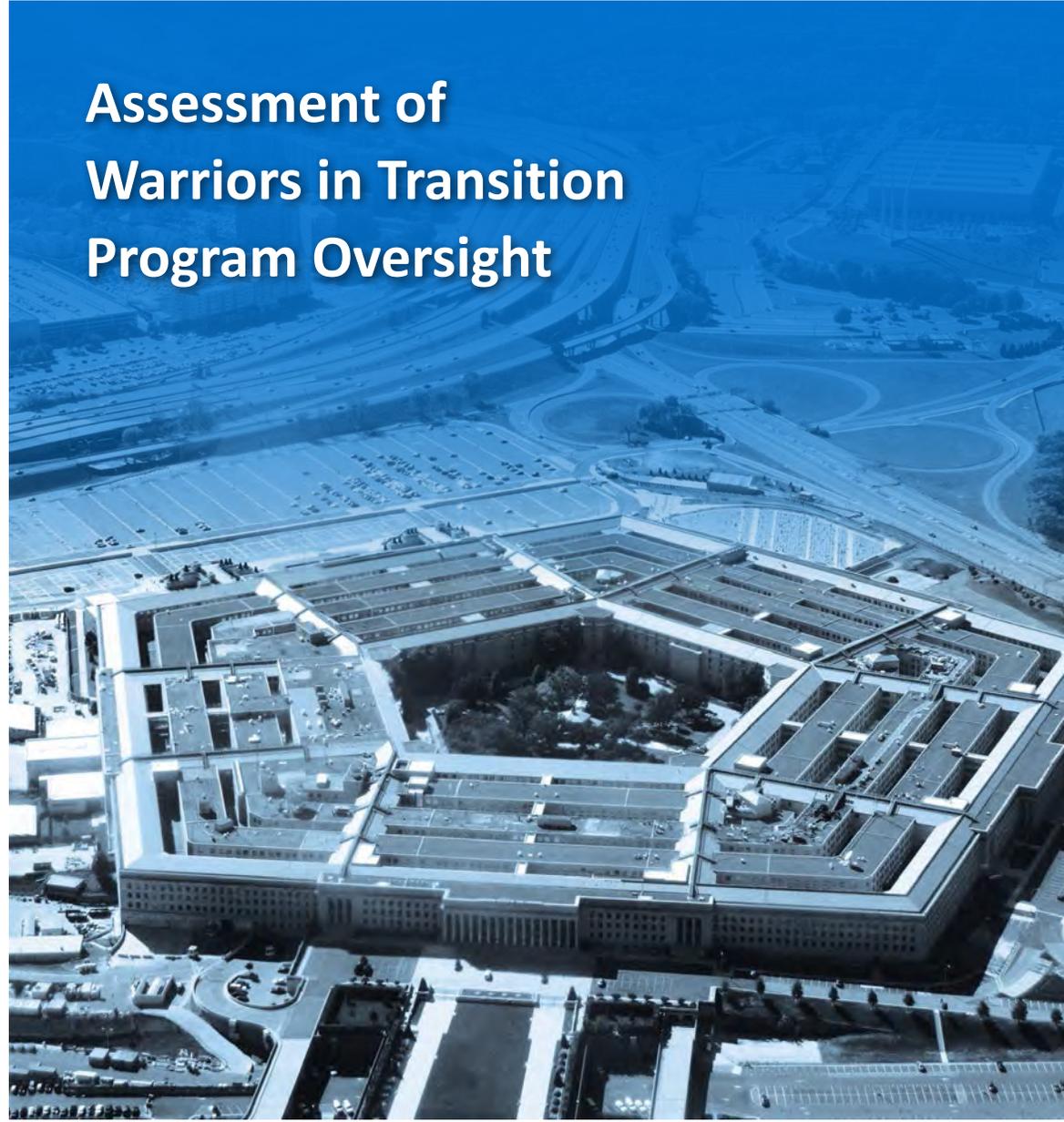




# INSPECTOR GENERAL

*U.S. Department of Defense*

DECEMBER 31, 2016



## Assessment of Warriors in Transition Program Oversight

INTEGRITY ★ EFFICIENCY ★ ACCOUNTABILITY ★ EXCELLENCE

INTEGRITY ★ EFFICIENCY ★ ACCOUNTABILITY ★ EXCELLENCE

## Mission

*Our mission is to provide independent, relevant, and timely oversight of the Department of Defense that supports the warfighter; promotes accountability, integrity, and efficiency; advises the Secretary of Defense and Congress; and informs the public.*

## Vision

*Our vision is to be a model oversight organization in the Federal Government by leading change, speaking truth, and promoting excellence—a diverse organization, working together as one professional team, recognized as leaders in our field.*



Fraud, Waste, & Abuse

**HOTLINE**

Department of Defense

[dodig.mil/hotline](https://dodig.mil/hotline) | 800.424.9098

For more information about whistleblower protection, please see the inside back cover.



# Results in Brief

## *Assessment of Warriors in Transition Program Oversight*

December 31, 2016

### Objectives

The Office of Warrior Care Policy (WCP) provides resources, guidance, and assistance to each of the Military Services' Warriors in Transition programs and initiatives. The WCP also conducts and manages the Disability Evaluation System (DES)<sup>1</sup> and the Recovery Coordination Program (RCP).<sup>2</sup>

The purpose of this assessment was to determine whether the WCP:

- assessed and monitored the performance of the DoD DES;
- used information gathered from the Military Services' DES programs to effect changes in policy, procedures, or resources to improve the DES; and
- provided policy and oversight that enabled the DoD to maintain long-term capability and service-specific knowledge required to support wounded, ill, and injured (WII) service members from each Service and U.S. Special Operations Command (USSOCOM).

<sup>1</sup> The DES is the mechanism to determine return to duty, separation, or retirement of service members. In accordance with DoD Instruction 1332.18, "Disability Evaluation System (DES)," August 5, 2014, the Secretary of each Military Department will implement the DES.

<sup>2</sup> The RCP streamlines and improves the way in which care and support are delivered to wounded, ill, and injured service members and their families.

### Findings

We found that:

- The WCP assessed and monitored the performance of the DES by executing the DoD DES Quality Assurance Program and directing the Military Departments' Inspectors General Triennial Review of the DES.
- The WCP used information gathered from each Military Service's DES program via the DES Quality Assurance Program and the Military Departments' Inspectors General Triennial Reviews to effect changes in policy, procedures, or resources to improve the DES. However, the Deputy Assistant Secretary of Defense (Warrior Care Policy) (DASD[WCP]) received inconsistent or incomplete triennial DES reviews from the Military Departments.
- The WCP engaged with each Military Department and USSOCOM, which maintained separate Warriors in Transition programs, to obtain service and command-specific knowledge to provide policy and oversight for WII service members. The WCP engaged the departments and USSOCOM in scheduled and ad-hoc meetings, which enabled the Military Services and USSOCOM to voice issues regarding each of their Warriors in Transition programs.
- The WCP also used its Warrior Care Strategic Roadmap<sup>3</sup> to develop policy and oversight to maintain long-term capability required to support WII service members, which included revising Recovery Coordination Program (RCP) policy. The WCP conducted site visits at DoD RCPs for oversight and continuous improvement. As a result, WCP issued reports that contained relevant recommendations for the inspected Military Departments' and USSOCOM's RCPs. However, the WCP did not always assign specific responsibilities to people or organizations accountable for the RCP report recommendations. Also, the WCP did not follow up on

<sup>3</sup> The Warrior Care Strategic Roadmap lays out an efficient and effective path for enhancing warrior-care policies and programs while maintaining adaptability to meet the Department's current and future needs.



# Results in Brief

## *Assessment of Warriors in Transition Program Oversight*

### **Findings (cont'd)**

its recommendations to ensure corrective actions were completed by the responsible individual or organization. As a result, the DoD is at risk that deficiencies identified during RCP site visits will not be addressed and will remain unresolved.

### **Recommendations**

We recommend that the Under Secretary of Defense for Personnel and Readiness:

- Recommendation A.1: Define and direct common inspection criteria and a standardized reporting format for the Military Departments' Inspectors General Triennial Disability Evaluation System (DES) reports.
- Recommendation A.2: Revise DoD Instruction 1332.18 to clarify the application of the instruction for record-of-proceedings.

Also, we recommend that the Deputy Assistant Secretary of Defense (Warrior Care Policy) (DASD[WCP]):

- Recommendation B.1: Establish guidance for writing Recovery Coordination Program (RCP) oversight reports – including the requirement to specifically assign a person or organization to take action on each recommendation.
- Recommendation B.2: Establish policy that ensures followup of all Recovery Coordination Program oversight report recommendations until corrective actions are complete.

### **Management Comments and Our Response**

The Acting Under Secretary of Defense for Personnel and Readiness (USD[P&R]) responded to all recommendations.

The Acting Under Secretary disagreed with Recommendation A.1, stating that the Department guidance is sufficient for the Military Departments' Inspectors General to complete the required triennial DES compliance reports.

However, the Acting Under Secretary provided additional comments stating that, for future triennial DES reports, the OUSD(P&R) will provide the Secretaries of the Military Departments a memorandum to ensure that the Service Inspectors General are properly tasked to conduct DES compliance reviews.

Although the Acting Under Secretary disagreed with Recommendation A.1, the actions taken by the OUSD(P&R) to improve the consistency and completeness of the triennial DES reviews satisfied the intent of the recommendation. The OUSD(P&R) will coordinate future triennial reviews with the Secretaries of the Military Departments.

The Acting Under Secretary addressed all the specifics of Recommendation A.2, stating that the DASD(WCP) will coordinate a revised DoD Instruction 1332.18 by calendar year 2018 to more formally address DoD standards for record-of-proceedings for DES cases.

The Acting Under Secretary also addressed all the specifics of Recommendations B.1 and B.2, stating that the DASD(WCP) will coordinate a revised DoD Instruction 1300.24 in calendar year 2017. The revised DoD Instruction will delineate the WCP's role in providing the RCP oversight reports to more effectively monitor program performance and promote accountability.



# Results in Brief

## *Assessment of Warriors in Transition Program Oversight*

### ***Management Comments (cont'd)***

Our initial assessment resulted in the draft recommendation to assign U.S. Special Operations Command (USSOCOM) personnel to the Office of Warrior Care Policy staff. The Acting Under Secretary disagreed with our draft recommendation. As a result of the Acting Under Secretary's comments and additional DoD Office of Inspector General assessment work, we determined that USSOCOM is fully integrated in the development of policy and oversight of programs affecting wounded, ill, and injured service members. Therefore we deleted that draft recommendation.

## ***Recommendations Table***

<b>Management</b>	<b>Recommendations Requiring Additional Comment</b>	<b>No Additional Comments Required</b>
Under Secretary of Defense for Personnel and Readiness		A.1, A.2
Deputy Assistant Secretary of Defense (Warrior Care Policy)		B.1, B.2



**INSPECTOR GENERAL  
DEPARTMENT OF DEFENSE  
4800 MARK CENTER DRIVE  
ALEXANDRIA, VIRGINIA 22350-1500**

December 31, 2016

**MEMORANDUM FOR UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS**

**SUBJECT: Assessment of Warriors in Transition Program Oversight  
(Report No. DODIG-2017-038)**

We are providing this final report for review. The report looks at how DoD managed programs for the care, management, and transition of wounded, ill, and injured (WII) service members.

We considered management comments to the draft of this final report. Comments from the Acting Under Secretary of Defense for Personnel and Readiness as well as his comments on behalf of the Deputy Assistant Secretary of Defense (Warrior Care Policy) conformed to the requirements of DoD Instruction 7650.03; therefore we do not require additional comments.

This report was completed in compliance with the DoD Office of Inspector General's oversight responsibilities, as described in the Inspector General Act of 1978, as amended. We conducted this assessment from January 2016 to November 2016 in accordance with the "Quality Standards for Inspection and Evaluation," published in January 2012, by the Council of the Inspectors General on Integrity and Efficiency.

Should you have further comments to this report, please send them in a PDF file to [SPO@dodig.mil](mailto:SPO@dodig.mil). Copies of your comments must have the autographic signature of the authorizing official for your organization. We cannot accept the /Signed/ symbol in place of the actual signature. If you arrange to send classified comments electronically, you must send them over the SECRET Internet Protocol Router Network (SIPRNET).

We appreciate the courtesies extended to the staff. Please direct questions to [REDACTED] at [REDACTED], [REDACTED], or [REDACTED] at [REDACTED]. We will provide a formal briefing on the results if management requests.

*Stanley E. Meyer AATG*  
for Kenneth P. Moorefield  
Deputy Inspector General  
Special Plans and Operations



# Contents

---

## Introduction

Objectives .....	1
Background .....	1

## Findings

Finding A. WCP Used Information Gathered From the Military Services’ DES Programs to Assess, Monitor, and Effect Changes, but Received Inconsistent and Incomplete Military Department Inspectors General Triennial DES Reviews .....	5
Discussion .....	5
Conclusion .....	11
Recommendations, Management Comments, and Our Response .....	11
Finding B. WCP Provided Policy and Oversight to Warriors in Transition Programs in Order to Maintain Long-Term Capability. However, WCP Did Not Ensure RCP Oversight Report Recommendations Were Acted Upon or Resolved .....	13
Discussion .....	13
Conclusion .....	17
Recommendations, Management Comments, and Our Response .....	17

## Appendixes

Appendix A. Scope and Methodology .....	19
Limitations .....	21
Use of Computer-Processed Data .....	21
Use of Technical Assistance .....	21
Prior Coverage .....	22
Appendix B. Applicable Criteria .....	23
Appendix C. The Disability Evaluation System (DES) and DES Quality Assurance Program .....	26
Appendix D. Recovery Coordination Program .....	28
Appendix E. Warriors in Transition Programs .....	30
Appendix F. Recovering Warrior Task Force .....	38

## Management Comments

Under Secretary of Defense for Personnel and Readiness .....	41
--	----

<b>Acronyms and Abbreviations</b> .....	<b>45</b>
---	-----------



# Introduction

---

The DoD Office of Inspector General conducted this assessment as part of an ongoing effort to determine how the DoD managed programs for the care, management, and transition of wounded, ill, and injured (WII) service members.

## Objectives

To determine whether the Office of Warrior Care Policy (WCP):

- assessed and monitored the performance of the DoD Disability Evaluation System (DES);
- used information gathered from the Military Services' DES programs to effect changes in policy, procedures, or resources to improve the DES; and
- provided policy and oversight that enabled the DoD to maintain long-term capability and service-specific knowledge required to support WII service members from each Service and U.S. Special Operations Command (USSOCOM).

See Appendix A for scope, methodology, and prior coverage related to the objectives.

## Background

### ***Wounded, Ill, and Injured Service Member Oversight***

Public Law 110-181, "National Defense Authorization Act for Fiscal Year 2008," January 28, 2008, directed the DoD to improve the care, management, and transition of recovering service members (referred to as WII service members in this report).

In response to Public Law 110-181, the Office of Transition Policy Care and Coordination (TPCC) was established by the Under Secretary of Defense for Personnel and Readiness (USD[P&R]) in November 2008. The TPCC's mission was to ensure equitable, consistent, high-quality care coordination and transition support for members of the Armed Forces, including wounded warriors and their families through appropriate interagency collaboration, responsive policy, and effective program oversight.<sup>4</sup>

In October 2009 the TPCC's name changed to the Office of Wounded Warrior Care and Transition Policy, when the office became a permanent organization.

---

<sup>4</sup> Department of Defense Recovering Warrior Task Force Report 2013-2014 Annual Report, September 2, 2014.

In October 2012 the Office of Wounded Warrior Care and Transition Policy realigned to its current position under the Office of the Assistant Secretary of Defense (Health Affairs) (ASD[HA]), and its name changed to the Office of Warrior Care Policy.

The Office of Warrior Care Policy provides resources, guidance, and assistance to each of the Military Services' wounded warrior programs and initiatives. The WCP also conducts and manages the Disability Evaluation System (DES) and the Recovery Coordination Program (RCP).

### ***Disability Evaluation System***

The DES is the mechanism for determining return to duty, separation, or retirement of service members because of disability. In 2007 the USD(P&R) established policy to institutionalize continuous-process improvements within the DES. The process of continuous improvement allows the DoD to develop solutions to address statutory and systemic issues associated with the DES and the transition of service members separated or retired from military service due to disability. It also allows flexible and prompt response to statutory changes, and it enables the DoD to implement efforts that will improve the system.

### ***Recovery Coordination Program***

According to the WCP, the RCP streamlines and improves the way in which care and support are delivered to WII service members and their families. The program provides Recovery Care Coordinators (RCCs), who guide eligible WII service members, including eligible members of the Reserve Components, and their families along the road to recovery. The RCCs work within each Military Department's Warriors in Transition program.

### ***Warriors in Transition Programs***

Public Law 112-239, "National Defense Authorization Act for Fiscal Year 2013," section 738, "Performance Metrics and Reports on Warriors in Transition Programs of the Military Departments," January 2, 2013, defines the term "Warriors in Transition program" as "any major support program of the Armed Forces for members of the Armed Forces with severe wounds, illnesses, or injuries that is intended to provide such members with nonmedical case management service and care coordination services." The law states that the following comprise the five Warriors in Transition programs:

- Warrior Transition Units and the Wounded Warrior Program of the Army,
- Wounded Warrior Safe Harbor Program of the Navy,
- Wounded Warrior Regiment of the Marine Corps,

- Recovery Care Program and the Wounded Warrior programs of the Air Force, and
- Care Coalition of the United States Special Operations Command.

### ***Task Force on the Care, Management, and Transition of Wounded, Ill, and Injured Members of the Armed Forces***

Public Law 111-84, “National Defense Authorization Act for Fiscal Year 2010,” section 724, October 28, 2009, directed the Secretary of Defense to establish the Department of Defense Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces (referred to as the “Task Force” in this report).<sup>5</sup>

The Task Force’s purpose included:

- assessing the effectiveness of the policies and programs developed and implemented by the DoD and each of the Military Departments;
- assisting and supporting the care, management, and transition of WII service members; and
- making recommendations for the continuous improvement of those policies and programs.

The Task Force was required to submit annual reports<sup>6</sup> to the Secretary of Defense on the activities of the Task Force, the DoD, and the Military Departments to assist and support the care, management, and transition of WII service members. The Task Force reports included findings and conclusions resulting from the assessment of the effectiveness of policies and programs developed and implemented by the DoD and each of the Military Departments that assisted and supported WII service members. The Task Force reports also provided a description of best practices and various ways in which the DoD and the Military Departments could more effectively address matters relating to the care, management, and transition of WII service members, including members of the regular and Reserve Components, and their families.

Since being disestablished by Public Law 111-84 in 2014, the Task Force’s 2013–2014 annual report,<sup>7</sup> published on September 2, 2014, represented its final opportunity to potentially influence the future effectiveness and course of WII service-member care.

<sup>5</sup> Refer to Appendix F for detailed description of the Task Force and Task Force reports.

<sup>6</sup> Refer to Appendix A for a list of annual reports submitted by the Task Force.

<sup>7</sup> Department of Defense Recovering Warrior Task Force Report 2013-2014 Annual Report, September 2, 2014.

The Task Force recognized that the drawdown of U.S. military operations in Southwest and Central Asia after more than a decade of war posed both a risk and an opportunity for the enduring WII service-member transition mission. The Task Force stated that the resulting decline in combat injuries might jeopardize continued attention and resources for WII service members' matters. At the same time this could afford to WII service-member proponents an opportunity to regroup, strategize, formalize, and marshal support for the best way forward in WII service members' care and reintegration for current and future generations of WII service members.

The Task Force also challenged the WCP to do more, and it looked to the WCP as the DoD's "center of excellence," standard-bearer, integrator, and advocate for implementing the mission of WII service-member care, management, and transition.

## Finding A

### **WCP Used Information Gathered From the Military Services' DES Programs to Assess, Monitor, and Effect Changes, but Received Inconsistent and Incomplete Military Department Inspectors General Triennial DES Reviews**

The WCP used information gathered from the Military Services' DES programs during the quality assurance program and the triennial DES reviews to improve the DES. However, the triennial DES reviews received by the Deputy Assistant Secretary of Defense (Warrior Care Policy) (DASD[WCP]) were inconsistent or incomplete.

This occurred because the USD(P&R) and the DASD(WCP) coordinated reporting requirements for the triennial DES reviews with the Services' Principal Deputy Assistant Secretaries (Manpower and Reserve Affairs). There was no evidence of direct coordination with the Secretaries of the Military Departments responsible for the reviews.

Thus the USD(P&R) was at risk of identifying and addressing DES statutory or systemic issues and informing DES policy adjustments by using inconsistent or incomplete data.

## Discussion

### ***Applicable Criteria***

Department of Defense Manual 1332.18, "Disability Evaluation System (DES) Manual: Quality Assurance Program (QAP)," November 21, 2014, Volume 3, assigns responsibilities and establishes procedures for the DES Quality Assurance Program. According to DoD Manual 1332.18, the Assistant Secretary of Defense (Health Affairs) (ASD[HA]) oversees the execution of the DES Quality Assurance Program through the DASD(WCP).

Furthermore, DoD Instruction 1332.18, "Disability Evaluation System (DES)," August 5, 2014, directs the Secretaries of the Military Departments, through their respective Inspectors General, to review compliance with the requirements contained in Enclosure 3 (Operational Standards for the DES) of DoD Instruction 1332.18 every 3 fiscal years for the preceding 3-fiscal-year period and to provide a copy of their final Inspectors General compliance reports to the USD(P&R).

## ***DES Quality Assurance Quarterly Reports and Military Departments' Inspectors General Triennial Review of the DES***

The WCP used the DoD DES Quality Assurance Program<sup>8</sup> reports and the Military Department Inspectors General Triennial DES Review reports to gather information from the Military Services' DES programs, and it used the report results to effect changes in policy, procedures, or resources to improve the DES.

For our review the WCP provided our assessment team with DES Quality Assurance Program Quarterly Reports for the second through fourth quarters of FY 2015 and the first quarter of FY 2016, along with the triennial DES reviews for FYs 2010 through 2012 and 2013 through 2015.

### ***DoD DES Quality Assurance Program***

The DoD DES Quality Assurance Program reports presented the Military Departments' performance based on data from the Departments of Veterans Affairs (VA) Tracking Application,<sup>9</sup> the Integrated Disability Evaluation System (IDES) Customer Satisfaction Survey, and constructed case reviews.<sup>10</sup>

The results of the quarterly reviews were intended to:

- “be used to inform potential revisions to training, law, regulations, and policy that should ultimately help to reduce variance in decision outcomes across the Military Departments”;
- “help the Department identify inconsistencies in the application of laws and regulations across the Military Departments and serve as a source to reduce such variation through training or clarifying and strengthening policies, regulations, procedures, and training”; and
- “provide a systematic methodology to evaluate accuracy and consistency of decisions across the Military Departments and be fundamental to reducing decision variance, when applicable, across the Military Departments.”<sup>11</sup>

We reviewed the WCP's DES quality assurance reports for the second through fourth quarters of FY 2015 and the first quarter of FY 2016. We found that the WCP used the quality assurance report results to effect changes in the DES as evidenced by the following examples.

<sup>8</sup> Refer to Appendix C DES Quality Assurance Program section for an expanded explanation of the Quality Assurance Program.

<sup>9</sup> The Veterans Tracking Application is a joint Veterans Affairs and DoD application to support the effective management and tracking of veteran and service-member beneficiaries at all levels of the continuum of care. The application tracks the initial arrival of a service member into the VA health system and monitors benefits applications and administrative details.

<sup>10</sup> Constructed case reviews are an assessment of hypothetical test-case files adjudicated by a sample of the Military Department Physical Evaluation Board (PEB) adjudicators and evaluated by the Physical Disability Board of Review.

<sup>11</sup> Report on Disability Evaluation System Quality Assurance Program required by the National Defense Authorization Act for Fiscal Year 2013 (Public Law 12-239), Section 524.

One WCP quarterly report identified that, based on constructed case reviews, Military Departments had inconsistently applied overall DoD policy about presumption-of-fitness determinations.<sup>12</sup> The WCP identified a discrepancy in the presumption-of-fitness policy language that may have contributed to the inconsistencies. Further, the Physical Disability Board of Review<sup>13</sup> identified conflicting and potentially confusing test data in the constructed cases.<sup>14</sup> As a result, the WCP clarified the intent of presumption-of-fitness policy for the Military Departments and directed the Physical Disability Board of Review to revise constructed cases to alleviate potential confusion.

Further, the WCP worked with one Service to improve evaluations of presumption-of-fitness.<sup>15</sup> The WCP identified gaps in that Service's understanding of DoD policy and Service regulations, and implemented measures to clarify the Service's application of DES policy.

In another quarterly report, the WCP addressed performance issues highlighted in constructed case reviews concerning DoD policy requirements for record-of-proceedings.<sup>16</sup> The WCP found that the Military Departments were inconsistent in their application of DoD Instruction 1332.18<sup>17</sup> regarding record-of-proceedings. The WCP notified the Military Departments that constructed cases must be adjudicated with the assumption that the service member has requested a copy of his or her record-of-proceedings. The WCP reported that it planned to issue a clarification of the intent of DoD Instruction 1332.18 to the Military Departments.

<sup>12</sup> The DES compensates for disabilities when they cause or contribute to career termination. Service members who are pending retirement at the time when they are referred for disability evaluation are presumed to be fit for military service.

<sup>13</sup> The Under Secretary of Defense for Personnel and Readiness establishes policy for the Physical Disability Board of Review. The Secretary of the Air Force is designated as the lead agent for the establishment, operation, and management of the board. It is DoD policy that the Physical Disability Board of Review will reassess the accuracy and fairness of the combined disability ratings assigned to former service members who: (1) were separated with a combined disability rating of 20 percent or less during the period beginning on September 11, 2001, and ending on December 31, 2009, due to unfitness for continued military service resulting from a physical disability or (2) were not found to be eligible for retirement, including former Reserve Component service members with 20 satisfactory years.

<sup>14</sup> Constructed case reviews are an assessment of hypothetical test-case files adjudicated by a sample of the Military Department PEB adjudicators.

<sup>15</sup> The DES compensates for disabilities when they cause or contribute to career termination. Service members who are pending retirement at the time when they are referred for disability evaluation are presumed to be fit for military service.

<sup>16</sup> Record-of-Proceedings: Upon a service member's written request, a Military Department will provide the service member with a record of the PEB proceedings. The PEB record-of-proceedings must convey the PEB findings and conclusions in an orderly and itemized fashion, with specific attention to each issue presented by the service member about his or her case, along with the basis for applying total or extra-"schedular" ratings or unemployability determinations, as applicable.

<sup>17</sup> DoD Instruction 1332.18, "Disability Evaluation System (DES)," August 5, 2014.

In August 2016, the WCP informed us that it determined that a policy clarification was not sufficient to effect required changes. The WCP also informed us that the necessary changes required revising DoD Instruction 1332.18, and that it expected to publish a revised instruction in calendar year 2017 or 2018.

The WCP also identified an opportunity to integrate Quality Assurance Program training materials into the VA Schedule for Rating Disabilities training to assist with the application of VA ratings and diagnostic codes. The Physical Disability Board of Review developed abbreviated constructed cases for the WCP. These cases were first used in October 2015.

In another quarterly report, the WCP noted that Physical Evaluation Board (PEB) adjudicators made inconsistent determinations when constructed case reviews featured specific themes such as presumption-of-fitness. Consequently, the WCP used these data to modify VA Schedule for Rating Disabilities training for PEB adjudicators. The quarterly report also reported that the WCP implemented updated training guidelines.

### ***Military Departments' Inspectors General Triennial DES Review***

The DASD(WCP) establishes reporting requirements for the Military Departments to monitor and assess the performance of DES and analyzes data submitted by the Military Departments to assess trends to inform policy adjustments. The DASD(WCP) stated that the Military Departments' Inspectors General Triennial Reviews of DES are essential for the continuous improvement of DES.<sup>18</sup>

The USD(P&R) used Military Departments' Inspectors General Triennial Review reports to gather information from the Military Services for continuous improvement of the DES. The WCP's first triennial DES review report covered FYs 2007 through 2009, the second report covered FYs 2010 through 2012, and the current report covers FYs 2013 through 2015.

The WCP analyzed the Military Service's inputs from the triennial DES reports for FYs 2013 through 2015, and it identified the following areas warranting further monitoring and enhanced leadership involvement across each of the Military Departments:

- response and timeliness in complying with guidance provided in DoD policy issuances, specifically DoD Instruction 1332.18 and the supporting manuals;

---

<sup>18</sup> Office of the Assistant Secretary of Defense (Health Affairs) Information Memorandum "Summary of Military Departments' Inspectors General Triennial Reviews of the Disability Evaluation System," July 6, 2016.

- identification and implementation of Military Department-wide measures to achieve and maintain compliance with IDES phase and stage timeliness goals;
- consistence compliance with examination and re-examination of service members placed on the Temporary Disability Retirement List due to a behavioral health diagnoses; and
- achievement and maintenance of required Physical Evaluation Board Liaison Officers (PEBLOs)<sup>19</sup>-to-caseload ratio, ensuring that service members going through the IDES receive the proper case management.

The triennial review report for FYs 2013 through 2015 also stated that the WCP will continue to provide DES oversight and guidance to the staff and leadership of the Military Departments. Specifically, the WCP reported that it will track Military Department closure of open self-identified findings from the 2013–2015 report, and address common training, policy, and information technology needs.

### ***Triennial DES Program Oversight Reporting Requirements***

DoD Instruction 1332.18, “Disability Evaluation System (DES),” August 5, 2014, Enclosure 2, Paragraph 4.k, directs the Secretaries of the Military Departments to:

through their respective Inspectors General, review compliance with the requirements contained in Enclosure 3 of this instruction [DoDI 1332.18] every 3 fiscal years for the preceding 3-fiscal-year period. Forward a copy of their final Inspectors General compliance reports to the USD(P&R).

### ***USD(P&R) and DASD(WCP) Coordinating Memoranda***

USD(P&R) issued a memorandum in May 2007 requiring each Military Department Inspector General to conduct a compliance review of DES processes and report the results every 3 fiscal years to USD(P&R).

The DASD(WCP) issued a separate memorandum in March 2015 to the Army, Navy, and Air Force Principal Deputy Assistant Secretaries (Manpower and Reserve Affairs) advising that the next triennial DES review was due to USD(P&R) by December 15, 2015. The memorandum also directed the respective Inspectors General to review compliance with the requirements contained in Enclosure 3 of DoD Instruction 1332.18.

In June 2015 the DASD(WCP) issued another memorandum to the Army, Navy, and Air Force Principal Deputy Assistant Secretaries (Manpower and Reserve Affairs). The memorandum provided a list of additional triennial DES review Special Interest

<sup>19</sup> PEBLOs guide service members through the entire IDES process to ensure that they are aware of their options and the many decisions that they or their families need to make.

Items for use during the Inspector General Triennial DES Review. The Special Interest Items were intended to offer each Military Department an opportunity to evaluate its DES programs from an impartial, enterprise-wide perspective and to identify best practices and opportunities for improvements to their programs.

As in the March 2015 memorandum, the DASD(WCP) stated that the Inspectors General were to review compliance with the requirements contained in Enclosure 3 of DoD Instruction 1332.18. This memorandum extended the original suspense date of the Service reports from December 15, 2015, to February 1, 2016. Despite establishing and extending the suspense date, all three Services submitted their reports after the suspense date.

We observed that the two 2015 memoranda coordinating the DES triennial reviews were sent to the Service Manpower and Reserve Affairs offices instead of the Secretaries of the Military Departments or Service Inspectors General. DoD Instruction 1332.18, "Disability Evaluation System (DES)," August 5, 2014, Enclosure 2, Paragraph 4.k, directs the Secretaries of the Military Departments to, through their respective Inspectors General, review compliance with the requirements contained in Enclosure 3 of DoD Instruction 1332.18 every 3 fiscal years for the preceding 3-fiscal-year period and forward a copy of their final Inspectors General compliance reports to the USD(P&R).

### ***Military Department Triennial DES Reports***

The WCP DES Director explained that triennial reviews are critical to WCP's DES oversight. Military Departments' Inspectors General triennial reviews are intended to enable DoD to evaluate each Military Department's DES policy and operational oversight, and to direct the WCP and the USD(P&R) to areas requiring attention.

The July 6, 2016, DASD(WCP) Information Memorandum described the past Military Departments' Inspectors General Triennial DES Review reports (over the past 9 years) as "a pattern of inconsistent or incomplete reports",<sup>20</sup> and provided a summary of the reports for FYs 2013 through 2015 to illustrate the pattern. Examples of inconsistent and incomplete reports included in the memorandum are:

- The Army submitted Special Interest Item responses from the Army Office of the Surgeon General and the Army Physical Disability Agency on February 17, 2016, but did not provide an Inspector General report covering the 3-fiscal-year period as described in policy.
- The Navy submitted a complete triennial DES review Inspector General report and Special Interest Item responses on February 5, 2016.

---

<sup>20</sup> Office of the Assistant Secretary of Defense (Health Affairs) Information Memorandum "Summary of Military Departments' Inspectors General Triennial Reviews of the Disability Evaluation System," July 6, 2016.

- The Air Force submitted an Air Force Audit Agency report of the Air Force DES program on May 11, 2016, but only one of the Special Interest Items was addressed in its report.

Thus the WCP and the USD(P&R) were at risk of addressing DES statutory or systemic issues and informing DES policy adjustments while using inconsistent or incomplete data.

## Conclusion

We concluded that the WCP assessed and monitored the performance of DES by executing the DoD DES Quality Assurance Program and directing the Military Departments' Inspectors General Triennial Review of the DES.

We also concluded that the triennial DES reviews coordinating memoranda were sent to the Service Manpower and Reserve Affairs offices instead of, more appropriately, to the Secretaries of the Military Departments. These coordinating memoranda were sent to the Service Manpower and Reserve Affairs offices even though the DoD instruction directs Secretaries of the Military Departments, through their respective Inspectors General, to conduct the triennial review of the DES.

As a result, USD(P&R) received inconsistent and incomplete reports from the Military Department Inspectors General Triennial Review of DES. Because of this the USD(P&R) was at risk of identifying and addressing DES statutory or systemic issues and informing DES policy adjustments while using inconsistent or incomplete data.

## Recommendations, Management Comments, and Our Response

### ***Recommendation A.1***

**We recommend that the Under Secretary of Defense for Personnel and Readiness define and direct common inspection criteria and a standardized reporting format for the Military Departments' Inspectors General Triennial Disability Evaluation System reports.**

### ***The Acting Under Secretary of Defense for Personnel and Readiness Comments***

The Acting Under Secretary of Defense for Personnel and Readiness disagreed with Recommendation A.1, stating that the Department guidance is sufficient for the Military Departments' Inspectors General to complete the required triennial DES compliance reports.

However, the Acting Under Secretary further stated that OUSD(P&R) will, for future reports, provide the Secretaries of the Military Departments with a memorandum to ensure that their Inspectors General are properly tasked to conduct the DES compliance review addressing the areas of Enclosure 3 of DoD Instruction 1332.18, “Disability Evaluation System (DES),” August 5, 2014.

### *Our Response*

Although the Acting Under Secretary disagreed with Recommendation A.1, additional comments stating that OUSD(P&R) will provide the Secretaries of the Military Departments a memorandum to ensure Service Inspectors General are properly tasked to conduct DES compliance review addressing the areas of Enclosure 3 of DoD Instruction 1332.18 in future triennial DES compliance reports satisfied the intent of the recommendation. No further comments are required.

We determined that direct coordination with the Secretaries of the Military Departments in the future will improve communications and will ensure that the Military Departments’ Inspectors General accomplish the triennial DES reviews consistently and completely. We request that the draft memorandum be forwarded to us for review.

## **Recommendation A.2**

**We recommend that the Under Secretary of Defense for Personnel and Readiness revise DoD Instruction 1332.18, “Disability Evaluation System (DES),” August 5, 2014, to clarify the application of the instruction for record-of-proceedings.**

### *The Acting Under Secretary of Defense for Personnel and Readiness Comments*

The Acting Under Secretary agreed, stating the decision to pursue a revision to DoD policy for record-of-proceedings was made prior to this report as a result of effective oversight from the WCP’s Quality Assurance Program. The WCP plans to coordinate a revised DoD Instruction 1332.18, “Disability Evaluation System (DES)” by calendar year 2018 to more formally address DoD standards for record-of-proceedings for DES cases.

### *Our Response*

Comments from the Acting Under Secretary addressed all specifics of the recommendation, so no further comments are required. We request that the draft DoD Instruction be forwarded to us for review.

## Finding B

### **WCP Provided Policy and Oversight to Warriors in Transition Programs in Order to Maintain Long-Term Capability. However, WCP Did Not Ensure RCP Oversight Report Recommendations Were Acted Upon or Resolved**

The WCP used the Military Departments' and USSOCOM's service and command-specific knowledge to provide policy and oversight for the Warriors in Transition programs. The WCP also conducted site visits at DoD RCPs for oversight and continuous improvement, which resulted in reports containing relevant recommendations to the Military Departments' and USSOCOM's RCPs.

However, the WCP did not always assign specific responsibilities to individuals or organizations accountable to act upon RCP oversight report recommendations, and the WCP did not follow up on all recommendations to ensure corrective actions were completed.

This occurred because the WCP did not have established formal guidance for writing RCP oversight reports or a standardized process to manage report recommendations.

Thus the DoD risked that deficiencies identified through the WCP's oversight of WII service members' recovery and transition would not be implemented and would remain unresolved.

## Discussion

### ***Service and USSOCOM Service-Specific Input to Warriors in Transition Program Policy and Oversight***

The WCP develops and implements policy, programs, and oversight mechanisms, and it advocates for the Military Services and USSOCOM Warriors in Transition programs. We determined that the WCP's inclusion of the Military Departments and USSOCOM in meetings and policy development enabled the WCP and the DoD to maintain service-specific knowledge required to support wounded, ill, and injured (WII) service members.

The WCP DES Director explained that the WCP engages the Military Departments and USSOCOM during monthly, quarterly, and ad-hoc meetings about the Warriors in Transition programs. The Director explained that the Military Departments and USSOCOM are involved in the following:

- WCP Executive Council meetings,
- Recovery Coordination Program In-Process Review meetings,
- Interagency Care Coordination Committee – Community of Practice meetings,
- Caregiver Service meetings, and
- other ad-hoc meetings as required.

The WCP DES Director further explained that the WCP provides policy and oversight for the DES that each Military Department operates.<sup>21</sup> The Military Departments are involved in the following:

- DES Advisory Council,
- DES Improvement Working Group,
- DES Relook meetings,
- Narrative Summary Working Group, and
- the Medical Evaluation Boards (MEB) Quality Assurance Working Group.

These meetings enable the Military Services and USSOCOM to voice issues about their Warriors in Transition programs.

The WCP also solicits inputs from the Military Departments and USSOCOM to develop policy affecting WII service members. The WCP later provides the Military Departments and USSOCOM with drafts of policy documents for comments before being tasked for formal coordination. Formal policy coordination also includes the Military Departments and USSOCOM.

### ***RCP Oversight Reports***

The WCP further used its Warrior Care Strategic Roadmap<sup>22</sup> to provide policy and oversight that enabled the DoD to maintain long-term capability to support WII service members. The WCP indicated that its strategic roadmap “laid out an efficient and effective path for enhancing warrior care policies and programs while maintaining adaptability to meet the Department’s current and future needs.”

---

<sup>21</sup> In accordance with DoD Instruction 1332.18, “Disability Evaluation System (DES),” August 5, 2014, the Secretary of each Military Department will implement a DES.

<sup>22</sup> Warrior Care Strategic Roadmap, February 23, 2016.

One of the roadmap's strategic goals was specific to recovery care and DoD's RCP. The strategic goal was to support WII service members, their families, and caregivers in their recovery and rehabilitation. One of the supporting objectives to this goal was to revise RCP policy to better promote uniformity across the Military Departments and to define a comprehensive, adaptive, integrated, and flexible approach to support care, recovery, and transition of WII service members and their families and caregivers. The WCP recognized in its strategic roadmap that, to address future changes in the RCP, it was important to continually assess policy so that it remains relevant and effective.

Each Service's RCP directs the care and support delivered to WII service members and their families. DoD Instruction 1300.24, "Recovery Coordination Program (RCP)," December 1, 2009,<sup>23</sup> establishes the RCP evaluation process to provide for a coordinated review of RCP policies, procedures, and issues. To comply with the current DoD Instruction 1300.24, the WCP conducted annual formal RCP evaluations across the Military Departments for oversight and continuous improvement of the RCP. The WCP requested each Military Department and USSOCOM to review its reports and take appropriate action necessary to address the issues reported and provide corrective action plans.

We reviewed each Military Department's guidance<sup>24</sup> about inspection reports. We concluded that assigning appropriate individuals or agencies to act upon identified recommendations, as well as following up on recommendations until corrective actions are complete, are inspection requirements for the Army, Navy, and Air Force.

During FY 2015, the WCP conducted site visits at 23 different DoD RCPs and identified a total of 145 observations. The observations and recommendations were reported in the following categories:

- Case Management;
- Communications (Education, Training, Outreach);
- DoD Policy;
- Component Policy; and
- Information Management and Technology.

<sup>23</sup> Department of Defense Instruction 1300.24, "Recovery Coordination Program (RCP)," December 1, 2009.

<sup>24</sup> Army Regulation 1-201, "Army Inspection Policy," February 25, 2015; BUPERS Instruction 5040.2G, "Command Inspection Program for Activities Under Command of the Chief of Naval Personnel," June 2, 1995, with Change 1, March 30, 1999; Air Force Instruction 90-201, "The Air Force Inspection System," April 21, 2015, incorporating Change 1, February 11, 2016.

### ***RCP Oversight Report Recommendations***

We reviewed and analyzed the 23 RCP oversight reports conducted during FY 2015. These reports contained the results of the WCP's evaluations of the Military Departments' and USSOCOM's RCPs. We determined that every report contained observations and associated recommendations. However, our analysis also indicated that 35 of the 145 RCP oversight report recommendations did not assign specific responsibilities to persons or organizations accountable to act upon the identified recommendations.

We observed that the WCP lacked established formal guidance or criteria for writing RCP oversight reports, and did not have a requirement that an action office be specified for report recommendations. On July 28, 2016, the WCP informed our assessment team that it was taking steps to establish RCP report writing guidance.

### ***RCP Oversight Report Followup***

As of August 2016, the WCP had only received seven corrective action plans from the 23 RCP inspections conducted in FY 2015. Also we observed that the WCP did not monitor or track the RCP oversight report recommendations or corrective action plans to ensure corrective actions were completed. The WCP stated that limited human resources inhibited WCP's ability to properly monitor and manage corrective action plans during FY 2015.

As a result of not following up on the status of the corrective action plans, the DoD risked that deficiencies identified through the WCP's oversight of WII service members' recovery and transition would not be implemented and would remain unresolved.

In August 2016, the WCP informed our team that they were revising the RCP Site Assistance Visit process, and began collaborative quality assurance discussions with the Services to define standardized processes and procedures for followup on recommendations and corrective action plans. The WCP informed our team that corrective action plan monitoring was being revised to enhance RCP policy and program oversight and to promote a more structured, data-driven improvement effort. The WCP also stated that the revised process would incorporate a methodology that follows the experience of recovery care and services provided to service members through the recovery care delivery process. The WCP anticipated implementing process revisions by January 2017 with revisions to policy to occur no later than mid-2017.

## Conclusion

The WCP sought each Military Department's and USSOCOM's service-specific knowledge to provide policy and oversight for WII service members. The WCP also solicited inputs from the Military Departments and USSOCOM to develop policy.

However, even though the WCP conducted RCP inspections and made recommendations, the WCP did not always assign specific responsibilities to persons or organizations accountable to act upon the recommendations, and it did not follow up on the recommendations or subsequent corrective action plans.

Recommendations not specifically assigned to a person or organization, or corrective action plans not followed up on, risked not being implemented. Consequently, the DoD risked that deficiencies identified through the WCP's oversight of WII service members' recovery and transition would not be acted upon and would remain unresolved.

The WCP informed our assessment team that it was taking steps to establish RCP report writing guidance, revising the RCP Site Assistance Visit process, and beginning collaborative quality assurance discussions with the Services to define standardized processes and procedures for followup on recommendations and corrective action plans.

## Recommendations, Management Comments, and Our Response

### ***Recommendation B.1***

**We recommend that the Deputy Assistant Secretary of Defense (Warrior Care Policy) establish guidance for writing Recovery Coordination Program oversight reports that include the requirement to specifically assign a person or organization to take action on each recommendation.**

#### *The Acting Under Secretary of Defense for Personnel and Readiness Comments*

The Acting Under Secretary of Defense for Personnel and Readiness, responding for the Deputy Assistant Secretary of Defense (Warrior Care Policy), agreed, stating that the WCP was revising DoD Instruction 1300.24, "Recovery Coordination Program (RCP)," December 1, 2009. The intent is to delineate the WCP's role in providing RCP oversight reports to more effectively monitor program performance and promote accountability. The reports will identify who was responsible for

taking corrective action on recommendations and establish suspense on corrective actions taken to facilitate continuous improvement efforts. The WCP plans to coordinate a revised DoD Instruction 1300.24 with the Military Departments and USSOCOM during calendar year 2017.

*Our Response*

Comments from the Acting Under Secretary addressed all specifics of the recommendation, so no further comments are required. We request that the draft DoD Instruction be forwarded to us for review.

**Recommendation B.2**

**We recommend that the Deputy Assistant Secretary of Defense (Warrior Care Policy) establish policy that ensures followup of all Recovery Coordination Program oversight report recommendations until corrective actions are complete.**

*The Acting Under Secretary of Defense for Personnel and Readiness Comments*

The Acting Under Secretary of Defense for Personnel and Readiness, responding for the Deputy Assistant Secretary of Defense (Warrior Care Policy), agreed, stating that the revision to DoD Instruction 1300.24 will specify WCP's, the Military Departments', and USSOCOM's responsibilities to establish procedures to track report recommendations and to ensure that corrective actions are developed, approved, and completed in a timely manner. The WCP plans to coordinate a revised DoD Instruction 1300.24 with the Military Departments and USSOCOM in calendar year 2017.

*Our Response*

Comments from the Acting Under Secretary addressed all specifics of the recommendation, so no further comments are required. We request that the draft DoD Instruction be forwarded to us for review.

## Appendix A

---

### Scope and Methodology

We initiated this assessment as a part of an ongoing effort to determine how the DoD managed programs for the care, management, and transition of WII service members.

We conducted this assessment from January 2016 through November 2016 in accordance with the "Quality Standards for Inspection and Evaluation" published in January 2012 by the Council of the Inspectors General on Integrity and Efficiency. To meet our objectives and to comply with the quality standards, we planned and performed this assessment to obtain sufficient and appropriate evidence. We believe that the evidence obtained during this assessment provides a reasonable basis for our findings, conclusions, and recommendations.

We conducted site visits within the National Capital Area from February to April 2016, and we visited USSOCOM Care Coalition at MacDill Air Force Base, Florida, and Headquarters Air Force Personnel Center at Joint Base San Antonio – Randolph, Texas in April 2016.

#### **Scope**

We limited the scope of our assessment to the Under Secretary of Defense for Personnel and Readiness USD(P&R), Office of Warrior Care Policy's key responsibilities.

#### **Methodology**

To assess our objectives we reviewed:

- National Defense Authorization Acts,
- DoD Task Force Reports,
- DoD Directives,
- DoD Instructions and associated manuals,
- Secretary of Defense reports to Congress regarding the performance of Military Departments' Warriors in Transition Programs,
- official memoranda, and
- reports and studies from outside agencies.

We also reviewed pertinent documents received from the WCP, specifically:

- Disability Evaluation System Quality Assurance Program quarterly reports,
- Disability Advisory Council charter and meeting minutes, and
- WCP draft strategic plan and organizational chart.

Further, we reviewed RCP quality reviews, program fact sheets, and memoranda of understanding. Also we reviewed pertinent documents received from Military Departments' Warriors in Transition programs and triennial Inspectors General reports.

We conducted interviews from February 2016 to April 2016 with the following program officials:

- Director, Office of Warrior Care Policy, Disability Evaluation System;
- Director, Office of Warrior Care Policy, Disability Evaluation System Policy;
- Director, Office of Warrior Care Policy, Recovery Coordination Program;
- Director, Office of Warrior Care Policy, Outreach and Training;
- Director, Office of Warrior Care Policy, Business Program Requirements;
- Director, Policy and Programs, Transition to Veterans Program Office;
- Director, U.S. Special Operations Command, Care Coalition Program;
- Chief, U.S. Special Operations Command, Recovery Care Center;
- Deputy to Commander, Warrior Transition Command;
- Assistant Deputy for Medical Affairs, Assistant Secretary of the Army, Manpower and Reserve Affairs, Manpower Personnel;
- Chief, Integrated Disability Evaluation System/Medical Readiness, Headquarters Department of the Army;
- Program Manager, Air Force Warrior and Survivor Care;
- Assistant Deputy, Health Policy, Office of the Secretary of the Air Force, Assistant Secretary (Reserve Affairs & Airman Readiness);
- Deputy, Air Force Warrior Care Division;
- President, Air Force Physical Evaluation Board, Air Force Personnel Center;
- Chief, Air Force Physical Disability Policy, Air Force Personnel Center;
- Deputy, Wounded, Ill, and Injured, Assistant Secretary of the Navy, Manpower and Reserve Affairs;

- Command Advisor, Wounded Warrior Regiment;
- Director, Navy Safe Harbor;
- Department Head, Medical Readiness, Bureau of Medicine and Surgery; and
- President, Navy Physical Evaluations Board.

## Limitations

After our site visit to DoD's Transition to Veterans Program Office (TVPO), we deleted our original fourth objective, which was to determine whether the WCP used outcome-focused metrics that were comparable across each Service and USSOCOM to evaluate employment program effectiveness, including the performance of WII service members who entered the job market.

DoD's Transition to Veterans Program Office, rather than the WCP, is reporting WII service member metrics. TVPO, in collaboration with the Departments of Labor (DoL) and Veterans Affairs (VA), was working to improve the transition of service members to veteran status by creating a dashboard to report WII service members' metrics. TVPO was implementing an interagency evaluation and assessment plan that included ongoing monitoring and analysis of service member performance in the job market. The DoD's interagency partners (DoL and VA) are focused on all service members' performance that includes, but does not single out, WII service members.

The TVPO is aligned under the Assistant Secretary of Defense (Readiness), not a part of the WCP. Since the objectives of this evaluation were to assess the WCP, TVPO's, as well as their interagency partners', processes are not included in this assessment.

## Use of Computer-Processed Data

We did not use computer-processed data to perform this evaluation.

## Use of Technical Assistance

We did not use technical assistance in conducting this evaluation.

## Prior Coverage

During the last 5 years, the Government Accountability Office (GAO) and the Department of Defense issued reports relevant to Wounded Warrior Transition Program Oversight.

Unrestricted GAO reports may be accessed at <http://www.gao.gov>.

Unrestricted DoD reports may be accessed at <http://rwtf.defense.gov>.

### **GAO**

GAO-13-5, Recovering Service members and Veterans, “Sustained Leadership Attention and Systematic Oversight Needed to Resolve Persistent Problems Affecting Care and Benefits,” November 16, 2012

### **DoD**

Department of Defense Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces, “Department of Defense Recovering Warrior Task Force, 2013-2014 Annual Report,” September 2, 2014

Department of Defense Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces, “Department of Defense Recovering Warrior Task Force, 2012-2013 Annual Report,” September 3, 2013

Department of Defense Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces, “Department of Defense Recovering Warrior Task Force, 2011-2012 Annual Report,” August 31, 2012

Department of Defense Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces, “Department of Defense Recovering Warrior Task Force, 2010-2011 Annual Report,” September 2, 2011

## Appendix B

---

### Applicable Criteria

#### ***DoD Instruction 1332.18***

According to DoD Instruction 1332.18, “Disability Evaluation System (DES),” August 5, 2014, the Assistant Secretary of Defense (Health Affairs) (ASD[HA]) is responsible for monitoring the performance of DES, reviewing DES policies, including those proposed by the Military Departments, and recommending improvements in DES policy.

The Deputy Assistant Secretary of Defense (Warrior Care Policy) (DASD[WCP]):

- oversees, assesses, and reports on the performance of DES;
- recommends to ASD(HA) changes in policy, procedure, or resources to improve DES performance;
- reviews Military Departments’ policies and procedures for disability evaluation that affect the uniformity of standards for separation or retirement for unfitness because of disability, or separation of Reserve Component members for medical disqualification;
- develops quality assurance procedures to ensure that policies are applied fairly and consistently and reports to ASD(HA) about the results of Military Department DES quality control programs;
- develops and executes a strategic communication plan for the DES;
- establishes reporting requirements; and
- advises on the accuracy and completeness of the DES Annual Report and DES quarterly data submitted by the Military Departments to propose improvements to DES based on the submitted performance data.

DoD Instruction 1332.18 also directs the Secretaries of the Military Departments, through their respective Inspectors General, to review compliance with the requirements contained in Enclosure 3 (Operational Standards for the DES) of DoD Instruction 1332.18 every 3 fiscal years for the preceding 3-fiscal-year period and to provide a copy of their final Inspectors General compliance reports to the USD(P&R).

**DoD Manual 1332.18**

Further, DoD Manual 1332.18, “Disability Evaluation System (DES) Manual: Quality Assurance Program (QAP),” was issued on November 21, 2014. The manual is composed of several volumes, each containing its own purpose. Volume 3 assigns responsibilities and establishes procedures for the DES Quality Assurance Program. According to the manual, the ASD(HA) oversees the execution of the procedures in volume 3 and through the DASD(WCP) to:

- oversee and assess the performance of the DES Quality Assurance Program in coordination with the Assistant Secretary of Defense for Reserve Affairs and the Secretaries of the Military Departments;
- develop DES Quality Assurance Program performance measures and goals in accordance with the USD(P&R) strategic plan;
- establish reporting requirements necessary to monitor and assess the performance of the Military Departments’ DES Quality Assurance Programs and compliance with DoD Manual 1332.18, Volume 3;
- use the data collected from the post-process case and consistency reviews to inform policy as to the accuracy, consistency, and proper performance of duty of the MEB and PEB. Customer satisfaction survey statistics and designated IDES electronic tracking system data were to be used to evaluate the proper performance of duty of MEBs, PEBs, and PEBLOs;
- provide a report of the post-process case reviews with summary level results of the adjudications to the Military Departments;
- provide analysis and performance metrics reports to the Military Departments on post-process review accuracy, consistency, and proper performance of duty for MEBs and PEBs;
- provide a report of the consistency review with a summary of all Military Departments data; and
- provide feedback to the Military Departments on the proper performance of MEBs, PEBs, and PEBLOs based on additional data sources, such as, but not limited to, stakeholder and customer survey data and designated IDES electronic tracking system data.

**DoD Instruction 1300.24**

According to DoD Instruction 1300.24, "Recovery Coordination Program (RCP)," December 1, 2009, the USD(P&R) is responsible for RCP policy and program oversight and is required to:

- execute RCP policy and program oversight through the WCP,
- oversee all WII service member support programs throughout the DoD and adjust RCP policy and procedures as necessary,
- oversee the development of core training conducted by the WCP for the Military Department Recovery Care Coordinators (RCCs), and
- oversee Military Department development of policies and procedures that are uniform and standardized across the Military Departments.

DoD Instruction 1300.24 requires the WCP to:

- develop and conduct an annual formal RCP evaluation across the Military Departments, using existing DoD assessment tools and information found in DoD Instruction 1100.13;
- conduct a baseline evaluation beginning one year from the effective date of the Instruction and to initiate a recurring program evaluation schedule;
- encourage the Military Departments to conduct internal evaluations;
- focus the RCP evaluation on the care, management, and transition process of the WII service member; and
- use the results of the evaluation to implement improvements to the RCP and to ensure the quality of the delivery of healthcare services to WII service members and their families.

## Appendix C

---

### The Disability Evaluation System (DES) and DES Quality Assurance Program

#### ***Disability Evaluation System (DES)***

According to DoD Instruction 1332.18, the DES is the mechanism for determining the return to duty, separation, or retirement of service members because of disability. Service members will process through one of three DES processes: Legacy DES, Integrated DES (IDES), or Expedited DES.

According to the official Military Health System and Defense Health Agency website, if a service member is found medically unfit for duty, IDES provides the service member with a proposed VA disability rating before he or she leaves the service. The proposed rating informs the service member of the approximate amount of compensation and benefits that he or she will receive from the VA.

PEBLOs guide service members through the entire IDES process to ensure that service members are aware of their options and the many decisions they or their families need to make. VA Military Service Coordinators help service members to file their claims for VA benefits before they leave the service so that they can receive their benefits as soon as possible after they leave the service.

To make the system fast and fair, there are options and appeal processes that a service member can choose to get decisions reviewed along the way. The Services also provide legal counsel at no cost to the service member.

DoD Instruction 1332.18 outlines the overview of the DES:

- a medical evaluation which includes the MEB, impartial medical reviews, and rebuttal option; and
- the disability evaluation, which consists of the PEB and appellate review, counseling, case management, and final disposition.

#### ***DES Quality Assurance Program***

According to Public Law 112-239, “National Defense Authorization Act for Fiscal Year 2013,” section 524, “Quality Review of Medical Evaluation Boards, Physical Evaluation Boards, and Physical Evaluation Board Liaison Officers,” January 2, 2013, the Secretary of Defense standardizes, assesses, and monitors the quality assurance programs of the Military Departments to evaluate the performance of the duties of the PEBLOs and the MEB and PEB boards.

According to the “Report on the Implementation of the Disability Evaluation System Quality Assurance Program (2015 Status Report),” the DES quality assurance framework includes the following key functions:

**Quality Planning:**

- the establishment of guiding principles by which disability evaluation quality assurance processes will be carried out, and
- the identification of standardized mechanisms to evaluate the accuracy and consistency of decisions and to assess the proper performance of duties.

**Quality Assurance:**

- the formalized processes and procedures to evaluate the accuracy and consistency of decisions,
- the mechanisms to measure and evaluate personnel and processes,
- the frequency of executing quality assurance activities, and
- the formalized evaluation criteria to ensure that the Military Departments use standardized instruments to measure the congressionally established objectives.

**Quality Control:**

- the collection and analysis of data to identify performance gaps and areas for improvement.

**Quality Improvement:**

- the actions taken to resolve identified performance deficiencies, gaps, and areas of improvement.

## Appendix D

---

### Recovery Coordination Program

Public Law 110-181, “National Defense Authorization Act for Fiscal Year 2008,” January 28, 2008, section 1611, directed the Secretaries of Defense and of Veterans Affairs to develop and implement a comprehensive policy on improvements to the care, management, and transition of WII service members.

In 2009 the DoD published DoD Instruction 1300.24, “Recovery Coordination Program (RCP),” which formally established policy, assigned responsibilities, and prescribed uniform guidelines, procedures, and standards for improvements to the care, management, and transition of WII service members across the Military Departments.

#### ***The Recovery Coordination Program (RCP)***

According to the WCP, the RCP streamlines and improves the way in which care and support are delivered to WII service members and their families. The program provides RCC, who guide eligible WII service members, including eligible members of the Reserve Component, and their families, along the road to recovery. The RCCs work within each Military Department’s Warriors in Transition program.

RCCs support WII service members who:

- have serious injuries or illnesses,
- are unlikely to return to duty within a time specified by the respective Military Departments, and
- may be medically separated from the military.

A service member who may benefit from the support of an RCC may self-refer or may be referred by medical or nonmedical support, a Warriors in Transition program, or a family member.

The RCCs analyze the needs of the WII service members and their families. Based on those needs, the RCCs work with the service members and their families to develop patient-centered recovery plans, which identify their personal and professional goals as well as the services and resources needed to achieve those goals.

### ***The Recovery Plan***

According to DoD Instruction 1300.24, a recovery plan is a patient-centered plan prepared by a recovery team, WII service member, and family or designated caregiver with medical and nonmedical goals for recovery, rehabilitation, and transition. The plan is also prepared with personal and professional goals and the identified services and resources needed to achieve the goals.

A recovery team shall include the WII service member's commander, the WII service member, an RCC or a Federal Recovery Coordinator, a medical care case manager, and a nonmedical case manager. The recovery team may also include medical professionals such as primary care managers, mental health providers, physical and occupational therapists, and others such as PEBLOs, VA Military Services coordinators, chaplains, and family support program representatives.

The recovery team collaborates with the RCC and other recovery team members to develop the comprehensive recovery plan, evaluates its effectiveness in meeting the WII service member's goals, and revises it as necessary to accommodate the WII service member's changing objectives, abilities, and recovery status. The recovery team also determines the WII service member's location of care, based primarily on the WII service member's medical care needs, with consideration given to the desires of the WII service member and the family – which may include the designated caregiver as well – and provide the WII service member and family or designated caregiver options for care locations during the development of the comprehensive recovery plan.

## Appendix E

---

### Warriors in Transition Programs

Public Law 112-239, “National Defense Authorization Act for Fiscal Year 2013,” section 738, defines the term “Warriors in Transition program” as:

any major support program of the Armed Forces for members of the Armed Forces with severe wounds, illnesses, or injuries that is intended to provide such members with nonmedical case management service and care coordination services.

The law includes these Warriors in Transition programs:

- Warrior Transition Units and the Wounded Warrior Program of the Army,
- Wounded Warrior Safe Harbor Program of the Navy,
- Wounded Warrior Regiment of the Marine Corps,
- Recovery Care Program and the Wounded Warrior Programs of the Air Force, and
- Care Coalition of the United States Special Operations Command (USSOCOM).

According to the second annual report to Congress on the performance of the warrior care programs of the Military Departments, the programs provide command, case management, and nonmedical assistance to WII service members navigating the recovery, rehabilitation, and transition phases of the military medical treatment system. The programs assist WII service members through the continuum of care to a successful return to duty or transition to civilian life. Each Service and USSOCOM operates programs within the parameters of policies established by DoD and provide recovery care coordination, rehabilitation, employment, and education opportunities, and the transition of WII service members to care received through the VA.

#### ***Warrior Transition Units and the Wounded Warrior Program of the Army***

According to the U.S. Army Warrior Transition Command, the command is a subordinate command under the U.S. Army Medical Command, whose mission is to develop, coordinate, and integrate the Army’s Warrior Care and Transition Program (WCTP) for WII Soldiers, veterans, and their families. The Warrior Transition Command is the lead proponent for the WCTP, which enables the Army to evaluate and treat WII service members through a comprehensive, Soldier-centric process of medical care, rehabilitation, professional development, and achievement of personal goals.

Elements of the WCTP include:

- Comprehensive Transition Plan,
- Healing Campuses,
- Warrior Transition Units,
- Triad of Care,
- Army Wounded Warrior program,
- Career and Education, and
- Adaptive Sports.

### *Army Warrior Transition Unit*

According to the Warrior Transition Command, Warrior Transition Units were developed in 2007 to provide better care and management to WII Soldiers and their families. As of February 2016, the Army's WCTP consisted of 24 Warrior Transition Units on Army installations throughout the United States (including Alaska and Hawaii), Puerto Rico, and Germany.

Eleven installations had Community Care Units, allowing Soldiers with non-complex medical cases to heal in their home communities with the support of their families and caregivers.

### *Army Wounded Warrior Program*

The Warrior Transition Command also oversees the Army Wounded Warrior Program, which helps (and advocates for) the Army's most severely WII service members, veterans, and their families, wherever they are located, regardless of their military status. Soldiers who qualify are assigned to the program soon after arriving at the Warrior Transition Unit. Through local support of Army Wounded Warrior Program Advocates, the Army Wounded Warrior Program strives to foster each Soldier's independence.

### *WCTP Entry Criteria*

As stated in the second annual report to Congress on the performance of the warrior care programs of the Military Departments, the following Soldiers are eligible for entry into the WCTP:

Active Component and Active Guard Reserve Soldiers must meet one of the following:

- A Soldier has received or is expected to receive a profile of more than six months with duty limitations that preclude the Soldier from training or contributing to unit mission accomplishment, and the complexity of the Soldier's condition requires clinical case management; or
- A Soldier's psychological condition is evaluated by a qualified medical or behavioral health provider as posing a substantial danger to self or others if the Soldier remains in the unit.

Reserve Component Soldiers must meet all of the following:

- a Soldier's medical condition(s) incurred or aggravated in the Line of Duty during an Active Duty status (contingency or non-contingency) or inactive duty status (inactive duty training, funeral honors duty, etc.);
- a Soldier's condition requires definitive care as a specific treatment or a sequence of treatments lasting 30 days or more, as determined and appropriately documented by a medical authority;
- treatment is expected either to return the Soldier to duty or to reach the Medical Retention Determination Point and begin the Disability Evaluation System process; and
- treatment plan will require a major time commitment from the Soldier, such as three or more medical appointments per week.

### ***Wounded Warrior Safe Harbor Program of the Navy***

According to Navy Wounded Warrior-Safe Harbor, Navy Wounded Warrior-Safe Harbor is the sole organization for coordinating the non-medical care of seriously WII Sailors and Coast Guardsmen, and providing resources and support to their families and caregivers. The program provides individually-tailored assistance designed to optimize the success of the WII service members' recovery, rehabilitation, and reintegration activities. Navy Wounded Warrior helps Sailors and Coast Guardsmen to return to duty, and when that is not possible, the program works collaboratively with Federal agencies and state and local organizations to ease WII service members back into their communities.

Regional Navy Wounded Warrior non-medical care management teams work with WII service members and their families to identify their goals and develop plans to achieve them. Regional directors lead the teams, and Recovery Care Coordinators

oversee the development and execution of the Comprehensive Recovery Plans. Regional Navy Wounded Warrior non-medical care management teams tailor support to each enrolled service member's needs. The support includes the following elements:

- Comprehensive Recovery Plan,
- adaptive sports and reconditioning,
- pay and personnel issues,
- Invitational Travel Orders,
- lodging and housing adaptation,
- child and youth care,
- transportation needs,
- education benefits and training and employment opportunities,
- Commissary and Exchange access,
- respite care,
- traumatic brain injury and posttraumatic stress disorder support services, and
- transition assistance and much more.

Safe Harbor has six regional locations – Navy Region Mid-Atlantic, Southeast, Northwest, Southwest, Hawaii, and Naval District Washington.

### *Safe Harbor Entry Criteria*

As stated in the second annual report to Congress on the performance of the warrior care programs of the Military Departments, the following are eligible for entry into Safe Harbor:

- Any Active Component Sailor or Coast Guardsman who has a serious illness or injury requiring long-term care that may necessitate referral to IDES to determine fitness for duty.
- Any Reserve Component Sailor or Coast Guardsman whose injury or medical condition was incurred in the Line of Duty during active status (Active Duty Special Work and Mobilization) or inactive duty status (Active Duty Training or Inactive Duty Training Travel) may qualify for evaluation, treatment, or disability evaluation processing while in Active Duty status.

Since its inception, in October 2005, Safe Harbor has experienced continuous growth. In FY 2015 the supported population increased by 23 percent. That growth is a result of increased awareness across the Navy due to an effective outreach and marketing campaign, as well as an observed change in the attitudes

of Sailors and Coast Guardsmen and their willingness to overcome the stigma of seeking help. Further, Navy Wounded Warrior – Safe Harbor has seen a shift from injuries to illnesses within their population over the past year, with a 6 percent growth in illnesses. This documented growth is attributed to an increased incidence of cases of cancer and posttraumatic stress disorder.

The Navy Wounded Warrior-Safe Harbor program is focused on placing enrolled seriously WII service members in employment, internship, and education opportunities to help with their transition into civilian life. Only 10 percent of Navy Wounded Warrior-Safe Harbor return to duty; 90 percent are medically retired because of their illnesses or injuries.<sup>25</sup>

### ***Wounded Warrior Regiment of the Marine Corps***

According to the Wounded Warrior Regiment (WWR), the WWR provides leadership, and it facilitates the integration of nonmedical and medical care to combat and non-combat WII Marines, Sailors attached to Marine units, and their family members – to maximize their recovery while they return to duty or transition to civilian life. The regimental headquarters, located in Quantico, Virginia, commands the operation of two Wounded Warrior Battalions and multiple detachments in locations around the globe, including major military treatment facilities and VA Polytrauma Rehabilitation Centers. The Wounded Warrior Battalion – West is at Camp Pendleton, California, and the Wounded Warrior Battalion – East is at Camp Lejeune, North Carolina.

Wounded Warrior Regiment support ranges from section leaders and Recovery Care Coordinators supporting active duty Marines to the District Injured Support Coordinators, Field Support Representatives, and call center representatives assisting reserve and veteran Marines.

The WWR Quarterly Update (January-March 2016) noted that the WWR provides a spectrum of support to WII Marines, Sailors, veterans, and their families through a variety of programs. Support provided during Quarter 1, January through March, 2016 included:

- RCCs worked with WII Marines, Sailors, and their families to develop and execute their comprehensive recovery plans. As part of the recovery team, RCCs worked closely with Marine commands and medical teams to optimize recovery.

---

<sup>25</sup> Second annual report, required by section 738(e)(2), about the performance of the warrior-care programs of the Military Departments in their care for wounded, ill, and injured (WII) service members.

- Medical sections provided medical subject matter expertise, advocacy, and liaison to the military and civilian medical communities through a team of licensed clinical care advocates.
- District Injured Support Coordinators (who are mobilized Reserve Marines) provided help to Marines and Sailors recovering while away from military bases, transitioning from active duty or reserve to veteran status, or medically retired to Temporary Disability Retired List.
- Field Support Representatives function as District Injured Support Coordinators but are contracted support. They are geographically dispersed throughout the United States to reach a Marine or Sailor in need within 24 hours.
- The Sergeant Merlin German Wounded Warrior Call Center conducted outreach and received calls on a 24/7 basis, and it conducted outreach calls to Purple Heart recipients, Temporary Disability Retired List Marines, and veterans.
- The Reserve Medical Entitlements Determination Section managed all cases of Marine reservists in a medical hold status or a line of duty status.
- The Wounded Warrior Battalion Contact Centers conducted outreach calls to WII Marines and Sailors on active duty who are recovering with their parent commands.

### *WWR Entry Criteria*

As stated in the second annual report to Congress on the performance of the warrior care programs of the Military Departments, any Marine with an injury or illness requiring more than 90 days of medical treatment or rehabilitation is referred to the program.

### ***Recovery Care Program and the Wounded Warrior Programs of the Air Force***

According to the Air Force Wounded Warrior Program (AFW2), the AFW2 is a federally-mandated program that provides personalized care, services, and advocacy for seriously WII service members.

The AFW2's Recovery Team is an integral part of the Recovery Coordination Program, providing individualized support, care management, and coordination. Key Recovery Team members are Recovery Care Coordinators, Non-Medical Care Managers; Medical Care Case Managers, Commanders and First Sergeants, family members, and caregivers. The Recovery Team uses the Continuum of Care to provide services and anticipate the needs of the WII service members, caregivers, and families.

The AFW2 typically provides or coordinates these services:

- comprehensive recovery planning,
- pay and personnel issues,
- personalized transition assistance,
- connections with local and DoD resources to meet needs,
- transition from DoD to VA,
- lodging and housing adaptation,
- child and youth care services, and
- transportation needs.

Elements of the AFW2 Warrior Care Support Programs include:

- outreach, communication, and marketing;
- Family Liaison Officer;
- Caregiver Support Program;
- Special Compensation for Assistance with Activities of Daily Living Program;
- Adaptive and Rehabilitative Sports Program;
- Recovering Airman Mentorship Program; and
- Career Readiness Program.

### *AFW2 Entry Criteria*

AFW2 program eligibility consists of:

- members who were identified as seriously or very seriously WII on Casualty Morning Report or by medical authority;
- on a case-by-case basis, airmen with highly complex medical conditions, as provided by a medical authority;
- airmen diagnosed with posttraumatic stress disorder or traumatic brain injury (verified by medical authority) under consideration or referred to MEB;
- Purple Heart recipients; and
- Air Reserve Component members who returned for more than 6 months on Title 10 medical orders with serious or severe conditions or returned to Title 10 orders for deployment-related serious or severe condition(s).

## ***Care Coalition of the United States Special Operations Command (USSOCOM)***

The mission of USSOCOM Warrior Care Program (Care Coalition) is to provide Special Operations Forces (SOF) WII service members and families lifetime advocacy after life-altering trauma or illness, enhancing the service members' quality of life and strengthening SOF readiness. The primary objectives are recovery, rehabilitation, reintegration, and transition. The program leverages the military health care system and TRICARE network, DoD programs, other Federal programs, and community-based initiatives.

According to USSOCOM, its Care Coalition RCCs provide oversight and help for SOF WII service members and their families through a continuum of care and recovery using the Comprehensive Recovery Plan and Comprehensive Transition Plan. The RCCs provide direct lifelong help to SOF WII members through effective followup contact and collaboration with multidisciplinary teams, medical case managers, and other military agencies. The RCCs also provide coordination for medical and nonmedical services, and they facilitate smooth rehabilitation and transition back to active duty or to civilian life for SOF WII service members. The RCCs also collect, maintain, and analyze data for planning and tracking.

USSOCOM's Warrior Care Program (Care Coalition) offers outreach, fellowship programs, employee help and retraining, and education opportunities to assist special operators in the transition process.

### ***USSOCOM Care Coalition Entry Criteria***

As stated in the second annual report to Congress on the performance of the warrior care programs of the Military Departments, the USSOCOM Care Coalition is available to service members of any branch who incur a wound, injury, or illness with a potentially long-term impact while assigned to USSOCOM or a subordinate unit or while holding a Special Operations occupational specialty code.

## Appendix F

---

### Recovering Warrior Task Force

Public Law 111-84 directs the establishment of the DoD Task Force on the Care, Management, and Transition of Recovering WII members of the Armed Forces (referred to as the Task Force). According to the legislation, the Task Force has the duties to:

- assess the effectiveness of the policies and programs developed and implemented by DoD and by each of the military departments;
- help and support the care, management, and transition of WII service members; and
- make recommendations for the continuing improvement of those policies and programs.

According to the DoD Recovering Warrior Task Force 2010-2011 Annual Report, military operations in Afghanistan and Iraq brought new focus to the needs of all WII service members and their families. The system for medical and nonmedical care – which in some ways had not changed since the Vietnam War – was under stress in 2007, when shortfalls in the management of WII service members at the Walter Reed Army Medical Center gained national attention.

Since 2007, a number of commissions have made recommendations to address the needs of the WII community. Among the most influential commissions was the President’s Commission on Care for America’s Returning Wounded Warriors. With legislative support and a national mandate, the DoD, the Military Departments, and the VA put in place policies and programs to provide a seamless continuum of care. While the proportion of combat-injured service members assigned to wounded warrior units and programs varies, Congress and the DoD have designed many of these programs for the benefit of *all* WII service members.

Since the revelations at Walter Reed, lawmakers have sought to understand how well this continuum of care is working. The independent Task Force was the means through which Congress intended to answer this question. The Task Force drew upon the experience and expertise of its members to assess how effectively the DoD and the Military Departments are meeting the needs of the WII community and to provide recommendations for the improvement of Recovering Warrior (WII service member) policies and programs.

Each year the Task Force reviewed and assessed more than a dozen diverse matters that Congress has specified. The Task Force grouped these matters into the four following domains, which reflect a holistic and patient-centered approach for the recovery, rehabilitation, and reintegration of service members.

**Restoring Wellness and Function:**

- Recovering Warrior unit and program staffing,
- Recovering Warrior unit and program performance measurement,
- Services for posttraumatic stress disorder and traumatic brain injury,
- Defense Centers of Excellence, and
- Medical care case management.

**Restoring Into Society:**

- nonmedical case management,
- information resources, and
- support for family caregivers.

**Optimizing Ability:**

- vocational programs and services, and
- systems, such as the Transition Assistance Program, to ease DoD and VA transition.

**Enabling A Better Future:**

- Senior Oversight Committee effectiveness,
- Interagency Program Office effectiveness,
- Integrated Disability Evaluation System (IDES),
- support for progressing through IDES,
- legal support for Recovering Warriors and families,
- interagency matters of transition to civilian life, and
- overall coordination between the DoD and the VA.

The Task Force's last report in FY 2014 contained 10 recommendations, which built on the 77 previous recommendations made in the three reports for FYs 2011, 2012, and 2013. The Task Force's final report provided focus on four areas:

- the Integrated Disability Evaluation System (IDES),
- supporting an enduring Recovering Warrior mission,
- facilitating warrior recovery and transition, and
- facilitating access to health care.

The report also acknowledged the Task Force sunset and the opportunity to potentially encourage continued attention and resources for Recovering Warrior matters.

## Management Comments

### Under Secretary of Defense for Personnel and Readiness



PERSONNEL AND  
READINESS

OFFICE OF THE UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-4000

NOV 16 2016

Mr. Kenneth P. Moorefield  
Deputy Inspector General Special Plans and Operations  
Office of the Inspector General, Department of Defense  
4800 Mark Center Drive  
Alexandria, Virginia 22350-1500

Dear Mr. Moorefield:

Enclosed please find the Department of Defense (DoD) response to the DoD Inspector General (IG) request for responses to the findings and recommendations presented in the DoD IG Draft Report "Assessment of Wounded Warrior Transition Program Oversight," dated September 16, 2016 (Project No. D2016-D00SPO-0087.000).

Sincerely,

A handwritten signature in black ink, appearing to be "Peter Levine", written over a circular scribble.

Peter Levine  
Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness

Enclosure:  
As stated

## Under Secretary of Defense for Personnel and Readiness (cont'd)

**Department of Defense Response to Department of Defense Inspector General Draft Report "Assessment of Wounded Warrior Transition Program Oversight," September 16, 2016, (Project No. D2016-d00spo-0087,000)**

**Recommendation A.1**

**We recommend that the Under Secretary of Defense for Personnel and Readiness define and direct common inspection criteria and a standardized reporting format for the Military Departments' Inspectors General Triennial Disability Evaluation System reports.**

RESPONSE: **Non-concur**

The Office of the Under Secretary of Defense for Personnel and Readiness (OUSD(P&R)) believes the Department guidance is sufficient for the Military Departments' Inspectors General (IG) to complete the required triennial Disability Evaluation System (DES) compliance reports.

OUSD(P&R) will, for future reports, provide the Secretaries of the Military Departments a memorandum to ensure their IGs are properly tasked to conduct the DES compliance review addressing the areas of Enclosure 3 of Department of Defense Instruction (DoDI) 1332.18, "Disability Evaluation System."

**Recommendation A.2**

**We recommend that the Under Secretary of Defense for Personnel and Readiness revise DoDI 1332.18, "Disability Evaluation System (DES)," August 5, 2014, to clarify the application of the instruction for records of proceedings.**

RESPONSE: **Concur**

The decision by Warrior Care Policy (WCP) to pursue a revision to Department of Defense (DoD) policy for record-of-proceedings was made prior to the DoD IG report and as a result of effective oversight from the Quality Assurance Program—it was an existing finding from WCP's assessment. As a part of our own assessment, WCP clarified documentation requirements to Military Departments. WCP plans to coordinate a revised DoDI 1332.18 in calendar year 2017/2018 to more formally address DoD standards for record-of-proceedings for DES cases.

**Recommendation B.1**

**We recommend that the Deputy Assistant Secretary of Defense (Warrior Care Policy) establish guidance for writing Recovery Coordination Program oversight reports that includes the requirement to specifically assign a person or organization to take action on each recommendation.**

RESPONSE: **Concur**

WCP is revising DoDI 1300.24, "Recovery Coordination Program (RCP)," December 1, 2009, to delineate its role in providing RCP oversight reports to more effectively monitor program performance and promote accountability. The reports will identify who was responsible for

## Under Secretary of Defense for Personnel and Readiness (cont'd)

taking corrective action on recommendations and establish suspense on corrective actions taken to facilitate continuous improvement efforts. WCP plans to coordinate a revised DoDI 1300.24 with the Military Departments/U.S. Special Operations Command (USSOCOM) in calendar year 2017.

### **Recommendation B.2**

**We recommend that the Deputy Assistant Secretary of Defense (Warrior Care Policy) establish policy that ensures follow-up and reporting of all Recovery Coordination Program oversight report recommendations until corrective actions are complete.**

RESPONSE: **Concur**

The revision to DoDI 1300.24 will outline WCP's and the Military Departments'/USSOCOM's responsibilities to establish procedures to track report recommendations and ensure corrective actions are developed, approved, and completed in a timely manner.

### **Recommendation C**

**We recommend that the Under Secretary of Defense for Personnel and Readiness establish a requirement to assign or attach U.S. Special Operations Command personnel to the Office of Warrior Care Policy staff.**

RESPONSE: **Non-concur**

The DoD IG report concludes: "Without USSOCOM representation, WCP risked not having USSOCOM-specific knowledge required to support comprehensive policy development. Moreover, USSOCOM representation would better equip DoD to provide central oversight over all WII service member programs. Consequently, WCP risked not having the specific knowledge essential to support USSOCOM WII service member programs." OUSD(P&R) believes adding a USSOCOM representative to its staff is not necessary for wounded warrior policy development or oversight. We note that, contrary to a finding of the IG report, WCP only added Service representatives from the Army, Navy, and Marine Corps, but does not have an Air Force representative.

The USSOCOM Care Coalition has been an active participant and is fully integrated in WCP's development of policy and oversight of programs affecting wounded, ill and injured Service members. All WCP wounded warrior policy is collaboratively developed with the Military Services and USSOCOM. Additionally, USSOCOM actively participates in WCP's quarterly executive council along with wounded warrior program directors from the Army, Air Force, Navy, and Marine Corps to raise issues or concerns with program execution, resourcing, law and policy changes or other issues of concern affecting recovering Service members, their families and caregivers. USSOCOM is also invited to participate in all WCP-hosted meetings involving wounded warrior programs.



## Acronyms and Abbreviations

---

<b>AFW2</b>	Air Force Wounded Warrior Program
<b>ASD(HA)</b>	Assistant Secretary of Defense (Health Affairs)
<b>DASD(WCP)</b>	Deputy Assistant Secretary of Defense (Warrior Care Policy)
<b>DES</b>	Disability Evaluation System
<b>DoL</b>	Department of Labor
<b>GAO</b>	Government Accountability Office
<b>IDES</b>	Integrated Disability Evaluation System
<b>MEB</b>	Medical Evaluation Board
<b>PEB</b>	Physical Evaluation Board
<b>PEBLO</b>	Physical Evaluation Board Liaison Officers
<b>RCC</b>	Recovery Care Coordinator
<b>RCP</b>	Recovery Coordination Program
<b>RWTF</b>	Recovering Warrior Task Force
<b>SOF</b>	Special Operations Forces
<b>TPCC</b>	Office of Transition Policy Care and Coordination
<b>TVPO</b>	Transition to Veterans Program Office
<b>USD(P&amp;R)</b>	Under Secretary of Defense for Personnel and Readiness
<b>USSOCOM</b>	U.S. Special Operations Command
<b>VA</b>	Department of Veterans Affairs
<b>WCP</b>	Office of Warrior Care Policy
<b>WCTP</b>	Warrior Care and Transition Program
<b>WII</b>	Wounded, Ill, and Injured
<b>WWR</b>	Wounded Warrior Regiment



# **Whistleblower Protection**

## **U.S. DEPARTMENT OF DEFENSE**

*The Whistleblower Protection Ombudsman's role is to educate agency employees about prohibitions on retaliation and employees' rights and remedies available for reprisal. The DoD Hotline Director is the designated ombudsman. For more information, please visit the Whistleblower webpage at [www.dodig.mil/programs/whistleblower](http://www.dodig.mil/programs/whistleblower).*

## **For more information about DoD IG reports or activities, please contact us:**

### **Congressional Liaison**

[congressional@dodig.mil](mailto:congressional@dodig.mil); 703.604.8324

### **Media Contact**

[public.affairs@dodig.mil](mailto:public.affairs@dodig.mil); 703.604.8324

### **For Report Notifications**

[www.dodig.mil/pubs/email\\_update.cfm](http://www.dodig.mil/pubs/email_update.cfm)

### **Twitter**

[www.twitter.com/DoD\\_IG](http://www.twitter.com/DoD_IG)

### **DoD Hotline**

[www.dodig.mil/hotline](http://www.dodig.mil/hotline)



DEPARTMENT OF DEFENSE | INSPECTOR GENERAL

4800 Mark Center Drive  
Alexandria, VA 22350-1500  
[www.dodig.mil](http://www.dodig.mil)  
Defense Hotline 1.800.424.9098

