

PREPARED STATEMENT

OF

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OFFICE OF TRANSITION POLICY AND CARE COORDINATION

BEFORE THE

SENATE ARMED SERVICES COMMITTEE

SUBCOMMITTEE ON PERSONNEL

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OPENING

Mr. Chairman, Committee Members, I am pleased to be here today to discuss with you the Department's continued support of our wounded, ill and injured service members, veterans, and their families, and in particular, the continued work of the Office of Transition Policy and Care Coordination.

BACKGROUND

On 14 November 2008, the Under Secretary of Defense for Personnel and Readiness established the Office of Transition Policy and Care Coordination (TPCC). Its mission is 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. The TPCC assumed responsibility for policy and programs related to the Disability Evaluation System, Service members' separation from the Armed Forces and transition to veteran status, wounded warrior case and care coordination, and related pay and benefits. These assigned responsibilities include the totality of the Department of Defense (DoD) functions formerly assigned to the DoD and Department of Veterans Affairs (VA) Wounded, Ill, and Injured Senior Oversight Committee (SOC) Lines of Actions (LOAs) 1, 3, and 8. The TPCC also assumed responsibility for management and monitoring of performance against DoD/VA Benefits Executive Council (BEC) goals and for coordinating with VA in support of BEC activities. The TPCC has the authority to enter into agreements with VA and represent the Under Secretary of Defense for Personnel and Readiness as a member on councils and interagency forums established under the authority of the DoD/VA Joint Executive Council (JEC), the BEC and the SOC. A TPCC Strategic Plan has been created incorporating objectives from the Under Secretary of Defense for Personnel and Readiness and the Joint Executive Council.

DISABILITY EVALUATION SYSTEM (LOA-1)

The mission of LOA-1, Disability Evaluation System (DES), is to develop and establish one solution for a DoD and VA Disability Evaluation System that is seamless, transparent, and administered jointly by both Departments and uses one integrated disability rating system, streamlining the process for the Service member transitioning from DoD to VA. That system must remain flexible to evolve as trends in injuries and supporting medical documentation and treatment necessitates. LOA-1 has continued to make significant steps forward in regards to the Disability Evaluation System Pilot to include the pilot's expansion, the Expedited Disability Evaluation System, and the Physical Disability Board of Review.

DES Overview

Now, as in the past, the Department of Defense remains committed to providing a comprehensive, fair and timely medical and administrative processing system to evaluate our injured or ill Service members' fitness for continued service using the Disability Evaluation System (DES). One way we have honored these men and women, was to develop and establish a Disability Evaluation System (DES) Pilot that provides one solution for a DoD and VA Disability Evaluation System using one integrated disability rating system. This system has several key features: simplicity; non-adversarial processes; single-source medical exam and disability ratings (eliminating duplication); seamless transition to veteran status; and strong case management advocacy. The system must remain flexible to evolve as trends in injuries and supporting medical documentation and treatment necessitates. LOA-1 has continued to make significant progress in regards to the Disability Evaluation System Pilot to include the Pilot's expansion, the Expedited Disability Evaluation System, and the Physical Disability Board of Review. However, it is time for a National dialogue on how America supports it wounded, ill and injured. We need to break down more barriers to trust and transparency, and shift away from a focus on pay and entitlements to one of recovery, rehabilitation, transition and making the Veteran a viable member of society.

Disability Evaluation System (DES) Pilot

During the reporting week ending April 19, 2009, eighty Service members entered the DES Pilot from fourteen Military Treatment Facilities (MTFs) for a cumulative enrollment of 1,929 Service members since 26 November 2007. Of those, 344 Service members have completed the DES Pilot by returning to duty, separating from service, or retiring. Seventy Service members were removed from the DES Pilot for other reasons such as transferring to a location outside the DES Pilot or case termination for pending administrative discharge processing. Currently, 1,515 Service members remain enrolled in the DES Pilot.

Active Component Service members who completed the DES Pilot averaged 271 days from Pilot entry to VA benefits decision, excluding pre-separation leave. Including pre-separation leave, Active Component Service members completed the DES Pilot in an average of 286 days. This represents a process which is 47 percent faster than the current DES and VA Claim process, and 3 percent faster than the 295 days originally projected for the Pilot. Reserve Component and National Guard Service members, who completed the DES Pilot, averaged 249 days from Pilot entry to issuance of the VA Benefits Letter, which is 18 percent faster than the projected 305 day timeline.

DES Pilot Expansion

Based on guidance from the SOC, the DES Pilot will expand to a total of 21 sites by June, 2009. In addition to the locations in the National Capital Region, which include Fort Belvoir and Fort Meade, the following expansion sites are now operating or are prepared to commence DES Pilot operations:

- Naval Medical Center San Diego, CA and Fort Stewart, GA, as of November, 2008
- Camp Pendleton, CA as of January, 2009
- Naval Medical Clinic Bremerton, WA, Vance Air Force Base, OK, and Fort Polk, LA, as of February, 2009
- Nellis Air Force Base, NV, MacDill Air Force Base, FL, and Marine Corps Base Camp Lejeune, NC, as of March, 2009

- Fort Drum, NY, and Fort Richardson, Fort Wainwright, and Elmendorf Air Force Base, AK, will commence operations on April 30, 2009

Studies, Reports, and Policy Updates

Data gathering and analysis are ongoing to support an August, 2009, expansion decision by the SOC and delivery of a final report to Congress as required by National Defense Authorization Act (NDAA) 2008, Section 1644(g)(3). Reports DoD previously delivered to Congress include:

- Feasibility of combining DoD and VA Disability Evaluation Systems (NDAA 2008, Sec. 1612)
- Report on rating reductions after Physical Evaluation Board appeals (NDAA 2008, Sec. 1615(e))
- Initial and Interim Status reports on the Disability Evaluation System Pilot (NDAA 2008, Sec. 1644)
- Initial Report on Army Medical Action Plan action to improve Army Disability Evaluation System (NDAA 2008 Sec. 1645)
- Report on the continuing utility of the Temporary Disability Retirement List (NDAA 2008, Sec. 1647)

Additionally, DoD continues to learn lessons from the Pilot and capitalize on a continuous improvement process. Since August, 2007, the Department, with VA coordination, has published 7 policy updates. We will continue to refine the DES until national reform is complete.

Expedited DES

The Secretary of Defense established a voluntary program that will expedite a Service member through the Disability Evaluation System (DES). The Expedited DES process is a special benefit to those Service members who sustain catastrophic injuries or illnesses from combat or combat-related operations as defined in the policy. The establishment of the policy supports the Department's belief that there must be a special process for those members who sustain

catastrophic disabilities while participating in combat or combat-related operations, in contrast with those disabled otherwise.

To qualify, a Service member's condition must be designated as "catastrophic" and the injuries or illnesses must have been incurred in the line of duty and received as a result of the causes prescribed under the statutory definition of "Combat-Related" as used in the combat-related special compensation program. Under the Expedited DES, Service members receive a presumed 100% disability retirement from DoD. The Expedited DES process will allow the early identification of the full range of benefits, compensation and specialty care offered by the Department of Veterans Affairs.

Physical Disability Board of Review (PDBR)

On January 12, 2009, the PDBR began accepting applications. As of April 22, 2009, the board received 306 applications. The board forwarded 148 cases to the Military Services and 117 to the VA for records retrieval. The board has 19 complete records assembled and ready for adjudication and has closed 22 cases for administrative reasons. The board members have been assigned, trained on the PDBR process, and have received rating training from VA as well as cross training in other Service disability processes. The Central Adjudication Unit is 100 percent operational and has been permanently occupied since February 16, 2009. The Air Force, acting as the lead component of the PDBR, has negotiated privileges for direct computer access to VA claims records.

CARE COORDINATION (LOA-3)

The mission of LOA-3, Care Coordination, is to simplify the care coordination process by providing uniform standards for wounded, ill and injured service members and their families throughout their continuum of care from recovery, rehabilitation, and return to duty or reintegration into the community.

Comprehensive Policy for Care, Management, and Transition of Recovering Service Members

A DoD Directive Type Memorandum, “Recovery Coordination Program: Improvements to Care, Management and Transition of Recovering Service Members”, was published and implemented by the Services' Wounded Warrior Programs in January of 2009. A working group chaired by the Care Coordination Office in the Office of Transition Policy and Care Coordination is now writing the DoD Instruction to fully address the NDAA FY 08 requirements to establish Recovery Care Coordinators and a Comprehensive Recovery Plan for all recovering Service members. Members of the working group include representatives from the Service Wounded Warrior Programs, Surgeons General, Assistant Secretaries for Manpower and Reserve Affairs, Health Affairs and, Family Support Programs, the Joint Chiefs of Staff, Joint Task Force National Capital Region Medical, OSD Reserve Affairs, Services’ Reserve Components, and the Department of Veterans Affairs.

Recovery Care Coordinators (RCCs)

Currently there are 31 RCCs deployed across the United States at 13 Military Treatment Facilities (MTFs) and installations. The RCCs have been trained using uniform, standard DoD curriculum, as required by Congress. This week my staff is training an additional 100 plus Army AW2 advocates as RCCs using this uniform standard curriculum.

Recovery Coordination Program (RCP) Evaluation

Preparation for the initial baseline evaluation of the DoD RCP is well under way. Metrics are currently being established to evaluate the program, and assess the current RCC workload.

Customer satisfaction surveys will be administered to recovering service members and families enrolled in the RCP and assigned an RCC.

Data Collection/Sharing

The TPCC has instituted a “strategic pause” to review all existing DoD/VA data sharing systems that pertain to the DoD and VA Recovery Coordination Programs. The study is reviewing and cross-walking the Services' Wounded Warrior Program existing data collection systems.

We are also conducting a review in mid-May of the standardized screening and assessment tools used to refer recovering service members into the Recovery Coordination Program. The results of this review and the IT Study will be incorporated into a solution for a data collection/sharing system for the Recovery Coordination Programs. The data collected will be used to help determine workload and future deployment of RCCs. I've asked for the Study results and recommendations by the end of May.

National Resource Directory (NRD)

The DoD, VA, and DoL website continues to provide services and resources for wounded, ill and injured Service Members, veterans, their families and those who support them. It is an online tool for accessing more than 10,000 services and resources at the national and state level to support recovery, rehabilitation, and reintegration into the community. A recent informal survey reported 90% of our RCCs are using the NRD to assist them in the establishment of Comprehensive Recovery Plans and providing services and resources for our recovering service members and their families.

PERSONNEL, PAY, AND FINANCIAL SUPPORT (LOA-8)

The mission of LOA-8, Personnel, Pay, and Financial Support, is to ensure each wounded, ill, or injured Service member has a level of compensation, benefits, and financial support to maintain their dignity and support their recovery, rehabilitation, and reintegration.

LOA-8's accomplishments have continued with the launch of the Navy Wounded Warrior Database on 29 January 2009 and the release of the updated Electronic Compensation and Benefits Handbook in February of 2009. LOA-8 has orchestrated advancements in data sharing between the VA and the Defense Finance and Accounting Service for Active Duty Service members who are being treated as inpatients at VA Medical Centers. Additionally, LOA-8 has continued to work closely in cooperation with VA in development of the eBenefits portal with the next two updated releases expected to be delivered in June and September of 2009 respectively.

CLOSING

We are extremely proud of the progress made to date. Our obligation to our Service members, veterans, and their families is a lifetime pledge which requires our unwavering commitment to complete the work which has been started. There remains more work to do. Our valiant heroes and their families deserve our support and dedication to ensure their successful transition through recovery, rehabilitation, and return to duty or reintegration into their communities.

Thank you for your generous support of our wounded, ill and injured service members, veterans and their families. I look forward to your questions.