

BENEFITS OF CBWTU

Soldier returns to family, friends and community—helps the healing process.

Reintegration support while healing.

Continuity of civilian medical providers helps make medical transition seamless once Soldier is back on Reserve status.

Reduces stress and financial hardship of Soldier and Family.

Unofficial Trail of duty while at CBWTU.

Opportunity for establishing link with VA during healing process. Reserve Soldiers taking care of Reserve Soldiers.

Congressional and public grass roots support.

Social Worker assigned to each CBWTU to improve behavioral health capability.

ELIGIBILITY CRITERIA—CBWTU

Soldier identified at Army installations.

Soldier must request to remain on Active Duty under medical retention procession (MRP) program (Title 10 USC § 12301(d)).

Soldier must meet eligibility and selection criteria.

Joint decision between medical and C2 for referral to CBWTU.

Soldier is **attached** to CBWTU and assigned duty near home; Soldier remains assigned to WTU.

CBWTU provides C2, admin and log support, and medical management including medical board processing.

November 2011

MISSION

“The CBWTU conducts Warrior in Transition operations to expeditiously and effectively evaluate, treat, return to duty, and/or administratively process out of the Army and refer to the Veterans Health System or TRICARE Health System RC Soldiers who have suffered injury or illness while mobilized.”

More Simply.....

CBWTU allows injured/ill Soldiers to heal at home, remain on Active Duty, and contribute to the best of their abilities.

CONCEPT OF CBWTU OPERATIONS

Provides Command/Control and administrative support, including pay/leave/travel.

Provides medical management and case management.

Refers Soldiers to TRICARE network providers with 50 miles/or 1 hour drive time from home.

Soldiers travel in TDY status for referrals to specialists beyond 50 miles.

Facilitates return of Soldiers who heal back to their units.

Six months of TRICARE benefits after release from Active Duty.

Refers Soldiers who do not return to retention standards (AR 40-501) to physical disability evaluation system (PDES).

Facilitates transition of separating/retiring Soldiers to TRICARE and Veterans Administration (VA) for



WARRIOR TRANSITION BATTALION— COMMUNITY BASED WARRIOR TRANSITION UNIT (CBWTU)



CBWTU COMMAND AND CONTROL RESPONSIBILITIES

Maintain 100% accountability of Soldiers.

Ensure Soldiers keep ALL medical appointments and comply with CBWTU rules.

Assign meaningful (non Title 32) work to all Soldiers who are able to work and ensure they report for work daily.

Coordinate with Army installations, medical community, higher HQ, etc.

Training, UCMJ, promotions, schools, other C2 actions.

Return to WTU Soldiers who do not clinically progress or who fail to comply with program.

CLINICAL STAFF RESPONSIBILITIES

Accept transfer from STARTC.

Provider and Case Management intake on arrival.

Social Work Care Manager intake assessment.

Establish initial plan of care and co-manage future care.

Medical referrals and TRICARE authorizations.

Document Soldier rehabilitation/progress.

Retrieve and review consultation/referral reports.

Monitor progress and status; optimal benefit.

Refer to Medical Evaluation Boards (MEB).

Communicate with commander, report compliance problems.



SELECTION CRITERIA FOR CBWTU

Soldier can be any COMPO

Soldier needs more than 60 days of clinical care and management (COMPO 1-6 months minimum care)

Appropriate medical care must be available within the community.

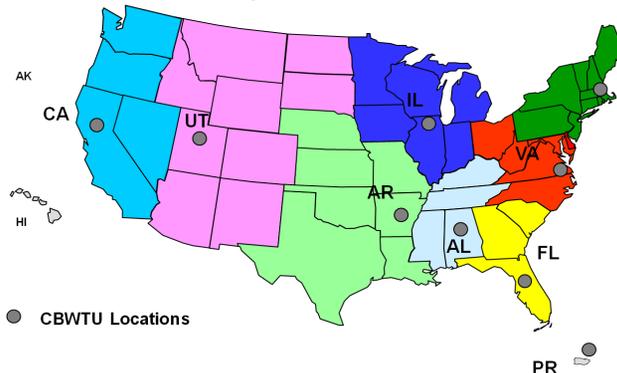
The Soldier must meet a number of other administrative conditions (No UCMJ pending); Demonstrate reliability

Duty location (title 10) available within normal community distance (50 miles)

Soldier must have reliable transportation to and from medical appointments as well as designated place of duty.

Must have a housing plan for permanent (not transient)

Oversight provided by U.S. Army Medical Command (MEDCOM) via the 3 Regional Medical Commands.



CBWTU FOCUSES

Primarily for RC Soldiers

Focused "Triad of Care" for each Soldier

Live at home

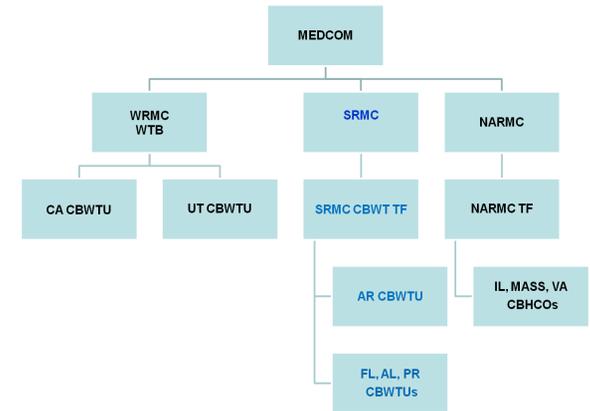
Duty at approved Title 10 duty site

Dedicated Family Support

Virtual Soldier Family Assistance Center (VSFAC)

Virtual FRG

CBWTU CHAIN OF COMMAND



SOLDIER SUCCESS STORIES

UT CBWTU: North Dakota Soldier wounded by IED blast, travels to Walter Reed every 3-6 months for facial reconstruction. Will meet retention standards, and return to both his civilian life and his Guard career.

AR CBWTU: Arkansas Soldier sustained arm amputation, abdominal, kidney and hip trauma, PTSD as a result of mortar attack. Treated in Arkansas and at Brooke Army Medical Center. Competed in Wounded Warrior Olympics prior to medical retirement.

WI CBWTU: Soldier with lower jaw shattered in IED is able to go home to get rehab while returning periodically to WRAMC to rebuild jaw. Soldier was able to rehab and return back to civilian life and Reserve Career.

SOME REGULATIONS

AR 40-66, Medical Record Administration and Health Care Documentation

AR 40-400, Patient Administration

AR 635-40, Physical Evaluation for Retention, Retirement, and Separation

AR 40-501, Standards of Medical Fitness

AR 600-8-4, Line of Duty Investigation