



UNITED STATES MARINE CORPS
HEADQUARTERS UNITED STATES MARINE CORPS
WOUNDED WARRIOR REGIMENT
1998 HILL AVENUE
MCB QUANTICO, VA 22134

IN REPLY REFER TO:
WWRO 6300.1A
S-3
27 Jul 11

WOUNDED WARRIOR REGIMENT ORDER 6300.1A

From: Commanding Officer
To: Distribution B

Subj: ADMINISTRATIVE PROCEDURES FOR ACCEPTANCE OF WOUNDED, ILL, INJURED
OR HOSPITALIZED PERSONNEL TO THE WOUNDED WARRIOR REGIMENT

Ref: (a) MCO 6320.2E
(b) Manual for the Medical Department (MANMED)
(c) DoDI 1300.24, Recovery Coordination Program (RCP)
(d) MCTFS PRIUM

Encl: (1) Command Referral Request
(2) Unit Medical Officer/Primary Care Provider Recommendation
(3) Medical Case manager Comments
(4) Federal Recovery Program Referral Coordination Form
(5) Referral Report

1. Situation. Marines who meet certain criteria will require care management from the Wounded Warrior Regiment (WWR).

2. Mission. To establish policy, procedures and promulgate instructions concerning administration and submission of personnel referred or attached to a Wounded Warrior Regiment (WWR) unit. Reference (a) requires administrative managers to establish and maintain adequate control procedures in the administration, preparation, and transfer requests of Marines undergoing treatment within military medical treatment facilities, Department of Veterans Affairs treatment facilities, as well as civilian treatment facilities.

3. Execution

a. Commander's Intent. Each Battalion Commander will ensure Marines who require complex medical care in excess of 90 days based upon competent medical authority determinations; will have their cases reviewed and a determination made regarding the impact of initiating a transfer by service record immediately. All personnel that arrive as a patient with an expected treatment period of more than five days will be attached TAD to the Wounded Warrior Battalion or Detachment in the Marine Corps Total Force System.

4. Administration and Logistics

a. Wounded Warrior Operations Officer

(1) Provide overall coordination with regimental sections to ensure proper administration and compliance with the references and Commanders Intent.

b. Battalion Commanders

(1) Ensure all personnel that arrive at a WWR facility for extended care (more than five days but less than 90 days) will be reported attached TAD "Other" in MCTFS.

(2) Ensure all patient personnel that are known to require medical care in excess of 90 days have their cases reviewed and a determination made regarding the impact of initiating a TR by SR. This review should be undertaken as soon as possible. There is no requirement to wait until the 90 day period has expired.

c. Coordinating Instructions

(1) Routing of Requests

(a) Requests for assignment (TR by SR) to a WWR element can be initiated by the WWBn, parent command, medical officer, case manager, Detachment Officer-in-Charge, or Operations section. Requests will be in the format required by the Bn CO along with the required documentation in enclosure (1). The WWBn Operations Section will be responsible for ensuring a complete review of each case to ensure the information in the enclosures is complete. Any incomplete packages will be returned to the requesting command for corrective action and resubmission.

(b) All referral requests will be considered by a weekly board of personnel appointed by the battalion Commander. Members of the board will include representatives from the following disciplines who are involved in the individuals care. Examples of the representation are Company CO, Non-Medical Care manager, Medical or Nurse Case manager, Recovery Care Coordinator (RCC), Contact Cell Representative (CCR), Federal Recovery Coordination Program (FRCP), Administrative (S-1) Representative, Section Leader, and the gaining WWR element. Final approval authority will be the Bn CO unless otherwise delegated to the Bn Executive Officer or Operations Officer.

(2) General considerations for acceptance

(a) Injuries that will require more than 90 days of medical treatment or rehabilitation per reference (a).

(b) The parent command cannot support transportation requirements to the medical treatment facility.

(c) The Marine cannot serve a mission related function in the parent command due to his/her injuries or illness.

(d) The Marine has three or more medical appointments per week.

(3) General considerations for disapproval

(a) The Marine has less than three medical appointments a week.

(b) The Marine can perform a function in support of the parent command mission even if outside his/her primary MOS.

(c) The Marine has been referred to the Department of the Navy, Disability Evaluation System.

(d) The Marine requires a level of monitoring or observation that cannot be provided by the WWR (24 hour suicide watch, psychotic condition etc.).

(e) The Marine is pending adjudication of military or civil charges.

(f) A line of duty investigation/determination regarding the circumstances that resulted in his/her injuries or illness was not completed.

(3) Contents of Requests

(a) Reference (a) provides detailed information required for consideration in acceptance.

(b) Enclosure (2) or (3) must be completed by competent medical authority (i.e. primary care manager or medical case manager). Ensure all information shared is in compliance with HIPAA regulations.

(c) Local generation of forms is authorized so long as they contain no less than that information contained in the enclosures.

(d) The Battalion operations center will respond to the requesting command no later than 14 working days from initial receipt of a completed request.

(4) Approvals

(a) All personnel accepted by the WWBn, CO will be assigned to the appropriate Company or Detachment under a patient MCC and assigned an appropriate Draw Case Code in MCTFS of W1 or W2. A complete administrative join audit of the Marine's pay and service records will be conducted in accordance with reference (d). Reporting endorsements will be provided to the Bn Admin for reporting in the join in MCTFS for both Joins and TAD attachments.

(b) The WWBn will assign the appropriate level care manager to the Marine based upon their needs and category classification. Appropriate levels of care are based upon needs and issues addressed in the enclosures. The battalion Operations section is responsible for overseeing the assignment of a Care Coordinator or Manager (RCC, NMCM, CCR). The following are category classifications IAW reference (b);

1 Category one recovering service member:

- Has a mild injury or illness
- Is expected to return to duty with minimal medical intervention and resolved in less than 90 days with exceptions
- Receives primarily local outpatient and short-term inpatient medical treatment and rehabilitation

2 Category two recovering service member:

- Has a serious injury or illness

- Is unlikely to return to duty in less than 180 days
- May be medically separated from the military

3 Category three recovering service member:

- Has a complex and severe/catastrophic injury or illness
- Is highly unlikely to return to duty
- Will most likely be medically separated from the military

4 Other Cases:

- As determined by WWR or Battalion Commanders
- Other issues affecting morale, welfare, recovery or rehabilitation

(b) Once a Marine is approved via the referral process for assignment to either WWBn, the Marine will not require another complete referral process for any further inter WWR moves (Det to Det or Bn to Bn). Prior to assignment or transferring a Marine certain considerations must be addressed. First can the Marine remain on track with their current treatment plan? Secondly what is relationship with the parent command? Lastly what is the geographic location of the family support system for the Marine?

(c) Per reference (c), all Category 3 and other recovering Service members who would most likely benefit from the services of a Federal Recovery Coordinator (FRC) will be referred to the VA FRCP utilizing the Federal Recovery Program Coordination Referral Consideration Form (enclosure (3)). This will serve as notification to the FRCP of a Category 3 or other referral for enrollment into the FRCP. The Marine's Comprehensive Transition Plan will be updated to reflect that the FRC referral has been made. All Category 3 Marines will be assigned a RCC. The Bn or detachment staff will ensure the FRC is provided the opportunity to be an active participant of the Recovery Team. The RCC will coordinate transfer of primary coordination responsibilities to the FRC for those Marines in VA facilities when the Marine is close to his/her end of active service. A Marine designated as Category 3, who later meets the criteria for Category 2, as determined by the recovery care team, shall be placed as a Category 2. The FRC shall remain with the Marine's case until such time as the FRC, RCC, Marine, and family agree that the services of the FRC are no longer needed. Participation in the FRCP post-service is strongly encouraged; however, the ultimate decision remains with the individual Marine.

(d) All category 2 Marines will be assessed for potential assignment of a RCC. Final determination will be based on the needs assessment. Category 2, Marines who later meet the criteria for Category 3, shall be placed in Category 3 and referral to the FRCP shall be completed per previous guidance in paragraph 4C(3)(c) of this order.

(5) Disapproved requests

(a) All notifications for disapproved requests will be provided to the requesting command in writing. The disapproval letter will address specific reasons for disapproval within 14 working days of receipt. The goal is for all requests to be delivered to the parent command or requesting

entity within three to five working days. All disapproval letters will advise the originating command of their opportunity to request reconsideration of that decision. Requests for reconsideration will be forwarded to the CO, WWR for final decision.

(6) Reporting to HHQ. Bn CO's will submit a report of all acceptance and denials to the Operations Officer, WWR via the format provided in enclosure (5) weekly.

4. Command and Signal

a. Command. This Order is applicable to the Wounded Warrior Regiment and subordinate elements. Recommendations for changes to the order should be addressed to the S-3/Operations Officer, Wounded Warrior Regiment.


JOHN L. MAYER

DISTRIBUTION: B

WWRO 6300.1A
27 Jul 11

6300
CO

Date

From: Commanding Officer,
To: Commanding Officer, Wounded Warrior Battalion-East/West
Subj: RECOMMENDATION FOR ACCEPTANCE TO THE WOUNDED WARRIOR REGIMENT
CASE OF RANK, LNAME, FNAME, MI. XXX XX XXX/MOS USMC
Ref: (a) MCO 6320.2_

1. Per the reference (, the following assessment is submitted to assist the Commanding Officer of Wounded Warrior Battalion-East/West in the determination of transferring subject named service member to Wounded Warrior Battalion-East/West:

- a. Service member's /MOS/Specialty:
- b. Service member's current position description:
- c. Is member currently working out of his specialty because of the medical condition: yes or no?
- d. What are the member's current physical limitations?
- e. If the member has been diagnosed or is being worked up for a traumatic brain injury (TBI); is there sufficient medical documentation to support that SNM was actually involved in a blast? Yes or No. If yes, was SNM awarded the combat action ribbon (CAR)?
- f. If a member is being referred for post traumatic stress disorder (PTSD), the battalion commander or OIC equivalent must verify all combat-related events expressed by the Marine to mental health professionals, as outlined in the psychiatric narrative summaries, are true to the best of their knowledge. The command has / has not _____ (circle and initial) verified that the combat experiences expressed by the Marine to Mental Health professionals are true?
- g. Member's current height and weight:
- h. Is the member within Marine Corps height and weight: yes or no
If not, is the member currently assigned to the Body Composition Program?
- i. To your knowledge, is the member fully complying with the prescribed appointments and treatment for the therapy? Yes or no.
- j. What is the average number of work hours per week that the member's condition has required the member to be away from current duties for treatment, evaluation, and /or recuperation?
- k. Is member pending disciplinary action (military or civilian) or involuntary administrative separation for misconduct? Yes or no. Does the member have a history of disciplinary issues or misconduct? Yes or no.

Enclosure (1)

1. Is a Line of Duty Investigation required? If so, has a Line of Duty Investigation been completed (or currently pending) surrounding the circumstances of the injury/accident? Yes or no. If yes attach a copy of the investigation findings.

m. What is the member's marital status?
Does the Marine have any children?
If so, how many?
Is the member's family co-located with the member?

n. Where is the member currently billeted? Will the member require billeting at the Wounded Warrior Battalion Barracks? Yes or no.

o. Is the member medically and legally cleared to drive?
If not, why?
Does the member own their own vehicle?
If the member lives off base, will transportation be required to get to Wounded Warrior Battalion?

p. Does the member have a history of substance or alcohol abuse or dependency?

q. Does the member have a history of suicidal or homicidal ideations?

r. Does the member own a firearm?

s. Did the member incur the injury while deployed in support of OIF/OEF?
Was the injury combat related?
Date of the deployment _____

t. Is the member's parent command scheduled to deploy within the next 6 months?

u. Does the member currently have an open case with the Family Advocacy Program? If Yes, please explain:

2. Commanding Officer's comments: Why would Wounded Warrior Battalion best suit the recovery of your Marine or sailor? Provide any additional information or concerns that may be relevant. Commander to Commander turn over of the Marine/Sailor and his/her case.

3. POC at this command is Major I. M. Tough at (760)725-XXXX.

COMMANDER NOT BY DIR

Unit Medical Officer/Primary Care Provider

Provider Information:

Name/Rank: _____

Phone: _____

E-Mail: _____

Marine Information:

Name/Rank: _____

1. Describe the primary diagnosis or mechanism of injury causing this referral to the Wounded Warrior Regiment:
2. Can a local Military Treatment Facility (Hospital) provide appropriate care for this member?
 - 2.a. If not what capabilities should the facility possess?
3. Estimated recovery period: _____
4. Do you feel the member will be capable of returning to full duty? 90 days or less / 90 days to 6 months / more than 6 months
5. Why would the Wounded Warrior Battalion be the best place for the member?
6. Provide any other pertinent information relevant to the recommendation to transfer this member to the Wounded Warrior Regiment.

_____/_____
Signature of Person Date
Providing information

Medical Case Manager Comments

Provider Information:

Name/Rank: _____

Phone: _____

E-Mail: _____

Marine Information:

Name/Rank: _____

1. Describe the primary diagnosis or mechanism of injury causing this referral to the Wounded Warrior Regiment:
2. What Military Treatment Facility (Hospital) would provide the most appropriate care for this member?
3. Average number of appointments per week, reason and location.
4. Number of missed appointments in the past 90 days and reason if known.
5. Who is the primary Physician for this member?
6. Does the member have any upcoming surgeries? If so list what for and where.
7. Estimated length of convalescent leave after surgeries?
8. Has the member been screened for TBI or PTSD? List the results of the tests.
9. Is there a history of suicidal or homicidal ideations or attempts? Please Explain if yes.
10. Is the member clear to operate a motor vehicle?
11. Does the member have specific medical needs for billeting or housing?
12. What is the medical care plan for the member?

13. Is the member on Limited Duty? If so when was the member assigned.

14. Is the member likely to receive a Physical Evaluation Board?

15. Why, would the Wounded Warrior Battalion be the best place for the member?

16. Provide any other pertinent information relevant to the recommendation to transfer this member to the Wounded Warrior Battalion.

Signature

Date

Federal Recovery Coordination Program Referral Form

Service Member/Veteran Information

Name: _____ SSN _____

Branch of Service: USMC USA USN USAF USCG Other _____

Duty Status: Active National Guard/Reserve Veteran

Date of Birth: _____ Phone Number: _____

Current Address: _____
(Street) (City) (State) (Zip)

Current Location (if different from address): _____

Primary Contact Person (if different from above)

Primary Contact Person: _____ Relationship: _____

Primary Contact Person Phone Number: _____ E-Mail: _____

Good Times to Call: _____

Referral Information

Reason for Referral: _____

Name: _____ Title: _____

Facility _____ Phone: _____

E-Mail: _____

Wounded Warrior Program or Facility (AW2/SH/ WWR/AFW2) Representative (if known): _____

Fax Completed Form to: (202) 495-5430

Attention: FRCP staff

Please call (202) 461-6066 if you require assistance.

HIPAA NOTICE

Information contained herein includes Protected Health Information (PHI) as well as Individually Identifiable Health Information (IIHI), both of which are domains of data and information formally-designated under the Health Insurance Portability and Accountability Act of 1996, and include special protections against usage and dissemination as described under Part II, 45 CFR 164.501.

FRCP Form (V1) – Do not reproduce or publish without the expressed consent of the FRC Program.

Enclosure (4)

NAME	Last 4	Parent Command	Referral Received	Current Status	Board Conducted	Board Decision	Notes
SMITH, James N	1234	38n 6Mar, 2MarDiv	20110210	TAD at WRMMC	20110216	Approved TR by SR	Mbr is inpatient expected for 20 more days Will require outpatient care for 6 months, not expected to RTD at any time
Jones, Timothy D	6789	MWSS 373, 3d MAW	20110215	At Parent Comd	20110220	Approved TR by SR	Has 4 appts a week at NMCSD comd can not support transportation, member not performing any function at parent command
Miller, Frank S	3698	1Bn 7thMar	20110215	TAD at Det 29 Palms	20110220	Approved additional 90 days TAD	Mbr is residing at Det Bks Expected to RTD in less than 3 months days
Poheco, Glen A	5468	TBS, MCBQ	20110216	At Parent Comd	20110220	Denied referred to WWRR HQ	Mbr has two appts a week and is serving in a billet that supports the mission of TBS