

# Army Family Action Plan (AFAP) FY23 New Issue Prioritization Workbook/Ballots





# Section I: Soldier Support Issues

**Prioritize the Soldier Support Issues from Most Important (1) to Least Important (13).**

Issue #	Issue Title	Prioritization
Soldier Support #1	Increase Length of Assignment for Soldiers at Duty Stations	
Soldier Support #2	Army Emergency Relief Availability	
Soldier Support #3	MOS Warm Handoffs to Service Providers for Soldiers and Families	
Soldier Support #4	Sponsorship Program Tracking Method	
Soldier Support #5	ARNG Domestic Abuse Response (Family Advocacy Program)	
Soldier Support #6	BAH Rates in High-cost Living Areas	
Soldier Support #7	Certification for Skills obtained while serving in the Army	
Soldier Support #8	Immigration Challenges for Service Members and Dependents	
Soldier Support #9	Cost of Living for Service Members in Washington State	
Soldier Support #10	Authorized Living Space for Service Members in Unaccompanied Personnel Housing	
Soldier Support #11	Soldier Re-Assignment Process with EFMP Dependent	
Soldier Support #12	BAH Increase during Housing Shortages	
Soldier Support #13	Expanded Shuttle Bus Service in OCONUS Locations in Europe	



**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**AHRC-TAZ  
08 December 2023**

**SUBJECT:** AFAP Soldier Support Issue #1 - Increase Length of Assignment for Soldiers at Duty Stations

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process

**2. ISSUE SCOPE:** Increasing the length of assignment will improve the quality of life for Soldiers and Families. Frequent military moves can have a significant impact on the Family. For military spouses, frequent moves can negatively affect their careers and the financial well-being of their Family. For military children, frequent moves can disrupt a child's education, making it difficult for them to maintain a consistent academic record. Children may struggle to adjust to new schools, make friends, and integrate into new communities. These challenges are amplified when a Soldier PCS's every two to three years. Longer tours would also benefit the Army due to increasing PCS costs. Long term assignments (5+ years) will improve the quality of life for Soldiers and Families.

**3. PROPOSED Recommendation:** Increase the Length of Assignments to 5+ years for Soldiers.

**4. FACTS:**

**a. Background:** The governing document for reassignments is AR 600-8-11. Additionally, AR 614-200 covers Enlisted Assignments and AR 614-100 covers Officer assignments. HRC Career and Talent Managers use this regulation as a guideline for length of assignments. The minimal desired Time on Station is 36 months for CONUS assignments. However, a majority of moves occur sooner to fill valid requirements across the Army and Joint Force.

Officers and senior NCOs move to attend school or to move to and from Key and Developmental and broadening positions. Drill Sergeant, DA Select Recruiter, instructor, and similar assignments have a tour length of 2-3 years. Thousands of NCOs PCS each year out of these assignments and a similar number are placed on assignment to replace them. For officers, there are select positions that have limitations such as Joint assignments which prevent a longer tour.

For OCONUS (including HI & AK), move is driven by DEROS based on type of tour length authorized and another move is generated to backfill those OCONUS position. Short, unaccompanied tours, generate significant PCS moves and family separation.

Soldiers and NCOs often move due to reenlistment options which generates a need to rotate personnel to ensure readiness is met across all units.

Ultimately, the Time on Station (ToS) for CONUS or OCONUS will depend on current policy combined with each individual SM's circumstances and requirement for school or other critical assignments.

To support stabilization and family considerations HRC already uses several Army programs and levers to support Soldier and family needs:

**High School Senior Stabilization (HSSS):** Soldiers can request to be stabilized starting in March of their child's freshman year thru September of child's Junior year (91% approval).

**Married Army Couple Program (MACP):** For married Soldiers enrolled in MACP, we consider both for a Joint Domicile (JD) when placing either Soldier on AI. (82% approval).

**Exceptional Family Member Program (EFMP):** For Soldiers who have dependents enrolled in EFMP, Human Resources Command (HRC) will conduct an EFMP check for all Soldiers placed on assignment instructions to ensure medical or mental services are available. Soldiers will also be given at a minimum 2 assignment choices/locations to choose from.

**Routine Stabilizations:** Soldiers and commands can request a stabilization up to 45 days prior to the Soldiers being placed into a market for consideration for assignment.

**Deletions/Deferments:** For Soldiers already on assignment, the command can request an operational deletion/deferment and if approved, the Soldier will be deleted /deferred and remain at current location or proceed on assignment later.

**Compassionate reassignments:** Soldiers who have special circumstances (i.e. Medical issue with a parent) that would require support from the Soldier can request a compassionate reassignment and if approved will be reassigned and stabilized at their new location for up to one year.

A SM's career timeline is a blend of both personal and professional goals that the SM works with their Career/Talent Manager to create options that best supports the SM's career and family considerations. The SM's location matters greatly when looking at these factors. Some duty stations offer a depth and breadth of opportunities to keep the SM stabilized in one place longer, while other duty stations offer very little developmental opportunities, requiring personnel to move.

**b. How many affected:** This affects all Active Duty Ranks and their Families.

**c. When does the issue occur:** The assignment process is a re-occurring event throughout a Service Member's career. Each SM will move based on when their Year Month Available to Move (YMAV) is reached. A SM's YMAV is generated based on the type of assignment, OCONUS DEROS, PME, and many other reasons to move

personnel. Additionally, each branch has detailed qualifying and developmental positions that drive a progressive career timeline of education and promotion, also requiring movement.

**d. Estimated Cost:** N/A

## **5. STAFF POSITION:**

**a. Merit of the Issue:** Stability continues to be a lead concern to quality of life and retention concerns the Army. The growing challenges with continuity of health care, spouse employment opportunities, and PCS moving company availability are the leading demands for stabilization. Analysis shows the average Time on Station (ToS) is over 43 months for enlisted personnel, 23 months for officers, and 29 months for warrant officers. Currently, HRC works closely with Service Member's to meet their stability needs while balancing their career path needs. The policy for Length of Assignments is governed by HQDA and could be adjusted. However, more in-depth analysis is needed to better define the problem and causes so that the best recommendations can be developed to not only meet readiness requirements but address stability challenges.

**b. Proposed Solution:** Because the reason Soldiers move vary along a career path, HRC assesses that the 36-month is the right starting point for stability and then given the situation, SMs work with HRC on extra stability options. If there is desire to move to a longer tour length of 5-years, HRC recommends establishment of an holistic OPT to analyze this issue and better develop options for increasing stability predictability for families.

**c. Pros:** Efforts could supplement the reassessment of markets and movement cycles. This should be a holistic assessment. There can be no set solution because every Soldiers situation is different and career requirements change; there must be flexibility.

**d. Cons:** The Army extending every Service Members assignment timeline to five years would have a direct impact across all facets of the Army. It would require changing Career Timelines, changing PME requirements and would have a direct impact on readiness.

**Lead Agency:** AHRC-TAZ

**Support Agency:** None

**Approved By:** COL William Arnold, TADD Chief of Staff

**SME/Phone:** COL William Arnold, 502-613-6008

**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DAIN-PRM  
16 November 2023**

**SUBJECT:** AFAP Soldier Support Issue #2 - Army Emergency Relief Availability

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process

**2. ISSUE SCOPE:** Over the course of a Soldiers career, they may encounter unexpected financial emergencies such as non-criminal legal fees. Army Emergency Relief (AER) provides loans and grants to Soldiers in need but does not include those who may need assistance with legal fees. Soldiers need a safe means to pay for unexpected non-criminal legal fees if they arise. Without support from AER, Soldiers and Families are often forced to use means which are often not in the best interest of the Soldier and Family, ex: high interest Payday loans, Credit Cards, Bank Loans, etc... Assistance from AER (on a case-by-case basis) could help make a positive step toward a lasting financial solution.

**3. PROPOSED Recommendation:** Increase the Scope of Army Emergency Relief to allow financial assistance to be provided to Soldiers for non-criminal legal expenses on a case-by-case basis.

**4. FACTS:**

**a. Background:** Army Emergency Relief routinely provides emergency financial assistance to Soldiers and Family members for 30 or more categories of need. Soldiers and Family members facing expensive non-criminal legal fees are often forced to use means which are often not in their best interest such as high interest Payday loan, Credit Cards, or Bank loans. Assistance from AER on a case-by-case basis could help make a positive step toward a lasting financial solution.

**b. How many affected:** There is no data system available to track the number of Soldiers and Family members needing financial assistance with non-criminal legal fees.

**c. When does the issue occur:** Soldiers and Family members can face the need of financial assistance for non-criminal legal fees to handle such issues as divorce, adoptions, judgements, lawsuits, etc. at any time in their military career.

**d. Estimated Cost:** Costs for non-criminal legal fees can be very expensive especially in cases of divorce that can span over several years until concluded. Therefore, costs cannot be determined due to the wide and varied range of issues a Soldier or Family member may face over their military career.

**5. Staff Position**



**a. Merit of the Issue:** Support for approval of this issue is not prudent. The AER position is that assistance for non-criminal legal fees would be too costly, far exceeding their mission and would hinder the ability of AER to support other higher priority Soldier and Family issues in the over 30 categories of assistance approved by their board. The Servicemembers' Civil Relief Act (SCRA) provides protections against judgements and lawsuits. Legal Assistance Services provides advice and referrals in cases of Family and domestic relations and other non-criminal legal matters. The mission of AER is to provide assistance for unexpected and emergent needs. Most cases in this area are neither.

**b. Proposed Solution:** Consider this issue unattainable due to AER's negative response.

**c. Pros:** Removing this issue from consideration as a new category of assistance will allow AER to continue to meet current and future higher priorities of assistance vetted by Army Senior Leaders and AER Board members. AER routinely processes exceptions to policy when circumstance merit such assistance.

**d. Cons:** Potential negative consequences of not providing AER financial assistance for non-criminal legal fees include Soldiers and Families required to seek other financial support to assist with these fees.

**Approved by:** COL Todd Yosick, Chief of Soldier & Family Programs; Ana Hernandez, Chief, Army Community Service

**SME/Phone:** Rob Bush, 571-256/540-834-3479

**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**ODASD (MC&FP)  
24 November 2023**

**SUBJECT:** AFAP Solider Support Issue #3: MOS Warm Handoffs to Service Providers for Soldiers and Families

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process

**2. ISSUE SCOPE:** Military OneSource (MOS) does not provide warm handoffs to potential counselors for Soldiers and Families seeking non-medical counseling service. When a Solder or Family member calls MOS for counseling they provide a name and phone number (i.e. Give an Hour) so they can make an appointment. Many times Soldiers and Families encounter issues such as no appointments are available, the next available appointment is 3 months away or the organization doesn't provide that service. MOS will make a follow-up call to see if the appointment was made but if the Soldier or Family Member encountered any issues MOS is unable to assist other than providing another number. Soldiers and Families overcome stigma and reprisal when seeking mental health support; MOS providing a warm handoff ensures they are receiving the proper care they need and will increase the likelihood they will seek it again when they need it most

**3. PROPOSED Recommendation:** Ensure direct connection to accessible mental health providers and implement a way of ensuring good customer service is occurring.

**4. FACTS:**

- a. **Background:** No information provided by SME
- b. **How many affected:** No information provided by SME
- c. **When does the issue occur:** No information provided by SME
- d. **Estimated Cost:** No information provided by SME

**5. STAFF POSITION:**

**a. Merit of the Issue:** The Department of Defense established Military OneSource to support the need for a 24/7 centralized assistance program for Service members and their families to augment existing programs on military installations. Military OneSource provides confidential, short-term non-medical counseling in a private or group practice located within the civilian community; face-to-face, phone, video and text-based online chat options are available.

The standard operating procedure for eligible Military OneSource participants seeking non-medical counseling includes a Master-level triage consultant calling non-medical

counselors in the Military OneSource provider network to schedule and coordinate services. With the participant's approval, a voice message is left with the non-medical counselor if they are not available. Military OneSource non-medical counselors are required call participants back within 72 hours to schedule an appointment at a time that is convenient for both parties. If preferred, individuals can receive a listing of non-medical counselors to contact directly. When individuals need support for issues that non-medical counseling does not address, Military OneSource will continue to facilitate connections to installation- and community-based services, or other providers of mental health care. With approval, Military OneSource will follow up with participants to confirm non-medical counseling services have been secured.

**b. Proposed Solution:** The Military Community Support Programs (MCSP) directorate within the Office of Military Community and Family Policy (MC&FP) provides oversight of the Military OneSource contract. Contractual measures are in place to ensure compliance with required deliverables and are reviewed on a weekly and ad-hoc basis to address concerns. Additionally, MCSP has implemented quality assurance and customer satisfaction measures to ensure that Soldiers and family members are receiving quality non-medical and information and referral services within prescribed timelines.

The Military OneSource contract is currently actively in the acquisition process with General Services Administration (GSA). MC&FP is actively seeking solutions from industry partners that incorporate technology and innovative ways to seamlessly connect the Soldiers and families with Military OneSource non-medical counseling provider network.

**c. Pros:** The Department continues to provide oversight of Military OneSource by ensuring access to mental health services soldiers and their families. Participants who receive non-medical counseling through these programs consistently report positive outcomes. Most participants report a decrease in problem severity and a reduction in frequency of feeling stressed or anxious following non-medical counseling. When individuals need support for issues that non-medical counseling does not address, we will continue to facilitate connections to installation- and community-based services, or other providers of mental health care.

**d. Cons:** Solutions have been implemented and/or underway. Awareness of family support services continue be a challenge and may be overwhelming for families to navigate. We all play a role in reducing barriers to care and to promote available programs and resources. Community outreach and education, especially via social media, helps build community and offers support. The 24/7 Military OneSource and all the services and resources are just one click through an internet search, and it available when and where it is needed. The Department dedicated to enhancing the quality of life for our military force and their families and request your help to raise awareness of Military OneSource non-medical counseling services.

**Lead Agency: ODASD (MC&FP)**

**Support Agency: None**

**Approved By:** Kelly Smith, Program Manager, Military OneSource and Associate Director, Military Community Support Programs

**SME/Phone:** Kelly Smith/571-372-5409/kelly.n.smith33.civ@mail.mil

**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DAIN-PRM  
13 December 2023**

**SUBJECT:** AFAP Soldier Support Issue #4 - Sponsorship Program Tracking Method

**1. Purpose:** To provide background information to assist with the AFAP Issue resolution.

**2. Issue Scope:** The Army Sponsorship program is a vitally important program for our Soldiers and Families, especially for those who are geo-dispersed and immersing themselves into a civilian community. The Sponsorship program currently does not use a tool or tracking method which ensures sponsors provide Soldiers and Families the information they are in need of. Often, sponsorship managers/coordinators focus on regulatory items that are completed such as: sponsors are identified, sponsors have taken training, 5434 is completed, surveys are completed, etc. The regulation does not identify how it ensures Soldiers and Families are getting what they need. Sponsors can easily fulfill their obligations as a sponsor by just calling, introducing themselves and saying, "if you need anything let me know" and never talk to them again. An effective sponsorship program ensuring the Families have been assisted will make for a smoother PCS transition. A tool and/or checklist could be used, and Families could sign and submit back to Sponsorship program coordinators verifying they received the information and effectiveness of the Sponsorship program.

**3. Proposed Recommendation:** Develop tools and/or information checklists that sponsors can use to ensure the information is being provided and needs are being met.

**4. Facts:**

**a. Background:** ASP is a system to assist commanders in exercising their basic responsibility for the successful reception and integration of Soldiers and Families into their unit, installation, facility, and community.

(1) Eligibility for this program includes Regular Army and its Reserve Components (RC).

(2) Sponsorship is provided for all Soldiers and Family Members, with particular emphasis to small and/or geographically separated units or activities within the area of responsibility.

**b. How many affected:** Based on FMS Web, under an "approved for" FY25 date, and including JROTC brigades, this request theoretically could impact approximately 15,000 personnel. But changes in policy and procedures would inevitably affect the entire Army population.

**c. When does the issue occur:** Understanding participation in TASP is voluntary for Family Members, there are three types of sponsorship:

(1) Advanced arrival sponsorship. This is sponsorship prior to the arrival of inbound personnel.

(2) Out-Sponsorship. Every departing Soldier is provided out-sponsorship assistance during out-processing.

(3) Reactionary Sponsorship. When a command has an unprogrammed arrival, the gaining command will provide a sponsor. This is the least effective sponsorship assignment.

**d. Estimated cost:** The cost cannot be determined at this time but would include, and not limited to:

(1) HQDA G-9 and Army-wide commands reassessing responsibilities of agencies and knowledge, skills, and abilities of personnel fulfilling specified roles.

(2) The required manpower to redesign the ACT database incorporating a process to better determine the needs and effectiveness of Family Member sponsorship.

(3) Restructuring the DA Form 5434, to include the voluntary signatures of Family Members. This also requires revising of existing surveys as a by-product to this adjustment.

(4) Requiring HQDA G-9 deploying personnel biennially, at a minimum, conducting inspections of major commands.

## 5. Staff Position:

**a. Merit of the Issue:** Sponsorship improves safety and reduces the likelihood and opportunity for sexual assault, misconduct, and suicide gestures/attempts during the Soldier's integration into the unit. Allowing the recommended changes described in paragraph 3 will further codify the commitment to the Total Army Family. While the TASP is a discretionary process for Family Members, by placing more emphasis on the program through SFRGs, redesigning forms and processes, and assessing the effectiveness of these changes will minimize anxiety experienced by uninformed Family Members. Further, by strengthened inclusion, the Total Army Family is more inclined to remain in an organization that makes them a priority, thus, potentially impacting retention in a positive direction.

**b. Proposed Solution:** TASP is a voluntary service for Family Members. As such, to require mandatory involvement by Family Members in this program would require a legislative change in policy and is not recommended. Rather, a change in Army regulation, collaboration with ACS and highlighting the importance of this instrumental program at unit level would reap increased value to the Total Army Family. Additionally, further actions to implement would be:

(1) Reiterate, through ALARACT, Army Directive or “G-9 sends”, to Commanders, the Army Total Army Sponsorship Program (TASP) is a Commander’s Program and the success of this program hinges on their making this program a priority.

(2) IAW AR 600-8-8, ensure the unit duty appointed Retention NCO provides the unit Soldier Family Readiness Group (SFRG) liaison officer with information about the newly assigned Soldiers and any known Family members.

(3) Analyze the necessity to update DA Form 5434 and the Army Career Tracker (ACT) to affect the inclusion of an optional spouse’s acknowledgement of the program through signature. In this way, although sponsorship is a non-compulsory program for Family Members, Family Members can be included in the program should they choose.

(4) Deliberate utilizing a program like “Hearts Apart Services for Waiting Families”, located in AR 608-1, to include Soldiers and Families that are geographically dispersed.

(5) Although AR 600-8-8 states Commanders conduct an annual Organizational Inspection Program (OIP), it is imperative that in coordination with AMC IMCOM, HQDA G-9 institute a robust inspection program at all levels to ensure that the spirit and intent of TASP is being adhered to for Soldiers and offered to Family Members.

**c. Pros:** Requests may prove the catalyst for unprogrammed cost but could be countered in increased retention and a sense of inclusion by the Total Army Family. Including a formalized inspection process beyond an OIP would incur minimal cost but maximum benefit. Lastly, an updated communication strategy to restate and place increased importance on TASP is valuable in determining if minimum requirements are being achieved.

**d. Cons:** As work is currently being accomplished to determine the viability of TASP to be evaluated as a prevention program, without the establishment of the recommendations, there will be little to no effort gained in the reduction of high-risk behaviors.

**Approved by:** Joseph R. Pettoni, Acting Chief, DAIN-PRM

**SME/Phone:** Tammy D. Coon/tammy.d.coon.civ@army.mil/(703) 459-6682

**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DAIN-PR  
27 November 2023**

**SUBJECT:** AFAP Soldier Support Issue #5 - Army National Guard (ARNG) Domestic Abuse Response Family Advocacy Program (FAP)

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process.

**2. ISSUE SCOPE:** ARNG does not have an analog to the Army's FAP program, nor established data systems and reporting processes. FAP is limited to only active-duty Soldiers, to include Active Guard Reserve (AGR), if co-located or in a geographic proximity to an active-duty installation. It is difficult for activated members geographically dispersed from installation FAPs to obtain services. There is no FAP for Mobilization (M)-Day Soldiers. The Integrated Prevention Workforce focuses on prevention, but resources are needed for response, across duty statuses for the ARNG.

**3. PROPOSED Recommendation:** Create policy for ARNG that addresses Service member and Family (to include intimate partner) domestic abuse response.

**4. FACTS:**

**a. Background:** ARNG non-federalized work force is not eligible for active-duty FAP benefits and resources and is outside of the geographic area of a Military Treatment Facility. The National Guard (NG) is a community-based model and does not use the active-duty construct of the FAP.

Department of Defense Instruction (DoDI) 6400.06, Section 1.1 (3) states that the policy applies to NG and Reserve members who are victims of domestic abuse when performing in active service in accordance with Sections 101(d)(3) and 101(d)(5) of Title 10, U.S.C. The Military Services and the National Guard Bureau (NGB) will establish their own procedures to determine eligibility for services for victims (and their adult dependents) who are in: (a) An active status in accordance with Section 101(d)(4) of Title 10, U.S.C. (b) An inactive status in accordance with Section 101(d)(7) of Title 10, U.S.C.

Section 2.8 states that on behalf of and with the approval of the Secretary of the Army, Chief NGB establishes and implements domestic abuse policy and procedures for eligible NG members and their Families, including the requirement for timely access to services via civilian providers. The National Guard Military Family Readiness System (NG MFRS) staff provide triage to domestic abuse coordination efforts as outlined in DoDI 1342.22, "Military Family Readiness".



AR 608-18, The Army FAP, applies to the active Army, ARNG and U.S. Army Reserves. It also includes periods when operating in an ARNG capacity. The regulation does not apply to members of the ARNG performing duty in a State status under Title 32.

ARNG currently does not have dedicated manpower to implement a comprehensive response effort to domestic abuse. As part of the ARNG prevention strategy, ARNG would like to develop a response program that provides prevention and education services around stress and anger management, conflict resolution, parenting, relationships, and non-medical counseling support.

To augment existing programs on military installations, and to provide support to the NG, Reserve, and Recruiting communities, the Department of Defense (DoD) established Military OneSource, a 24/7 centralized assistance program. NG members and their Families are eligible for Military OneSource (regardless of activation status). Military OneSource provides confidential, non-medical counseling, as well as one on one consultation support around parenting, relationships, financial well-being, stress management, and more.

**b. How many affected:** All ARNG Soldiers and their Families, particularly those who are not on Title 10 or Title 32 orders. Total end strength for ARNG is 325,000 with 1,600 additional Title 5 DA Civilians

**c. When does the issue occur:** Domestic abuse incidences in the ARNG can occur at any time. Research shows that domestic abuse incidences are exacerbated by stressors that include multiple deployments, long separations from family, combat exposure, relocations that come with military life, and financial issues. The current top resource requests from Soldier and Family Readiness staff are related to financial issues and deployment support.

**d. Estimated Cost:** Costs cannot be determined at this time.

## **5. STAFF POSITION:**

**a. Merit of the Issue:** The DoD has dedicated upstream prevention resources and services to strengthen families and reduce the risk of harmful behaviors. However, access to and awareness of these resources continue to be challenging and overwhelming for Soldiers and Families, particularly for those who are geographically dispersed. A gap in service delivery of these crucial resources to the ARNG population further increases the vulnerabilities to domestic violence.

**b. Proposed Solution:** G-9 recommends further assessing policy changes that address ARNG Service member and Family (to include intimate partners) response regardless of duty status. In addition, G9 recommends continued collaboration with the Office of Secretary of Defense (OSD), Military Community and Family Policy (MC&FP) to address issues of service delivery and awareness of key resources.

**c. Pros:** Policy changes support DoDI 6400.06, “DoD Coordinated Community Response to Domestic Abuse Involving DoD Military and Certain Affiliated Personnel”, to prevent and address domestic abuse in the DoD by “strengthening families, encouraging early help-seeking, and supporting victims of abuse”, and to respond to and provide resources to victims to maintain their safety.

**d. Cons:** Potential resource constraints, differing state regulations, consistent and on-going support to families due to geographic dispersion and stigmas around help-seeking.

**Lead Agency:** DAIN-PR

**Supported Agency:** None

**Approved by:** Tanya M. Juarez, HQDA FAPM

**SME/Phone:** Charlene A. Sanchez, [charlene.a.sanchez.civ@army.mil](mailto:charlene.a.sanchez.civ@army.mil), 571-256-0989

**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**NGB-J1-MB  
November 22, 2023**

**SUBJECT:** AFAP Soldier Support Issue #5 - Army National Guard (ARNG) Domestic Abuse Response (Family Advocacy Program)

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process

**2. ISSUE SCOPE:** The ARNG does not have an analogue to the Army's FAP program, nor established data systems and reporting processes. Family Advocacy Program (FAP) is limited to only active duty Soldiers, to include AGR, if co-located or in a geographic proximity to an active duty location. Active Duty members geographically dispersed from Installation Family Advocacy Programs are unable to be serviced. There is not FAP for M-Day Soldiers. The Integrated Prevention Workforce focuses on prevention, but resources are needed for response, across duty statuses for the ARNG.

**3. PROPOSED Recommendation:** Create policy for ARNG that addresses Service member and Family (to include intimate partner) response regardless of duty status.

**4. FACTS:**

**a. Background:** National Guard (NG) strategy is focused on preventing and responding to domestic abuse by promoting protective factors to reduce the likelihood of domestic abuse and by providing resources to victims and alleged perpetrators. This effort supports the safety of impacted NG Service members, children, and other affiliated individuals in accordance with DoDI 6400.06, 15 December 2021 "DoD Coordinated Community Response to Domestic Abuse Involving DoD Military and Certain Affiliated Personnel", Incorporating Change 1, 05 May 2022.

The NG Coordinated Community Response is aligned with the objectives laid out in DoDI 6400.06, with a primary focus on victim care as its core intent. This approach emphasizes the importance of providing comprehensive safety planning for victims, monitoring and mitigating potential ongoing risks, ensuring victims are well-informed about their rights and available options, and fostering accountability in cases involving alleged perpetrators.

NG currently does not have dedicated manpower to implement a comprehensive response effort. As part of the NG prevention strategy in an effort to reduce future incidents of domestic abuse, the NG would like to develop a strong response procedure for States/Territories/District of Columbia. A strong response includes working with civilian law enforcement agencies, offering restricted or unrestricted reporting, and managing data related to case management for domestic abuse response efforts. Additionally, the NG wants to ensure that alleged perpetrators are provided education (such as anger management, conflict resolution, mental health counseling). It is difficult for the NG to

determine the rates of prevalence for domestic abuse in the ARNG due to duty statuses and unclear reporting and mitigation efforts.

Currently, NG members in active service, who are eligible to receive medical care and are within the catchment area from a DoD Military Treatment Facility (MTF) and have immediate and ongoing victim advocacy and FAP clinical services available can receive assistance. However, members in the NG serving in a non-Federalized status, or not within a catchment area to receive care, may fall between the cracks. Our goal is to create a culture that includes victim safety and appropriate abuser accountability. Commanders have responsibility for this but may not be adequately resourced to combat this issue, especially if the Command is not full-time.

**b. How many affected:** ARNG Soldiers, Department of Army (DA) Civilians, and Families are potentially affected. Total end strength for ARNG is 325,000 with 1600 additional Title 5 DA Civilians. Projected adult spouses and intimate partners ~500,000. FY22 domestic abuse rates were 7.3 per 1,000 female active duty members vs. 1.7 per 1,000 male active duty members. 2022 met criteria for spouse abuse was 11.1 incidents per 1,000.

**c. When does the issue occur:** Domestic abuse incidences in the NG can occur at any time. Research shows that domestic abuse incidences are exacerbated by stressors that include multiple deployments, long separations from family, combat exposure, relocations that come with military life, and financial issues. The current top resource requests from Soldier and Family Readiness staff are related to financial issues and deployment support.

**d. Estimated Cost:** TBD based on solution. Policy does not have an associated cost, but a recommendation of additional staff to address domestic abuse response and develop a FAP for the ARNG has manpower costs associated with creating additional personnel for each State/Territory/District of Columbia. Minimum staffing requirements are two (2) GS-13 Program Managers at the National Guard Bureau (NGB) and 54 GS-12 level Family Advocacy Directors at each Joint Force Headquarters for the ARNG. An alternative solution would be contracted personnel, or potentially a small pilot to determine need and evaluation of required services.

## 5. STAFF POSITION:

**a. Merit of the issue:** The merit of the issue presented in the context of DoDI 6400.06, which establishes and implements domestic abuse policy and procedures for eligible NG members and their adult dependents, lies in several key aspects:

1. **Extending Eligibility:** The issue underscores the need to consider extending the eligibility criteria to include the non-federalized workforce within the NG. By doing so, it aims to address a potential gap in support for individuals and their families who may not currently benefit from these policies.

**2. Prevention and Education:** This proposal suggests the importance of support staff to develop and provide FAP-like programming aimed at teaching safe and healthy relationship skills. This not only promotes domestic abuse prevention but also empowers individuals to recognize and address harmful behavior within their relationships.

**3. Community Integration and Risk Reduction:** The idea of improving protective environments and enhancing spouse and partner support highlights the need to address risk factors associated with domestic abuse. Strengthening community integration can help provide a network of support and resources that can mitigate these risks. Although Soldier and Family Readiness Specialists strive to build and maintain community partnerships, additional support is needed specific to case management of the non-federalized force receiving benefits from local resources.

**4. Accountability:** Holding alleged perpetrators and leaders accountable for their actions or inaction following an incident of domestic abuse is a critical aspect of addressing the issue. This ensures that there are consequences for those who engage in abusive behavior and those in leadership roles who may be complicit or negligent in addressing such incidents.

**5. Economic Support:** Coordinating efforts to strengthen economic support for families and alleviating economic risk factors for domestic abuse is crucial. This can help reduce the potential for financial control in relationships, a common aspect of domestic abuse.

**6. Data Collection and Evaluation:** The proposal emphasizes the need for the NG to measure, monitor, and evaluate its activities and outreach in the context of domestic abuse. Collecting data on prevention activities and response efforts allows for continuous improvement and a more informed approach to tackling the issue. In summary, the merit of the issue is to enhance the effectiveness of DoDI 6400.06 by expanding its scope of coverage, improving preventative measures, promoting safe and healthy relationships, ensuring accountability, addressing economic risk factors, and implementing data-driven evaluation. By doing so, the NG can better protect its members and their families from domestic abuse and create a safer and more supportive environment.

**b. Proposed Solution:** Provide full-time FAP-like program managers at the NGB, and support staff at each Joint Force Headquarters for the ARNG (54) through civilian or contract manpower.

**c. Pros:** Providing full-time FAP-like support at each Joint Force Headquarters offers several potential advantages:

- **Enhanced support** ensures that Soldiers and their families receive consistent and continuous assistance and resources, leading to improved well-being and resilience.
- Civilian or contract staff can bring **specialized expertise and experience** in family advocacy, counseling, and support, which may not be readily available

among military personnel, and existing Soldier and Family Readiness Specialists may not have the necessary skill set and education.

- **Objective support** utilizing civilian, or contract staff may offer a level of objectivity and impartiality that can be crucial in addressing sensitive family-related issues.
- **Confidentiality** from civilian or contract staff can make it easier for individuals to seek help without fear of repercussions.

**d. Cons:** Some potential cons include:

- Resource Constraints
- Part-time status of NG members makes it challenging to provide consistent and ongoing support to families.
- Geographical dispersion of NG units can complicate the coordination and accessibility of FAP-like services.
- Differing state regulations may be difficult to decipher. FAP services must be aligned with federal and state laws and may require legal expertise (which we have through Attorney Advisors and Special Victims' Counsel).
- NG members and their families may be hesitant to seek assistance through concerns about stigma and confidentiality.

**Lead Agency:** ARNG

**Support Agency:** None

**Approved By:** Mr. Matthew Krenz/703-607-3652

**SME/Phone:** Ms. Kristi Walters/703-607-5416

**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DAPE-PRC  
8 December 2023**

**SUBJECT:** AFAP Soldier Support Issue #6 - BAH Rates in High-cost Living Areas

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process.

**2. ISSUE SCOPE:** BAH does not sufficiently cover housing costs in certain high-cost areas for geo-dispersed Soldiers and Families. Locations such as Bangor, Maine, Perth Amboy, NJ, Anniston AL, Kalamazoo/ Lansing/Grand Rapids, MI, Stockton, CA and Reno/Carson City, NV are just a few locations where the cost of living is higher than the BAH. When Soldiers and Families obtain housing based on their BAH they often live in overcrowded and unsafe neighborhoods. When Soldiers and Families choose to live in safer neighborhoods, they contribute 3% to 5% of their base pay to subsidize rent. BAH rates that do not sufficiently cover housing costs have a direct correlation to Soldier and Family stressors and financial hardships.

**3. PROPOSED Recommendation:** Re-evaluate the BAH rates for high-cost areas to meet local housing costs.

**4. FACTS:**

**a. Background:** The BAH is a tax-free housing allowance. The BAH authority is provided in 37 USC 403a and chapter 26 in the Department of Defense Financial Management Regulation, Volume 7A. The goal of the program is to help Soldiers offset the costs of housing in the private sector; therefore, rental-housing costs in the private sector are the basis for the allowance. Rental data is collected from six housing profiles, or anchor points: 1 and 2 Bedroom Apartments; 2 and 3 Bedroom Townhouses; 3 and 4 Bedroom Single Family Detached Houses.

**b. How many affected:** Active Component and Reserve Component Soldiers eligible to receive a locality based BAH rate.

**c. When does the issue occur:** This issue will occur when a Soldier is permanently assigned to the location via a permanent change of station order or order to active duty for more than 30 days and is authorized to receive a locality-based housing allowance based on the duty station.

**d. Estimated Cost:** Unknown. Estimated cost depends on the amount of increase in BAH rates for every Soldier eligible to receive a housing allowance.

**5. STAFF POSITION:**

**a. Merit of the Issue:** No merit. By law, BAH rates are reviewed annually and updated on 1 January. For calendar year 2023, BAH rates increased for each location described in the issue: Bangor, ME (11.9%); Perth Amboy, NJ (16.7%); Anniston, AL (11.2%); Kalamazoo, MI (12.3%); Lansing, MI (9.7%); Grand Rapids, MI (8.7%); Stockton, CA (12%); Reno/Carson City, NV (10.4%). For calendar year 2024, BAH rates will increase an average of 5.4 percent when the new rates take effect on 1 January 2024. After publication, the law only authorizes the Secretary of Defense to temporarily increase rates based on a Presidentially-declared major disaster area, or a sudden increase in the number of assigned Service members. No matter what happens to housing costs, including the out-of-pocket cost-sharing adjustments, a Soldier will not see a BAH rate decrease as long as the Soldier does not have a reduction in pay grade, change in dependency status, or permanent change of station. This is called rate protection and is designed to ensure Soldiers who have made long-term commitments in the form of leases or contracts are not penalized if the area's housing costs decrease.

**b. Proposed Solution:** Continue to monitor the military housing office's rental data collection process in coordination with the Deputy Chief of Staff, G-9. Support OSD's initiative to review and update the housing profiles or anchor points.

**c. Pros:** Ensures BAH rates meet the congressional intent of the housing allowance program.

**d. Cons:** The proposed recommendation does not meet current law.

**Lead Agency:** DAPE-PRC

**Support Agency:** OUSD(P-R), DCS, G-9

**Approved By:** Dr. Robert L. Steinrauf/Plans and Resources

**SME/Phone:** Vincent Gallman/vincent.f.gallman.civ@army.mil



**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**ATZL-AUE  
14 December 2023**

**SUBJECT:** AFAP Soldier Support Issue #7 - Certification for Skills obtained while serving in the Army

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process

**2. ISSUE SCOPE:** Soldiers perform an array of duties, tasks, and often acquire specialty skills throughout their military careers. Civilian counterparts require certification in order to execute these same duties and tasks. After completion of military service, the Soldier regardless of time served, if looking for employment in areas that they used to perform without civilian certification, often cannot find employment in the area where they have performed while in the service. This disparity clearly places the prior Soldier in a disadvantage in comparison with their civilian counterparts who may have certification to execute a job, but no experience in most cases. Further evaluation and expansion of certificates is needed to ensure that when Soldiers complete their service, they are not placed in a competitive disadvantage. Former Soldiers bring invaluable experience and qualifications to the civilian sector.

**3. PROPOSED Recommendation:** Evaluate and expand certifications that can be awarded to Soldiers for their skills learned while serving in the military.

**4. FACTS:**

**a. Background:** Under Title 10 USC 2015 - Program to Assist Members in Obtaining Professional Credentials and NDAA 2015 – Public Law 113–291, the Army has three existing robust credentialing programs available to all eligible Enlisted, Warrant Officers and Officers from all components to maximize and support Soldier civilian credentialing opportunities in all three learning domains (institutional, operational, and self-development). The Army Credentialing and Apprenticeship Programs are multi-faceted and provide Soldiers the opportunity to earn professional credentials, including civilian certifications, licenses, and Department of Labor (DOL) Certificates of Completion of Apprenticeship. These programs are constantly evolving through the expansion of civilian credentialing opportunities to validate Soldiers' professional skills, training, and work experiences; bolster individual military-technical competence; and improve collective Army readiness. These programs support Total Force readiness by broadening a Soldier's knowledge, skills, behaviors, and preferences (KSB-Ps) beyond those developed through training, education, and assignments and without the need for course growth. Additionally, these programs enhance a Soldier's ability to secure meaningful employment after transitioning from service as credential recertification is funded throughout the Soldier's Career.

- 1) **Credentialing Assistance (CA):** Army Directive (AD) 2018-08 established the CA Program that is voluntary off-duty education with no requirement to align to a Soldier's Military Occupational Specialties (MOS) or areas of concentration that was later codified in AR 621-5 and DoDI 1322.33. This program is funded by Army Credentialing Assistance (CA) for courses and exams that lead to industry-recognized academic or vocational credentials. Eligible Soldiers are authorized up to \$4K each fiscal year (FY) for the payment of credentialing expenses for classroom, hands-on, online or blended training, study guides, materials, textbooks, fees, exams and or recertification of all 2,000+ credentials listed in Army Credentialing Opportunities On-Line (COOL). Credentials earned through CA provide 10 promotion points per credential for enlisted (50 max points), do not detract from any other benefit and do not create an additional service obligation.
  
- 2) **Institutionally Delivered Credentialing (IDC):** AD 2015-12 and DoDI 1322.33 further established the IDC Program that provides professional voluntary civilian credential opportunities to Soldiers in conjunction with attendance at Initial Military Training (IMT) and other Professional Military Education (PME) courses throughout the military life cycle. IDC credentials provide 10 promotion points per credential for enlisted (50 max points), do not detract from any other benefit and do not create an additional service obligation. Soldiers' voluntary pursuit of IDC occurs primarily in the institutional learning domain but may extend into the operational domain when additional time and experience are required. IDC credentials align with Army programs of instruction (POI), are sponsored and facilitated by Army Institutional schools, and are mostly taught within Army POI. All eligible Soldiers are authorized \$800 per FY in pursuit of their IDC Credentialing goals established by their Proponent.
  
- 3) **United Services Military Apprenticeship Program (USMAP):** Department of Labor (DoL)- Code of Federal Regulations, Title 29, Part 29 eCFR, National Standards of Apprenticeship dated January 24, 2019, and DoDI 1322.33 further established the USMAP that provides Soldiers the opportunity to complete civilian apprenticeship requirements in conjunction with their military training and duties. Annually, United States Army Training and Doctrine Command (TRADOC) Proponents develop a list of USMAP apprenticeships through a review and analysis of MOS. USMAP apprenticeships include MOS training, on-the-job training (OJT) and competency mastery. The United States Department of Labor (DOL) provides a nationally recognized apprenticeship certificate of completion for each USMAP apprenticeship a Soldier completes. Earning a DOL apprenticeship certificate of completion provides Soldiers with documented evidence of technical skills attained while serving in the Army which translate to civilian occupations. USMAP apprenticeships are beneficial to Soldiers because they receive the same credit for military experience and training as their civilian counterparts with no cost to the Soldier. A DOL apprenticeship certificate of completion lasts a lifetime and the DOL nationally recognized apprenticeship assists Soldiers with post-service employment.

4) **Army Credentialing and Opportunities-Online (COOL):** The Army COOL program vets civilian credentials (i.e., certifications and licenses) in accordance with 10 U.S. Code § 2015 and in coordination with the other Services and the Office of the Deputy Assistant Secretary of Defense (Force Education & Training). Vetting of credentials ensures Soldiers are earning quality credentials recognized by civilian industry. Credentials that pass the vetting process are eligible for payment by the Army.

**b. How many affected:** In FY23 the CA program funded over 35K CA requests that supported 23K Soldiers credentialing goals. The IDC Program supported over 7.5K credentialing opportunities and the USMAP Program supported the enrollment of over 2K Apprenticeship's.

**c. When does the issue occur:** The Army Credentialing and Apprenticeship Programs are voluntary, available to all eligible Soldiers regardless of location and status and are offered within program limits.

**d. Estimated Cost:** In FY23 the CA program authorized funding in excess of \$60M that supported 23K Soldiers credentialing goals. The IDC Program authorized funding in excess of \$1.7M that supported over 7.5K credentialing opportunities. There is no associated cost for the USMAP Program that supported the enrollment of over 2K Apprenticeship's.

## 5. **STAFF POSITION:**

**a. Merit of the Issue:** Since the Army has established authorities, policies, and programed funded credentialing and apprenticeship programs, there is no disparity that clearly places a prior Soldier at a disadvantage in comparison with their civilian counterparts who may have certification to execute a job, but no experience. The Army continuously evaluates and expands credentials and certificates to ensure that when Soldiers complete their service, they are not placed in a competitive disadvantage. Former Soldiers who have taken advantage of the Army's credentialing and apprenticeship programs attain invaluable experience and qualifications to be successful in the civilian sector.

**b. Proposed Solution:** Continue existing efforts to market and provide awareness of the Army's credentialing and Apprenticeship Programs through authorized social media platforms, strategic communication plans, and briefings.

**c. Pros:** By fully implementing the Army Credentialing Program, the Army increases opportunities for Soldiers to pursue credentials and apprenticeships while serving through individual study, Army training schools, and on-the-job training. Synchronizing credentialing opportunities throughout the Soldier Life Cycle and adopting high-quality standards for credentials creates agile, adaptive, and innovative Soldiers. The Army

Credentialing Program supports the Army People Strategy's strategic outcomes of Ready, Professional, Diverse, and Integrated. Attainment of civilian credentials helps identify talents, creates a more professional force, contributes to knowledge and skills, and increases the nexus between Soldiers and civilians

- d. Cons:** The Army Voluntary Education Programs are posturing for a known Army-wide resource constrained environment for funding in the next several years. These constrained resources will likely negatively impact the participation rate and opportunity for Soldiers to earn some credentials and certifications.

**Approved by:** DR. Wes Smith/Director, ACCESS ArmyU

**SME/Phone:** Steve Clair/Credentialing Division Chief, ACCESS ArmyU  
[steven.b.clair.civ@army.mil](mailto:steven.b.clair.civ@army.mil)

**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DAJA-LA  
1 November 2023**

**SUBJECT:** AFAP Soldier Support Issue #8 - Immigration Challenges for Service Members and Dependents

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process

**2. ISSUE SCOPE:** Since 1999, DoD has averaged almost 9,000 non-U.S. citizen or national accessions into the U.S. Armed Forces each year. This population of enlistees is integral to supporting the mission and meeting end strength of our Armed Forces. Immigration benefits and services that come with enlistment are important to noncitizen Service members, their Family members, and subsequent recruitment efforts. Additionally, many Service members marry non-U.S. citizens and the current immigration procedures does not seem to be able to expeditiously handle these cases. The separation often causes emotional and financial stress for our Service members and their Family. The MOU between DOD and USCIS is outdated, and DoD needs to provide additional guidance to allow Services to form their own policies. The process should begin at enlistment and continue through completion if that is AIT or the gaining installation. A tracking system/database should be developed and implemented to ensure tracking of individuals and their packets are fully processed. SJA and the Units should have access to this system/database to assist with completion of citizenship and Visa requirements. Installations should have Attorneys who are Subject Matter Experts (SME) to assist Soldiers and Family Members with immigration challenges.

**3. PROPOSED Recommendation:** Update MOU between DoD and USCIS, and draft policy for Services to support Service members and Family members seeking Domestic Military Naturalization and Citizenship efficiently and expeditiously.

**4. FACTS:**

**a. Background:** Three agencies play a role in facilitating the immigration and/or naturalization of Soldiers and Family Members: the Department of Defense's Office of Military Policy and Readiness (Accessions Policy), the United States Citizenship and Immigration Service (USCIS), and the Department of State (Consular visa processing offices.) There is currently a MOU in place between the Department of Defense and USCIS to improve the naturalization process for Servicemembers; there is not a corresponding MOU to address the challenges faced by Family Members.

(1) The Office of the Secretary of Defense Office of Personnel and Readiness (OSD P&R) contains the Accessions Policy office, which has responsibility for enlistment standards and policies, including accessions of non-citizen enlistees. Under section 328 of the Immigration and Nationality Act (INA) (8 USC section 1439) expedited

naturalization is authorized for honorable military service. A recent US district court held in *US v Samma* case that the DOD must allow for certification of military service under the INA following one day of honorable service during a period of hostilities; OSD is responsible for issuing and executing policy consistent with this ruling.

2) The second agency responsible for assisting with the immigration and naturalization of US citizens, including Servicemembers and their Families, is USCIS, which has personnel dedicated to developing policies and guidelines for the military, and assisting with military-specific matters. Until 2019, USCIS also manned overseas offices that would provide immigration and naturalization services to Soldiers and Families stationed overseas, including the processing of Family member visa applications; however, these offices (in Germany, Italy, England, Korea, and Japan) were closed in 2019. The only overseas offices that remains open is in Guam. In lieu of providing in-person support, USCIS has begun to develop the capability to offer some services remotely; notably citizenship interviews and paperwork drop off (including delivery of green cards). This program began at OCONUS locations and has since expanded to CONUS locations as well. Additionally, USCIS has revised the military certification form N426 to standardize and simplify the certification process detailed above. In FY23, USCIS naturalized more than 12,100 Servicemember, an almost 14% increase from FY22.

3) Finally, the Department of State processes visas for Soldiers and Family Members residing abroad when the Family member seeks to immigrate with their Soldier to the US. The processing times for these visas vary based on the country (embassy) at which they are sought. Depending on staffing, processing can take over one year to process an I-130 visa (the visa necessary for bringing in a fiancé or spouse).

4) The Department of Defense and USCIS have a recent MOU in place, signed 5 July 2023, that establishes policy and guidance for improving the process of naturalizing US Soldiers by providing Servicemembers with the time, resources, and information necessary to apply for naturalization as soon as they are eligible. Generally, the goal is to provide for processing time during an enlistee's initial training at Basic Training. There is no corresponding MOU that addresses increased efficiencies for the immigration or naturalization of Family Members.

**b. How many affected:** According to the Center for Naval Analysis, approximately 8,000 non-citizens enlist in the military each year, and there are approximately 35,000 non-citizens serving across the Services at a given time. As Legal Permanent Residents (LPRs), under the INA, they have an expedited path to citizenship pursuant to their service, but the right and obligation to seek that citizenship is up to their discretion (some may want to remain LPRs.)

**c. When does the issue occur:** For Soldiers, the most common time to experience the consequence of delayed naturalization processing is upon entry onto active duty through completion of basic training. This is the period during which they become eligible to apply for naturalization and would most benefit from time and resources to submit the necessary paperwork. For Soldiers and Family members seeking to immigrate, the issue likely arises when a Soldier is stationed overseas and meets/marries a non-US citizen.

**d. Estimated Cost:** There is no cost to the US government to enter into an MOU or strengthen existing ones.

## **5. STAFF POSITION:**

**a. Merit of the Issue:** Delayed naturalization processing not only costs a Soldier peace of mind, it delays their ability to access the benefits available to a US citizen. For example, the visa processing time for a citizen Soldier seeking to bring a Family Member into the United States is much shorter than that of a green card holder. Additionally, US citizens are able to apply for immigration visas for a broader range of family members, including parents and siblings. Finally, delayed immigration processing for Family Members causes a financial burden if the Soldier maintains two households while their Family Member remains abroad. For those Soldiers who incorrectly bring their Family Member into the US without proper documentation, it exposes the Soldier and Family Member to legal risks, including potential UCMJ violations, as well as inevitably extends the timeline for lawful processing even further.

**b. Proposed Solution:** Army Senior Leaders could continue to communicate the issue to staff within OSD's P&R office and advocate for a MOU addressing Family Member challenges that is modeled after the MOU currently in place. The Army continues to support OSD on the modernization of certain policies that pertain to Service Member Naturalization, including providing time and resources for Servicemembers to address their immigration and naturalization tasks during initial entry and training. The MOU for Family Members should also include representatives and signatures from the Department of State responsible for consular processing for Family Members.

**c. Pros:** A path to US citizenship is a significant benefit of military service, as reflected in the INA, and can be used as an effective recruiting tool. However, the appeal of this benefit loses its effectiveness if the processing time negates the intent of the expedited processing time. Delayed Family Member processing can affect readiness as a Soldier spends time preoccupied with a family separation caused by the frustrations of bureaucracy and paperwork drills. USCIS and the Department of Defense have a strong existing relationship with personnel dedicated to addressing these issues; highlighting the struggles of Family immigration processing should be fairly straightforward.

**d. Cons:** While an MOU is a strong expression of support and an indication of how resources should be directed, there is no significant enforcement mechanism requiring compliance.

**Lead Agency:** DAJA-LA

**Support Agency:** ASA M&RA

**Approved By:** Ms. Karen Carlisle, Director, Soldier and Family Legal Services.

**SME/Phone:** Melissa Halsey 571-256-7865





**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DAPE-PRC  
8 December 2023**

**SUBJECT:** AFAP Soldier Support Issue #9 - Cost of Living for Service Members in Washington State

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process.

**2. ISSUE SCOPE:** Washington State is the 13th highest cost of living state in the United States. The BAH for JBLM is not high enough to cover off-base basic living expenses (rent/utilities). The wait list for on-base housing is several months. Service members and their Families moving to the area have little choice but to pay inflated prices for a place to live or risk living in less than ideal homes or locations. Due to the high cost of living, Service members may be forced to incur enormous amounts of debt to live at JBLM. This increases the stress on Families, mission readiness and Service member morale.

**3. PROPOSED Recommendation:** Provide a Cost of Living Allowance for Service members to offset the high cost of living in Washington State.

**4. FACTS:**

**a. Background:** Title 37, United States Code, Section 403b and the Department of Defense Financial Management Regulation, Volume 7A, Chapter 67, provides authority to the Secretary concern to authorize a cost of living allowance to a member assigned to a high cost location in the United States that has a calculated index in excess of 108.

**b. How many affected:** Active Component and Reserve Component Soldiers.

**c. When does the issue occur:** This issue will occur when a Soldier is permanently assigned to Washington State via a permanent change of station order or order to active duty for more than 30 days.

**d. Estimated Cost:** Unknown.

**5. STAFF POSITION:**

**a. Merit of the Issue:** No merit. JBLM's COLA index for 2023 is 102, which does not meet the CONUS 108 threshold in statute. An adjustment was made for the commissary and exchange. Seattle has the highest index at 104, including the commissary and exchange adjustment. The COLA indexes for Yakima and Spokane are 100. Whidbey Island has the lowest index at 101. By comparison, the COLA index for Washington, DC is 104, including the commissary and exchange adjustment. Other comparable indexes

include El Paso, TX (96), Joint Base San Antonio, TX (98), Fort Drum, NY (102), Fort Campbell, KY (102), and Salt Lake City, UT (103).

**b. Proposed Solution:** Unattainable. A legislative change is required to lower the threshold to 100. Draft language has been submitted for the FY24 National Defense Authorization Act (NDAA) to adjust the threshold from 108 to 105. OSD will not know if this language is in the final FY24 NDAA until it is approved by the President.

**c. Pros:** All Soldiers assigned to Washington State would receive a cost of living allowance.

**d. Cons:** Lowering the threshold to 100 would add an additional 344 military housing areas out of 455 and increase the Army budget that already has a funding shortfall. Lowering the threshold from 108 to 105 will cost the Army an additional \$37 million in CONUS COLA for FY24.

**Lead Agency:** DAPE-PRC

**Support Agency:** OUSD(P-R)

**Approved By:** Dr. Robert L. Steinrauf/Plans and Resources

**SME/Phone:** Vincent Gallman/vincent.f.gallman.civ@army.mil

**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DAIN-ZA  
27 November 2023**

**SUBJECT:** AFAP Soldier Support Issue #10 - Authorized Living Space for Service Members in Unaccompanied Personnel Housing

**1. PURPOSE:** To provide information to address the subject AFAP issue.

**2. ISSUE SCOPE:** Junior Enlisted Service Members in Unaccompanied Housing (UH) are not authorized sufficient living space. The current regulation stipulates that Service Members are required to have 90 square feet of living space per Service Member. This space is further reduced by the doubling of furniture and mandatorily issued equipment. This may lead to a decline in Service Member's mental and physical health. Additionally, there is potential for an increase in the spread of communicable diseases resulting from the confined space. The insufficient living space has a direct effect on Service Member's ability to meet and maintain the Army's five points of readiness.

**3. PROPOSED Recommendation:** Amend Army Regulation (AR) 210-50, Housing Management to authorize more square footage per Service Member living in unaccompanied personnel housing.

**4. FACTS:**

**a. Background:**

(1) AR 420-1(which replaced AR 210-50), authorizes a minimum of 90 square feet per Service member in the ranks of E1-E4, assigned to UH. This minimum requirement is consistent with DOD Manual (DODM) 4165.63 guidelines. In addition, DODM 4165.63 stipulates that E1-E4s in a shared unit with a living room are authorized a minimum of 72 square feet each.

(2) In 2012, the Army increased the minimum standard to 140 square feet per E1-E4 for all new military construction and major renovation projects, starting in FY 15.

(3) Army Regulation 210-xx , which will replace AR 420-1 Chapter 3, will reflect this increase in square footage for future UH construction/improvement projects.

**b. How many affected:** As of 22 Aug 23, 91,150 E1-E4 reside in UH across the Army, of which 631 E1 – E4 residents are at Wiesbaden.

**c. When does the issue occur:** AR 210-xx is projected to be published 4Q FY24.

**d. Estimated Cost:** Current AMC Facility Investment Plan includes 49 permanent party (PP) UH projects (5,131 bed spaces) planned (FY24-29) to restore and modernize

barracks for \$0.8B; two PP UH barracks (60 bed spaces) will be replaced by MILCON projects and 47 PP UH barracks (5,071 bed spaces) will be improved to Q1/Q2 condition. Additionally, there are 28 MILCON projects programmed to provide ~6,705 new bed spaces in FY24-29 for \$2.88B.

## **5. STAFF POSITION:**

**a. Merit of the Issue:** The Army recognized the need to improve the quality of life for Soldiers and support the Army's retention/readiness efforts by increasing the minimum square foot of UH barracks space for each E1-E4 was approved in 2012.

**b. Proposed Solution:** The Army should continue the path set by the 2012 standard changes and incorporate them into the appropriate ARs upon revision. The Army continues to maximize sustainment funds to slow degradation of facilities. As existing UH facilities undergo renovations or new UH facilities are constructed, the barracks are brought into adherence with the new standard.

**c. Pros:** The standard changes increased the amount of living space provided to each junior enlisted Soldier by 55% (90 square feet to 140 square feet). Additionally, the design layout was changed to better improve quality of life for the Soldiers.

**d. Cons:** Due to budget constraints, the current Army policy implements the changes over time, rather than immediately, as the new standard cannot easily be applied to all existing facilities. This risk can be minimized with additional funding to accelerate the MILCON and whole barracks renovation projects.

**Lead Agency:** DAIN-ISH

**Support Agency:** None.

**Approved By:** Mr. Michael E. Reheuser, Director, Installation Services, G-9

**SME/Phone:** Tyler Bennett/703-614-9045

**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DAIN-PRE  
17 December 2023**

**SUBJECT:** AFAP Soldier Support Issue #11 - Soldier Re-Assignment Process with EFMP Dependent

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process.

**2. ISSUE SCOPE:** Nominative slots at chosen duty stations are not held for Soldiers while awaiting EFMP verification and decision for reassignment. Even though Soldiers are offered a slot and choose to accept it, slots are not held for them and are able to be taken by others. This leads to Soldiers going through multiple iterations of offers, counteroffers, and denials before a duty station is finalized. Because this process can occur over several months, it is difficult for Soldiers and their Families to make plans and preparations when reassignments are in flux. This can particularly be difficult when planning for major life changes, such as re-enlistment, career changes, spouse employment, family changes, PCS moves, etc.. An improved process would help eliminate some of the stress on the Soldier and Family as they manage their career and lives.”

**3. PROPOSED RECOMMENDATION:** Hold nominative slot for Soldier reassignment location until EFMP decision is received.

**4. FACTS:**

**a. Background:** When a Soldier is identified to PCS (inside of or outside of a market) and is enrolled in EFMP, multiple EFMP nominative checks are conducted to locations where the Soldiers MOS / grade is needed based on Army Readiness. An assignment is made based on EFMP care availability, needs of the Army, and Soldier preference.

**b. How many affected:** All Soldiers enrolled in EFMP (approximately 46.8k).

**c. When does the issue occur:** Very rarely because EFMP nominative checks are completed before a Soldier is placed on Assignment Instructions.

**d. Estimated Cost:** There is no new funding requirement.

**5. STAFF POSITION:**

**a. Merit of the Issue:** The EFMP is designed to identify the special medical, and/or educational needs of the Family and take these needs into consideration during the assignment process. The intent is for Soldiers and Families to stay together and be assigned to posts where the medical and/or special education needs of the Family can be met. The program is also designed to decrease compassionate reassignments and

associated costs incurred from assigning personnel to locations with inadequate medical resources needed by those family members with special needs.

**b. Proposed Solution:** Continue with current process and education for Soldiers with EFM dependents.

- During assignment nomination the EFMP nominative query process is initiated by the Soldier's Career Management Team (CMT) and coordinated by the Army Human Resources Command (HRC) EFMP team.

- This process occurs prior to Request for Orders (RFO) or Assignment Instruction (AI) release. Once the HRC EFMP team receives the query, the team queries the medical Special Needs Advisors (SNA) at assignment locations worldwide for which the Soldier is being considered.

- SNAs determine if the required resources are available at their location and responds to the HRC query within three business days for CONUS and within fifteen business days for OCONUS locations.

- HRC EFMP team notifies the CMT of the screening results, which identify the assignment possibilities. Soldiers are provided with two pre-screened and medically approved PCS location choices to research and choose from for their assignment and works with their CMT on their selection.

- Once the CMT selects the assignment location, the RFO or AI is issued to the Soldier via their local military personnel office at the losing unit.

**c. Pros:** MEDCOM prescreens for medical approved PCS locations for Soldiers enrolled in EFMP and entering the marketplace. Soldiers are provided with two pre-screened and medically approved PCS locations to choose for their next assignment.

**d. Cons:** There are times when Soldiers enrolled in EFMP, submit their assignment choices, and medical care is not available at the requested locations. The career manager is notified of negative assignment match and determines alternative assignment locations for the Soldier.

**Lead Agency:** DPRR

**Support Agency:** Human Resource Command (HRC)

**Approved By:** COL Todd Yosick

**SME/Phone:** Paul Grossman/571-256-8672

**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**AHRC-FSO-S  
8 December 2023**

**SUBJECT:** AFAP Soldier Support Issue #11 - Soldier Re-Assignment Process with EFMP Dependent.

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process

**2. ISSUE SCOPE:** Nominative slots at chosen duty stations are not held for Soldiers while awaiting EFMP verification and decision for reassignment. Even though Soldiers are offered a slot and choose to accept it, slots are not held for them and are able to be taken by others. This leads to Soldiers going through multiple iterations of offers, counteroffers, and denials before a duty station is finalized. Because this process can occur over several months, it is difficult for Soldiers and their Families to make plans and preparations when reassignments are in flux. This can particularly be difficult when planning for major life changes, such as re-enlistment, career changes, spouse employment, family changes, PCS moves, etc... An improved process would help eliminate some of the stress on the Soldier and Family as they manage their career and lives.

**3. PROPOSED RECOMMENDATION:** Hold Nominative slot for Soldier reassignment location until EFMP decision is received.

**4. FACTS:**

**a. Background:**

(1) When a Soldier is identified to PCS (inside of or outside of a market) and is enrolled in EFMP, multiple EFMP nominative checks are conducted to locations where the Soldiers MOS/ grade is needed based on Army Readiness.

(2) An assignment is made based on EFMP care availability, needs of the Army and Soldier preference.

**b. How many affected:** All Soldiers enrolled in EFMP (approximately 44k).

**c. When does the issue occur:** Very rarely because EFMP nominative checks are completed before a Soldier is placed on Assignment Instructions.

**d. Estimated Cost:** There is no new funding requirement.

**5. STAFF POSITION:**

**a. Merit of the Issue:** None. All assignments (including nominative assignments) are on hold until EFMP is cleared.

**b. Proposed Solution:** Continue education on the assignment process for Soldiers that have EFM dependents.

**c. Pros:** MEDCOM verifies care availability prior to an assignment being made.

**d. Cons:** None.

**Lead Agency:** AHRC-FSO-S

**Support Agency:** AHRC-FSO-S

**Approved By:** Mr. Jon E. Finke

**SME/Phone:** Michael D. Slaven/ [michael.d.slaven2.civ@army.mil](mailto:michael.d.slaven2.civ@army.mil)/ 502 613 5072



**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DAPE-PRC  
8 December 2023**

**SUBJECT:** AFAP Soldier Support Issue #12 - BAH Increase During Housing Shortages

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process.

**2. ISSUE SCOPE:** There has been an increase in rental rates in the area and a decrease in available housing. The current BAH for Fort Sill did not adjust based on the increase in rental property rates. This is an issue when Soldiers are trying to find suitable housing within the area. Soldiers must spend additional money out of pocket to cover the rent and utilities. Soldiers and Families may also have to settle for housing units that are less optimal and in areas that are unsafe. This can lead to a financial burden and safety concerns for Soldiers and their Families.

**3. PROPOSED Recommendation:** Increase the BAH rates for Soldiers and Families so that people can live comfortably and not have to be burdened by financial hardships.

**4. FACTS:**

**a. Background:** The BAH authority is provided in 37 USC 403a and chapter 26 in the Department of Defense Financial Management Regulation, Volume 7A. The goal of the program is to help Soldiers offset the costs of housing in the private sector; therefore, rental-housing costs in the private sector are the basis for the allowance. Rental data is collected from six housing profiles, or anchor points: 1 and 2 Bedroom Apartments; 2 and 3 Bedroom Townhouses; 3 and 4 Bedroom Single Family Detached Houses..

**b. How many affected:** Active Component and Reserve Component Soldiers permanently assigned to Fort Sill.

**c. When does the issue occur:** This issue will occur when a Soldier is permanently assigned to Fort Sill via a permanent change of station order or order to active duty for more than 30 days and is authorized to receive a housing allowance based on Fort Sill.

**d. Estimated Cost:** Unknown. Estimated cost depends on the amount of increase in BAH rates for every Soldier eligible to receive a housing allowance.

**5. STAFF POSITION:**

**a. Merit of the Issue:** Merit. This issue requires a more evaluation. By law, BAH rates are reviewed annually and updated on 1 January. For calendar year 2023, Fort Sill BAH rates increased by 3.4%, on average. Moreover, after publication, the law only authorizes

the Secretary of Defense to temporarily increase rates based on a Presidentially declared major disaster area, or a sudden increase in the number of assigned Service members.

**b. Proposed Solution:** Continue to monitor the Fort Sill housing office's rental data collection process in coordination with the Deputy Chief of Staff, G-9. Additionally, DCS, G-1 will engage DCS, G-9 to discuss the feasibility of increasing privatized housing on installations with limited housing availability in the surrounding community.

**c. Pros:** Ensures BAH rates meet the congressional intent of the housing allowance program.

**d. Cons:** The proposed recommendation does not meet current law.

**Lead Agency:** DAPE-PRC

**Support Agency:** OUSD(P-R), DCS, G-9

**Approved By:** Dr. Robert L. Steinrauf/Plans and Resources

**SME/Phone:** Vincent Gallman/vincent.f.gallman.civ@army.mil

**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DAIN-ISL  
20 November 2023**

**SUBJECT:** AFAP Soldier Support Issue #13 - Expanded Shuttle Bus Service in OCONUS Locations in Europe

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process

**2. ISSUE SCOPE:** The USAG Weisbaden shuttle bus schedule is set in accordance with Army Regulation (AR) 58-1, Management, Acquisition, and Use of Motor Vehicles to accommodate Soldiers living in barracks and limited to official business travel between offices and worksites during normal duty hours. The Wiesbaden military community is comprised of five separate installations. Many families stationed overseas have only one car and many Soldiers are on an unaccompanied tour without a POV. The current bus schedules/routes at Weisbaden do not support the morning PT schedule and do not allow Soldiers to reach the commissary, PX movie theater, sports fields, various outdoor recreation activities, and community services after duty hours or on the weekend. Family members are allowed to ride the buses on a space available basis only and the bus schedule does not support reaching community and medical services during office hours. The German public buses are not a viable option, as they are not allowed on post and do not service sufficient destinations needed by USAG Weisbaden community.

**3. PROPOSED Recommendation:** Amend AR 58-1 for OCONUS locations in Europe to allow for bus service before and after duty hours and on the weekend; allow bus routes to reach on-post sports, community services, recreation activities, and retail options; include family members as a priority category for bus service.

**4. FACTS:**

- e. Background:** Currently Wiesbaden has a shuttle bus service that consists of 10 busses costing approximately \$309K per year. Army Sustainment Command is funded to execute installation shuttle services through FY25; however, Army Materiel Command has deprioritized installation shuttle services due to funding constraints. To overcome this, USAREUR has programmed requirements in the QTRN MDEP (Base Operations Transportation) to fund 90 local national positions and 74 buses across Europe.
- The DoD and Army has four categories of bus transportation:
  - Shuttle bus service, established solely to meet local Army requirements and operates only in duty areas.
  - A modified shuttle bus service may be established to meet DoD

requirement for transportation support for military personnel, DoD civilians, and contractors between their offices and commercial transportation terminals pursuant to 31 USC 1344.

- Group transportation service, normally limited to those situations where there is a need to move personnel from off post domiciles to on-post places of employment, when considered necessary for the effective conduct of the affairs of the installation and/or activity.
- Mass transit service, designed to fulfill requirements beyond the scope of shuttle bus service. Mass transit service may be used to provide other nonduty types of transportation within a military installation or between sub installations on a fare basis. transportation under this category shall be provided at reasonable rates of fare under regulations prescribed by the Secretary of Defense. The fare may be waived.

**f. How many affected:** Soldiers who are stationed in the USAREUR AOR who elect to not own an automobile and soldiers who live off-post. The impacted demographic is difficult to ascertain due to the lack of ridership tracking of current shuttle bus service in Wiesbaden.

**g. When does the issue occur:** The timing is difficult to ascertain due to the lack of ridership tracking of current shuttle bus service in Wiesbaden. Transportation issues arise when soldiers who are permanently/temporarily stationed in the USAREUR AOR are required to work on post and live off post, soldiers who live on post and elect to not own an automobile.

**h. Estimated Cost:** Based on the requirements submitted in the POM 26-30 POM, the USAREUR shuttle services cost ~\$11M annually.

## 5. STAFF POSITION:

**i. Merit of the Issue:** The USAREUR-AF Commander has the authority to establish the mass transit services that USAG Wiesbaden is requesting. [*IAW AR 58-1, the SECARMY, in accordance with 10 USC 2632 and in the exercise of discretionary authority, has authorized ACOM, ASCC, DRU, and FOA commanders to establish fare-free mass transportation bus service.*] The challenge is funding and interpretation of policy at local command levels, not the authority from DoD or HQDA to provide a bus service.

**j. Proposed Solution:** DCS G-9 recommends that the command provides a Mass Transit Service. A Mass Transit Service is designed to fulfill requirements beyond the scope of shuttle bus service. Mass transit service may be used to provide other nonduty types of transportation within a military installation or between sub installations on a fare basis. The SECARMY, in accordance with 10 USC 2632 and in the exercise of discretionary authority, has authorized ACOM, ASCC, DRU, and FOA commanders to establish fare-free mass transportation bus service if certain specific, objective criteria are met. The USAREUR-AF Commander has the authority to establish the mass transit services that USAG Wiesbaden is requesting.

**k. Pros:** Providing a Mass Transit Service will potentially increase the Quality of Life for those individuals that use the service.

**l. Cons:** The potential negative consequence of implementing the proposed solution is that additional funding from either U.S. Army Europe or Army Materiel Command is required to provide a Mass Transit Service. The current shuttle bus supporting USAG Wiesbaden costs approximately \$309K for the vehicles. In order to provide the Mass Transit Service, additional manpower authorizations will be required.

**Lead Agency:** DCS G-9

**Support Agency:** NONE

**Prepared/Approved by:** Gregg Spann, 703-695-6951



## Section II: Family Support Issues

**Prioritize the Family Support Issues from Most Important (1) to Least Important (13).**

Issue #	Issue Title	Prioritization
Family Support #1	Expedition of Immigration Procedures for Military Family members; i.e., fiancées, spouses, children, parents, etc.	
Family Support #2	Foster/adoptive Military Families disrupted with PCS	
Family Support #3	Childcare Assistance and California Heritage Schools	
Family Support #4	Secondary Dependency of Adult Family Members for Active Duty Soldiers	
Family Support #5	Military Spouse Non-Competitive Appointment Disadvantage	
Family Support #6	Military Spouses Approved 'Pro-Gear' Items	
Family Support #7	CYS Cost Per Space in High-Cost Living Area	
Family Support #8	Child and Youth Services (CYS) Child Behavioral Specialist Support	
Family Support #9	Embedded local Civilian Support for Soldier and Family Readiness Groups (SFRGs) of Geographically Separated Units	
Family Support #10	Internship Opportunities for Undergraduate/Graduate Degree and Licensure Requirements for Military Spouses and Other Community Members	
Family Support #11	Background Check Tier 1 (T1) with Child Care Checks for Private Organization Members Who Supervise Children	
Family Support #12	Ineligible Population of Exceptional Family Members (EFMs) for Level 3 and Level 4 Funded Respite Care	
Family Support #13	Level 3 and Level 4 Respite Care Availability for Soldier Exceptional Family Members	





**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DAJA-LA  
1 November 2023**

**SUBJECT:** AFAP Family Support Issue #1 - Expedition of Immigration Procedures for Military Family members, i.e., fiancées, spouses, children, parents, etc.

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process

**2. ISSUE SCOPE:** Many US Army members have Family that live overseas, and the immigration procedure does not seem to account for the need for military members to be reunited with their Family members. The separation impacts performance, brings emotional and financial stress to service members, which becomes an overall issue for our armed forces efficiency. Currently citizens of other countries such as Ukraine and Afghanistan, just to name a few, have preference with immigration services over those of service members.

**3. PROPOSED Recommendation:** Military should engage U.S. Citizenship and Immigration Services (USCIS) to expedite Military and Family members' cases.

**4. FACTS:**

**a. Background:** Three agencies play a role in facilitating the immigration and/or naturalization of Soldiers and Family Members; the Department of Defense's Office of Military Policy and Readiness (Accessions Policy), the United States Citizenship and Immigration Service (USCIS), and the Department of State (Consular visa processing offices.) Servicemembers and Families are eligible for certain immigration benefits in recognition of military service. For Servicemembers, under the Immigration and Naturalization Act, non-citizens are eligible for naturalization after honorable Service in the military, allowing for naturalization faster than their civilian counterparts. Family Members of Servicemember stationed overseas or pending overseas assignments are entitled to expedited naturalization services as well; when spouses are listed on a Soldier's PCS orders they are provided with expedited processing from USCIS.

Recently, USCIS has implemented several initiatives aimed at improving the naturalization process for Servicemembers. These initiatives included increasing USCIS resources at the Service entry and initial training sites, offering remote naturalization services, improving forms, and coordinating with DoD and Service Departments' staff.

(1) The primary agency responsible for assisting with the immigration and naturalization of US citizens, including Servicemembers and their Families, is USCIS, which has personnel dedicated to developing policies and guidelines for the military, and assisting with military-specific matters. Until 2019, USCIS also manned overseas offices that would provide immigration and naturalization services to Soldiers and Families

stationed overseas, including the processing of Family member visa applications; however, these offices (in Germany, Italy, England, Korea, and Japan) were closed in 2019. The only overseas offices that remains open is in Guam. USCIS planned to provide naturalization services to the military via periodic in-person travel to military installations, however, the COVID pandemic unfortunately required cancellation of these visits and significantly delayed naturalizations for Soldiers stationed overseas. As an alternative, USCIS has begun to develop the capability to offer some services remotely; notably citizenship interviews and paperwork drop off (including delivery of green cards). This program began at OCONUS locations and has since expanded to CONUS locations as well. The pivot to remote services has begun to show improvements in their processing numbers as their FY23 numbers an almost 14% increase from FY22 with 12,100 Servicemembers naturalized.

2) The Office of the Secretary of Defense Office of Personnel and Readiness (OSD P&R) contains the Accessions Policy office, which has responsibility for enlistment standards and policies, including accessions of non-citizen enlistees, and coordinates the working relationship between USCIS staff and the various Service Departments staff sections responsible for assisting Soldiers and Families, including Legal Service and Personnel staff.

3) Finally, the Department of State processes visas for Soldiers and Family Members residing abroad when the Family member seeks to immigrate with their Soldier to the US. The processing times for these visas vary based on the country (embassy) at which they are sought. Depending on staffing, processing can take over one year to process an I-130 visa (the visa necessary for bringing in a fiancé or spouse).

4) The Department of Defense and USCIS have a recent MOU in place, signed 5 July 2023, that establishes policy and guidance for improving the process of naturalizing US Soldiers by providing Servicemembers with the time, resources, and information necessary to apply for naturalization as soon as they are eligible. Generally, the goal is to provide for processing time during an enlistee's initial training at Basic Training. There is no corresponding MOU that addresses increased efficiencies for the immigration or naturalization of Family Members.

**b. How many affected:** According to the Center for Naval Analysis, approximately 8,000 non-citizens enlist in the military each year, and there are approximately 35,000 non-citizens serving at a given time. As Legal Permanent Residents (LPRs), under the INA, they have an expedited path to citizenship pursuant to their service, but the right and obligation to seek that citizenship is up to their discretion (some may want to remain LPRs.) USCIS provides data on the number of Servicemembers naturalized each year, but Family Member data is not publicly available.

**c. When does the issue occur:** For Soldiers, the most common time to experience the consequence of delayed naturalization processing is upon entry onto active duty through completion of basic training. This is the period during which they become eligible to apply for naturalization and would most benefit from time and resources to submit the

necessary paperwork. For Soldiers and Family members seeking to immigrate, the issue likely arises when a Soldier is stationed overseas and meets/marries a non US citizen.

**d. Estimated Cost:** There is no cost to the US government to enter into an MOU.

## **5. STAFF POSITION:**

**a. Merit of the Issue:** Delayed immigration processing for Family Members causes a financial burden if the Soldier maintains two households while their Family Member remains abroad. Some Soldiers may seek to circumvent the delays of processing by bringing Family Members in under an incorrect status (such as simply traveling to the US without admitting the intent to remain). For those Soldiers who incorrectly bring their Family Member into the U.S. without proper documentation, it exposes the Soldier and Family Member to legal risks, including potential UCMJ violations, as well as inevitably extends the timeline for lawful processing even further.

**b. Proposed Solution:** Army Senior Leaders could continue to communicate the issue to staff within OSD's P&R office and advocate for continued expedited processing for Service Members using existing mechanism. Contrasting Service Member processing times against other eligible and/or worthy categories is likely not necessary. Instead, an emphasis on increasing the efficiency of existing programs would be more effective, including providing additional budget and/or staff. The Army continues to support OSD on the modernization of certain policies that pertain to Service Member Naturalization, including providing time and resources for Servicemembers to address their immigration and naturalization tasks during initial entry and training.

**c. Pros:** Delayed Family Member processing can affect readiness as a Soldier spends time preoccupied with a family separation caused by the frustrations of bureaucracy and paperwork drills. USCIS and the Department of Defense have a strong existing relationship with personnel dedicated to addressing these issues; highlighting the struggles of Family immigration processing should be fairly straightforward.

**d. Cons:** While there are existing mechanism to expedite both Servicemember and Family naturalization, the Department of Defense cannot direct the work of another federal agency.

**Lead Agency:** DAJA-LA

**Support Agency:** ASA M&RA

**Approved By:** Ms. Karen Carlisle, Director, Soldier and Family Legal Services.

**SME/Phone:** Melissa Halsey 571-256-7865

**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DAPE-MP-MPE  
8 December 2023**

**SUBJECT:** AFAP Family Support Issue #2 - Foster/adoptive Military Families Disrupted with PCS

**1. PURPOSE:** To provide background information and recommendations to the AFAP 2023 Family Support #2, Foster/adoptive Military Families disrupted with PCS.

**2. ISSUE SCOPE:** Hundreds of Soldiers and Families foster and/or adopt children as part of their Family. During PCS season, many Families are broken apart unnecessarily because the Army and DHHS lack policies to support the timeline of these Families. To prevent child maltreatment, DHHS requires lengthy home studies and court dates of all Families. Military ordered moves can misalign with DHHS timing, create havoc on children, sometimes to the point of making what would have been a forever Family now an orphan to the state. The Army has a Soldier initiated action intended to stabilize the Family member during the junior and senior year of High School. A similar stabilization option for Soldiers who foster/adopt could greatly improve the well-being of the Soldier and Family.

**3. PROPOSED Recommendation:** Allow stabilization option for foster/adoptive Military Families for the duration of the foster/adoptive cases.

**4. FACTS:**

**a. Background:**

(1) Army Directive (AD) 2022-06 (Parenthood, Pregnancy, and Postpartum) established policy for deployment deferment for Soldiers undergoing long-term foster care (defined as the youth is expected to remain until adulthood) and adoption. It did not address stabilization from PCS for Soldiers in the foster/adoptive process. Army ALARACT 076/2022 (Implementing Procedures for Deployment Deferment Based on Parenthood or Fertility Treatment, Reassignment based on Fertility Treatment, and Compassionate Reassignment based on Fertility Treatment) provides implementing procedures for the deployment deferment for Soldiers undergoing long-term foster care and adoption, but does not provide stabilization from PCS.

(2) Currently, there is no Army policy that stabilizes Soldiers from PCS due to foster placement.

(3) There are existing Army policies that provide stabilization from PCS due to adoption:

(a) AR 614-100 (Officer Assignment Policy, Details, and Transfers), para 6-2d(1)(f), and AR 614-200 (Enlisted Assignments and Utilization Management), para 5-13d, stabilize the Soldier for one year for adoption cases in which the home study has been completed and a child will be placed in Soldiers' home within 90 days. The Soldier must have initiated the adoption proceedings before notification of reassignment.

(b) AR 614-100, para 5-1d, also includes a policy for adoption which states: "When practicable within operational and other military requirements, a PCS move for an officer who is in the process of adopting an unrelated child under 18 years of age should occur at a time that allows for completion of the adoption or avoids disruption of the proceedings."

(c) Human Resources Command provides a "Non-Routine Stabilization" option for CONUS-based Soldiers to prevent being placed on assignment instructions, which includes "ongoing adoption process" as an example of a reason for approval. The stabilization is up to 24 months.

**b. How many affected:** The number of foster/adoptive Military Families are unknown.

**c. When does the issue occur:** When Soldiers become foster/adoptive parents.

**d. Estimated Cost:** There is no new funding requirement, but regulatory change could impact operational readiness. There will be a decrease in Soldiers available to fill world-wide Army requirements due foster/adoptive stabilization.

## **5. STAFF POSITION:**

**a. Merit of the Issue:** Increased Family stability for those seeking to foster and adopt supports the Secretary of the Army's commitment to taking care of Families of all types.

**b. Proposed Solution:** Modify AR 614-100 and AR 614-200 adoption stabilization to add long-term foster care, in which the youth is expected to remain until adulthood or when the goal of placement is adoption. The Soldier is responsible to work with the local DHSS to obtain court permission to PCS with the foster child at the earliest time allowed. Stabilization for foster care other than long-term foster care cannot be supported as multiple short-term foster placements would result in continuous stabilization.

**c. Pros:** Allowing long-term foster Families to remain stabilized until a court determination that the foster child may PCS with the Family expands the Army's emphasis on Family building and builds Soldier loyalty and commitment.

**d. Cons:** Long-term foster placement timelines are difficult to predict and could lead to extended stabilization and Soldiers remaining in a duty station where they are no longer authorized.

**Lead Agency:** DAPE-MP

**Support Agency:** DAPE-MP-MPE

**Approved By:** COL Donald A. Fagnan

**SME/Phone:** Rosalind Y. James/rosalind.y.james.civ@army.mil

**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DAIN-PRY  
31 October 2023**

**SUBJECT:** AFAP Family Support Issue #3 - Childcare Assistance and California Heritage Schools

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process to change Army policy for California Heritage School fee assistance eligibility.

**2. ISSUE SCOPE:** California defines "heritage school" as a school that serves children who are at least four (4) years and nine (9) months of age and no older than 18 years of age, and who also attend a public or private full-time day school. California's Heritage School program exempts childcare centers that provide supplementary educational programs on foreign culture, language, traditions, or history from certain state licensing requirements but none of the requirements that relate to safety. By stringently requiring proof of license, the Army's policy is unintentionally creating a profound and disparate impact on Army families in California, preventing them from finding affordable childcare options that connect children to multicultural heritage and experiences.

**3. PROPOSED Recommendation:** Change Army policy, which requires mandatory state licensing for childcare centers to receive the childcare subsidy, to recognize California Heritage Schools as compliant with state licensing requirements.

**4. FACTS:**

- a. **Background:** California Heritage Schools operate outside of compulsory education requirements in the state to offer instruction in the culture, traditions or history, and language of a country other than the United States. California uses an annual registration process for these schools, who must register with the California Superintendent for Public Education. By California regulation, they are exempt for licensure by the State Department of Social Services as a child day care center. By regulation, neither the Superintendent of Public Instruction for California, nor the California Department of Education evaluate, approve, recognize, accredit, nor endorse any heritage school.

All Army Child Development Centers are licensed because that is the standard process for health and safety requirements for group and school care. Army requires licensure within the operating state as the foundation for legal and safe operations, and the wellbeing of children. Army would be reluctant to write policy releasing any entity from health and safety standards in a group care setting due to the risk to children in environments that lack standards without oversight.

- b. **How many affected:** Quantity of families and children impacted by the removal of licensure requirements is undetermined; CONUS only; potentially all Service branches in

California if precedent is established. California Heritage Schools are for children that are 4 years 9 months to 18 years of age, therefore most of the potential impact is for school aged childcare (before and after school) less one year that is pre-k, but not eligible for K.

**c. When does the issue occur:** This issue occurs in California when a Heritage School is within reach of a Service installation, and the Army family desires instruction or tutoring in a foreign language.

**d. Estimated Cost:** The estimated cost is HQ DA labor to update the policy, through the proper channels. \$40,000 in labor determined by a month of work (noncontinuous) by five people including legal review. There is no recurring funding requirement.

## **5. STAFF POSITION:**

**a. Merit of the Issue:** High Risk due to exemptions from U.S. and California laws. This is a problem because the childcare subsidy is only available to licensed centers.

**b. Proposed Solution:** Unattainable due to high risk and precedent setting to eliminate childcare licensure in other CONUS locations. An alternate solution might be to recruit and hire bi-lingual staff for childcare centers in California so that students can receive directions, tutoring and guidance in a foreign language. California is reporting that over 50% of their public-school population is an English language learner.

**c. Pros:** Army will for a small and specific “nitch” request to accommodate a specific cultural view. There is no direct or implied alignment to the four tenants of the priorities of the Army.

**d. Cons:** There is some misalignment to Strengthening the Profession by enforcing standards, as California Heritage Schools are permitted to operate outside of standard requirements. There is no return on investment because this increases risk to the Army for financially contributing to environments for Army dependents that operate outside of a state regulated process.

**Lead Agency:** DAIN-PR

**Support Agency:** DAIN-PRY

**Approved By:** Dawn Thompson/DAIN-PRY/571 256-8658

**SME/Phone:** Patricia Ewen/571-256-8661



**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**AHRC-PDP-P  
5 December 2023**

**SUBJECT:** AFAP Family Support Issue #4 - Secondary Dependency of Adult Family Members for Active Duty Soldiers

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process.

**2. ISSUE SCOPE:** Active Duty Soldiers are not able to acquire secondary dependency of an incapacitated adult family member. DFAS' policy for secondary dependency requests includes three categories, Parent, Ward of the Court, and Incapacitated Child over 21. The category "Incapacitated Child over 21" requires the adult child to have become incapacitated while in the Soldier's care which disqualifies a Soldier if they are assuming responsibility of the now adult sibling. Active Duty Soldiers experience financial burdens, mental stress, and personal hardships as a primary caregiver to an incapacitated adult family member without the option of having them as a secondary dependent.

**3. PROPOSED Recommendation:** Establish a category for court ordered guardianship of adult family members.

**4. FACTS:**

- a. **Background.** In accordance with 32 CFR Part 161, an incapacitated family member of an Active Duty Soldier is eligible for an identification (ID) card and benefits if the family member of the Soldier meets the following requirements:
- 1) Is unmarried;
  - 2) Has been placed in the legal custody of the member as a result of an order of a court of competent jurisdiction in the United States (or a U.S. territory or possession) for a period of at least 12 consecutive months;
  - 3) Resides with the member unless separated by the necessity of uniformed service or to receive institutional care as a result of a disability or incapacitation or under such other circumstances as the administering Secretary or Director may, by regulation prescribe;
  - 4) Is not a dependent of another member or former member under 10 U.S.C. 1072(2);
  - 5) Has not attained the age of 21, has not attained the age of 23 and is enrolled in a full-time course of study at an institution of higher learning approved by the administering Secretary, or is incapable of self-support because of a mental or physical incapacity that occurred while the person was considered a dependent of the member or former member.
- b. **How many affected:** The exact number of Soldiers affected is unknown. The Army Project Office (APO) has been made aware of two instances in which Soldiers were advised their family members were not eligible.

- c. **When does the issue occur:** A court order dictates that a Soldier is responsible for the care of their incapacitated adult family member.
- d. **Estimated Cost:** The cost is undeterminable. Costs would be incurred by programming changes to the Real-time Automated Personnel Identification System (RAPIDS) managed by the Defense Manpower Data Center (DMDC).

## 5. STAFF POSITION:

- a. **Merit of the Issue:** Current policy does not allow for incapacitated family members to be enrolled in the Defense Enrollment Eligibility Reporting System (DEERS) under a Soldier if the family member became incapacitated prior to becoming a ward of the Soldier, and/or if the family member became incapacitated after age 21, or age 23 if a full-time student. This can create a burden on the Soldier mentally and financially if the Soldier does not have the means to provide for the family member.
- b. **Proposed Solution:** The APO will propose to the other Service Project Officers (SPO) at the next Joint Uniformed Services Personnel Advisory Committee (JUSPAC) meeting a policy change to 32 CFR Part 161 to allow for incapacitated adult family members, incapacitated at any age, to be allowed to receive an ID card and benefits if the family member became a ward of the member, or former member, after incapacitation. ID card and benefit policy is dictated by the Department of Defense and must be approved by all Services in order to be implemented. Once a change to policy is approved, a change request proposal can be submitted to DMDC for the update to RAPIDS.
- c. **Pros:** The proposed change to policy and RAPIDS will ease the burden on Soldiers by providing an ID card and benefits to their incapacitated adult family members.
- d. **Cons:** The proposal may be denied by the other SPOs or by DMDC due to the small number of known members or former members experiencing this hardship. Also, if the proposal is approved, the change to policy and RAPIDS may take years to be implemented.

**Approved By:** Mr. Michael A. Dotson Sr., Army Project Officer

**SME/Phone:** Mr. Michael A. Dotson Sr., 571-588-3217

**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DAPE-CPP-SC  
15 November 2023**

**SUBJECT:** AFAP Family Support Issue #5 - Military Spouse Non-Competitive Appointment Disadvantage

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process.

**2. ISSUE SCOPE:** Military spouses referred to federal job positions are placed at an unintended disadvantage by the current Military Spouse Non-Competitive hiring practice of “contact is a commitment to hire.” The Military Spouse Non-Competitive Appointing Authority (Executive Order 13473) was created to allow agencies to appoint certain military spouses without competition with the intent of enhancing recruitment of military spouses and greater opportunities. As part of the process, CPAC can generate two lists for Hiring Managers: 1) Military Spouse Preference (MSP) list, 2) Non-competitive hiring list (contains veterans, current civilian employees, etc.). CPAC instructs Hiring Managers that any form of contact with the candidate or a reference on the MSP list, constitutes a “commitment to hire.” Military spouses resumes often have gaps which are likely to raise questions. In many cases, applicant’s resumes are not accurate or accurately illustrate the candidate’s experience/skills. An interview or reference check allows the Hiring Manager to validate the accuracy or self-assessment of the skills on a candidate’s resume. Additionally, an interview would allow the military spouse an opportunity to determine if the position/organization is a good fit for them. Without contact, it is hard to determine minimally qualified vs best qualified candidates, often leading the Hiring Manager to select from the Non-competitive hiring list where they can conduct interviews without the commitment to hire from that list exclusively. The current policy places both the Hiring Manager and Military spouse at a disadvantage.

**3. PROPOSED Recommendation:** Allow Hiring Managers to interview and check references of candidates on both the MSP list and Non-Competitive list before making an overall selection to ensure the best qualified candidate is selected and a good fit for all.

**4. FACTS:**

**a. Background:** The proposed issue scope includes two different matters – the first is the announcement and referral process related to Military Spouse Preference (MSP); the second is the ability to interview MSP applicants who are referred to a hiring manager.

(1) Regarding the first matter, MSP candidates exercise their preference via the competitive, application-based process, per DoD policy; MSP precludes the selection of other competitive candidates when MSP applicants are determined to be eligible for preference and are determined to be among the best qualified candidates for the position for which they applied. MSP does not apply when positions are filled through

noncompetitive procedures. Therefore, if a hiring manager receives a separate referral list that only contains noncompetitive candidates, the hiring manager may select any of the noncompetitive candidates, even if MSP applicants are also referred to the hiring manager on a separate, competitive referral list. Please note that military spouses can be referred as noncompetitive candidates on a noncompetitive referral list via the military spouse noncompetitive appointing authority; if no evaluation process takes place to determine if the military spouses are among the best qualified (i.e., no rating and ranking occurs), MSP does not apply and the hiring manager can select any of the noncompetitive candidates on the noncompetitive referral list.

(2) The second matter has two components - one is the ability to interview MSP applicants and the second is the concept of "commitment to hire." When one or more best qualified MSP applicants are competitively referred, management has the option to conduct interviews. When a manager or selecting official contacts a MSP applicant for an interview, such contact constitutes commitment per DoD policy, and the position is effectively committed to selection of an MSP applicant unless selection is made from a recruitment source not blocked by MSP. Approval to non-select a competitive MSP applicant(s) who has already been interviewed is considered a withdrawal of job offer when a selection is not otherwise made from an allowable source for which MSP does not apply. Approval from a DoD Workforce Shaping Administrator is required in order to withdraw a job offer from a competitive MSP applicant. The following examples taken from the DoD Priority Placement Program (PPP) Handbook help illustrate the relationship between recruitment procedures and the applicability of MSP:

(a) Example 1. An activity issues a competitive announcement, and the area of consideration includes reinstatement, reassignment, and Change to Lower Grade (CLG) eligible. All applicants, including those who could be considered for the position noncompetitively, are evaluated against standard competitive rating criteria. Veteran eligibilities (30% Disabled Veteran or Veterans Recruitment Appointment (VRA)) will not be blocked by MSP regardless of whether rating and ranking is used. Fifteen candidates are referred to the selecting official on a single referral certificate, and the certificate includes a Best Qualified (BQ) military spouse who exercised his or her priority preference through the application-based process. The selecting official wants to select a noncompetitive reassignment candidate from the competitive certificate. Even though the reassignment candidate could be placed noncompetitively, the recruitment procedures are considered to be competitive because all applicants were rated against the same competitive criteria. Therefore, the BQ military spouse blocks the selection of any of the other candidates on the certificate.

(b) Example 2. An activity issues a competitive announcement that includes noncompetitive reassignment eligible in the area of consideration, but only the competitive candidates are evaluated using the rating and ranking criteria. A military spouse applicant is ranked in the BQ category and referred to the selecting official. The selecting official wants to offer the position to a noncompetitive reassignment candidate. Since the HRO did not rate and rank the noncompetitive applicants with the competitive applicants, the selecting official can select the reassignment candidate without regard to the BQ spouse.

(3) The proposed issue includes civilian human resource processes and procedures that are covered under the following references:

- (a) Title 5, United States Code §3330d, [“Appointment of military spouses.”](#)
- (b) Title 10, United States Code §1784, [“Employment opportunities for military spouses.”](#)
- (c) Title 5, Code of Federal Regulations §315.612, [“Noncompetitive appointment of certain military spouses.”](#)
- (d) Title 5, Code of Federal Regulations, §315.608, [“Noncompetitive appointment of certain former overseas employees.”](#)
- (e) Department of Defense Instruction (DoDI) 1400.25, Volume 315, [“DoD Civilian Personnel Management System: Employment of Spouses of Active Duty Military,”](#) dated March 19, 2012 (Incorporating Change 1, Effective March 1, 2019)
- (f) DoDI 1400.25, Volume 1800, [“DoD Civilian Personnel Management System: DoD Priority Placement Program,”](#) dated July 17, 2023
- (g) DoD, Defense Civilian Personnel Advisory, [“Priority Placement Program \(PPP\) Handbook,”](#) dated October 1, 2023

**b. How many affected:** Although the exact number of individuals affected is unknown, it includes all military spouses who apply to merit promotion vacancy announcements and who are eligible to exercise military spouse preference and are determined to be among the best qualified candidates by a civilian human resources professional.

**c. When does the issue occur:** There is a perception that the issue occurs when hiring managers receive competitive merit promotion referral certificates that include military spouse preference candidates referred as DoD MSP PPP candidates.

**d. Estimated Cost:** None.

## 5. STAFF POSITION:

**a. Merit of the Issue:** Since hiring managers are currently allowed to conduct interviews of MSP applicants and still potentially select other noncompetitive candidates, the actual issue may be that human resources professionals, hiring managers, and/or military spouses do not fully understand the referral process for candidates exercising military spouse preference.

**b. Proposed Solution:** Recommend AG-1CP and CHRA HQ coordinate and disseminate messaging to relevant stakeholders that clarifies the process of conducting interviews in connection with individuals referred to hiring managers as military spouse

preference candidates. In this regard, the interview process for all application-based PPP candidates will be included in the CHRA PPP SOP that CHRA HQ and AG-1CP are currently finalizing.

**c. Pros:** Proposed solution would ensure human resources professionals clearly understand how to issue referral certificates that include military spouse preference candidates; ensure hiring managers are aware of their options when reviewing and considering candidates referred for merit promotion vacancy announcements; and help ensure military spouses understand how the application-based process works when they apply to merit promotion vacancy announcements with the intent to exercise military spouse preference.

**d. Cons:** None.

**Lead Agency:** DAPE-CPP-SC

**Support Agency:** None

**Approved By:** Karen Wolfe, Division Chief – Staffing and Classification

**SME/Phone:** Megan Crone, [megan.e.crone.civ@army.mil](mailto:megan.e.crone.civ@army.mil); Dahlia Graham, [dahlia.a.graham.civ@army.mil](mailto:dahlia.a.graham.civ@army.mil)

**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DAPE-PRC/DALO-OPT  
13 November 2023**

**SUBJECT:** AFAP Family Support Issue #6 - Military Spouses Approved 'Pro-Gear' Items

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process

**2. ISSUE SCOPE:** Military spouses are allowed a maximum weight limit of 500 pounds of pre-approved professional items, commonly known as "Pro-Gear" which will not count against the weight allowance for the Service Member's move. Many of the items that Military spouses claim as 'Pro-Gear' are excluded. For example, furniture does not count, which would mean that a spouse that is an Army Family Child Care (FCC) provider cannot count the children's table, chairs, or a bookshelf. Items for resale do not qualify, so a spouse that works as an independent contractor for Tupperware cannot list their inventory. These are the type of jobs that Military spouses have due to frequent moves, however they cannot claim most things related to their jobs, unless they want to pay out-of-pocket to move them.

**3. PROPOSED Recommendation:** Change the approved 'Pro-Gear' items allowed for military spouses to include childcare provider and resale/inventory items.

**4. FACTS:**

**a. Background:** Having a Professional Books, Papers, & Equipment (PBP&E) entitlement for a Soldier and a spouse is great because it allows a specific amount of weight to be excluded from the actual weight allowed for each pay grade. The exclusion of PBP&E only becomes realized when there is an instance of excess weight. The Per diem, Travel & Transportation Allowance Committee (PDTATAC) has looked at the allowance list for PBP&E many times over the span of the last 5-10 years and has determined the wording for spouse "Professional Gear" to be succinct in its wording for claims when a spouse has a specialized profession for which they will be required to ship and use items continually at the new permanent duty station.

**b. How many affected:** The Center for Army Analysis performed a discovery on the number of excess weight instances for all Servicemembers from 2017 – 2020 (a 3.5-year period) and the Army only experiences an excess weight instance approximately three percent of the time. The three percent of excess weight moves would certainly be even further restricted by the number of spouses attempting to claim PBP&E, most likely bringing the number of affected cases to approximately one percent of moves.

**c. When does the issue occur:** The accounting for Professional Books, Papers, & Equipment (PBP&E) occurs for both the Servicemember and spouse when a

Permanent Change of Station household goods move is being performed. When the household is being packed the Servicemember should have set aside PBP&E items to be listed as such on their inventory along with the weight for each item.

**d. Estimated Cost:** The cost of implementation for this is negligible as it impacts only those families that would qualify based upon additional wording within the already existing entitlement and then only those who would be placed into an excess weight category to make use of the 500 lb. PBP&E for spouses.

## 5. STAFF POSITION:

**e. Merit of the Issue:** Current policy limits the spouse PBP&E to those items a spouse would use in a profession at the next duty station. The key word of focus is a profession such as a teacher, architect, mechanic, etc. In previous discussions concerning home-schooling parents, in home care providers were not considered professions for which items would be allowed for claiming PBP&E.

**f. Proposed Solution:** Present the issue for consideration to the PDTATAC (via HQDA G-1/ASA MRA) for specific consideration for PBP&E for certified FCC providers, and dealers in Tupperware, Mary Kay, Avon, Pampered Chef or like businesses for a particular amount of inventory. The Joint Travel Regulations, Appendix A defines household goods (HHG) as items associated with the home and personal effects belonging to a Service member or civilian employee and dependents on the effective date of the order or transfer. **Do not include: HHG for resale, disposal or commercial use.**

**g. Pros:** Minor word adjustments could be reviewed by the PDTATAC to make this entitlement fit the need for spouses engaged as FCC providers or dealers in various in- house businesses. However, the Sister Services would have to agree to consider a change for these venues of business.

**h. Cons:** Because the Sister Services have been asked to review PBP&E allowance lists frequently in the past, it is highly unlikely any unanimous vote will be achieved for a positive outcome in this case.

**Lead Agency: DAPE-PRC**

**Support Agency: DALO-OPT**

**Approved By:** Dr. Robert Steinrauf/(703) 697-5263

**Action Officer/Phone:** Ms. Angie Rodriguez-Torres (G-1)/Mr. Robert (Bob) Powers (G-4); emails: angie.rodrigueztorres.civ@army.mil; robert.l.powers14.civ@army.mil; phones: (703) 692-6889/ (703)692-7382



**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DAIN-PRY  
17 November 2023**

**SUBJECT:** AFAP Family Support Issue #7 - CYS Cost Per Space in High-Cost Living Area

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process

**2. ISSUE SCOPE:** Funding by space is allocated per space at all garrisons regardless of cost area. HQDA EXORD 029-23 SY Child Care Fees lists the Low and High-Cost installations. Parent fees are increased in High-Cost installations to off-set higher costs of operation. Doing the same with UFM funds will better support the programs. Sufficiently funding all CYS programs by adjusting based on cost factor will enable programs to recruit and retain appropriate staffing levels to reduce childcare waitlists while maintaining program quality.

**3. PROPOSED Recommendation:** Adjust the Funding by Space model to provide additional funding per space for High Cost installations as compared to Low/Standard Cost installations.

**4. FACTS:**

**a. Background:** HQDA DCS G-9 CYSS is responsible for annual calculation of estimated (should cost) projected total requirement for a full implementation of the Child and Youth program. The calculation is based on projected troop strength, all installation programs filling all spaces, with full staffing). This calculation does produce an updated cost per space which is used to determine total funding requirements for each program. It is also used to advise Army Senior Leaders of the total future CYSS requirement for the POM process, however it is not an installation funding number or requirement.

Funding to support the cost of program implementation is distributed by IMCOM to each installation on a quarterly basis. HQDA is not involved in the calculation or decisions as to the actual funding for an installation.

**b. How many affected:** Currently there are 16 installations identified as high cost.

**c. When does the issue occur:** Annually / Quarterly as IMCOM distributes funding to the installation programs.

**d. Estimated Cost:** The manner of distribution of funds doesn't affect (increase nor decrease) funding requirements.

**5. STAFF POSITION:**

**a. Merit of the Issue:** The distribution of funds is not prescribed in policy. IMCOM currently has the capability to make necessary adjustments and fund programs more frequently so that funding is available to garrisons when needed. This is a recommendation that has been made.

**b. Proposed Solution:** There are no necessary regulatory nor legislative changes needed. IMCOM has latitude to change business practices to determine and adjust funding for garrisons to meet program needs.

**c. Pros:** Providing funding at more regular cycles would be helpful to CYS programs to recruit and retain staff with a goal of reaching 90% staffing. Programs have the authority from leadership to hire to 110% if needed to provide enough cushion as programs rebuild.

**d. Cons:** This change could be addressed following a review of current business practices.

**Lead Agency:** DAIN-PRR

**Support Agency:** None

**Approved By:** Dawn Thompson/DAIN-PRY/571-256-8667

**SME/Phone:** Donna K Garfield/DAIN-PRY/571-256-8683

**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DAIN-PRY  
16 November 2023**

**SUBJECT:** AFAP Family Support Issue #8 - Child and Youth Services (CYS) Child Behavioral Specialist Support

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process.

**2. ISSUE SCOPE:** The number of young children, in CYS care, with behavioral issues have increased. The current resources available both on site, on-line, and in the community are limited. Many of the caregiving staff do not have the initial experience and/or education to provide the necessary care and support to meet the child's needs. A top cause of resignations is stress due to the challenging behaviors of children and the lack of support felt by CYPAs. The addition of a Behavior Specialist to the authorized positions within CYS would assist CYS professionals in preventing the development of challenging behaviors and facilitating/maintaining calm and predictable classroom environments within the programs. Additionally, the Behavioral Specialist would be available to train and teach classroom teachers with the tools necessary to assist with some of the challenging behaviors seen in CYS. Currently, the Marine Corps have benefited from having Behavior Specialists as part of their CYS staff by 1) the increase in climate that promotes positive social-emotional development for the children; and 2) establishing ongoing supportive relationships with CYS professionals that enhance interactions with the children and parents they serve. The Army can receive the same benefit by the addition of Behavior Specialists to their programs.

**3. PROPOSED Recommendation:** Authorize and fund Child Behavior Specialist within CYS to assist with classroom behavioral challenges and reduce staff stress.

**4. FACTS:**

**a. Background:** Across Army Child Youth and School (CYS) Services we support and provide accommodation for ~14,879 children birth – 18 years with special needs. 11,568 of those conditions require rescue medications.

Army continues to assess the challenge of disruptive behaviors within CYS Services and is taking a multipronged approach. As a result of the assessment, Army's initial step in 2014 was to create and fill a Special Needs Program Managers (SNPM) position in our most impacted locations. There are 14 authorizations for SNPM throughout the 68 programs. The educational background and duties of this position are like the requirements for the USMC Behavioral Specialist used in the Marine Child and Youth Programs. The SNPM is responsible for evaluating the execution of programs and services offered to children/youth who have been medically diagnosed with a special need and/or non-medically diagnosed who are experiencing atypical child/youth behaviors. A majority of the position duties are performed to provide our caregiving professionals observations and recommendations regarding social-emotional

environments and assist in identifying participants (children and youth) who require special assistance for behavior, social-emotional, or developmental needs, help classroom staff implement curricula regarding conflict resolution, emotional regulation, and social skills development, and assist staff in positive behavior guidance and promoting optimal social-emotional development.

Garrisons have the option to convene an Inclusion Action Team (IAT) consisting of Family Advocacy, specialists from their field, medical personal, parents and CYS staff to determine how the program can accommodate the child/youth with a complex condition.

A Training and Curriculum Specialist (T&C) is assigned to each CYS Services Program. The T&C works with staff, child/youth, and parents. The T&C is an expert in developmental milestones and can recommend referrals to medical or behavioral specialists for diagnosis and/or provide training and additional supports for children parents and staff.

Kids Included Together (KIT) provides telephonic consultations and supports CYS staff with the implementation of behavior modification plans. These plans equip CYS staff with developmentally appropriate guidance techniques, and a means to evaluate trends and triggers.

The Child and Youth behavioral military and family life counselors provide support to military children for a variety of issues, including low self-esteem, behavioral problems, and changes at home.

Two years ago, the Army invested in the Classroom Assessment Scoring System (CLASS). CLASS is an evidence-based and widely used assessment tool of teaching quality, which coaches our teacher and management staff(s) on strategies and practices to improve interactions. CLASS helps teachers make use of available research-based tools, knowledge, and skills to enhance classroom instruction, improve teacher – child interactions thus decreasing concerning behaviors, while improving academic and social-emotional outcomes for students. Additionally, CLASS can improve classroom management skills by improving engagement and interactions between teachers and children with the ability to measure and improve the interactions that matter most for children’s successful participation in our programs. This research-proven method is a powerful tool to help staff minimize disruptions and create an effective, high-quality classroom environment. One CDC at each of 16 selected sites participated in the CLASS pilot. The on-site training process focuses on high quality interactions and creates a shared understanding of program quality; measures the quality of interactions to create a system that enables data-driven improvement; and improves teaching quality through tailored and individualized professional development activities. The results of the pilot are promising, not only with staff-child interactions but also with staff retention. The Army is continuing the roll-out of CLASS to more Army classrooms and sites in FY24.

Army CYS Services is participating in the Department of Defense pilot to place “special needs inclusion coordinators” in CDCs with a concentrated number of children with special needs. This pilot is still being defined and a position description has not been finalized, therefore a comparison of this new position and current staff positions

cannot be defined at this time.

**b. How many affected:** Across the Army CYS programs the exact count of children displaying disruptive behaviors is not known but both military (Active, Reserve and Guard) and DoD civilian families worldwide are affected.

**c. When does the issue occur:** The occurrence of is in some CYS classrooms where the behavior of a child impacts the safety of or the ability to learn for other children in care.

**d. Estimated Cost:** Cost for a Behavioral Specialist would be mid-range NF-04 salary with benefits based on garrison need. The position would be regular full-time and recurring annually with performance awards and step increases.

## **5. STAFF POSITION:**

**a. Merit of the Issue:** Army CYS has a process in place for installations to annually add positions to their TDA based on funding and need. The Army's focus is on the prevention of concerning behaviors within the classroom setting before they become problematic. We are encouraging and funding education of all staff verse one staff member across all CYS programs. All options have merit because the issue has so many variations and complexities.

**b. Proposed Solution:** Access CYS Services at your installation for support and resources.

**c. Pros:** The Army's focus is a system-wide retention effort. Research shows caregivers and management staff who have coaching and training under the CLASS system decrease disruptive behaviors in the classroom and creates great outcomes for children in care.

**d. Cons:** CLASS implementation cost is significant across the enterprise. Successful implementation requires consistent staffing. Roll-out is systematic and need based.

**Lead Agency:** DAIN-PR

**Support Agency:** DIAN PRY

**Approved By:** Dawn Thompson/DAIN-PRY/571-256-8667

**SME/Phone:** Kristy B Trahan/DAIN-PRY/571-256-9876

**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DAIN-PR  
16 November 2023**

**SUBJECT:** AFAP Family Support Issue #9 - Embedded local Civilian Support for Soldier and Family Readiness Groups (SFRGs) of Geographically Separated Units

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process

**2. ISSUE SCOPE:** Geographically separated units need a physically present Civilian to provide effective support to preserve, maintain, and sustain morale/welfare. Physical distance between a higher headquarters (brigade/battalion) and their separated units (battalion/company) impedes in-person support efforts of administrative, logistical, and quality of life support for Soldiers and Family members. These responsibilities are currently deferred to two groups: the Command Family Readiness Representatives (CFRRs) and Volunteers. However, the CFRR is also a deployable service member (SM) and is not fully equipped to manage these administrative, logistical, and quality of life support responsibilities on top of their Military Occupational Specialty (MOS), which is a SMs priority. Unit operations, deployments, and turnovers frequently disrupt in-person support provided by the CFRR. Volunteers are also not fully equipped and are hindered from assisting in many of these responsibilities due to a lack of access and authority to ensure execution of administrative and logistical tasks. Providing an embedded Civilian to serve this function is important for maintaining mission readiness, reducing the perceived bias that units are receiving differential levels of support from their higher command. This is especially important for units that are stationed overseas and are deployable.

**3. PROPOSED Recommendation:** Establish and fund an embedded local Civilian to support administrative, logistical, and quality of life needs at the battalion/company level for geographically separated units.

**4. FACTS:**

**a. Background:**

1. In November 2003, AFAP Issue 543 (Family Readiness Support Assistant) entered the AFAP Process with action completed in December 2007. The recommendation was to authorize and fund a unit FRSA to support SFRG (Formerly FRG) due to the overwhelming administrative strains on Rear Detachment and SFRG leaders.

2. In 2007, the SecArmy directed development of FRSA requirement and concept plan. In 2007, DCS G3/5/7 approved FRSA concept plan for standardized civilian staff support to commanders and Soldier and Family Readiness Group Leaders (Formerly FRG).

3. In 2009, DCS G3/5/7 published ALARACT 120/2009, HQDA EXORD 183-09 Family Readiness Support Assistants. In 2010, FRSA assigned to AUGTDA; 1,005 positions authorized for distribution to deployable Active, Guard, and Reserve battalions (697 Active component – one per deployable battalion; 127 Army Reserve – one per 1500-2000 soldiers per functional and operational command and 181 Army National Guard – two per brigade element or minimum one per State).

4. In FY 04, the FRSA Program has grown from 313 to 1,041 FRSA—an increase of about 233 percent with a \$12.6 million in supplemental funds to six commands (per below chart).

FRSA Program Growth FYs 04-12			
Organization	Total FRSA's Before Concept Plan (FY 04)	Total FRSA's After Concept Plan (FY 12)	Percentage Increase
U.S. Army Europe	47	47	0
U.S. Army Forces Command	99	467	372
U.S. Army Special Operations Command	29	51	76
U.S. Army Pacific Command	10	40	300
U.S. Army Reserve Command	70	127	81
U.S. Army National Guard	58	251*	212
U.S. Army Training and Doctrine Command	0	17	N/A
U.S. Army Medical Command	0	8**	N/A
U.S. Army Central	0	3	N/A
U.S. Army North	0	1	N/A
U.S. Army South	0	1	N/A
U.S. Army Network Enterprise Technology Command	0	7	N/A
U.S. Army Space and Missile Command	0	1	N/A
U.S. Army Intelligence and Security Command	0	20	N/A
<b>Total</b>	<b>313</b>	<b>1,041</b>	<b>233</b>

\* U.S. Army National Guard is authorized 181 personnel, but the contract prescribes up to 251 FRSA's.

\*\* Army-funded FRSA's. The command also has 18 FRSA authorizations funded with Defense Health Program funds.

5. In 2012, the U.S. Army Audit Agency (AAA) conducted an audit (A-2012-0143 IEM) on FRSA's. The objective was to verify that FRSA was used, trained, and assigned by established Army guidance. Two findings suggested the need for the development of a staffing model that reallocates FRSA's based on the current force structure and mitigates workload imbalances and a waiver to adjust the civilian pay rate to budget for the VFRA (FRSA's) management decision package (MDEP).

6. The Army reduced FRSA requirements as deployable rates decreased across the force and merged VFRA into QACS MDEP. The below table depicts full-time equivalent staff funded in the President's Budget 2021.

Component	FY19	FY20	FY21
Active	60	22	20
Guard	181*	54*	54
Reserve	93	54	54

7. The Guard transitioned from contract FRSA personnel in FYs 20/21 to a multifunctional Soldier and Family Readiness Specialist (SFRS). The SFRS duties support the ACS capability at the 54 Guard Family Assistance Centers. The

anticipation is that the FRSA trend will stay the same in POM 26-30. The FY24 decrease represents right sizing the USAR FRSA program to their execution.

	<u>FY24</u>	<u>FY25</u>	<u>FY26</u>	<u>FY27</u>	<u>FY28</u>	<u>FY29</u>
Funding (\$K)	8,018	7,863	7,964	8,016	8,190	8,307
FTEs	53	46	46	46	46	46

Note: FTEs identified in the table above do not include the Guard’s ACS personnel who provide Technical and Administrative support to unit Commanders and Soldier and the Soldier and Family Readiness Groups.

**b. How many affected:** The total Army is affected (Active Component, Reserve Component Soldiers; Families; CONUS or OCONUS)

**c. When does the issue occur:** The issue occurs during the deployment cycle.

**d. Estimated Cost:** Based on the current requirements submitted in the POM 24-28 is estimated at \$8M for FY24.

**5. STAFF POSITION:**

**a. Merit of the Issue:** Commanders has the authority to establish FRSAs; however, with funding “out of hide.” There may be gap or inequality of FRSA supporting units, because some commands employ FRSA, and others may not base on their mission. The challenge is funding at the local levels to support FRSAs across at the battalion/company level for geographically separated units.

**b. Proposed Solution:** DCS G9 recommends that DCS G3/5/7 develop a concept plan to determine if there is a requirement from senior commanders to increase FRSAs to support administrative, logistical, and quality of life needs at the battalion/company level for geographically separated units based on the current Force Structure.

**c. Pros:** Providing a new concept plan could inform future decisions on the FRSAs to support geographically separated units.

**d. Cons:** The potential negative consequence for implementing the proposed solution is the increase of funding additional FRSAs based on our changing environment.

**Lead Agency:** DAIN-PR

**Support Agency:** None

**Approved By:** COL Yosick/Readiness Chief

**SME/Phone:** Steve Yearwood/571-256-8698



**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DAPE-CPP-SC  
16 November 2023**

**SUBJECT:** AFAP Family Support Issue #10 - Internship Opportunities for Undergraduate / Graduate Degree and Licensure Requirements for Military Spouses and Other Community Members

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process.

**2. ISSUE SCOPE:** The higher rates of enrollment in distance learning education programs and the increase in licensing requirements for professional positions have created the need for more internships. A Centralized Internship Office/Program would allow for a consolidated and coordinated effort to provide and to promote internship opportunities for Military Spouses and community members. The lack of a centralized coordinated program restricts community members' opportunities to complete their education and be eligible to advance in their career.

**3. PROPOSED Recommendation:** Create and implement a Centralized Internship Office/Program to coordinate and promote the creation of internship opportunities for Military Spouses and other community members.

**4. FACTS:**

**a. Background:** The proposed recommendation does not clearly outline how a centralized internship office/program will resolve the issue's scope as it relates to the inability for military spouses and/or community members to complete their education. Data and data analysis showing the increased license requirements for professional positions (as written in the issue's scope) is required in order to substantiate the existence of the issue, the severity of the issue, and if the proposed recommendation would resolve the issue. Apart from the need for additional data/data analysis to help clarify the relationship between the issue scope and proposed recommendation, additional information is needed to validate the need for a centralized internship office/program. Army currently has operating internship programs, to include a centralized internship program.

(1) The Army Centralized Intern Program (Army Fellows Program) is a two-year, full-time centrally funded fellowship/internship program. This intern program is managed by the Civilian Human Resource Agency's Civilian Career Management Activity. Positions begin as entry-level (GS-5 or GS-7) and lead to a full performance (GS-9, 11, or 12) permanent position in an Army organization. HQDA annually funds allocations for the Army Fellows Program positions based upon mission requirements and budget. The program is open to all career fields, and career programs coordinate with Commands to project intern requirements based on forecasted Army mission requirements and capabilities needed. The program prioritizes recruiting and developing top 'mission-critical' talent to directly support Army's highest strategic priorities, and the usage of

Direct Hire Authorities (DHA) to recruit and hire interns. Interns participating in this program are required to sign a mobility agreement.

(2) Army Local Interns include entry level positions or programs that are funded by the employing organization. Positions are immediately assigned/assigned against the table of distribution and allowances (TDA) of the employing organization. Such Local Intern Programs are at the discretion of the commander and may involve the use of various hiring authorities such as Pathways, the DHA for Post-Secondary Students and Recent Graduates, and any other applicable appointing authorities. Local Intern positions are based on organizational position and mission requirements, and a vacant position is recruited at the entry level with the full-performance grade identified in the announcement/advertisement. Mobility agreement requirements depend on the Command's program procedures but are not generally required.

(3) The Army Upward Mobility Program has a variety of developmental opportunities for employees to support organizational and mission requirements. This is an entry level program funded by the employing activity and assigned to the TDA of the same employing activity (akin to a locally funded intern). The program aims to achieve a balance of occupational skills and organizational efficiency by retaining and retraining employees. It permits permanent employees who have demonstrated potential for higher level work, to be developed under a structured training plan. Installation and activity commanders are encouraged to implement upward mobility programs by structuring their local personnel policies, procedures, and practices to accommodate individual or unique requirements.

(4) In addition to the Army Civilian career intern opportunities described above, the Department of Defense also currently manages the [Military Spouse Career Accelerator Pilot](#). Military spouses of currently serving members of the U.S. Army, Marine Corps, Navy, Air Force and Space Force, to include active, reserve and National Guard components, can apply to the Military Spouse Career Accelerator Pilot. The pilot is a competitive, multi-year program that provides spouses with paid 12-week fellowships at employers across various industries and locations. Those who excel in the program and are a fit with their host company may be invited to join the employer as a direct hire. However, Fellowship opportunities under this DoD pilot are based in the U.S. (to include Alaska and Hawaii). Given that this AFAP issue was submitted by USAG Wiesbaden, the DoD pilot may not be a benefit to spouses in Wiesbaden at this time, given the pilot's parameters.

(5) The proposed issue includes civilian human resource processes and procedures that are covered under the following references:

(a) Army Regulation 690-950, "[Career Program Management](#)," dated November 16, 2016.

(b) Army Regulation 690-300, "[Civilian Personnel Employment](#)," dated April 3, 2019.

**b. How many affected:** The number of affected military spouses and Army community members is unknown.

**c. When does the issue occur:** When Military Spouses and other Army community members seek career opportunities.

**d. Estimated Cost:** No additional costs required as the currently operating Army programs are already funded either by HQDA for the Centralized Intern Program (i.e., Army Fellows Program), or funded at the local level for Local Intern/upward mobility programs.

## **5. STAFF POSITION:**

**a. Merit of the Issue:** Since Army and DoD intern programs already exist, the actual issue may be that hiring managers, and/or military spouses are not fully aware of the existing programs.

**b. Proposed Solution:** Recommend AG-1CP, CHRA HQ, and CHRA's ACCMA coordinate and disseminate messaging to relevant stakeholders to share information about the Army and DoD intern programs to increase awareness and understanding.

**c. Pros:** Proposed solution outlined in paragraph 5.b. would ensure hiring managers are aware of the options available to them when recruiting vacant positions and help ensure military spouses and other Army community members are aware of the intern programs that may have employment opportunities available for them.

**d. Cons:** No cons identified for the solution proposed in paragraph 5.b.

**Lead Agency:** DAPE-CPP-SC

**Support Agency:** CHRA; CHRA, ACCMA

**Approved By:** Karen Wolfe, Division Chief – Staffing and Classification

**SME/Phone:** Megan Crone, [megan.e.crone.civ@army.mil](mailto:megan.e.crone.civ@army.mil); Tara Daley, [tara.l.daley.civ@army.mil](mailto:tara.l.daley.civ@army.mil); Dahlia Graham, [dahlia.a.graham.civ@army.mil](mailto:dahlia.a.graham.civ@army.mil)

**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DAIN-PRY  
7 November 2023**

**SUBJECT:** AFAP Family Support Issue #11 - Background Check Tier 1 (T1) with Child Care Checks for Private Organization Members Who Supervise Children

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process.

**2. ISSUE SCOPE:** To ensure the safety of children under 18 years of age, who are participating in organized activities, the Department of Defense requires all adults supervising the children to undergo a T1 with Child Care Checks. The DoDI 1402.5 applies to DoD-sanctioned programs. A DoD-sanctioned program is any program, facility, or service operated by the DoD, a military Department or Service, or any agency, unit, or subdivision thereof. Examples include but are not limited to: Child Development Centers; Family Child Care programs; DoD Education Activity schools; and recreation and Youth Programs. These do not include programs operated by other State or federal government agencies or private organizations.

**3. PROPOSED Recommendation:** Establish a process for private organizations to require their employees and volunteers to obtain a T1 with Child Care Checks.

**4. FACTS:**

- a. **Background:** Background Checks on Individuals in DoD Child Care Services Programs is governed by the Department of Defense Instruction DoDI 1402.5 and Army Directive 2014-23, Child Care National Agency Check and Inquiries (CNACI) now referred to as T1 background investigations are required for all individuals who have regular contact with children under 18 years of age.

Recent updates confirm that the Department of Defense is keeping pace with changes in technology and departmental processes, and proactively adopting best practices to safeguard military children. Department of Defense components have the authority to apply more stringent requirements as desired.

Army Child Youth and School (CYS) Services works in coordination with the supporting Human Resource Office (HRO) to ensure that individuals have the necessary temperament, skill set and clearances for the position.

Army CYS Services does not use background check as the only means for assessing suitability. CYS Services also conducts a review of the application/resume and related forms, personal interview, professional reference checks and a physical as part of our staff screening. Army CYS Services follows the DOD background check policy and directive. Army CYS Services does not have the authority to write a stricter (Army only) policy for background clearances for private organizations.

**b. How many affected:** The current DoDI and directive is for all Services branches. Quantity of private organizations on Army installations impacted by the addition of a T1 background check undetermined.

**c. When does the issue occur:** This issue occurs on Army Installations when a private organization provides a regular service for children under the age of 18 years.

**d. Estimated Cost:** The estimated cost to the government is unknown. The policy resides at Department of Defense. The estimated cost to a private organization is also unknown and recurring, based on staff turn-over.

## **5. STAFF POSITION:**

**a. Merit of the Issue:** Army executes background checks in alignment with all Service branches and in accordance with the DoDI 1402.5 and the most recent Army Directive. The DoDI acknowledges private organizations, State and federal agencies and their ability to vet employees and volunteers.

**b. Proposed Solution:** Department of Defense components have the authority to apply more stringent requirements as desired.

**c. Pros:** Standardization, however background checks done by private organizations, State and federal agencies may be equivalent to the T1.

**d. Cons:** The change will cause misalignment across the Service branches and contradictions at joint bases. By only addressing private organizations a gap would still exist with State and federal agencies. Could pose oversight challenges. Duplication of background checks or data bases searches for private organizations could increase costs (monetary and man-hours) and delay onboarding of staff. Could possibly reduce services on the installation for children under the age of 18.

**Lead Agency:** DAIN-PR

**Support Agency:** DAIN-PRY

**Approved By:** Dawn Thompson/DAIN-PRY/571-256-8658

**SME/Phone:** Kristy B Trahan/DAIN-PRY/571-256-9876

## **Army Family Action Plan (AFAP) FY23 Issue/Information Paper**

DAIN-PRE  
15 December 2023

**SUBJECT:** AFAP Family Support Issue #12: Ineligible Population of Exceptional Family Members (EFMs) for Level 3 and Level 4.

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process.

**2. ISSUE SCOPE:** Current policy excludes a large group of EFMs, with non-medical conditions, who do require skilled respite care providers. EFMP Respite Care Program Restructuring Guidance, dated 29 June 2017, states, "Respite care Levels 3 and 4 contemplate a level of training and caregiving that goes beyond conditions that only require constant supervision based on uncontrolled behavior with safety issues including EFMs prone to elopement or inability to comprehend dangerous actions. Conditions such as autism, even severe autism, do not rise to a Respite Care Level III or IV. There must be significant medical conditions as stated." (3.3.c) To assume that all conditions on the Autism Spectrum, as well as others that may present challenging behavioral components, would not require skilled providers is inaccurate. Many military and local communities do not have the resources available to offer viable alternatives for respite care. Not having skilled care providers to provide respite care is an ongoing stressor for families especially for those that are single parents or deployable. In order to sustain positive family relationships and resiliency, the respite needs of this excluded group need to be addressed.

**3. PROPOSED Recommendation:** Change current policy of respite care eligibility to include non-medical conditions that require skilled supervision.

#### **4. FACTS:**

**a. Background:** Autism has varying levels of severity according to the Diagnostic and Statistical Manual of Mental Disorders (DSM 5), Diagnostic Criteria for 299.00 Autism Spectrum Disorder (ASD). To meet diagnostic criteria for ASD according to DSM-5, a child must have persistent deficits in each of three areas of social communication and interaction and at least two of four types of restricted / repetitive behaviors.

An autism spectrum disorder diagnosis is broken into levels 1, 2, and 3. These levels indicate the extent to which autism impacts an individual's ability to communicate and take care of themselves. Severity is based on social communication impairments, and restricted / repetitive patterns of behavior. ASD severity is outlined below:

ASD Level 1: Requiring Support  
ASD Level 2: Requiring Substantial Support  
ASD Level 3: Requiring Very Substantial Support

Unless medical professionals identify, assign, and document the level of severity, it is difficult to accurately determine eligibility and therefore it should not be assumed that every person with autism requires respite care support.

**b. How many affected:** There are approximately 46.8K Soldiers (Active Duty, Guard, and Reserve Soldiers) and 57.9 Family members enrolled in EFMP. Individuals who meet one or more of the criteria described in DODI 1315.19 (EFMP) will be identified as a family member with special needs.

**c. When does the issue occur:** Families identified with medical and/or educational special need (s) IAW DODI 1315-19 (EFMP), are enrolled in EFMP. Only EFMs identified as Level of Needs (LoN) 3 or 4 are eligible for Army respite care benefit. LoNs are outlined below.

Level 3 - EFMs who have conditions such as, but not limited to, asthma, seizures, diabetes, and those who need special assistance with food intake.

Level 4 – EFMs who have conditions such as severe continuous seizure activity, tube feeding, suctioning of tracheotomy, and life threatening or chronic condition requiring frequent hospitalization or treatment encounters which require extensive family involvement in care

**d. Estimated Cost:** A study is required to determine current / additional EFMs who meet LoNs 3 and 4 eligibility and cost to increase the current respite care contract.

## 5. STAFF POSITION:

**a. Merit of the Issue:** DODI 1315.19 (EFMP) published in 2023, standardizes EFMP respite care. Standardization implements consistent number of respite care hours; new EFMP respite care age specific LoN rubric to ensure a standard mechanism for determining eligibility; and provides consideration for additional support when exceptional circumstances occur. Respite care is available for family members identified as LoN 3 and 4.

**b. Proposed Solution:** The standardization and Implementation of the new respite care Level of Need (LON) rubric will assist in identifying medical and/or educational special needs LoNs 3 or 4 EFMs eligible for respite care. Proposed solution requires several steps:

1. Conduct study of the current application process
2. Determine current LoNs 3 and 4 EFMs based on eligibility
3. Determine increase of LoNs 3 and 4 EFMs based on eligibility and (potential) ASD diagnosis
4. Determine cost to provide respite care to all eligible EFMs
5. Implement new rubric process (approximately one year to implement new process)

**c. Pros:** The National Defense Authorization Act, 2021 included a provision for

DoD and Military Departments to standardize the EFMP to the extent practical, to include “a standardized respite care benefit across the covered Armed Forces, including the number of hours available under such benefit to military families. The Military Departments agreed to only provide respite care services to LoNs 3 and 4.

**d. Cons:** Current DoD guidance does not include autism spectrum disorder and/or special education as a LoN 3 or 4 disability and eligible for respite care services.

**Lead Agency:** DPRR

**Support Agency:** Installation Management Command (IMCOM) G-9

**Approved By:** Paul Grossman/EFMP Branch Chief

**SME/Phone:** Marcine L. Best/703-693-5934



**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DAIN-PRE  
15 December 2023**

**SUBJECT:** AFAP Family Support Issue #13 - Level 3 and Level 4 Respite Care Availability for Soldier Exceptional Family Members (EFMs)

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process

**2. ISSUE SCOPE:** Due to a lengthy eligibility application process and the hiring of qualified providers, there is a delay in providing level 3 and level 4 respite care for Soldier Exceptional Family Members. Respite care is meant to provide short-term and time-limited breaks for families and other unpaid caregivers. However, between the time it takes for application approval as well as to recruit, hire, and train providers; respite care can be delayed to the point of receiving little to no care. The desired cohesiveness and resiliency of the family can be damaged when respite care relief is not readily available.

**3. PROPOSED Recommendation:** Change application and hiring process for Respite Care to eliminate delays in care provided.

**4. FACTS:**

**a. Background:** The current respite care application process is approximately 61 days. Phase 1 is inclusive of several review components i.e., Medical Treatment Facility, EFMP Navigator, EFMP Panel review the Garrison Commander and, the Contractor. Phase 2 is the administrative component which takes approximately 22 days from posting the position to submitting documents for the background checks. Phase 3 involves process and completing the IRC: 4 to 5 weeks and, the CNACI, 6 to 12 weeks in total approximately 4 to 5 months. The current processing time for a family to receive care after the initial request is nearly 6 months.

**b. How many affected:** There are approximately 46.8K Soldiers (Active Duty, Guard, and Reserve Soldiers) and 57.9 Family members enrolled in EFMP. Individuals who meet one or more of the criteria described in DODI 1315.19 (EFMP) will be identified as a family member with special needs. However, not all EFMs are eligible for respite care benefit.

**c. When does the issue occur:** Families identified with medical and/or educational special need (s) IAW DODI 1315-19 (EFMP), are enrolled in EFMP. Only EFMs identified as Level of Needs (LoN) 3 or 4 are eligible for Army respite care benefit. LoNs are outlined below.

Level 3 - EFMs who have conditions such as, but not limited to, asthma, seizures, diabetes, and those who need special assistance with food intake.

Level 4 – EFMs who have conditions such as severe continuous seizure activity, tube feeding, suctioning of tracheotomy, and life threatening or chronic condition requiring frequent hospitalization or treatment encounters which require extensive family involvement in care

**d. Estimated Cost:** A study is required to determine current / additional EFMs who meet LoNs 3 and 4 eligibility and cost to increase the current respite care contract.

## **5. STAFF POSITION:**

**Merit of the Issue:** DODI 1315.19 (EFMP) published in 2023, standardizes

EFMP respite care. Standardization implements consistent number of respite care hours; new EFMP respite care age specific LoN rubric to ensure a standard mechanism for determining eligibility; and provides consideration for additional support when exceptional circumstances occur. Respite care is available for family members identified as LoN 3 and 4.

**Proposed Solution:** The standardization and Implementation of the new respite care Level of Need (LON) rubric will assist in identifying medical and/or educational special needs LoNs 3 or 4 EFMs eligible for respite care. Proposed solution requires several steps:

1. Conduct deep-dive study on the current application process
2. Determine current LoNs 3 and 4 EFMs based on eligibility criteria
3. Determine increase of LoNs 3 and 4 EFMs based on eligibility criteria
4. Determine cost to provide respite care to all eligible EFMs
5. Implement new LoN rubric and reduce processing time to provide respite care

**d. Pros:** The National Defense Authorization Act, 2021 included a provision for DoD and Military Departments to standardize the EFMP to the extent practical, to include “a standardized respite care benefit across the covered Armed Forces, including the number of hours available under such benefit to military families. The Military Departments agreed to only provide respite care services to LoNs 3 and 4.

**e. Cons:** The Army respite care requires reform. Application of the new LoN rubric and respite care process will take approximately one year to implement. Additionally, cost analysis needs to be conducted to determine the cost for additional LoNs 3 and 4 EFMs who are eligible for respite care benefit.

**Lead Agency:** DPRR

**Support Agency:** Installation Management Command (IMCOM) G-9

**Approved By:** Paul Grossman/EFMP Branch Chief

**SME/Phone:** Marcine L. Best/703-693-5934

## Section III: Military Health Care Issues

**Prioritize the Military Health Care issues from Most Important (1) to Least Important (8).**

Issue #	Issue Title	Prioritization
Military Health Care #1	TRICARE Coverage of Invisalign for Service Members	
Military Health Care #2	Exceptional Family Member (EFM) Moves due to Medical Accommodations not covered under the Joint Travel Regulation.	
Military Health Care #3	Outdated Tricare Provider List	
Military Health Care #4	Service/Family Members Dropped from Tricare Medical Coverage Unexpectedly	
Military Health Care #5	Behavioral Health Counseling Services for National Guard Soldiers and Families	
Military Health Care #6	Military One Source Counseling Services for National Guard Soldiers and Families	
Military Health Care #7	TRICARE Reimbursement Process for Family Member Tele-Health Behavior Health Services	
Military Health Care #8	Overseas TRICARE Coverage for Medicare Eligible Retirees	



**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DASG-HSZ  
13 November 2023**

**SUBJECT:** AFAP Military Health Care Issue #1 - TRICARE Coverage of Invisalign for Service Members

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process

**2. ISSUE SCOPE:** TRICARE covers traditional metal braces for service members but not Invisalign. Invisalign is a similar cost teeth-straightening procedure. It may be less visible, lower maintenance, and alleviate some pain associated with traditional braces. Traditional metal braces require between 18-24 months of treatment. The average length of treatment with Invisalign is 12 months. Authorizing Invisalign through TRICARE provides a solution for Soldiers who want to maintain a professional appearance without brackets and wires associated with traditional braces.

**3. PROPOSED Recommendation:** Authorize TRICARE Coverage of Invisalign for Service Members

**4. FACTS:**

**a. Background:** The TRICARE Active Duty Dental Program covers orthodontic treatments or braces by civilian orthodontists ONLY in conjunction with an orthognathic surgical procedure to be performed by a military treatment facility.

**b. How many affected:** Given that most orthognathic dental conditions that require surgery and orthodontic treatments are conducted with metal “braces”, then this should not affect any active-duty service members.

**c. When does the issue occur:** It doesn’t, the recommendation is not clinically sound. Specialty consultant states that Invisalign isn’t used for the treatments under ADDP requirements.

**d. Estimated Cost:** None

**5. STAFF POSITION:**

**a. Merit of the Issue:** None- USA Orthodontic specialty consultant statement: Military orthodontic treatment is typically reserved for cases used in conjunction with orthognathic surgery CONUS and quality of life care for dependent beneficiaries (kids/teens) OCONUS. Orthognathic cases treated in the military support the go to war surgical skills and readiness of the Oral and Maxillofacial surgeons replicating complex trauma seen while deployed. Traditional metal brackets allow the orthodontists to control various movements of teeth—torque, tip, and in/out.

Invisalign on the other hand typically is only able to work in one dimension, tip. Cases treated with metal brackets are used in both the civilian sector as well as the military. The timeline for orthodontic treatment is dependent on the complexity of the orthodontic case being treated—how much crowding, whether the teeth are in a Class I, Class II, or Class III malocclusion, how much overbite, or overjet is present, does the case need surgery or extractions, etc. The average orthodontic case will take between 18-30 months to treat. Some cases are minimal in their complexity requiring a shorter timeline. Unfortunately, the timeline is not enhanced or shortened by completing orthodontic treatment with Invisalign versus metal brackets—Invisalign is typically reserved for milder cases, those that are less complex. Another factor that orthodontists consider is that Invisalign requires a high level of compliance and buy in from the patient, whereas with metal braces compliance is required less, typically at the end of treatment when changing rubber bands.

**b. Proposed Solution:** TRICARE Dental Plan coverage is authorized up to 50 percent with a \$1750 cap per enrollee. Full coverage or reduced cost shares may be beneficial for Active Duty Service Members.

**c. Pros:** Improves healthcare outcomes and morale.

**d. Cons:** Costs for full coverage may be prohibitive.

**Lead Agency:** US Army Medical Command (DASG-HSZ)

**Support Agency:** Defense Health Agency (DHA)

**Approved By:** COL Kelley L. Tomsett, DDS, MS, MBA, FAAMP, FACHE | Chief, Dental Readiness Division | Readiness & Health Integration | U.S. Army Office of the Surgeon General (703 )681-3242

**Approved By:** COL Daniel B. Thompson, Director, Readiness & Health Integration Office of the Surgeon General 703) 681-0104

**SME/Phone:** Col Coates, USAF, DC, TRICARE Health Plan (571) 835-6701

**SME/Phone:** Ms. Arunima Shukla, Senior Program Analyst, Readiness & Health Integration Office of the Surgeon General (703) 681-3221

**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DAIN-PRE  
20 November 2023**

**SUBJECT:** AFAP Military Health Care Issue #2 – Exceptional Family Member (EFM) Moves due to Medical Accommodations not covered under the Joint Travel Regulation

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process

**2. ISSUE SCOPE:** When an EFM needs to move homes in order to accommodate a special need, this move is an out-of-pocket expense. The Joint Travel Regulation (JTR) does not address/cover moves of EFM (JTR, Chapter 5, Short Distance Moves). The house the Service Member is in has to be considered “inadequate” and does not address reasonable accommodations covered by the American Disability Act (ADA), Fair Housing Law. JTR, Chapter 5, Short Moves, can be interpreted in such a way that moving a family for a reasonable accommodation is considered a “convenience to the service member and family” however, under ADA laws reasonable accommodations are not conveniences, but as “a right of people with disabilities to provide equal opportunity to use and enjoy a dwelling”. Since the JTR does not address EFM medical moves, Service Members will have to pay out of pocket to move to a home that meets the needs of their EFM. This impacts the quality of life of our Service Members and their Families who have a special need and causes a substantial financial burden.

**3. PROPOSED Recommendation:** EFM medical move provisions should be added to the JTR, Chapter 5 for Short Distance Moves.

**4. FACTS:**

**a. Background:** Department of Defense (DoD) Manual 4165.63 and Army Regulation 420-1 addresses responsibilities for ensuring at least 5% of total military family housing inventory is accessible or readily and easily modifiable for use by persons with disabilities. Depending on the Soldier’s location, the privatized housing provider or the Housing Services Office, in partnership with Directorate of Public Works (DPW), are responsible for family housing modifications. The Joint Travel Regulation Chapter 5, 0519 identifies moving to or from Government quarters or privatized housing as a potentially reimbursable event.

**b. How many affected:** There are 46.8K Soldiers and 57.9K Family Members enrolled into the EFMP. Available housing data does not track how many EFMP Soldiers and Family members reside in military or privatized housing.

**c. When does the issue occur:** This issue may occur when an EFM’s medical condition(s) changes prompting a move from an off-post residence without ADA modifications to on-post housing to accommodate the needs of the EFM.

**d. Estimated Cost:** In majority of cases, Residential Community Initiative Companies will fund costs to accommodate additional accessible requirements needed to support Soldiers or their family members.

## **5. STAFF POSITION:**

**a. Merit of the Issue:** Adding language to the JTR to specifically address medical provisions is not necessary. JTR 0519 Table 5-40 identifies short distance local moves as an authorized reimbursable expense if moving to or from government quarters or privatized housing if the household relocation is mission essential, in the Government's best interest, and not primarily for the Service member's convenience. The current exception to policy review and approval process includes Garrison Commanders, USAG Housing Managers, and EFM Program Managers who work with property managers to accommodate EFM requirements, exceptions to policy, and special requests.

**b. Proposed Solution:** (1) Soldiers with EFM special needs notify housing of their family's needs prior to relocating. (2) Continue with the current exception to policy approval process

**c. Pros:** Removing this issue from consideration will ensure all Soldiers and Families residing in military or privatized housing are afforded the same due process.

**d. Cons:** Adding language to the JTR to specifically address EFM medical moves may result in 'blanket' approval without cause or not allow the appropriate agency an opportunity to address the concern.

**Lead Agency:** DCS G-9 EFMP

**Support Agency:** DCS G-4

**Approved By:** Mr. Paul Grossman, EFMP Program Manager

**SME/Phone:** Jessica Slaughter, 703-614-1653



**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DASG-HSZ  
13 November 2023**

**SUBJECT:** AFAP Military Health Care Issue #3 - Outdated Tricare Provider List

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process

**2. ISSUE SCOPE:** The TRICARE Provider List is outdated. Soldiers, Families, and service providers use the TRICARE search tool to find providers. Providers in their area may no longer be in-network or have changed phone numbers and/or locations. Making several calls to find a provider can be frustrating. An up-to-date TRICARE provider list will optimize the customer service process and reduce frustration for Soldiers and Families.

**3. PROPOSED Recommendation:** Maintain up-to-date TRICARE Provider Lists.

**4. FACTS:**

**a. Background:** Providers enter and leave a network depending on many factors, including voluntary departure or involuntary termination, retirement, death, normal turnover, and simple change of status. Providers are free to stay in, or leave a network, and tend to behave in their own economic interest. Due to the dynamic nature of provider networks, provider directories often contain inaccurate provider information, infrequently support interoperable data exchanges, and frequently fail to meet the Contractor's own accuracy reporting requirements contributing to delayed care for eligible TRICARE beneficiaries. A new TRICARE contract that facilitates beneficiary health care in the civilian sector, known as T-5, is expected to start in 2024. During T-5 Market Research, provider directory accuracy was an issue raised by the Government Accountability Office's current and former Secretary of Defense for Health Affairs, beneficiaries, and military medical treatment facilities.

**Facts:**

**a.** Provider data accuracy is a challenge for both commercial and government health plans, to include TRICARE. DHA has contract oversight for the Managed Care Support (MCS) contracts, which include a requirement for the contractor to provide an accurate up-to-date TRICARE On-Line Provider Directory. Provider demographics such as name, address, phone, fax, etc., continuously change, and the MCS contractors use best business practices to maintain and improve the accuracy of the provider directory data. Their best business practices include:

- Providing website links for providers to update their data or to notify the MCS contractor of changes to their status as a network provider
- Reviewing claims data for provider information accuracy

- Validating provider data with a third-party data cleansing firm
- Increasing outreach through their provider relations contacts (i.e. Provider Call Center and Provider Relations Representatives)
- Reviewing reports of potential directory accuracy errors received from customers (i.e. Military Medical Treatment Facilities (MTFs), TRICARE customer service representatives, and beneficiaries), validating the information, and making corrections as appropriate

**b.** The MCSC Provider Directories are refreshed every 24 hours. DHA routinely monitors the MCSC requirement to maintain an up-to-date provider directory.

**c.** Under the next round of MCS Contracts (T-5):

1. The contracts are designed to improve military readiness, access to care, and provider network adequacy, and to better manage the quality of health care. TRICARE provider directories contain aggregate information about healthcare providers, facilities, and other entities involved in patient care, and the directories are a crucial resource for TRICARE beneficiaries when searching for network providers to provide their care.
2. The MCS Contractors are responsible for displaying meaningful quality metrics, at the individual provider and facility level in an easily understood and accessible format. Contractors are also required to meet directory processing/timeline standards for updating their provider directory websites and ensuring non-TRICARE providers are removed from network provider directories.
3. Contractors are required to develop and implement a system for continuously monitoring, evaluating, and improving network directory adequacy and for reporting adequacy or access issues to the Defense Health Agency (DHA) on a routine basis.
4. Provider directory accuracy will be assessed at the Prime Service Area level instead of the regional level to improve accuracy of reporting for areas around MTFs.
5. Contractors shall ensure that their on-line network provider directory is accessible to users on a continual (24 hours/7 days a week) basis except for scheduled downtime for system maintenance.

Recommendation: DHA will continue to provide oversight of provider networks and directories for the regional MCSCs and other TRICARE contractors. In support of improved network provider directory accuracy, DHA will closely monitor the MCSC performance guarantees, and reporting requirements during the T-5 transition period and for the duration of the contract option periods, in accordance with the appropriate Contract Data Requirements List (CDRL) for reporting.

**b. How many affected:** TBD

**c. When does the issue occur:** When TRICARE enrollees utilize the provider directory to identify a primary care or specialty provider.

**d. Estimated Cost:** TBD

## **5. STAFF POSITION:**

**a. Merit of the Issue:** Updated provider directories will facilitate improved access to care and better health outcomes for beneficiaries.

**b. Proposed Solution:** Continued oversight of provider directory accuracy requirements. Improvements in provider directory accuracy requirements in the T-5 contract.

**c. Pros:** Improvements in access to care, health outcomes, and morale.

**d. Cons:** N/A

**Lead Agency:** US Army Medical Command (DASG-HSZ)

**Support Agency:** Defense Health Agency (DHA)

**Approved By:** COL Daniel B. Thompson, Director, Readiness & Health Integration Office of the Surgeon General 703) 681-0104

**Approved By:** COL Nicholas Song Health Integration and Support Services Readiness and Health Integration Directorate, G-3/5/7 Office of the Surgeon General (631) 627-0690

**SME/Phone:** Mr. Paul Wuerdeman, Lead Provider Network SME, DHA/ (210) 632-4898

**SME/Phone:** Ms. Arunima Shukla, Senior Program Analyst, Readiness & Health Integration Office of the Surgeon General (703) 681-3221

**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DASG-HSZ  
13 November 2023**

**SUBJECT:** AFAP Military Health Care Issue #4 - Service/Family Members Dropped from Tricare Medical Coverage Unexpectedly

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process

**2. ISSUE SCOPE:** Active Duty/Reserve Components and their Families are being dropped from Tricare medical health benefits/coverage unexpectedly after prior approval. The reasons vary case by case, from an error in the system(s), change in military orders/status to expired credit card on file, leaving the Service Members/Families blindsided when they receive a bill or statement 4-6wks+ after services were provided. The medical statement amounts are outside the Service/Family Members financial abilities to pay, putting a financial hardship and extra stress on Service/Family Members. Missed payment also causes financial hardship and loss of enrollment and eligibility for future Tricare benefits and coverage for a minimum of six months

**3. PROPOSED Recommendation:** TRICARE sends out a text message or email to Service Member alerting them of any changes in coverage to Service Members and/or family members who are being covered on Service Member's plan

**4. FACTS:**

**a. Background:** IPPS-A integration issues caused a several Service and Reserve Component members and their families to be dropped from TRICARE. Other factors have also led to incorrect eligibility status.

Managed Care Support Contractors (MCSCs) are responsible for communicating failure to pay notices via the member's communication preference. Currently, email or paper mail are the only required options for MCSCs to offer. Members are encouraged to keep their contact information current in DEERS and may contact the MCSC to change their communication preference.

**b. How many affected:** TBD

**c. When does the issue occur:** When there are IT system errors, PCS, expired credit cards, retirement, and other technical or human errors.

**d. Estimated Cost:** TBD

**5. STAFF POSITION:**

**a. Merit of the Issue:** Incorrect changes to TRICARE eligibility status can cause issues with access to care, finances, and decrease morale.

**b. Proposed Solution:** TRICARE Health Plan, Customer Service Education and Outreach (CSEO) spoke with Christina McMann-Gonzalez for additional details. Referenced issues pertain to 1) Eligibility issues as a result of Service errors or delays updating Service Member orders in the Defense Enrollment Eligibility Reporting System (DEERS) and 2) TRICARE Reserve Select members disenrolled due to failure to pay.

- 1) The uniformed services determine eligibility for TRICARE, and errors or delays in updating service member orders affect coverage options for otherwise eligible Reserve Component members. If the service member determines their status is not showing correctly in DEERS, they must contact their unit or service to determine the discrepancy. Once the updated orders are loaded in DEERS, the member can contact their regional Managed Care Support Contractor (MCSC) for enrollment.
- 2) TRICARE Sponsors are responsible for updating their payment information. The MCSC must have a valid form of payment on file for service members to remain enrolled in a TRICARE program (excluding Active Duty). The MCSCs send failure to pay notices according to the member's communication preference on the 10<sup>th</sup> of the month. Members have 90 days from the last paid through date to reinstate their enrollment. After 90 days, the family remains locked out for 12 months and is ineligible for coverage, unless a reserve member becomes activated during this time.

**c. Pros:** Having stronger policies and operational solutions around TRICARE eligibility will help to avoid access to care, financial, and morale issues.

**d. Cons:** N/A

**Lead Agency:** US Army Medical Command (DASG-HSZ)

**Support Agency:** Defense Health Agency (DHA)

**Approved By:** COL Daniel B. Thompson, Director, Readiness & Health Integration Office of the Surgeon General 703) 681-0104

**Approved By:** COL Nicholas Song Health Integration and Support Services Readiness and Health Integration Directorate, G-3/5/7 Office of the Surgeon General (631) 627-0690

**SME/Phone:** Howard Hughes, THP Reserve Component BCAC/DACO. Office phone: 210-536-6044

**SME/Phone:** Ms. Arunima Shukla, Senior Program Analyst, Readiness & Health Integration Office of the Surgeon General (703) 681-3221

**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DASG-HSZ  
13 November 2023**

**SUBJECT:** AFAP Military Health Care Issue #5 - Behavioral Health Counseling Services for National Guard Soldiers and Families

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process

**2. ISSUE SCOPE:** There's a shortage of community-based and culturally competent behavioral health (BH) providers supporting our National Guard Soldiers and Families. There is not sufficient TRICARE vendors that build their networks in both urban and rural communities to ensure Soldiers and Families have access to care with reasonable wait times and cost. Further compounding the problem is the limited Tele-Behavioral Health options in urban and rural communities. Ensuring Soldiers and Families who reside in urban and rural communities have access to behavioral health providers, either physically or remotely, is essential to the mission readiness and the well-being of the Soldier and Family.

**3. PROPOSED Recommendation:** Require TRICARE to build and expand their networks in both urban and rural communities to ensure Soldiers and Families have access to BH care with reasonable wait times and cost.

**4. FACTS:**

**a. Background**

A shortage of specialty providers exists in the United States, including behavioral health providers. Causes of the shortage are multifaceted and complicated. In response to the shortage, DHA is taking steps to improve provider incentives in the upcoming T-5 contract, including enhancing tele-behavioral health access.

The Managed Care Support (MCS) contractors continuously expand their provider networks in both urban and rural communities by recruiting telemedicine providers who offer virtual appointments. Both DHA and MCS contractors educate TRICARE beneficiaries and providers on the benefits of telemedicine and the use of virtual appointments. The MCSCs use data analysis to ensure maximum utilization of available network providers when referring beneficiaries for care.

Healthcare workforce shortages are prevalent throughout rural areas in the U.S. Specialty and subspecialty healthcare services are less likely to be available in rural areas or to include highly sophisticated or high-intensity care. Data published in 2020 by the Association of American Medical Colleges (AAMC) estimates that the U.S. could see a shortage of 54,100 to 139,000 physicians by 2033. The shortfall is expected to span both primary and specialty care fields and access to care issues

mostly found in rural and underserved urban areas are expected to become more common nationwide.

In areas with health professional shortages (i.e., insufficient mix/number of providers to serve the population), beneficiaries may need to travel farther to obtain care. Such shortages affect the entire community and not just TRICARE beneficiaries. The MCS contractors use various analytical tools and models to assess network adequacy and access to care to target and recruit new providers. Unfortunately, some communities have zero providers to recruit.

One option the MCS contractors use to increase access to care in underserved communities is to contract with national telehealth providers and with local network and non-network providers who participate in telehealth. This approach has proven successful by expanding access and improving quality of care in rural locations. The use of telehealth often increases timeliness of care and minimizes challenges encountered by patients, such as transportation to specialty care.

The West MCS contractor, Health Net Federal Services (HNFS), offers mental telehealth services via Telemynd, Doctor On Demand®, HealthLinkNow (offered only in CA NV, TX, and WA), and Psych Connect (offered only in AZ). All services are searchable online: [Telehealth Options \(tricare-west.com\)](https://www.tricare-west.com/telehealth-options)

The East MCS contractor, Humana Military, offers mental telehealth services via: Telemynd, and Doctor On Demand®. All services are searchable online: [Telemedicine | Humana Military](#)

**b. How many affected:** TBD. Requires DHA estimate.

**c. When does the issue occur:** When National Guard Soldiers and families seek behavioral health providers.

**d. Estimated Cost:** TBD

## 5. STAFF POSITION:

**a. Merit of the Issue:** Improved access to care, health outcomes, and morale.

**b. Proposed Solution:** Network improvements and hiring incentives for behavioral health providers.

**c. Pros:** Improved access to care, health outcomes, and morale.

**d. Cons:**

**Lead Agency:** US Army Medical Command (DASG-HSZ)

**Support Agency:** Defense Health Agency (DHA)

**Approved By:** COL Daniel B. Thompson, Director, Readiness & Health Integration  
Office of the Surgeon General 703) 681-0104

**Approved By:** LTC Alisa M. VanLandingham, Deputy Chief, Behavioral Health Division,  
Readiness and Health Integration, Office of the Surgeon General (703) 681-3227

**Approved By:** COL Kevin Goke, Chief, Behavioral Health Division, Readiness and  
Health Integration, Office of the Surgeon General 703-681 (4598)

**SME/Phone:** Mr. Paul Wuerdeman, Lead Provider Network SME, DHA/ (210) 632-4898

**SME/Phone:** Ms. Arunima Shukla, Senior Program Analyst, Readiness & Health  
Integration Office of the Surgeon General (703) 681-3221



**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**ODASD (MC&FP)  
24 November 2023**

**SUBJECT:** AFAP Military Health Care Issue #6 - Military One Source Counseling Services for National Guard Soldiers and Families

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process

**2. ISSUE SCOPE:** There's a shortage of community-based and culturally competent behavioral health providers supporting our National Guard Soldiers and Families. Soldiers and Families in urban and rural communities often look to Military One Source to connect them to expert support to help them with their challenges associated with military life. The counseling is confidential, short-term, in-person or online and 100 % free. Finding professionals who fit the preference of the Soldiers and Families living in urban and rural communities is challenging. Ensuring counseling services are available through MOS is essential to the mission readiness and the well-being of our Soldiers and Families who reside in urban and rural communities.

**3. PROPOSED Recommendation:** Require MOS to build/expand their networks in both urban and rural communities to ensure Soldiers and Families have access to timely counseling.

**4. FACTS:**

- a. **Background:** No information provided by SME.
- b. **How many affected:** No information provided by SME.
- c. **When does the issue occur:** No information provided by SME.
- d. **Estimated Cost:** No information provided by SME.

**5. STAFF POSITION:**

**a. Merit of the Issue:** The Department of Defense established Military OneSource to support the need for a 24/7 centralized assistance program for Service members and their families to augment existing programs on military installations and to provide support to the National Guard, Reserve and recruiting community. National Guard members and their families are eligible for Military OneSource (regardless of activation status) until 365 days post-separation or retirement. Military OneSource provides confidential, short-term non-medical counseling in a private or group practice located within the civilian community; face-to-face, phone, video and text-based online chat options are available.

**b. Proposed Solution:** The Department has dedicated resources to increase access to care starting with non-medical, prevention-based approaches to counseling available through Military OneSource. Both civilian and military communities have experienced significant constraints in accessing mental health care. The Military Community Support Programs directorate (Office of Military and Community Family Policy) implemented the Military OneSource provider relations working group to provide oversight and track vendor recruitment and retention efforts in securing non-medical counselors in rural locations. Additionally, Military OneSource state consultants are assigned in every state, actively working with military and civilian organizations to ensure ongoing awareness of programs and services with a special emphasis on geographically dispersed populations.

**c. Pros:** The Department continues to provide oversight of Military OneSource by ensuring access to mental health services for National Guard soldiers and their families in remote and geographically dispersed locations. Participants who receive non-medical counseling through these programs consistently report positive outcomes. Most participants report a decrease in problem severity and a reduction in frequency of feeling stressed or anxious following non-medical counseling. When individuals need support for issues that non-medical counseling does not address, we will continue to facilitate connections to installation- and community-based services, or other providers of mental health care.

**d. Cons:** Solutions have been implemented and/or underway. Awareness of family support services continues to be a challenge and may be overwhelming for families to navigate. We all play a role in reducing barriers to care and to promote available programs and resources, specifically to National Guard soldiers and families. Community outreach, especially via social media, helps build community and offers education, support, counseling and coaching. The 24/7 Military OneSource and all the services and resources are just one click through an internet search, and it is available when and where it is needed. The Department is dedicated to enhancing the quality of life for our military force and their families and request your help to raise awareness of Military OneSource non-medical counseling services for National Guard soldiers and families.

**Lead Agency: ODASD (MC&FP)**

**Support Agency: None**

**Approved By:** Kelly Smith, Program Manager, Military OneSource and Associate Director, Military Community Support Programs

**SME/Phone:** Kelly Smith/571-372-5409/kelly.n.smith33.civ@mail.mil

**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DASG-HSZ  
13 November 2023**

**SUBJECT:** AFAP Military Health Care Issue #7 - TRICARE Reimbursement Process for Family Member Tele-Health Behavior Health Services

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process

**2. ISSUE SCOPE:** TRICARE reimbursement for tele-health behavior health services, i.e., online therapy for Family members is extremely difficult. The requirements TRICARE requests when submitting for reimbursement do not match up with what can be provided by online therapy platforms. With the heightened need for behavioral health services and the lack of BH professionals in the field it is difficult to obtain services. Often the TRICARE in-system providers are unable to meet the needs of the communities near bases. Online therapy can be a solution to this issue, making it easier to find a therapist. Insurance will allow Families to submit paperwork to be reimbursed for expenses when an out-of-service provider is used, but even with a PCMs referral for Behavioral health, it is an arduous task. Paying for months of therapy at a time may cause large out-of-pocket expenses for Families which can result in foregoing much needed treatment.

**3. PROPOSED Recommendation:** Streamline the Reimbursement Process for Family Member Tele-Health Behavior Health Services.

**4. FACTS:**

**a. Background:** Depending on the TRICARE Plan a beneficiary chooses, they can elect to receive care from either network or non-network providers. However, electing to use a non-network provider can result in out-of-pocket expenses incurred and the beneficiary may have to file their own claim(s). For services received from network providers, the claims are filed by the provider in accordance with TRICARE reimbursement requirements.

TRICARE provides coverage and reimbursement for medically necessary services when provided by a TRICARE authorized provider. If a provider is not TRICARE authorized/certified, the managed care support contractor (MCSC) will request additional certification information from the provider. If a provider refuses to supply the required information, TRICARE cannot pay the claim. When using online therapy platforms that do not meet TRICARE requirements, beneficiaries are at risk for claims not covered by TRICARE or for paying high out-of-pocket costs. Beneficiaries are strongly encouraged to contact their MCSC to locate TRICARE authorized providers when opting to go out of network for services.

The requirements for Beneficiary Submitted Claims for TeleHealth (TH) or Tele Behavioral Health (TBH) are the same as for other outpatient professional services. The

beneficiary must submit an itemized bill with a completed claim form. Both MCSCs' websites and [tricare.mil](http://tricare.mil) provide the information required (i.e., rendering provider details, procedure codes, description of service, billed amounts for each service, etc.) on a provider's itemized bill.

The United States is experiencing a shortage of behavioral health professionals for in-person services and some areas of the country are more challenged than others, such as Joint Base Lewis-McChord (JBLM) and the Pacific Northwest. Both MCSCs, Humana Military in the East and Health Net Federal Services (HNFS) in the West, are working to recruit additional BH providers and to include TH options in their networks. Humana Military's network TH providers include Doctor on Demand, Telemynd, and local network providers who participate in TH services. Beneficiaries can call HGB at 1-800-444-5445 for assistance with locating a provider. HNFS' network includes Doctor on Demand, TeamHealth VirtualCare (offered in California, Colorado, Idaho, Iowa, Kansas, Montana, Texas, Utah, and Washington), Telemynd, HealthLinkNow (offered in California, Nevada, Texas, and Washington), PsychConnect (only offered in Arizona at this time), and local network providers who provide TH services. Specific to Washington State, HNFS' largest network TH BH provider groups have availability for new patient appointments within 7-14 days for beneficiaries. Beneficiaries can call HNFS at 1-844-866-9378 for assistance. Family members do not require a referral to access the TH services; however, Active Duty Service Members do require a referral.

**b. How many affected:** N/A

**c. When does the issue occur:** When TRICARE beneficiaries seek health services from non-network and non-TRICARE authorized providers.

**d. Estimated Cost:** TBD

## 5. STAFF POSITION:

**a. Merit of the Issue:** Improved access to care, health outcomes, financial outcomes, and administrative/operational improvements.

**b. Proposed Solution:** MTFs or Units interested in receiving a TRICARE Briefing can request one at any time. Requests can be made by contact the nearest military hospital or clinic Military Hospitals & Clinics on the TRICARE website, <https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/TRICARE-Health-Plan/TRICARE-Briefings>.

The purpose of TRICARE beneficiary education briefings is to:

- Educate beneficiaries on the TRICARE benefit.
- Communicate targeted information to specific audiences.

**c. Pros:** Beneficiaries are educated regarding submission of TRICARE claims and potentially how to lower their out-of-pocket expenses; reduces claims processing issues; and, enhances military readiness and morale.

**d. Cons:** N/A

**Lead Agency:** US Army Medical Command (DASG-HSZ)

**Support Agency:** Defense Health Agency (DHA)

**Approved By:** COL Daniel B. Thompson, Director, Readiness & Health Integration  
Office of the Surgeon General 703) 681-0104

**Approved By:** LTC Alisa M. VanLandingham, Deputy Chief, Behavioral Health Division,  
Readiness and Health Integration, Office of the Surgeon General (703) 681-3227

**Approved By:** COL Kevin Goke, Chief, Behavioral Health Division, Readiness and  
Health Integration, Office of the Surgeon General 703-681 (4598)

**SME/Phone:** Jennifer McFarland, TRICARE Health Plan Claims SME, (619) 400-9130

**SME/Phone:** Ms. Arunima Shukla, Senior Program Analyst, Readiness & Health  
Integration Office of the Surgeon General (703) 681-3221

**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DASG-HSZ  
13 November 2023**

**SUBJECT:** AFAP Military Health Care Issue #8 - Overseas TRICARE Coverage for Medicare Eligible Retirees

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process

**2. ISSUE SCOPE:** TRICARE will not cover qualified medical expenses for overseas retirees and family members 65 and older that qualify for Medicare and are approved for a Medicare Part B waiver. TRICARE fails to serve as a secondary payer forcing retirees to pay for co-pays, coinsurance, and other costs. Additionally, many overseas healthcare providers are not contracted with TRICARE and are not held to the U.S. mandated cost of coverage caps. Current TRICARE policy denies secondary coverage for military Retirees who have other than Medicare primary coverage and adds an undue financial burden on military retirees and their families.

**3. PROPOSED Recommendation:** Implement an overseas TRICARE policy in which they will pay as secondary insurer when the beneficiary is eligible for primary care through sources other than Medicare and approved for a Medicare Part B Waiver.

**4. FACTS:**

**a. Background:** By law, military retirees, and their eligible dependents, who are entitled to Medicare Part A, must also have Medicare Part B to remain eligible for TRICARE, regardless of where they live.

Title X 1086(d) is applied uniformly to military retirees and their eligible dependents regardless of where they live, even for those who live overseas where Medicare does not provide coverage. TRICARE beneficiaries entitled to Medicare have TRICARE coverage under the program name TRICARE For Life (TFL). When care is received overseas, TFL become primary payer, and pays 75 percent of the TRICARE Standard allowable amount. If the individual has other health insurance, TFL pays after the OHI.

Medicare allows those who have employer sponsored coverage based on current employment to delay enrollment in Medicare Part B without having to pay a Medicare Part B late enrollment premium penalty. By delaying enrollment in Medicare Part B, the individual is choosing to rely on their employer sponsored coverage, as military retirees who are entitled to Medicare must have Medicare Part A and Part B to remain eligible for TRICARE. Having OHI is not a substitute for having Medicare Part B, with respect to TRICARE eligibility/coverage.

**b. How many affected:** TBD

**c. When does the issue occur:** When TRICARE eligible retirees live or travel overseas

**d. Estimated Cost:** TBD

## **5. STAFF POSITION:**

**a. Merit of the Issue:** Military retirees ages 65 and older living overseas face out of pocket costs if they are not on Medicare/have an approved Medicare Part B waiver.

**b. Proposed Solution:** DoD does not support a waiver of the requirement to have Medicare Part B for military retirees and their eligible dependents who are entitled to Medicare Part A, under any circumstance.

**c. Pros:** Improved health coverage, access to care, and reduced financial on Military retirees 65 and older living overseas.

**d. Cons:** The cost of expanding and administering program may be prohibitive. This needs to be determined by determining demand.

**Lead Agency:** US Army Medical Command (DASG-HSZ)

**Support Agency:** Defense Health Agency (DHA)

**Approved By:** COL Daniel B. Thompson, Director, Readiness & Health Integration Office of the Surgeon General (703) 681-0104

**Approved By:** COL Nicholas Song Health Integration and Support Services Readiness and Health Integration Directorate, G-3/5/7 Office of the Surgeon General (631) 627-0690

**SME/Phone:** Ms. Anne Breslin, TRICARE for Life Program Manager, (571) 533-5848

**SME/Phone:** Ms. Arunima Shukla, Senior Program Analyst, Readiness & Health Integration Office of the Surgeon General (703) 681-3221





## Section IV: Civilian Support Issues

**Prioritize the Civilian Support Issues from Most Important (1) to Least Important (5).**

Issue #	Issue Title	Prioritization
Civilian Support #1	Commissary Privileges for DA Civilians in Non-Foreign OCONUS Locations	
Civilian Support #2	OCONUS On Post Healthcare for DA Civilians	
Civilian Support #3	Cost of Living / Locality Pay	
Civilian Support #4	Civilian Expeditionary Workforce (CEW) Program Tax on Pay	
Civilian Support #5	Commercial Cloud-Base Software Approval and Use Policy	



**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**SAMR-QL  
20 November 2023**

**SUBJECT:** AFAP Civilian Support Issue #1 – Commissary Privileges for Department of the Army (DA) Civilians in Non-Foreign OCONUS Locations

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process

**2. ISSUE SCOPE:** DA Civilians in non-foreign OCONUS locations (i.e., Hawaii and Alaska) currently enjoy access and the ability to purchase items at base and post exchanges managed by AAFES; however, these same employees do not currently have access to commissaries. As such, DA Civilians must purchase groceries on the local economy. Due to the high cost of living in these locations, allowing commissary privileges would significantly reduce financial strain incurred on these employees. In addition, commissary privileges should be available for all civilian employees OCONUS and CONUS.

**3. PROPOSED Recommendation:** Allow DA Civilians use of post and base commissaries in non-foreign OCONUS and CONUS locations.

**4. FACTS:**

**a. Background:**

- There is both strong Departmental and Congressional support and opposition to allowing DoD civilians access to the commissary. The DoD exercises close scrutiny over patronage of military commissaries to ensure the continued effectiveness as an integral part of the military compensation and benefits package. The primary purpose of the Defense Commissary Agency (DeCA) is to provide a non-pay benefit for active, reserve component and retired military personnel and their families. Opposition to expansion generally cites the potential to devalue or dilute this benefit, as well as concerns about product availability.

- IAW DoDI 1330.17, “DoD Commissary Program,” the Under Secretary of Defense for Personnel & Readiness (USD P&R) or the Assistant Secretary of Defense for Manpower & Reserve Affairs (ASD M&RA) is authorized to approve exceptions to policy permitting individuals or groups to access the commissary.

- In October 2022, the ASD M&RA granted DA temporary approval to extend commissary privileges to Child & Youth Services (CYS) employees at 17 garrisons, including Alaska and Hawaii, for 13 months, to improve recruitment and retention of CYS civilian employees. Initial data presented during the mid-point of the pilot (May 2023) indicate improved retention and fill rates. On 30 Oct 2023, the ASD M&RA approved an extension of this pilot through 31 Dec 2024.

- DeCA has requested approval to conduct their own pilot authorizing limited shopping privileges to DoD civilian employees at 11 commissaries in Virginia, Maryland, Texas and California. DeCA conducted extensive analysis on the feasibility of authorizing DoD civilian employees to shop in the commissaries and is prepared to implement. However, the pilot is on hold to work through some concerns. If approved, this pilot will serve as a proof-of-concept to establish DeCA's ability to accommodate the additional patrons while maintaining the value and effectiveness of the commissary benefit for currently authorized patrons.

**b. How many affected:**

- Approximately 200,000 civilian employees CONUS total (180,000 APF/20,000 NAF).
- Of that, approx. 13,000 employees are in CONUS Remote & Isolated locations (10,000 APF/3,000 NAF).
- Of that, approx. 7,000 are in Alaska and Hawaii (5,000 APF/2,000 NAF).

[source: Army Civilian Personnel Analytics Office and Army G-1 Civilian Personnel NAF Division]

**c. When does the issue occur:** Issue occurs at all times.

**d. Estimated Cost:** Except for Fort Greely, which needs expansion to accommodate planned future growth, DeCA generally has the capacity to accommodate the additional patrons and any increase in cost to DeCA would be offset by the additional revenue generated. There could potentially be a corresponding increase in the devolvement rate for DA based on the increased usage by DA Civilians. Devolvement rates are based on ID card scan data (usage). Army's current devolvement rate is 37.5%.

## 5. STAFF POSITION:

**a. Merit of the Issue:** Expanding commissary usage to DA Civilians could generate additional revenue potentially creating additional savings for all commissary patrons through increased volume purchases from commissary vendors.

**b. Proposed Solution:** Submit a request for exception to policy through ASA M&RA to the ASD M&RA to allow one of the following COAs:

- **COA 1:** Allow 7,000 Appropriated and Nonappropriated fund DA Civilians in non-foreign OCONUS locations (i.e. Hawaii and Alaska) access to the Commissary.
  - **Pros:** Since 1776, the Army has employed civilians to work alongside Soldiers in uniform, filling critical support roles in more than 500 career fields. Granting commissary access to this population demonstrates our commitment to an integral part of the Army team who is dedicated to supporting the defense or our nation. It would also reinforce the Secretary of Defense's Taking Care of People initiative.

- **Cons:** Expanding access to the commissary to DA Civilians may be perceived as diluting or devaluing the benefit afforded to Active Duty personnel and their families. There could be a corresponding increase in the devolvement rate for the Department of the Army based on the increased usage by DA Civilians.
- **COA 2:** Allow 13,000 Appropriated and Nonappropriated fund DA Civilians assigned to non-foreign OCONUS locations (i.e. Hawaii and Alaska) and CONUS Remote & Isolated Installations (Fort Irwin, Fort McCoy, Fort Hunter Liggett, White Sands Missile Range, Dugway Proving Ground, Yuma Proving Ground, Blue Grass Army Depot, Pine Bluff Arsenal, Sierra Army Depot and Tooele Army Depot) access to the Commissary.
  - **Pros:** In addition to the above pros noted for COA 1, this COA would improve the quality of life for DA Civilians at ALL CONUS R&I locations.
  - **Cons:** Same Cons as noted for COA 1, with additional potential for an increase to the Army's devolvement rate.
- **COA 3:** Allow ALL Appropriated and Nonappropriated fund DA Civilians in CONUS locations access to the Commissary (approx. 200,000 employees). This COA would require a joint request by all Services to allow all DoD civilians to shop at non-foreign OCONUS commissaries.

**Lead Agency:** SAMR-QL

**Support Agency:** None.

**Approved By:** Ms. Julie A. Blanks, Executive Director, ASA M&RA

**SME/Phone:** Karan Reidenbach/703-541-8588

**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

DAPE-CPP-BC  
28 November 2023

**SUBJECT:** AFAP Civilian Support Issue #2 - OCONUS On Post Healthcare for DA Civilians

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process.

**2. ISSUE SCOPE:** OCONUS DA Civilians are not able to receive on-post medical care. From 2011-2020, Non TRICARE eligible civilians were able to schedule their medical care with on-post military medical agencies without restrictions. The 2017 NDAA passed by congress charged Defense Health Agency (DHA) to take over healthcare on military bases worldwide and made no provision for medical care for DoD civilians serving on overseas bases. As an example, health care in Japan for DoD civilians has shifted from on-post solutions for chronic issues to off post (local national) care for chronic issues and various other regular health and wellness services. This presents a challenge to DoD civilians. The health care system in Japan is not analogous to the U.S. healthcare system (i.e., Doctors / hospitals in Japan do not accept U.S. health/dental insurance so payments must be made out of pocket, some medications that are legal in the U.S. are illegal in Japan and vice versa. This has resulted in retention challenges for the district as employees have chosen to curtail their time in Japan so that they can have regular medical care in the U.S.

**3. PROPOSED Recommendation:** Add DoD Civilian inclusive language to the 2024 National Defense Authorization Act (NDAA).

**4. FACTS:**

**Background:** Before 2020, DA civilians (non-TRICARE eligible) in Japan were able to receive on-post medical care including care at Medical Treatment Facilities. Since the DHA transfer, non-TRICARE eligible DA civilians were limited to utilize the on-post medical facility for pharmaceutical purposes only. Although the Garrison Commander in Camp Zama made an agreement with an off post local hospital to provide medical service to DA civilians, there are still challenges regarding the DA civilians' medical care. The challenges are: 1) As the local clinics, and hospitals in Japan do not accept US health/dental insurance, it requires DA civilian employees to pay out of pocket (up front) and this has resulted in financial hardship for employees; 2) Lack of translators, and 3) Notices included on some Job Opportunity Announcements (JOAs) that indicate in local overseas hospitals healthcare is limited which impacts applicant's interest to apply.

**a. How many affected:** Army Civilian (Non TRICARE Eligible) OCONUS workforce.

**b. When does the issue occur:** Lack of OCONUS healthcare options becomes critical for recruitment and retention of needed personnel for positions

overseas.

**c. Estimated Cost:** Cost for medical procedures can vary on a case-by-case basis.

## 5. STAFF POSITION:

**d. Merit of the Issue:** Providing awareness of medical limitations and options for overseas medical issues to be addressed in guidance.

**b. Proposed Solutions:** AG-1CP develops Army wide guidance regarding Prepaid Costs of Emergency Health Care and Support Services for DA Civilians and their authorized dependents in overseas locations to support their healthcare costs on a reimbursement loan basis.

**c. Pros:** Mitigate the financial hardship of health care for civilian employees in overseas locations. Increase recruitment and retention of civilian employees with a better understanding of the health care process and the medical costs and payment in overseas environments.

**d. Cons:** The issue regarding the lack of translators will still remain.

**Lead Agency:** AG-1CP

**Support Agency:** None

**Approved By:** Ms. Teresa Briley, Assistant G-1 for Civilian Personnel

**SME/Phone:** Michelle Francois, [michelle.o.francois.civ@army.mil](mailto:michelle.o.francois.civ@army.mil) and Mandy Laughlin [Mandy.d.laughlin.civ@army.mil](mailto:Mandy.d.laughlin.civ@army.mil)

**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DASG-HSZ  
13 November 2023**

**SUBJECT: AFAP** Civilian Support Issue #2 - OCONUS On Post Healthcare for DA Civilians

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process

**2. ISSUE SCOPE:** OCONUS DA Civilians are not able to receive on-post medical care. From 2011-2020, non-TRICARE-eligible civilians were able to schedule their medical care with on-post military medical agencies without restrictions. The 2017 NDAA passed by congress charged DHA to take over healthcare on bases worldwide and made no provision for medical care for DoD civilians serving on overseas bases. The result being, for example, health care in Japan for DoD civilians has shifted from on-post solutions for chronic issues to off post (local national) care for chronic issues and various other regular health and wellness services. This presents a challenge to DoD civilians. The health care system in Japan is not analogous to the U.S. healthcare system (i.e., doctors / hospitals in Japan do not accept American health / dental insurance so payments must be made out of pocket, some medications that are legal in America are illegal in Japan and vice versa, etc.). This has resulted in retention challenges for the district as employees have chosen to curtail their time in Japan so that they can have regular medical care in the U.S.

**3. PROPOSED Recommendation:** Add DoD Civilian inclusive language to the 2024 NDAA

**4. FACTS:**

**a. Background:** Government civilian employee access to care (ATC) issues in Military Medical Treatment Facilities (MTFs) in the United States Indo-Pacific Combatant Command region have existed for decades; however, in Fall of 2022, some MTFs in Japan limited their space-available care for government civilian employees, contractor personnel, and their dependents. The proximate causes were a focus on enforcement of existing policy due to increased demand from Active Duty Service members (ADSMs) and their families (ADFMs), changes in staffing levels at MTFs, and the transition of the MTFs to the Defense Health Agency (DHA). The Under Secretary of Defense for Personnel and Readiness, Assistant Secretary of Defense for Health Affairs (ASD(HA)), and the Director of DHA are committed to resolving the issue. The Office of the ASD(HA) is leading an action team to address the current situation and provide short term, medium term, and enduring solutions.

- MTFs overseas are staffed and have capabilities to address the health care needs of pre-screened ADSMs and ADFMs. Prioritization for ATC is established in federal law, DoD regulations, and policy guidance. Non-TRICARE-eligible DoD civilian employees, contractor personnel, and their dependents stationed or employed overseas are only



eligible for care on a space-available basis. Civilian employees and contractor personnel often have more complex medical issues and may not undergo the same screening process as ADSMs and ADFMs; MTFs may not have the capabilities to address their needs.

- The Director of DHA Region Indo-Pacific (DHAR-IP) conducted an evaluation of MTF ATC performance in February 2022, which revealed some MTFs in Japan were not meeting Military Health System ATC standards for ADSMs and ADFMs and were prioritizing appointments to meet demand for individuals only eligible for care on a space-available basis.
- To meet ATC standards as directed by the DHAR-IP Director, Naval Hospital Yokosuka (NHY) and the 374<sup>th</sup> Medical Group at Yokota Air Base reduced the availability of space-available care.
- NHY notified space-available patients of reduced appointment availability, which generated a town hall to inform beneficiaries and patients seen on a space-available basis at Yokosuka Naval Base on September 29, 2022. *Stars and Stripes* reported on this meeting in a September 30, 2022 article entitled, “Lack of medical care for civilians raises concerns at US Navy base in Japan.”
- In early October 2022, concerned Japan-based civilian stakeholders requested that MTFs in Japan not limit available appointments for space-available patients. Through social media and other outreach efforts, the stakeholders created a petition, circulated templates for letters to Congress and engaged the American Ambassador to Japan. The Ambassador has since written a letter (October 13, 2022) to the Secretary of Defense. Congress has also sent inquiries on the issue.

## **DISCUSSION:**

- On October 6, 2022, the DHA Assistant Director for Health Care Administration signed and released a memorandum entitled, “Access to Care Eligibility and Priorities for Care in Overseas MTFs and Appointment Capacity Standards,” to remind overseas MTFs of the prioritization for ATC, of the requirement to meet DHA productivity standards, and to offer any excess appointment capacity to space-available patients in the order of priority as established in DoD policy and regulations. Government civilian employees, contractor personnel, and their dependents are priority six of six patient categories for ATC and may only be provided care on a space-available basis.
- To inform local and external stakeholders, the DHAR-IP Director conducted a video interview with *Stars and Stripes*, which published an article on October 18, 2022, incorporating the Director’s statements. The article was titled, “DOD civilians in Japan should plan for off-base medical care, Defense Health Agency chief says.”
- To enhance ATC and increase appointment capacity, DHA also issued additional guidance to MTFs in Japan: “Market Approach to Specialty Care in Japan,” November 8, 2022; and “Appointment Supply Memorandum,” November 10, 2022.
-

- On December 12, 2022, ASD(HA) conducted an ATC Summit to identify access issues within DHAR-IP, define the problem, and develop potential solution sets. Invitees included members of the DHAR-IP, Military Service Component Commands, and leaders of the DoD organizations that sponsor the concerned stakeholders (e.g., DoD Education Activity, garrison/installation, Defense Commissary Agency). ASD(HA) recognized the matter involved Pentagon offices and other federal department and agency leadership (e.g., Department of State, Office of Personnel Management) and convened an action team consisting of the Acting Assistant Secretary of Defense for Manpower and Reserve Affairs and the Deputy Assistant Secretary of Defense for Civilian Personnel Policy.
- The Under Secretary of Defense for Personnel and Readiness and the Acting ASD(HA) visited Japan from January 30, 2023 to February 3, 2023 to further examine the issue and hear from affected DoD personnel, including DoD civilian employees and contractor personnel. The Under Secretary and Acting Assistant Secretary convened five townhalls in four days at Yokota Air Base, Yokosuka Naval Base, Camp Zama (all located in the Tokyo area), and at Kadena Air Base and Camp Foster in Okinawa, while hearing from leaders from the U.S. Embassy, U.S. Forces Japan, and the respective installations and MTFs in Japan.
- There they heard about the specific issues in Japan related to medical care, including the ability for Japanese health care organizations to deny emergency care, certain kinds of care being culturally different (e.g., obstetrics and pain management), the inability to get certain kinds of prescriptions, and navigation barriers.
- At the direction of the Acting ASD(HA), the DHA is reviewing and clarifying its policies on space-available care in Japan. The DHA issued a standard guidance memo on space-available care overseas on March 3, 2023, which supersedes other DHA guidance on this subject. The Office of the ASD(HA), working closely with other key stakeholders in the DoD, is also developing solutions to address the other concerns the Under Secretary and Acting Assistant Secretary heard while in Japan that lie outside the scope of space available care.
- The Office of the ASD(HA) convened a work group to explore a potential pilot contract similar to DHA's contract with the overseas TRICARE contractor, International SOS, to support DoD civilian employees working and residing in Japan. The pilot contract would potentially provide limited supplemental (non-health care) services such as network provider finder and guarantee of payment when civilians receive health care in the private sector in Japan. **UPDATE:** DHA developed and finalized the pilot contract requirements and cost estimates and is in the process of identifying a DoD program office that will own the requirements so DHA contracting may release a draft request for proposals to potential vendors.
- MTFs in Japan have implemented the March 3, 2023 memorandum and are in

compliance with DHA guidance to make excess appointments available for space-available care after the needs of ADSMs and ADFMs are met. **UPDATE:** DHA guidance to increase space-available care at Japan MTFs resulted in the utilization of an additional 3,593 space-available appointments, enhancing healthcare access.

- **UPDATE:** MTFs in Japan continued to implement actions directed at increasing capacity to include space-available appointments. Notable actions include the elimination of extraneous duties for providers placing them in clinic longer; use of National Guard medics and providers during times of provider gaps; opened availability of walk-in services to space-available patients; and extended clinic operating hours at several MTFs from 4:00 pm to 9:00 pm local time.

**b. How many affected:** TBD. Requires DHA estimate.

**c. When does the issue occur:** When civilian Army employees based in Japan need to see a provider or need outpatient/inpatient care.

**d. Estimated Cost:** BD. Requires DHA estimate.

## 5. STAFF POSITION:

**a. Merit of the Issue:** Improved access to care, health outcomes, and mitigation of recruitment and legal issues

**b. Proposed Solution:** This issue is being worked at the DoD level. Please review the information provided above.

**c. Pros:** Improved access to care, health outcomes, and mitigation of recruitment and legal issues

**d. Cons:** Possible impact on Readiness if space is not reserved for ADSM first with the limited resources available.

**Lead Agency:** US Army Medical Command (DASG-HSZ)

**Support Agency:** Defense Health Agency (DHA)

**Approved By:** COL Daniel B. Thompson, Director, Readiness & Health Integration Office of the Surgeon General (703) 681-0104

**Approved By:** COL Nicholas Song Health Integration and Support Services Readiness and Health Integration Directorate, G-3/5/7 Office of the Surgeon General (631) 627-0690

**SME/Phone:** Ms. Arunima Shukla, Senior Program Analyst, Readiness & Health Integration Office of the Surgeon General (703) 681-3221

**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DAPE-CPP-BC  
28 November 2023**

**SUBJECT:** AFAP Civilian Support Issue #3 - Cost of Living / Locality Pay

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process

**2. ISSUE SCOPE:** Federal employee salary is not competitive with other public agencies and private industry. One of the most discouraging aspects of the Government pay scale is that it takes a full 18 years to go from the bottom to the top of the pay scale in Federal service, while the other public agencies (State/local) typically go from the bottom to the top of their scales in five years, while also generally providing higher compensation. Rate of inflation was at 7% this last year and the increase of pay was only 4.37% for 2023. Federal Employees Pay Comparability Act (FEPCA) was initially meant to counter the growing wage gap between the federal and non-federal job sectors. According to the Federal Salary Council, a council composed of federal pay experts, the overall average wage gap in 2022 between federal and non-federal occupations was 24.09%. Additionally, the cost of living is an issue with recruiting and retaining personnel. The locality pay for the Sacramento-Roseville, CA-NV area was adjusted in 2023 from 27.30% to 28.30% (An increase of 1%). Both Reno, NV and Salt Lake City, UT fall under the "Rest of US" locality, which was adjusted from 16.20% in 2022 to 16.50% in 2023, an increase of .30% (<https://www.federalpay.org/gs/locality>). This increase does not adequately address the increase in the housing market, particularly its increase in pricing over the past year. For instance, online rental resources are reporting a 14% and 9% increase in apartment rental prices in Reno, NV and Salt Lake City, UT, respectively. Housing rental increases have also affected those living in the Sacramento area with a 14.07% increase in 2021-22 and an average increase annually rising about 5.77% since 2017. Locality pay is calculated by comparing wages for federal versus non-federal employees in similar occupations, who live in the same geographic region, per the Bureau of Labor Statistics (BLS). The bureau uses the National Compensation Survey (NCS) to measure wage disparities.

**3. PROPOSED Recommendation:** Engage Federal Salary Council for increase of locality pay in areas needing an increase to keep up with higher rates of inflation.

**4. FACTS:**

**a. Background:**

(1) The General Schedule (GS) base pay schedule is usually adjusted annually each January with an across-the-board pay increase based on nationwide change in the cost of wages and salaries of private industry workers. Most GS employees are also entitled to locality pay, which is a geographic-based percentage rate that reflects pay levels for non-Federal workers in certain geographic area as determined by surveys conducted by the U.S. Bureau of Labor Statistics (BLS).

(2) Section 5304(d)(1) of Title 5, United States Code, authorizes the President to designate a Pay Agent and the President designated the Secretary of Labor and the Directors of the Office of Management and Budget and the Office of Personnel Management (OPM) to serve as the President's Pay Agent (Executive Order 12748) . Under section 5304 of title 5, the Pay Agent coordinates Federal Salary Council meetings. The Federal Salary Council submits annual recommendations on the locality pay program to the President's Pay Agent. The Council's recommendations cover the establishment or modification of pay localities, the coverage of salary surveys used to set locality pay, the process for making pay comparisons, and the level of comparability payments that should be made.

The Pay Agent considers the Federal Salary Council recommendations regarding locality areas and wages and submits an annual report comparing rates of pay under the GS to non-Federal pay and identifies areas in which a pay disparity exists and specifies the size of the disparity to the President.

**b. How many affected:** Approximately 237,723 Department of Army civilian employees.

**c. When does the issue occur:** The pay gap between the Federal pay and non-Federal pay has been existed for decades. However, the COVID-19 pandemic has caused the rising inflation rates and the higher pay gap between the two parties.

**d. Estimated Cost:** This proposal to changing the Federal Pay System could have significant cost and legal implications across the Federal Pay System.

## 5. STAFF POSITION:

**a. Merit of the Issue:** The Federal Employees Pay Comparability Act (FEPCA) was initially meant to counter the growing wage gap between the Federal and non-Federal sectors. According to the Federal Salary Council report, Subject: Level of Comparability Payments for January 2024 and Other Matters Pertaining to the Locality Pay Program, dated 4 February 2023, the overall average wage gap in 2022 between Federal and non-Federal occupations was 24.09%. When considering pay changes, the Federal Government must not only consider salary, but must also factor the total cost of compensation to include benefits, and retirement including TSP.

**b. Proposed Solution:** AG-1CP provides information about procedures to request locality pay increases as well as assisting Army commands with ways to improve recruitment/retention issues utilizing available options such as SSRTs and incentives (Recruitment, Retention, Relocation (3Rs), and Student Loan Repayment Program (SLRP), etc.)

**c. Pros:** Increase of locality pay would reduce the pay disparity between Federal and non-Federal sectors. It also provides financial relieves to Federal employees. Special Salary Rates may also be utilized as needed.

**d. Cons:** The current pay comparison methodology used in the locality pay program only relies on wages to make the calculation, however it does not account for the value of benefits available for Federal employees. By considering the added value of benefits, such as health benefits, retirement program, and work-life programs, Federal employees may be actually paid more than non-Federal employees. Also, locality payments in a local labor market may leave some mission-critical occupations significantly underpaid while overpaying others.

**Lead Agency:** AG-1CP

**Support Agency:** None

**Approved By:** Ms. Teresa Briley, Assistant G-1 for Civilian Personnel

**SME/Phone:** JeeYoung Kang, jeeyoung.y.kang.civ@army.mil

**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DAPE-CPP-BC  
28 November 2023**

**SUBJECT:** AFAP Civilian Support Issue #4 - Civilian Expeditionary Workforce (CEW)  
Program Tax on Pay

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process

**2. ISSUE SCOPE:** When a General Schedule (GS) employee deploys through the Civilian Expeditionary Workforce (CEW) program, their pay while deployed is not income tax free. The IRS notes that if you are a U.S. Citizen working for the U.S. Government, and you are stationed abroad, your income tax filing requirements are generally the same as those for citizens and residents living in the United States. Civilian employees participating in the CEW Program can serve in combat zones, making sacrifices to be away from their families and putting themselves in harm's way. Both Soldiers and civilians receive benefits increasing their pay during deployments but there is a discrepancy in the tax credit between the two populations. Soldiers do not pay income tax on their deployed pay while in combat zones. GS employees pay while deployed to combat zones should not be taxed just as a Soldier's deployment pay is not taxed.

**3. PROPOSED Recommendation:** Change the tax code to include DoD Civilian employees participating in deployment through CEW program.

**4. FACTS:**

**a. Background:**

(1) In accordance with 26 U.S. Code, Section 112, gross income doesn't include compensation received for active service in the Armed Forces for any month during any part of which Service members served in a combat zone designated by the President of the U.S. For the purpose of tax benefits, a combat zone means any area which the President of the United States (U.S) by Executive Order designates as an area in which Armed Forces of the U.S. are or have engaged in combat. The current recognized combat zones are Sinai Peninsula, Afghanistan Area, Kosovo Area, and Arabian Peninsula Area. The Combat Zone Tax Exclusion is unlimited for enlisted members and warrant officers and is limited to the maximum enlisted pay amount, plus the amount of Hostile Fire Pay / Imminent Danger Pay payable to officers for the qualifying month.

(2) The Bipartisan Budget Act of 2018 authorized contractors or employees of government contract company providing support to U.S. Armed Forces in designated combat zones to be eligible to claim the foreign earned income exclusion even though their abode is in the United State. Under this exclusion, contractors in combat zones can choose to exclude their foreign earned income from gross income, up to a certain

dollar amount. For tax year 2022, the maximum exclusion was \$112,000 of foreign earned income.

(3) While Service members and contractors are eligible for tax benefits for the service in a combat zone, DoD Civilian employees do not have any tax benefits for their service in a combat zone.

(4) In 2018, DoD submitted a legislative proposal to grant a federal tax exemption for DoD Civilian employees who were deployed to combat zones, at a level that was comparable to the exemption authorized for contractors in combat zones. In earlier years, DoD attempted to add Civilian employees to 26 U.S. Code, Section 112 that exempted Service members in combat zones from federal tax. However, these proposals were not considered by Congress because it was viewed unfavorably due to different duties performed by military versus civilian employees.

**b. How many affected:** This may impact all DoD Civilian employees who serve in combat zones.

**c. When does the issue occur:** Disparities in the tax benefits for service members and DoD contractors versus DoD Civilian employees negatively impacts recruitment and retention of highly qualified Civilian employees in mission-critical positions located in combat zones.

**d. Estimated Cost:** No cost for DoD or Army.

## 5. STAFF POSITION:

**a. Merit of the Issue:** The current laws do not authorize tax benefits for DoD Civilian employees who serve in combat zones. However, Service members and contractors receive tax benefits while they are deployed to combat zones. To reduce disparities in the tax benefits, the laws need to be amended.

**b. Proposed Solution:** In support of Army Expeditionary Civilian Workforce, AG-1CP submits a legislative proposal to provide tax benefits to Civilian employees deployed in combat zones.

**c. Pros:** Tax benefits will be an incentive to Civilian employees in combat zones and be a valuable tool to attract a highly qualified Civilian workforce to sustain and support DoD mission in combat zones.

**d. Cons:** The Office of Management and Budget and the Congress may question about the financial impact to the Government by losing tax dollars.

**Lead Agency:** AG-1CP

**Support Agency:** None

**Approved By:** Ms. Teresa Briley, Assistant G-1 for Civilian Personnel



**SME/Phone:** JeeYoung Kang, [jeeyoung.y.kang.civ@army.mil](mailto:jeeyoung.y.kang.civ@army.mil)

**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**G-6/OCIO  
Date**

**SUBJECT:** AFAP Civilian Support Issue #5 – Commercial Cloud-Base Software Approval and Use Policy

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process

**2. ISSUE SCOPE:** The Army's approval process for commercial cloud-based software is long, complex, and restrictive, creating service barriers for both staff and customers. To request use of a commercial cloud-based solution staff must obtain a Information Technology Approval System (ITAS) waiver, conduct a Privacy Impact Assessment (PIA, DD FORM 2930), complete Account Management and Provisioning System (AMPS) training and create an AMPS record, then wait for approval from the IT Governance Board (ITGB) which meets quarterly. This process can take up to a year or longer; especially challenging as IMCOM does not have software systems in place which meet the needs of customers or staff. For appointments and registrations, MWR's WebTrac and RecTrac possess limited features and cannot compete with the ease of access and specific functions commercial solutions provide, and neither are available to Army Community Services (ACS) on installations where ACS falls under the Directorate of Human Resources (DHR). For surveys, installations are required to conduct periodic needs assessments of their populations and provided no online method to collect data. There are numerous areas this directly impacts. Servicemembers are accustomed to a digital world and are less inclined to email or call to schedule services – whether resilience based or recreational. Centralized systems free up staff to directly assist customers instead of answering phones and keeping calendars updated. Many services installations have used in the past, such as Active.com and TimeTap, offer higher levels of security, encryption, and HIPAA compliance than some of the services we are approved to use now (Facebook, etc.). It is critical for the Army to broaden its use and policy of commercial cloud-based services to reach customers in the moment and permit staff to focus on the critical elements of their duties.

**3. PROPOSED Recommendation:** Establish minimum technical benchmarks for commercial cloud- based software and authorize installations to utilize services which meet or exceed the criteria.

**HQDA DCS G-9 DPRR is waiting on an Information Paper from G6/CIO. Below is initial information learned after research of issue:**

The issue generated from JBLM and their Marketing Division. As with many installations, MWR Marketing supports programs on Installations like: Outdoor Rec, Bowling Centers, Fitness Facilities, etc.... and Army Community Service (ACS) Centers, Family Programs, etc.

With our experience and research, we believe this issue is larger than JBLM – but Army wide.

This issue is asking the Army to establish minimum standards which will allow them to seek approval and allow use of commercial cloud-based software in providing better service to Soldiers and Families.

In conversation with G-6/CIO, they explained the Army is trying to get a handle on all the organizations who have put Army data in the cloud with no knowledge of who or what happens to said data behind the scenes – especially with China and foreign actors using these services as a vector for intel.

G6/CIO reports there is a very high-level policy on the use of commercial cloud-based software. However, it is not specific, and it doesn't cover processes. They also reported there are many organizations within the Army using these services, but it all comes back to risk: hence the reason they are working to get a handle on it. Each request is a case-by-case, and the risk needs to be analyzed accordingly.

COVID and the pandemic has been a factor in accelerating and bringing this issue forward. During the pandemic, installations and organizations had to become creative and think outside the traditional “Brick and Mortar” service delivery model to provide programs and services to Soldiers and Families. To meet the needs of Soldiers and Families, many organizations found and acquired quick off the shelf systems to meet their immediate needs.

Apparently, some installations have lost some of these cloud-based programs and recognize they will probably lose more as the Army pulls back the strings more.

CIO will provide a much more in-depth perspective in their Information Paper. They will outline the Army policy, the risks involved, etc.... They will also address the Army's high-level policy and how many organizations are using cloud-based software and how those organizations have accomplished this. They will also expand on how installations and organizations should use the proper procedures to design current and future systems to meet the needs, but also protect the Army data.

#### **4. FACTS:**

**a. Background:** [Information related to the scope and recommendation that provides supporting data that address the issue (statutes, regulations, policies, or research to include any internal or external studies).]

**b. How many affected:** [Identify the impacted demographic (i.e., Active Component or Reserve Component Soldiers; Department of the Army Civilians; Families; CONUS or OCONUS specific individuals) and estimated number affected by the issue.]

**c. When does the issue occur:** [When does the issue happen and under what circumstances (i.e., during deployment, permanent change of station, following an injury)?]

**d. Estimated Cost:** [Estimated cost to accomplish issue recommendation that would generate new or recurring funding requirements. Explain how the cost was determined.]

## **5. STAFF POSITION:**

**a. Merit of the Issue:** [Subject Matter Expert's (SME) analysis of how the issue recommendation will solve the issue. What causes this to be a problem (i.e., a gap, inequality, policy)? Why does current law or policies not work?]

**b. Proposed Solution:** [SMEs recommended course(s) of action to resolve the issue such as regulatory or legislative change(s).]

**c. Pros:** [How does this issue align with the Strategic Goals and Vision of the Department of Defense and the Army (readiness, force management, or other military concerns)? Clearly define expected return on the Army's investment (i.e., percentage retained, funding saved, etc.).]

**d. Cons:** [Potential negative consequences of implementing the issue (i.e., funding constraints, manpower requirements, and/or lack of support from Sister Services).]

**Approved by:** Name/position

**SME/Phone:** Name/Email Address/Phone #

## Section V: Retiree Support Issues

**Prioritize the Retiree Support Issue from Most Important (1) to Least Important (1).**

Issue #	Issue Title	Prioritization
Retiree Support #1	Military Spouse Hiring Preference for Spouses of Retired Service Members at Final PCS	



**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DAPE-CPP-SC  
7 December 2023**

**SUBJECT:** AFAP Retiree Support Issue #1 - Military Spouse Hiring Preference for Spouses of Retired Service Members at Final PCS

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process

**2. ISSUE SCOPE:** Spouses of retired service members are currently not afforded the opportunity to participate in the Military Spouse Preference (MSP) Program for end of Military Service orders for retirement. DoDI 1400.25-V315 states “A military spouse is not eligible for MSP upon a Permanent Change of Station (PCS) move that is in conjunction with the retirement or separation of the military member except when that retirement or separation is based upon 100 percent disability.” Currently, retired service members are entitled to a final move that relocates them to their home of record, place of entry, or other location. For example, a service member that retires at Fort Carson, Colorado is entitled to relocate to their home of record even if it is in another state. This final PCS results in the military spouse, now retiree Family member and potential caregiver to a veteran, to once again lose employment. In addition, depending on which state you move from, the spouse may be ineligible for unemployment benefits as a result of this move. Under these conditions, there an increased potential for both the veteran and the spouse to be unemployed simultaneously, placing them at a severe financial hardship. Allowing for spouses of retired service members to participate in the MSP Program allows them to maintain their career and promote family and financial stability as they transition from active duty to retirement.

**3. PROPOSED Recommendation:** Allow for spouses of Retired service members to participate in the Military Spouse Preference Program at their final move location.

**4. FACTS:**

**a. Background:** The proposed issue includes civilian human resource processes and procedures that are covered under the following references:

(a) Title 10, United States Code §1784, “[Employment opportunities for military spouses.](#)”

(b) Department of Defense Instruction (DoDI) 1400.25, Volume 315, “[DoD Civilian Personnel Management System: Employment of Spouses of Active Duty Military.](#)” dated March 19, 2012 (Incorporating Change 1, Effective March 1, 2019).

(c) DoDI 1400.25, Volume 1800, “[DoD Civilian Personnel Management System: DoD Priority Placement Program.](#)” dated July 17, 2023.

(d) DoD, Defense Civilian Personnel Advisory, "[Priority Placement Program \(PPP\) Handbook](#)," dated October 1, 2023.

**b. How many affected:** Although the exact number of individuals affected is unknown, it includes spouses of active-duty service members who relocate for a final PCS with their military sponsor retiring from active-duty service.

**c. When does the issue occur:** This issue occurs when spouses of active-duty service members relocate for a final PCS with their military sponsor retiring from active-duty service.

**d. Estimated Cost:** None.

**5. TAFF POSITION:** Mention that this is being works in another forum to see if we can use the AFAP as the only forum

**a. Merit of the Issue:** Has merit. Efforts that support the well-being and financial stability of our military community should not cease immediately upon separation from service. Military spouses should have a hiring preference for Army civilian positions when they undertake a final PCS with their retiring or ETSing (expiration term of service) sponsor. Military spouses often halt their professional careers as a consequence of moving, due to their military service members' PCS and the disadvantage of starting over professionally in each new location. Affording spouse preference at the end of their sponsor's career allows spouses to more easily rejoin the Army civilian workforce and focus on their professional career again. Section 1784 of title 10 U.S.C. does not prohibit spouses from exercising preference in connection with retiring/separating service member PCS, and provides broad authority to increase opportunities for spouses of members of the Armed Forces. As evidenced by DoDI 1400.25-V315 paragraph 4.h, DoD currently allows military spouses to exercise preference in conjunction with the retirement or separation of the military member when the retirement or separation is based upon 100 percent disability.

**b. Proposed Solution:** On April 12, 2022, Army submitted a request to DoD that would add a new category of preference for those military spouses of retiring and separating service members who will be subject to relocation (PCS) at the end of their sponsor's active-duty career. DoD is still reviewing the request for decision.

Highly recommend eliminating this newly submitted AFAP issue since the proposed solution has already been submitted to DoD for their review and decision. This matter is also already being tracked under the Quality of Life Task Force line of effort for military spouse employment.

**c. Pros:** Supports military spouse employment goals in support of Military family readiness and quality of life.

**d. Cons:** No known negative consequences of implementing the proposed solution if DoD decides to approve the proposed solution.

**Lead Agency:** DAPE-CPP-SC



**Support Agency:** None

**Approved By:** Karen Wolfe, Division Chief – Staffing and Classification

**SME/Phone:** Megan Crone, [megan.e.crone.civ@army.mil](mailto:megan.e.crone.civ@army.mil); Dahlia Graham, [dahlia.a.graham.civ@army.mil](mailto:dahlia.a.graham.civ@army.mil)



## Section VI: Survivor Support Issues

**Prioritize the Survivor Support Issues from Most Important (1) to Least Important (8).**

Issue #	Issue Title	Prioritization
Survivor Support #1	Survivor Contact	
Survivor Support #2	Family Survivor benefits Under a Not in Line of Duty (NLD) Determination.	
Survivor Support #3	The Adjutant General (TAG) Authorization to Change a Line of Duty (LOD) Determinations.	
Survivor Support #4	Custodial Parent/Guardian Access to MHS GENESIS portal.	
Survivor Support #5	Guardian Access to SBP Annuity Information for Surviving Children	
Survivor Support #6	Childcare Eligibility Disparity for Survivors	
Survivor Support #7	Delay in Dependency and Indemnity Compensation (DIC) Stoppage for Surviving Spouses	
Survivor Support #8	Space Available Travel for Army Gold Star Families & Survivors of Military Retirees	



**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**AMIM-WRA (608-1a)  
5 January 2024**

**SUBJECT:** Survivor Support Issue #1 – Survivor Contact

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process

**2. ISSUE SCOPE:** Army Commands work to maintain relationships with Survivors. The Survivor Outreach Services (SOS) coordinators do not keep Unit information on the Survivors they work with. SOS Coordinators are assigned survivors based on their geographic region. When a Command wants to reach out to Survivors from their Units, they often lack the contact information which leads to Units not being able to maintain those relationships with the Survivor and the Army. By having SOS Coordinators track/record the deceased Soldiers unit, would allow Commands to work with their local SOS Coordinators, who could sort Survivors from a specific Unit, and the SOS coordinator, on behalf of the Command could send messages to the specific Survivors within their Commands. This would increase the Survivors' sense of connectedness and belonging to the Command/Unit and demonstrate that the Army has not forgotten the sacrifice.

**3. PROPOSED Recommendation:** Change policy to ensure Army SOS Coordinators track/record the deceased Soldiers Unit to improve collaboration and communication with Commands/Units and Survivors

**4. FACTS:**

- a. Background:** Army SOS personnel use Survivor information in the Defense Casualty Information Processing System (DCIPS) to perform their mission of providing long-term case management to eligible Survivors, IAW the Army Casualty Program (AR 638-8). The Memorandum of Understanding (MOU) between Army Human Resources Command (HRC) and the Deputy Chief of Staff for Installations, G-9 (DCS G-9) (currently HQDA DCS G-9), IMCOM, Army National Guard (ARNG), and Army Reserve HQ, defines the business requirement, responsibilities, and conditions under which DCS G-9, IMCOM, ARNG, and Army Reserve HQ SOS personnel may access and utilize casualty information stored in DCIPS.

(1) HRC is the Army authoritative data owner for casualty data stored in DCIPS. The Chief, Casualty and Mortuary Affairs Operations Division (CMAOD), is the Point of Contact for coordinating approval, authorizing information release, and providing functional explanation of Army data obtained from DCIPS.

(2) MOU states all parties shall ensure compliance with all laws, DoD issued policies, directives, and regulations, for the protection of personally identifiable information (PII), protected health information (PHI), and information protected by the Privacy Act of 1974 and administered by DoDI 1000.25, DoD Personnel Identity Protection (PIP) Program.

(3) Release of casualty or Survivor information to third parties by SOS Support Coordinator is forbidden without prior written consent per AR 25-22, The Army Privacy

Program. The regulation ensures the Army complies with the requirements for notifying individuals about the collection and use of their personal information.

(4) DCIPS information shall not be transferred to, or stored on, any other system by any means, including personal computers, external storage devices, network storage, shared drives, SharePoint, etc., unless specifically approved by HRC per AR 638-8, The Army Casualty Program.

(5) MOU outlines DCIPS information cannot be used to send mass mailings, or to compile or transmit lists or rosters of casualties or Survivors to units or other organizations. Use of this information to create unauthorized databases, lists, or files containing casualty or Survivor information, is also forbidden per DoD 5400.11, the DoD Privacy Program. It offers directives for the legal and appropriate acquisition and utilization of PII by DoD organizations. It underscores the importance of transparency and the restriction of data gathering to what is essential for the designated purpose.

**b. How many affected:** There is no data system available to track or estimate the number of Survivors affected by the issue presented.

**c. When does the issue occur:** Army Commands typically make this information request during the two (2) Survivor observances: Gold Star Spouse's Day observed on April 5<sup>th</sup>; and Gold Star Mother's and Family Day observed on the last Sunday in September.

## 5. STAFF POSITION:

**a. Merit of the Issue:** There is merit for Army Commands to be able to contact and maintain a rapport with Survivors who desire to stay connected with the Army. Currently, the Army Family Web Portal/SOS Module does not collect unit information.

**b. Proposed Solution:** Update policy that states it is permissible for Army SOS Coordinators to share Survivor information with Army Commands. Recommend HRC modify DCIPS, incorporating Fallen Soldier Unit Identification Code (UIC) information. Additionally, the SOS module will need to be modified to incorporate UIC data, to populate unit specific reports.

**c. Pros:** ACS SOS program will be able to provide Command Groups a roster of their unit's Survivors. This will allow Army Command groups to maintain contact and rapport with Survivors who desire to stay connected with the Army.

**d. Cons:** Experience demonstrates that many Survivors do not want to be contacted, as this causes them to relive trauma. Enhancing/modifying DCIPS and the SOS module will require additional funding.

POC: Mr. Duane McClurkin, SOS Program Manager ,(210) 466-1150  
Approved by: Ms. Ana Hernandez, ACS Division Chief, (210) 466-4199

**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DAPE-MPR  
21 November 2023**

**SUBJECT:** AFAP Survivor Support Issue #2 – Family Survivor Benefits Under a Not in Line of Duty (NLD) Determination.

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process

**2. ISSUE SCOPE:** According to AR 600-8-4, there are eight Line of Duty (LOD) determinations that require investigation. A death Not in the Line of Duty (NLD) has a negative effect upon Families of deceased Soldiers. The Family is left to pay for all financially related expenses to the loss of their Soldier, adding additional burden to a Family coping in a stressful situation. Providing full Survivor benefits would eliminate out-of-pocket expenses that the Families would otherwise incur.

**3. PROPOSED Recommendation:** Provide full Survivor benefits when a family loses their Soldier due to a Not in Line of Duty (NLD) determination.

**4. FACTS:**

**a. Background:**

(1) Title 10 United States Code (USC) Section 1448(d)(1)(B) and 1448(f)(1)(B) require that the member who died on active duty or inactive duty training and was not qualified for a retirement must die in the line of duty to be eligible for coverage under the Survivor Benefit Plan (SBP).

(2) In accordance with 10 USC Section 1448(d) and 1448(f), the SBP annuity shall be paid to the eligible survivor(s) of a member who dies after the following circumstances regardless of the line of duty determination:

- (a) becoming eligible to receive retired pay
- (b) qualified for retired pay but had not applied for or been granted pay
- (c) completed 20 years of active service but before completing 10 years of active commissioned service

(3) Title 10 USC Section 1451 calculates the annuity for beneficiaries of members who die in the line of duty based on a retired pay of a member with a disability rated as total in accordance with 10 USC 1201.

(4) Title 10 USC Section 1201 requires that the disability is not a result of the member's intentional misconduct or willful neglect and was not incurred during a period of unauthorized absence.

(5) Title 10 USC Section 1207 states that a member of the armed forces who incurs a physical disability that, in determination of the Secretary concerned, makes him unfit to perform the duties of his office, grade, rank, or rating and resulted from his intentional misconduct or willful neglect or was incurred during a period of unauthorized absence shall be separated from the armed forces without entitlement to any benefits under Chapter 61- Retirement or Separation for Physical Disability.

(6) According to AR 600-8-4, a qualified survivor of a deceased Soldier who died while serving on active duty before becoming eligible to receive retirement pay, may, on behalf of the Soldier and for the same basis for which a Soldier could, appeal a NLD determination within 3 years of the final action date taken by the Army Human Resources Command.

(7) If the death is found NLD, the survivors are still entitled to the following:

<b>Federal Benefit</b>	<b>Amount</b>
Death Gratuity	\$100,000
SGLI	Up to \$500,000
FSGLI conversion	For \$100,000 spouse (120 days)
Unpaid Allowances	(possible tax withholding refund)
TSP	
Housing Allowance	Up to 365 days for survivors off post
Relocation and Applicable Storage	Up to 3 years with appeal for extension
TRICARE medical	
TRICARE dental	
BENEFEDS vision	
Travel	To attend unit memorial services, dignified transfer of remains, burial ceremony
Burial Benefits	Headstone or niche markers, flag, national cemetery, burial/cremation costs
Mortuary Benefits	Transportation, preparation, and casketing of remains
GI Bill – If transferred	Annual benefit - up to \$27,120.05 plus E5 BAH and up to \$1000 for books and supplies (up to 36 months total between all beneficiaries it was transferred to)
Montgomery GI Bill refund	Up to \$1,200
Dependency and Indemnity Compensation (DIC) – if died of a service-connected disability determined by VA	Up to \$3,388.03 for the first 2 years for a spouse
Survivors and Dependents Educational Assistance (DEA) Program – if died of a service-connected disability determined by the VA	Up to \$1,488 per month x 4 years
VA home loan	
Social Security	\$900 - \$3300 monthly (depending on the service)



Pell Grant – Higher Ed	\$7,385 x 4 years per person
AER	Providing grants

State Benefit	Amount
Property Tax Abatement	Service connected (could be up to \$5000 -\$6000) depending on the state
Various State Benefits	Could be thousands of dollars

**b. How many affected:** If the legislative proposal is retroactive for eligibility, the projected population affected starting FY2025 is 363 for Army and 703 for DoD.

**c. When does the issue occur:** The issue would occur if a line of duty investigation for a death on active duty or inactive duty training determines the death as NLD due to the members intentional misconduct, willful neglect, or was incurred during a period of unauthorized absence.

**d. Estimated Cost:** The estimated cost is based on paying out the SBP annuity for survivors of members whose death was found NLD before and after an enactment of a legislative proposal starting in FY2025. The estimated FY2025 cost would be \$6.6 million for Army and \$13.7 million for DoD. The estimated 10-year cost for FY2025 FY2034 is \$71.6 million for Army and \$150 million for DoD.

## 5. STAFF POSITION:

**a. Merit of the Issue:** The proposed recommendation will require a legislative change and currently the other services and DoD do not support it. A change in legislation for this population will cause an inequity with future survivors of members who separate without benefits because of an injury or illness not incurred in the line of duty. DoD views any expansion of the SBP program as a risk to the viability of the program.

**b. Proposed Solution:** Legislative proposal

**c. Pros:** If legislative proposal is enacted, it would allow for an SBP annuity regardless of line of duty determination.

**d. Cons:**

(1) Line of duty determinations also affect the benefits for servicemembers and their future survivors who are injured and ill. A legislative proposal focused on providing the SBP annuity for survivors of servicemembers who die NLD would set a precedent and cause an inequity among the survivors of servicemembers separated without benefits because their injury or illness is found NLD.

(2) A legislative change would result in an increase of \$71 million for Army and \$150 million for DoD over a course of 10 years. The cost would further increase if the legislative proposal included benefits for servicemembers whose injury or illness is found NLD to prevent inequities.

(3) OSD and the Sister Services expressed their opposition to a legislative proposal to address this issue in November 2022 and July 2023. They oppose any expansion to the SBP program because increased costs may adversely impact the program's viability. Increased government program costs may lead to an increase in premiums charged to retired members which would lead to decreased member participation. Decreased participation will put the program at financial risk. They also expressed concern over the inequities between those separated without benefits due to NLD determination of injury or illness and benefits of survivors of deaths found NLD.

**Lead Agency:** DAPE-MPR

**Support Agency:** NA

**Approved By:** Mark Overberg, Director, Army Retirement Services

**SME/Phone:** Patricia Cruz, 703-571-7236

**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DAPE-MPB  
30 November 2023**

**SUBJECT:** AFAP Survivor Support Issue #3 - The Adjutant General (TAG)  
Authorization to Change a Line of Duty (LOD) Determinations

1. **Purpose:** To provide background information to assist with the AFAP resolution process.
2. **Scope:** Army Regulation (AR) 600-8-4 Line of Duty Policy, Procedures and Investigations, TAG is the final approval authority for all death investigations and injury, illness, disease investigations that result in a not in the line of duty determination. The USASOC General Court Martial Convening Authority (GCMCA) request to have final approval authority instead of a recommendation for all LOD investigations due to their insight/understanding of the circumstances and background of the Soldier. Changes made to the final LOD determination may negatively impact the Family's Survivor benefits. Not in the Line of Duty determination benefits is covered in a separate information paper.
3. **AFAP Recommendation:** Safeguard the final LOD determination made by the approving authority.
4. **Facts:**
  - a. Background:
    - (1) The 2019 version of AR 600-8-4 changed the final approval authority to TAG, ensuring an unbiased review of all evidence is properly adjudicated while following all applicable rules and guidelines set forth in AR 600-8-4.
    - (2) The Army has processed 460 reportable death cases for FY23, of which, 5% were overturned.
  - b. How many affected: Of the 460 reportable death cases 24 reportable death cases were overturned by Army Human Resource Command (AHRC), in FY23.
  - c. When does the issue occur: An overturn made by TAG occurs when sufficient evidence exists to warrant a determination contrary to the recommendation made by GCMCA.
  - d. Estimated Cost: N/A

**5. STAFF POSITION:**

**a. Merit of the Issue:** TAG should sustain final approval authority as currently written in AR 600-8-4. In certain circumstances, organizations are biased when making

recommendations given their close relationship with fallen Soldiers and their families. A comprehensive review of the investigation by AHRC provides a disinterested review and unbiased recommendation to TAG.

**b. Proposed Solution:** As a result of concerns voiced at the Survivor Advisory Working Group (SAWG), the DCS G-1, Medical Policy branch are working to publish an Army Directive to remove policy barriers to LOD investigations to allow for more flexibility and shorten timelines to complete LOD investigations resulting in a timelier delivery of benefits to fallen Soldiers family. See attached draft of the proposed Army Directive to improve discussed issues.

**c. Pros:** The GCMCA would not have any accountability to following the rules and guidelines within AR 600-8-4, resulting in an increased number of In the Line of Duty findings and survivor benefits.

**d. Cons:** Granting the GCMCA final approval authority may result in inconsistent and biased application of AR 600-8-4 rules and guidelines which may benefit some and disadvantaging others. The integrity of the program would be compromised. AHRC/TAGD has a rigorous LOD process to ensure investigations and determinations are properly considered and adjudicated unbiasedly.

Staff recommends disapproval.

**Lead Agency:** DMPM, Medical Policy Branch

**Support Agency:** AHRC, TAGD, CMAOD

**Approved by:** COL Jennifer Jaegers/703-695-7874

**Action Officer/Phone:** MSG Christopher Gonzales / 703-365-7447 /  
Christopher.gonzales51.mil@army.mil

**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DASG-HSZ  
13 November 2023**

**SUBJECT:** AFAP Survivor Support Issue #4 - Custodial Parent/Guardian Access to MHS GENESIS portal.

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process

**2. ISSUE SCOPE:** Unmarried biological, step-children and adopted children of Soldiers who died while serving on active duty remain eligible for TRICARE until age 21 (or 23 if in college). When the surviving child who has not reached the age of majority (18), the custodial parent or guardian needs to be able to access the MHS GENESIS portal. In order to access the portal, the user needs a DS Logon. To register for a DS Logon, the user is required to have a DoD ID Card. A custodial parent or guardian, who was not the Soldier's spouse, does not have either of these cards and cannot register for a DS Logon. Access enables the custodial parent/guardian to take actions such as view the health record, request a prescription refill, check a lab result, schedule an appointment, or send a message to the child's health care team. The inability to access MHS GENESIS portal prohibits the custodial parent/guardian from managing the child's health care

**3. PROPOSED Recommendation:** Implement a procedure for custodial parent/guardian to access MHS GENESIS portal.

**4. FACTS:**

**a. Background:** Medical records for minors between the ages of 12-17 years of age are not available to be reviewed in custodial parent/guardian accounts in the MHS GENESIS Patient Portal.

The Defense Health Agency (DHA) is working to protect the privacy interests of those unemancipated minors among our 9.5 million beneficiaries who do provide informed consent to care under the various state laws, interests which are also protected by the U.S. Department of Health and Human Services (HHS) HIPAA Privacy Final Rule.

Subsequently, DMDC controls access to MHS GENESIS and a myriad of other systems with a single interface.

**b. How many affected:** The current policy impacts all unemancipated minors, and their custodial parents/guardians among the 9.5 million overall beneficiaries served by the Military Health System.

**c. When does the issue occur:** When the custodial parent/guardian of a minor between the ages of 12 and 17 seeks access to electronic health records of the minor using MHS GENESIS.

**d. Estimated Cost:** TBD

## **5. STAFF POSITION:**

**a. Merit of the Issue:** If determined that custodial/parents can currently not be granted access then this can impact healthcare access and outcomes for beneficiaries who are under 18 that have lost a sponsoring ADSM parent.

**b. Proposed Solution:** Custodial parents/guardians of patients over the age of 12 and under the age of 18 may submit an application to the Defense Manpower Data Center (DMDC) for surrogate association for access to electronic medical records (DD Form 3005), or the custodial parents/guardians may request printed copies of medical records from the Medical Records Department at the military medical treatment facility where they've received care.

**c. Pros:** Improved access to care, health outcomes, and administrative improvements.

**d. Cons:** Current policy ensures the privacy of protected health information (PHI) of unemancipated beneficiaries between the ages of 12 and 17.

**Lead Agency:** US Army Medical Command (DASG-HSZ)

**Support Agency:** Defense Health Agency (DHA)

**Approved By:** COL Daniel B. Thompson, Director, Readiness & Health Integration Office of the Surgeon General 703) 681-0104

**Approved By:** COL Nicholas Song Health Integration and Support Services Readiness and Health Integration Directorate, G-3/5/7 Office of the Surgeon General (631) 627-0690

**SME/Phone:** Col Thomas J. Cantilina, USAF, DHA HC Informatics, (703) 681-3629

**SME/Phone:** Ms. Arunima Shukla, Senior Program Analyst, Readiness & Health Integration Office of the Surgeon General (703) 681-3221

**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DAIN-SFO  
1 November 2023**

**SUBJECT:** AFAP Survivor Support Issue #5 – Guardian Access to SBP Annuity Information for Surviving Children

**1. PURPOSE:** To provide background information to assist with the AFAP resolution.

**2. ISSUE SCOPE:** The Defense Finance and Accounting Service (DFAS) administers the payment to annuitants of the Survivor Benefit Plan (SBP). SBP is a benefit for surviving spouses or surviving children when there is no eligible spouse. When the annuitant is a surviving child who has not reached the age of majority (18), the custodial parent or guardian needs to be able to access annuity information and the myPay account. Access enables the custodial parent/guardian to take actions such as updating addresses, receiving tax statements, and completing annual certificates of eligibility. This is critical to ensure the child is receiving the correct annuity, has the appropriate tax withholdings, and avoids the potential of incurring debts with DFAS due to incorrect payments. When custodial parents contact DFAS, customer service representatives explain personal information cannot be released to them as a 3<sup>rd</sup> party.

**3. PROPOSED Recommendation:** Develop policy and procedures to enable parents/guardians to receive SBP annuity information on behalf of their minor children by calling a DFAS customer service representative or by providing access to myPay.

**4. FACTS:**

**a. Background:** SBP provides eligible beneficiaries with a monthly payment known as an annuity. The Army submits a claim (DD Form 2656-7) to DFAS to initiate the SBP. When minor children are the eligible beneficiaries of SBP, a DD Form 2790 (Custodian Certificate to Support Claim on Behalf of Minor Children of Deceased Members of the Armed Forces) is also submitted to DFAS. This form is used to verify the custodian of an unmarried minor child, incapacitated minor child, or child at least age 18 but under age 22 attending school full time.

The custodian may contact the DFAS call center or utilize myPay on behalf of the child. The call center utilizes information on the DD Form 2790 to verify the identity of the custodian prior to releasing information about the annuity account.

**b. How many affected:** The demographic impacted is SBP Annuitants who are unmarried minor children, incapacitated minor children, or children at least age 18 but under age 22 attending school full time.

**c. Estimated Cost:** N/A

**5. STAFF POSITION:**

**a. Merit of the issue:** It is critical for custodial parents or guardians to be able to receive information regarding annuities for a minor child. The DD Form 2790 allows DFAS to share information with the custodial parent or guardian, however the staff identified gaps in training and awareness that resulted in the withholding of information.

**b. Proposed Solution:** Provide training and awareness to staff at multiple touchpoints in the process.

- DFAS ensure all customer service representatives are informed of the requirements to share information and establish myPay accounts with custodial parents or guardians for a minor annuitant. Add to refresher training
- DCS, G-1 inform all Retirement Services Officers and SBP Counselors that custodial parents or guardians are authorized to receive information from DFAS and establish a myPay account for a minor annuitant.
- Human Resources Command inform all Casualty Assistance Centers that custodial parents or guardians are authorized to receive information from DFAS and establish a myPay account for a minor annuitant.
- DCS, G-9 inform all Survivor Outreach Services staff that custodial parents or guardians are authorized to receive information from DFAS and establish a myPay account for a minor annuitant.

**c. Pros:** Custodial parents/guardians will be able to manage benefits for their children.

**d. Cons:** None

**Lead Agency:** DAIN-SFO

**Support Agency:** None

**Approved By:** COL Yosick/Readiness Chief

**SME/Phone:** Jill Knaus, 571-721-1121



**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DAIN-PRY  
16 November 2023**

**SUBJECT:** AFAP Survivor Support Issue #6 - Childcare Eligibility Disparity for Survivors

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process

**2. ISSUE SCOPE:** Surviving spouses of Service members that die from other than combat related incidents are immediately moved into the highest fee category. DODI 6060.02, paragraph 4.d.1 does address childcare eligibility of “Specified Space Available” for childcare provided on installations. Spouse eligibility for service members who have died from non-combat Active-Duty related deaths are not identified in the DODI 6060.02 priority system resulting in the survivor’s child(ren) receiving childcare on a space available basis only, and at the highest rate on the sliding fee scale. DODI 6060.02, paragraph 4.d.1 does address childcare eligibility for surviving spouses of service members who died from combat related incidents. The current policy has created childcare eligibility challenges by placing children of Active-Duty related deaths (other than combat) into the lowest priority code (Specified Space Available), causing a now-single surviving parent to pay the highest premium on the CYS fee scale. To provide an example, the Army could have two service members pass away in the exact same manner, but one is in a training environment and the other one is in combat zone. As a result of the current policy, their Survivors are treated inequitably when it comes to child care because the surviving spouse of the combat-related death retains a category of pay based on their income, potentially paying a lower cost, and the surviving spouse of the training-related death is immediately moved to the highest cost category rate of “Specified Space Available” paying up to \$648 more monthly for childcare.

**3. PROPOSED Recommendation:** Amend Childcare eligibility and categories for spouses of Active-Duty Service members that passed away due to other than combat related incidents

**4. FACTS:**

**a. Background:** DoDI 6060.02 Child Development Programs (CDPs) establishes policy, assigns responsibilities, and prescribes procedures for providing child care to minor children (birth through age 12 years) of individuals who are eligible for care in Department of Defense (DoD) sanctioned CDPs. This issuance is provided with the changes marked in red for DoD Component information that will become effective on September 1, 2020. This document also prescribes eligibility and priorities for care in Military Child Care Programs at enclosure 3, Child Care Request and Waitlist Management.

**b. How many affected:** The number of eligible children is unknown.

**c. When does the issue occur:** There is no issue when the surviving spouse continues child care arrangements that are in place at the time of the death of the service member. These children can be kept in care without termination if the surviving spouse wishes and without chance of being supplanted. The issue can occur if the child is not in care or changes locations to another installation, that this eligibility changes.

**d. Estimated Cost:** Cost to allow children of combat related wounded warriors to be in care at reduced rates is unknown as is the number of surviving spouses seeking such care.

## **5. STAFF POSITION:**

**a. Merit of the Issue:** The request merits discussion at the OSD level and can be raised through child care channels for consideration in the next revision of DoDI 6060.02.

**b. Proposed Solution:** Department of Army can raise this issue through Child, Youth and Schools channels to OSD to address through the next revision of DoDI 6060.02.

**c. Pros:** Military child care would continue to support families throughout the continuum of care concept.

**d. Cons:** Child care is and will continue to be a readiness issue. The Army has significant waitlists in some locations and in these locations, it is essential that childcare remain a workforce issue. The focus remains on the readiness of the force.

**Lead Agency:** DAIN-PR

**Support Agency:** DAIN-PRY

**Prepared/Approved By:** Dawn Thompson/DAIN-PRY/571-256-8667

**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

**DAIN-PRO  
26 December 2023**

**SUBJECT:** AFAP Survivor Support Issue #7 – Delay in Dependency and Indemnity Compensation (DIC) Stoppage for Surviving Spouses

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process

**2. ISSUE SCPE:** Dependency and Indemnity Compensation (DIC) is a tax free monetary benefit generally payable to a surviving spouse, child, or parent of Service members who died while on active duty, active duty for training, or inactive duty training. Generally, DIC is discontinued when an individual ceased to be a surviving spouse due to remarriage. Survivors who have remarried and continue to receive DIC, often incur financial difficulties when the repayment of the debt is required, as they may have not managed the continuing compensation payments. Many have attempted to notify Veteran’s Affairs (VA) of their change in status in a timely manner, however, the update is not being processed or is delayed, and in some cases over two years

**3. PROPOSED Recommendation:** Provide ACS Survivor Outreach Services staff with a direct contact or liaison at the VA to ensure the “stop payment” of DIC is processed in a timely manner due to change in marriage status.

**4. FACTS:**

**a. Background:** The VA provides surviving spouses, children, and parents of a service member who died in the line of duty a tax-free, monthly monetary benefit called Dependency and Indemnity Compensation (DIC). Surviving spouses lose their eligibility if they remarry. If a surviving spouse remarries, they are to notify the VA of their change in status so that the benefit can be stopped. In some instances, and of no fault of the survivor, discontinuing of DIC does not happen when a survivor remarries. Payments continue, and if the monies are not properly managed, considerable stressors can occur when repayment of the debt is required.

**b. How many affected:** The number of surviving spouses that this happens to is unknown, but the impact of this happening to even one survivor is significant.

**c. When does the issue occur:** When a surviving spouse remarries.

**d. Estimated Cost:** N/A

**5. STAFF POSITION:**

**a. Merit of the Issue:** It is critical for surviving spouses receiving DIC, that the “stop-payment” request be processed in a timely matter so that they are not required

repayment after an extended period of time, in some cases over two years. In these cases, repayment can cause additional stressors on survivor and their Family.

**b. Proposed Solution(s):**

- HQDA SOS Program manager met with the VA, Office of Survivors Assistance to determine best COAs to address the Issue.
  - Education – discussed the need for continued education and communication to Survivors and SOS Coordinators
    - Recommendation is to bring this issue up at SOS Training.
    - Discuss with SAWG members.
  - HQDA will maintain a POC with the VA to resolve instances when this happens.

**c. Pros:** ACS Survivor Outreach Services staff will have the ability to assist with the “stop payment” request of DIC due to a change in marital status, so that is processed in a timely manner.

**d. Cons:** None. However, HQDA and IMCOM, ARNG and USAR SOS program managers should maintain visibility of these instances in the event there is a larger systemic problem, such as communication, processes, repayments, etc....

**Lead Agency:** DAIN-PRO

**Support Agency:** Department of Veteran Affairs, Office of Survivors Assistance

**Approved By:** Brent Jurgersen, Chief, Senior Leader Engagement Team

**SME/Phone:** Joey Miranda/johanna.l.miranda2.civ@army.mil/571-256-8689

**Army Family Action Plan (AFAP)  
FY23 Issue/Information Paper**

DALO-OPT  
10 January 2024

**SUBJECT:** AFAP Survivor Support Issue #8 - Space Available Travel for Army Gold Star Families & Surviving Spouses of Service Members

**1. PURPOSE:** To provide background information to assist with the AFAP resolution process

**2. ISSUE SCOPE:** Surviving Spouses often hail from various locations, both CONUS, U.S. Territories and OCONUS. Space-A-Travel is a means which members are permitted to travel on aircraft of the Air Mobility Command when excess capability allows. Per DoDI 4515.16, page 46, Surviving spouses of Service Members who Died in Active Duty, Inactive Duty Training, or Annual Training Status and Retired Military Members fall in Category VI, which limits them to CONUS-CONUS travel only. This limitation omits a population of Survivors that could benefit from the ability to use Space-A-Travel when they have a need and/or desire to travel beyond CONUS. Expanding Space-Available Travel eligibility for Surviving Spouses to include OCONUS travel would better meet the needs of a global Survivor population and demonstrates our commitment to Families of the Fallen.

**3. PROPOSED Recommendation:** Expand Space-Available eligibility for Army Gold Star Families & Surviving Spouses of Servicemembers who Died in Active Duty, Inactive Duty Training, or Annual Training Status and Retired Military Members to include OCONUS-OCONUS, CONUS-OCONUS and OCONUS-CONUS.

**4. FACTS:**

**a. Background:** Space-A travel was extended to Surviving spouses and authorized dependents (ID cardholders) in 2021. There is no DoD definition for Gold Star Families. Each Department has their own definition for Gold Star family members and the services and benefits extended to them. Some services expand that recognition to every family member (parents, grandparents, siblings, cousins, aunts, uncles, etc....) while other services restrict that to the immediate surviving dependents, parents, and siblings. Installation services such as commissary, base exchange, Space-A travel, etc. are essentially tied to those surviving family members who are registered in DEERS at the time of the service members death.

**b. How many affected:** There is no means to determine the actual number impacted; however, the Army currently supports over 53K survivors, not including survivors' dependents. Expanding this entitlement to Gold Star Family members beyond surviving spouses would increase the current number supported significantly.

**c. When does the issue occur:** With the enactment of Public Law 115-232, the John S. McCain National Defense Authorization Act for Fiscal Year 2019, the DoD extended space-available travel privileges **within the Continental United States (CONUS)** and

its territories, to veterans with a permanent service-connected disability rated as total. In October 2020, the Department extended Space-A privileges to the following categories:

- Dependents (when accompanying the sponsor) of Authorized Reserve Component (“gray area retirees”) members
- Dependents (when accompanying the sponsor) of Authorized veterans with a permanent service-connected disability rated as total
- Surviving spouses of Service members who died on active duty and their dependents (when accompanied by the surviving spouse)
- Surviving spouses of retired military members and their dependents (when accompanied by the surviving spouse)
- Surviving spouses of Service members who died in an inactive duty training status and their dependents (when accompanied by the surviving spouse)
- Surviving spouses of Service members who died in an annual training status and their dependents (when accompanied by the surviving spouse)

**d. Estimated Cost:** The cost is negligible as the cost of OCONUS travel for surviving spouses is based on available seating on completely funded aircraft.

**5. STAFF POSITION:** DoDI 4515.13 lists all surviving spouses and eligible dependents in CAT VI. Allowing additional Gold Star (non-DEERs registered at time of death) would take away opportunities from active duty, retired, and other authorized populations who currently utilize Space-A travel. Space-A travel has traditionally been a means of providing active-duty military members an avenue of respite from the rigors of military duty, and the principal objective of the program has been to enhance morale and welfare of those currently serving on active duty. Retired military members are afforded the privilege in recognition of a career of rigorous duty, and because they are eligible for recall to active duty.

**a. Merit of the Issue:** Since 2006, there have been four congressionally requested assessments of the Space-A Travel Program. These assessments advised against expanding Space-A privileges due to routes being at or near capacity. In April 2018, the Institute for Defense Analyses completed an Independent Assessment of the Space-Available Travel System and determined that the busiest routes are still at or near capacity. The entire Space-A program, including both seats on aircraft and air terminal functions necessary to support travel is resource constrained.

**b. Proposed Solution:** Present the issue for consideration to OSD for comments and distribution to the Services for comments/willingness to support.

**c. Pros:** This entitlement would provide for greater flexibility to surviving spouses and accompanying dependents with a desire to travel abroad. Under the Gold Star Program, the Army could potentially choose to expand this entitlement to other family members. This could be beneficial in providing this entitlement of surviving family members of single soldiers.

**d. Cons:** Extending Space-A privileges further could exceed preset resources and diminish the limited benefit currently available to active-duty personnel and their

families. 10 U.S.C. 2641b(c)(5) allows DoD to expand travel eligibility for established dependents of active, reserve, and specific veteran personnel when in the interest of the Department. Any further expansion beyond these described dependents and to OCONUS locations may be challenging as it could go beyond the Department's interest and statutory mandate to control cost and the safety, security, and efficient processing of travelers due to capacity constraints on the Space-A Travel Program.

Absent an official DoD definition for Gold Star Families, this policy could create disparity between the Services. The Army could choose to expand this entitlement to other family members (parents, grandparents, siblings, cousins, aunts, uncles, etc....) while other services restrict that to the immediate surviving dependents, parents, and siblings.

**Approved by:** Mr. Derrick Candler, (703) 614-4173

**SME/Phone:** Ms. Carla Watson, email: carla.d.watson4.civ@army.mil  
(703)614-4044