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OFFICE OF THE SECRETARY
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SECNAVINST 1740.5A
ASN (M&RA)
20 Sep 16

SECNAV INSTRUCTION 1740.5A

From: Secretary of the Navy

Subj: DEPARTMENT OF THE NAVY RECOVERY COORDINATION PROGRAMS

Ref: (a) National Defense Authorization Act for Fiscal Year 2013 (Public Law 112-239), Section 738
(b) DoD Instruction 1300.24 of 1 December 2009
(c) DoD Instruction 6010.24 of 14 May 2015
(d) Memorandum of Understanding between Department of Veterans Affairs and Department of Defense for Interagency Complex Care Coordination Requirements for Service Members and Veterans, July 29, 2014

1. Purpose. To establish Department of the Navy (DON) policy and assign responsibilities for the implementation of recovery coordination programs in support of Navy and Marine Corps Recovering Service Members (RSMs) and their families per references (a) through (d).

2. Cancellation. SECNAVINST 1740.5

3. Applicability. Provisions of this instruction apply to all DON Active Duty and Reserve personnel, regular and reserve commands. Active Duty and Reserve personnel of other Department of Defense (DoD) components and Coast Guard are included when assigned to DON commands.

4. Background. Recovery coordination programs encompass both medical and non-medical elements. DON wounded warrior programs are strictly a non-medical element of the greater recovery coordination program and continuum of care. The Navy and Marine Corps have a longstanding tradition and record of success in caring for the medical and non-medical needs of its wounded, ill, and injured personnel and their families. Advances in medicine have improved the survival rate of our ill, injured, diseased, and combat wounded to levels never before experienced. Personnel and family support services are also state of the art; assistance is readily available for nearly every possible personal or professional need. RSMs and their families face many challenges in managing medical care activities and

understanding the myriad benefits, entitlements, and services available to them. This is compounded for family members who may have little knowledge of military programs and procedures, and relocate to support the RSM. In partnership with Navy Medicine and DON Family Programs, the DON Wounded Warrior Programs of Record serve as the lead military recovery coordination organizations for managing and overseeing the delivery of the Department's continuum of care. DON wounded warrior programs maximize RSM and family access to support services provided by DoD, other federal, state, and local agencies, and non-profit associations and organizations by working in concert with interagencies, intergovernmental, and public/private sector entities.

5. Policy. It is DON policy that, in addition to world class medical care, every RSM and, when applicable, their family members, shall be given individualized medical and non-medical assistance through all phases of recovery, rehabilitation, and reintegration. This assistance will be focused on improving the continuum of care process, non-medical support, disability processing, and transitional activities to the Department of Veterans Affairs when return to duty is not optimal. Navy and Marine Corps Wounded Warrior Program of Record will be established to provide holistic assistance to the wounded, ill, and injured population. The programs will ensure conditions are maintained that are most conducive for a Service Member's recovery, rehabilitation, and community reintegration.

6. Responsibilities

a. Assistant Secretary of the Navy (Manpower and Reserve Affairs) (ASN (M&RA)) is responsible for overall policy control and oversight of the Navy and Marine Corps Recovery Coordination Programs. The Office of Military Manpower and Personnel will coordinate with DON Recovery Coordination Programs of Record annually regarding the development and review of metrics to ensure program improvement and enhanced customer support for Service Members, families, and caregivers.

b. The Chief of Naval Operations (CNO) and Commandant of the Marine Corps (CMC) are responsible for establishing and resourcing Recovery Coordination Programs of Record that support RSMs, their families, and caregivers. This may include establishment of wounded warrior and family support programs with command and

control to manage training, supplying, maintaining, and supporting dedicated assets for program operations and oversight.

(1) Provide appropriately trained non-medical care managers, recovery care coordinators, transition coordinators, and other non-medical members of the recovery team to support RSM care management throughout the continuum of care.

(2) Maintain appropriate operational, tactical, and administrative control of their non-medical personnel to ensure execution of their roles and responsibilities.

(3) Ensure common operational model and processes are followed in support of the Department of Veterans Affairs and DoD complex care coordination processes, as outlined in references (c) and (d). Ensure RSMs requiring complex care coordination have an Interagency Comprehensive Plan and a designated Lead Coordinator overseeing delivery of care support.

(4) Coordinate, consult, and partner with interagency, intergovernmental, and public and/or private sector entities to maximize RSM and family access to support services and resources provided by DoD, other federal, state, and local agencies, veterans service and benefits organizations, non-profit, faith-based and community-based organizations, academic institutions, professional provider associations, and private philanthropic groups.

(5) Each service shall develop execution policy and procedures to ensure optimal provision of services and resources for family members of RSMs. These services and resources will be coordinated among the wounded warrior and family support programs.

(6) Service Recovery Coordination Programs of Record shall develop metrics to ensure continued program development, enhanced customer satisfaction, and shall comply with references (a) through (d). Annual reports for Service Recovery Coordination Programs will be submitted to ASN (M&RA) no later than 1 November of each year for the preceding calendar year. As applicable, the DON's annual Department of Defense Congressional Reporting Requirement for Wounded Warrior Programs required by reference (a) will suffice for this requirement as it covers both medical and non-medical elements.

c. The Surgeon General of the Navy shall, per reference (b), enclosure (3), paragraph(1):

(1) Establish policies and procedures in support of service wounded warrior programs, RSMs, and their families.

(2) Provide appropriately trained personnel to support RSM medical care case management throughout the continuum of care from recovery through rehabilitation to reintegration.

(3) Ensure military treatment facility commanders provide oversight of the medical care delivered to RSMs.

7. Action. The CNO and CMC shall take appropriate action to implement the provisions of this instruction.

8. Records Management. Records created as a result of this instruction, regardless of media and format, shall be managed per Secretary of the Navy (SECNAV) Manual 5210.1 of January 2012.

9. Reports Control. The reporting requirements contained in subparagraph 6b(6) are assigned Report Control Symbol SECNAV 1740-2 per SECNAV Manual 5214.1 of December 2005.



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